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## Graduate Programs—NEW COURSE PROPOSAL

DEPARTMENT NAME: **BMED**

COLLEGE OF: **BIOMEDICAL SCIENCE—MEDICAL EDUCATION PROGRAM**

**RECOMMENDED COURSE IDENTIFICATION:**

PREFIX \_\_\_\_\_ BMS \_\_\_\_\_ COURSE NUMBER 7110 LAB CODE (L or C) \_\_\_\_\_

(TO OBTAIN A COURSE NUMBER, CONTACT ERUDOLPH@FAU.EDU)

COMPLETE COURSE TITLE **INTEGRATED MEDICINE CLERKSHIP**

### EFFECTIVE DATE

(first term course will be offered)

**CREDITS: 12**

Harrison's Principles of Internal Medicine, 16<sup>th</sup> Edition  
 Fauci, Braunwald, Kasper, Hauser, Longo, Jameson, Loscalzo, Editors  
 McGraw Hill

**GRADING (SELECT ONLY ONE GRADING OPTION):** REGULAR  PASS/FAIL \_\_\_\_\_ SATISFACTORY/UNSATISFACTORY \_\_\_\_\_

**COURSE DESCRIPTION, NO MORE THAN 3 LINES:** THIS COURSE WILL DEAL WITH THE SUBSPECIALITES OF AN INTERNAL MEDICINE DEPARTMENT AND TRAINING WILL OCCUR IN THE APPROPRIATE HOSPITAL, CLINIC AND OFFICE SETTINGS.

**PREREQUISITES W/MINIMUM GRADE: \***

**COREQUISITES:**

**OTHER REGISTRATION CONTROLS (MAJOR, COLLEGE, LEVEL):**

*PREREQUISITES, COREQUISITES & REGISTRATION CONTROLS SHOWN ABOVE WILL BE ENFORCED FOR ALL COURSE SECTIONS.*

*\* DEFAULT MINIMUM GRADE IS D-.*

**MINIMUM QUALIFICATIONS NEEDED TO TEACH THIS COURSE: M. D.**

Other departments, colleges that might be affected by the new course must be consulted. List entities that have been consulted and attach written comments from each.

Joseph Ouslander, M.D.

### SIGNATURES

### SUPPORTING MATERIALS

<p><b>Approved by:</b></p> <p>Department Chair: _____</p> <p>College Curriculum Chair: _____</p> <p>College Dean: _____</p> <p>UGPC Chair: _____</p> <p>Dean of the Graduate College: _____</p>	<p><b>Date:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Syllabus</b>—must include all details as shown in the UGPC Guidelines.</p> <p><b>Written Consent</b>—required from all departments affected.</p> <p>Go to: <a href="http://graduate.fau.edu/gpc/">http://graduate.fau.edu/gpc/</a> to download this form and guidelines to fill out the form.</p>
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Email this form and syllabus to [diamond@fau.edu](mailto:diamond@fau.edu) and [eqirjo@fau.edu](mailto:eqirjo@fau.edu) one week **before** the University Graduate Programs Committee meeting so that materials may be viewed on the UGPC website by committee members prior to the meeting.

FAU Medical Education Program. 2013-2014

Syllabus :

1. **Course title** : Integrated Medicine Clerkship

**Course number:** BCC 7110

**Number of credit hours:** 12

Lecture/small group Hours: up to 4 hrs/week at JFK, per Blackboard.

Clinical Hours: up to 80 hrs/week at JFK, community physician offices, area nursing facilities and other sites as indicated in Blackboard

Students must follow the same duty hour rules followed by the residents. Duty hours must not exceed 80 hours/week, averaged over a four-week period. Students must have one day (24 hrs) in seven free from all clinical/educational responsibilities, averaged over a four-week period.

2. **Course prerequisites:**

Accepted for matriculation in the FAU Medical Sciences program.

3. **Course logistics:**

a. term:

b. not an online course

c. Biomedical Science Building room BC-126, anatomy lab, small group PBL rooms.

4. **Instructor information:**

**Course Administration**

Discipline	Clerkship Discipline Coordinators	E-mail	Phone	Location
Geriatrics	Joseph Ouslander, M.D.	<a href="mailto:joseph.ouslander@fau.edu">joseph.ouslander@fau.edu</a>	W) 561-297-0975 (C) 561-886-8721	FAU/JFK
Medicine	TBA			
Palliative Care	George Luck, MD	gluck@fau.edu	TBA	FAU/JFK
Radiology	TBA			

**Course support:** JFK Clerkship Program Assistant  
Ms. Cathy Culpepper  
160 JFK Drive  
Suite 205  
Phone: 561-548-1550  
e-mail: cculpep1@fau.edu

*Please note:* Any official student communication from the director or program assistant will be sent via e-mail to students at their FAU e-mail addresses. *If students would like to meet with the course director, they must call or e-mail the course director to schedule an appointment.*

Professional clinical dress is required at all times. Suggested dress for women is dress, skirt, and blouse, or dress pants. Suggested dress for men is shirt, tie, and dress pants.

White coats should be worn at all times and must be clean. Either the FAU Medical Education Program issued or the JFK-issued white coat can be worn.

FAU and hospital identification badges must be worn at all times.

Scrubs should be worn only for surgical experiences, radiology interventional procedures or during overnight call.

**5. TA contact information:**

N/A

**6. Course description:**

**Clerkship activities:**

The clerkship will be divided in two equal six-week parts. During both parts, students will spend the majority of their time engaged in clinical activities at JFK Medical Center or in the community preceptor offices. Every Thursday afternoon will consist of the academic half-day (lectures and small-group activities).

IM Residency Inpatient Service: For one six-week component, the student will be part of the IM residency program inpatient service, working as an integral part of a team consisting of a full-time teaching attending, medical residents, medical interns, and M-3 students. There will be either one or two students on each medical team.

Sample week (IM residency assignment):

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Rounding/evaluation of new patients	Rounding/evaluation of new patients	Rounding/evaluation of new patients	Rounding/evaluation of new patients	Rounding/evaluation of new patients
	Morning Report	Morning Report	Morning Report	Morning Report	Morning Report
	Teaching attending rounds	Teaching attending rounds	Teaching attending rounds	Teaching attending rounds	Teaching attending rounds
	Noon conference (Optional)	POPS (Students only)	Noon conference (Optional)	Noon conference (Optional)	EKG session (Students only)
PM	Inpatient team*	Geriatrics inpatient rounds or Palliative care consult service	Inpatient team*	Academic half day (weekly)**	Radiology
		Inpatient team			Inpatient team*

\* students are expected to work the inpatient team as much as possible, but this time may be used for home visit/hospice visit or the IPC4 community preceptor visit.

\*\* will include PS4 curriculum

Students will round with their team either Saturday or Sunday each weekend. During this 6-week component, the student is expected to function as an integral member of the team, and to provide the care required by each student's patients, to the level of their capabilities, while being supervised by the medical residents, interns, and attending physician.

Each student will "work-up" at least three new patients per week. Each student should have a census of 2-4 patients at all times, and will be familiar with all of the patients assigned to the inpatient team.

When a new patient is evaluated, the student is expected to perform a complete history and physical examination,

review all test results, including radiologic studies, and review the patient's previous medical records, if available. The student should then formulate an assessment of the patient's problems, to include a problem list, differential diagnosis, and management plan, and write the admission note for the patient. Whenever possible, the student should write the admission orders for the patient, under the supervision and countersignature of the team resident.

The student is expected to review the history and physical, assessment and plan with the team resident, and practice the verbal presentation of the patient with the resident before presenting the case on attending rounds. The student should read about their patients beforehand and be prepared to discuss the reasoning and rationale for the differential diagnosis and management plan on attending rounds.

When following a patient, the student is responsible for assessing his or her patients before team rounds in the morning, and providing the team with updated information and plans during team and attending rounds. The student should write the daily progress notes and orders, and have them reviewed and countersigned by the resident or intern.

The Tuesday geriatrics or palliative care consult experience will consist of two students meeting with either of the clerkship coordinators for that discipline for three consecutive weeks (Dr. Luck or Dr. Ouslander) from 1-3 pm. The two students will then switch disciplines for the next three consecutive weeks. For the geriatrics experience, two students will make geriatric inpatient rounds along with internal medicine residents presenting cases of geriatric inpatients who have been re-admitted to the hospital within 30 days.

The Friday radiology experience will consist of an interactive small-group session with the clerkship radiology coordinator during which topics and cases seen by students are reviewed (weekly areas/topics are posted to Blackboard to help plan ahead of time).

Community Physician Service: For the second six-week component, the student will be paired one-on-one with a community physician (internist). These physicians have been identified because of their abilities and motivation to teach and mentor students and because the nature of their practices includes both inpatient and outpatient care. It is expected that each student will perform a minimum of at least three comprehensive history and physical examinations per week during this component of the clerkship. The write-ups should include a thorough discussion of assessment and plan. These should be given to the preceptor for review, feedback and grading. In addition, when seeing patients in the outpatient setting, student should document the encounter using the problem-oriented format, and have each note reviewed by the preceptor.

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Rounding with preceptors	Rounding with preceptors	Rounding with preceptors	Rounding with preceptors	Rounding with preceptors
	Preceptor office	Geriatric clinic or Preceptor office	Preceptor office	Preceptor office	Geriatric rounds or Preceptor office
	Noon conference (Optional)	POPS (Students only)	Noon conference (Optional)	Noon conference (Optional)	ECG session (Students only)
PM	Preceptor office	Radiology	Alternative clinical act activity*	Academic half day (weekly)**	Preceptor office

Sample week (Community physician assignment):

\* students are expected to work the community preceptor as much as possible, but this time may be used for home visit/hospice visit or the IPC4 community preceptor visit. This day and time will vary for each student, depending on the office hours of the assigned preceptor.

\*\* will include PS4 curriculum

For patients seen in the inpatient area in this component of the clerkship, it is expected that the student will review all laboratory results, radiologic and other test results, and write a daily progress note (to be reviewed and countersigned by the preceptor).

For patients seen in the outpatient setting, students should make every attempt to see their patients in follow-up, and participate in as many aspects of their care as possible (e.g. catheterization, endoscopy). In addition, if a patient seen by the student in either the inpatient or outpatient setting is transferred to another service (nursing home, hospice) students should make every effort to see the patient at least once in the new setting.

The Geriatrics experience will consist of bedside teaching rounds on geriatric inpatients, geriatric clinic and post-acute visits. Each week, two students will be with the geriatrics discipline coordinator in clinic on Tuesday morning for comprehensive geriatric assessments and/or focused consults for specific geriatric conditions, or making post-acute visits. Two students will make geriatric inpatient rounds Friday morning along with internal medicine residents presenting cases of geriatric inpatients who have been re-admitted to the hospital within 30 days. Each student will have three inpatient and three outpatient experiences during this six-week block. The geriatrics post-acute visits will consist of home visits on patients receiving Medicare home health nursing services and visits on patients admitted to a local skilled nursing facility: students are expected to interact with the staff and follow their direction when working with patients.

During the 12-week clerkship, students will perform at least two post-acute visits on two different patients discharged from the hospital receiving Medicare home health or who are admitted to a local skilled nursing facility or hospice.

The Tuesday radiology experience will consist of students interacting with the department of radiology and the radiologic technologists in the technical areas that will fulfill the learning objectives for this clerkship (see Medical Knowledge, section B). Students will be expected to observe procedures as well as observe the patient interactions in the following areas of radiology according to assignment posted on Blackboard: CT, MRI, breast imaging, nuclear medicine, interventional radiology, ultrasound.

**Didactic topic schedule:**

The lecture and didactic schedule to support this clerkship is outlined below. Please consult Blackboard for supporting materials, times and locations. There may be occasional changes in the order of this outline.

CLERKSHIP WEEK	LECTURE TOPIC
Week 1	Hypertensive emergencies Acute coronary syndrome and CHF Radiology Pre-test Student report
Week 2	HIV Student report Geriatric journal club #1
Week 3	Pneumonia Student report Physicianship skills 4
Week 4	Renal failure Acid-base abnormalities Student report Geriatric journal club #2
Week 5	DKA Hyperosmolar state GI bleeding student report
Week 6	Anemia Student report Interdisciplinary conference #1
Week 7	Geriatrics syndromes I Student report Geriatric journal club # 3
Week 8	Geriatric syndromes 2 Student report Geriatric journal club #4
Week 9	Altered mental status CVA Student report Physicianship skills 4
Week 10	Venous thromboembolism Student report Interdisciplinary conference #2
Week 11	Vasculitis SLE Clinical vignettes (2 hours)
Week 12	Radiology Post-test

### Specific student responsibilities:

- **Online patient log documentation of clinical exposure:** Students are required to document all significant clinical experiences during the clerkship in medicine (community preceptor and residency components, palliative care, geriatrics inpatient and post-acute visits, radiology). There are two patient logs posted on Blackboard.

§ Integrated medicine clerkship log

§ Radiology log

- **SIMPLE cases:** SIMPLE (Simulated Internal Medicine Patient Learning Experience) is an Internet-based virtual patient program with 36 interactive virtual patient cases designed to encompass the learning objectives of the Clerkship Directors in Internal Medicine (CDIM)-Society education project for clerkships. Students are responsible for viewing the cases during the clerkship. In addition, selected cases will serve as a mandatory method of filling any learning objectives gap that may be identified for any given student (as determined jointly by the student and discipline coordinator during regular reviews). The vignettes may also be utilized as an educational resource during student report, as determined by the clerkship medicine coordinator. ○ For the students working with the community preceptors, the following SIMPLE cases must be completed by the end of the 6<sup>th</sup> week: (It is encouraged to complete them in the early part of the 6 week block!)

§ Case 8: 55 year old man with Type II Diabetes

§ Case 14: 18 year old woman seen for a pre-college physical

§ Case 17: 28 year old man with a rash

§ Case 31: 40 year old man with knee pain

§ Case 32 39 year old woman with joint pain

- **Radiology teaching files:** Teaching files are accessible to students via instructions on Blackboard: due to the size of the images, a BlackBoard repository has been created and is hosted through the FAU site. Students are expected to access the site and review each case during the clerkship. Access to the cases will be monitored to ensure students have reviewed the cases during the clerkship.

- **Night call:** Each student will spend two nights during the 12-week clerkship on overnight call. These calls will be spent with the PGY-3 IM resident on night float. The call responsibilities will involve admission of new patients and evaluation acute problems of patients already admitted to the teaching service. It is anticipated that these will typically be Friday or Saturday evening shifts from 8pm-8am. The night float duties may be combined with the morning rounds. However, the student must leave promptly by 12 noon to adhere to the duty hour regulations.

- **Interdisciplinary Case Conference:** covers internal medicine, geriatrics, palliative care, radiology and the role of nursing, nutrition, social work, rehabilitation therapy in patient care. Students are expected to come to the faculty-facilitated session ready to discuss with their own experience with their patients in the clinical setting.

- **Geriatric Medicine Evidence Based Journal Club:** each student will be expected to present one paper for about 30 minutes. By week 1, students will have selected one article to present from a collection of papers assembled by the clerkship geriatrics coordinator (found on Blackboard). Students must submit their chosen article title to the OME (Ms. Culpepper) by Friday 5pm of Week 1.

Students should prepare a PowerPoint® presentation, organized with the following elements:

Background

What is the research question?

What are the predictor variables (primary and secondary), if applicable?

Define the study population, cases, controls, etc

What are the inclusion and exclusion criteria?

Methods: study design, blinding, randomization, power analysis



Statistical methods used

Results

Conclusions

Do the results answer the research question?

Strength and weaknesses

What are the implications for clinical care and for future research?

• **Written case report in geriatrics:**

Each student is required to submit three (3) written case reports to the OME (Ms. Culpepper) by Friday 5pm of Week 12.

The cases can be a combination of inpatient and post-acute patients. Formats for these case reports are provided on Blackboard.

The clerkship geriatrics coordinator will review, provide feedback and grade the work. To adhere to HIPAA regulations, students should black-out the patient's name and ID number on the write-ups to be handed in to the discipline coordinator. The format of the write-up is posted on Blackboard.

• **Written case report in radiology:**

Each student is required to submit one (1) written case report to the OME (Ms. Culpepper) by Friday 5pm in Week 11.

The clerkship radiology coordinator will review, provide feedback and grade the work. The report should be structured as follows:

Title

Summary

°Few sentences, description of what is being presented.

Case Report

°Clinical presentation, description and display of imaging findings.

Discussion

°Discussion of entity

°Differential diagnosis based on imaging and clinical presentation

°Teaching point/Summary

References

• **Written case report in internal medicine:**

Each student is required to submit three (3) patient write-ups to the OME (Ms. Culpepper) by Friday 5pm of either Week 6 or 12, depending on the end date of the internal medicine residency rotation for the student. To allow for formative feedback, it is advised that the student attempt to turn in the student write-ups in a staggered fashion, such as one at the end of the 2<sup>nd</sup> week, one at the end of the 4<sup>th</sup> week, and one at the end of the 6<sup>th</sup> week of the inpatient experience.

The clerkship internal medicine coordinator will review, provide feedback and grade the work. To adhere to HIPAA regulations, students should black-out the patient's name and ID number on the write-ups to be handed in to the discipline coordinator

Students should complete the write-up on a new internal medicine patient by the end of the day after admission, thereby taking time to read about the patient's problems, organize one's thoughts, and write it in a thorough, organized fashion. Each write-up will become part of the patient's medical record. Pay particular attention to the assessment and plan in the write-up.

• **Patient-oriented problem solving small group sessions:** Each week, all students will meet with faculty to discuss a paper case. These have been prepared to generate hypotheses, differential diagnoses, and evaluation and management plans of common medical problems. Each student's performance during

these sessions will be evaluated and contribute to the final clerkship grade. The evaluation form is posted on Blackboard for reference.

- Morning report: during the IM residency component of the clerkship, the students will attend morning report (4 days per week), and medical grand rounds one morning per week. Cases are presented by interns, residents or students and discussed with teaching faculty.

- **EKG interpretation sessions:** Starting in week 1 and then on alternate Fridays, sessions will be held to provide review and practice of the fundamentals of EKG interpretation.

- **Student report:** At each academic half-day weekly, student report will be run by a senior faculty member. Students will be asked to volunteer to orally present patients, radiologic findings, abnormal laboratory results, or other aspects of a patient’s care for relevant interactive discussion.

Students will be expected to organize their discussions according to these categories, where applicable:

- Diagnostic criteria
- Epidemiology
- Natural history
- Pathophysiology
- Clinical presentation
- Physical findings
- Differential diagnosis
- Diagnostic testing
- Therapeutic management

- **Mini-CEX (Clinical Examination):** During the IM residency portion of the clerkship, the clerkship medicine coordinator will observe the student’s clinical skills by the use of a mini-CEX. Although not graded, the mini-CEX forms the basis of important formative feedback on the performance of a complete or partial **history and physical examination**.

- **Clinical vignettes:** Once per clerkship, students will participate in an audience-response system format of clinical vignettes. These have been drawn from the “MKSAP for students”, and review the core topics of the clerkship.

- **Geriatrics self learning:** The goal is to explore the evidence base for geriatric care, and understand critical concepts related to delivery, coordination, and financing of high quality geriatric care through readings and interactive modules that review topics in depth. The case base learning workbook and related references are available on Blackboard. Students are expected to review each of the nine modules, carry out the specific tasks, read at least one key reference per module and complete each post-test. Modules and post tests will be reviewed with the clerkship geriatrics coordinator on the following schedule:

Week # in the community preceptor component of the clerkship	Models to be reviewed
1	None
2	1, 2, 3
3	4, 5
4	6, 7

5	8, 9
6	None

## 7. Course objectives/student learning outcomes:

The objectives for the regional campus clerkship are aligned with those of the corresponding disciplines of the main campus. In addition, objectives specific to the Continuity Medicine Curriculum (CMC) have been added, to continue the emphasis on chronic illness and care.

The objectives continue to be presented in the context of the six ACGME competencies that provide the framework for graduate medical education. Each competency can be specifically mapped back to the institutional objectives of the FAU Medical Education Program and of the CMC (found on Blackboard).

Student skills, behaviors and knowledge related to the objectives will be assessed by faculty in different ways and at different times in the clerkship. as described in the grading policy section of this document.

### Discipline: medicine

#### I Patient care

##### Overall Objective:

Students must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. During the clerkship, students will acquire and be able to demonstrate the skills necessary to evaluate and care for adult patients with common medical problems in both inpatient and outpatient settings.

##### Specific objectives:

- Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families.
- Obtain from a patient an accurate focused or comprehensive medical history based on the presenting complaint appropriate to the clinical setting
- Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.
- Perform an accurate focused or complete physical examination appropriate to the clinical setting.
- Accurately prepare and maintain in an accepted format and in a timely manner the medical documentation of the evaluation and care of the patient, including a comprehensive history and physical examination, and daily progress notes (inpatient setting), and documentation of office evaluations
- Give oral presentations to the inpatient teaching team, as well as to the community preceptor accurately summarizing the patient's history, physical examination and other pertinent findings
- Develop and carry out patient management plans.
- Counsel and educate patients and their families.
- Use information technology to support patient care decisions and patient education.
- Provide patient education aimed at preventing health problems or maintaining health.
- Work with health care professionals, including those from other disciplines, to provide patient-focused care.
- Interpret ECGs and identify common abnormalities
- Become familiar with and perform (under appropriate supervision) routine procedures commonly required for the evaluation and care of patients (including digital rectal exam, venipuncture, IV insertion, bladder catheterization)

#### II Medical knowledge

##### Overall Objective:

Students will acquire and demonstrate knowledge about the basic science and clinical science of medical problems of adults.

- Demonstrate a broad knowledge of basic pathophysiology required to care for adult patients
- Understand and describe the diagnostic criteria, epidemiology, natural history, pathophysiology, clinical presentation, physical findings, differential diagnosis, diagnostic testing, and management of the following
  - a. Myocardial ischemia
  - b. Congestive heart failure
  - c. Hypertension, including hypertensive emergencies
  - d. Pneumonia, COPD
  - e. Gastrointestinal bleeding
  - f. Hepatitis
  - g. Renal failure
  - h. Venous thromboembolism
  - i. Anemia
  - j. Diabetes, including diabetic ketoacidosis and hyperosmolar non-ketotic state
  - k. HIV and associated complications, including opportunistic infections
  - l. Acute arthritis
  - m. Stroke/altered mental status
  - n. SLE and vasculitides
- Understand the indications and utility of commonly ordered tests used in the evaluation of patients in both the inpatient and outpatient settings

### **III Practice based learning and improvement (FAU 4-5-6)**

Overall Objective:

Students must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices.

### **IV. Interpersonal and Communication Skills (FAU 3-4-8-9)**

Overall objective:

By the completion of the clerkship, the student will demonstrate interpersonal and communication skills that result in effective information exchange and collaboration with patients, their families and other health care providers.

### **V. Professionalism (FAU 7-8-9)**

Overall objective:

By the completion of the clerkship, the student will demonstrate a commitment to excellence and maturation in professional development.

Specific Objectives:

1. Demonstrate respect, compassion and integrity at all times.
2. Demonstrate acceptable attendance and punctuality, as well as a professional image in manner, dress, and grooming
3. Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity and respect to a diverse patient population.
4. Recognize the importance of being able to diagnose, treat and/or refer patients with problems regardless of future specialization.
5. Establish and maintain effective collaborative professional relationships with colleagues and other mental health care professionals.
6. Accept and use constructive criticism.
7. Recognize personal limits in knowledge, experience and resources.

8. Develop respect and empathy for all patients and colleagues regardless of background

## **VI. Systems-Based Practice Skills (FAU 3-4-8-9-10; CMC 5-6-7-8)**

Overall objective:

By the completion of the clerkship, the student will recognize the importance of interdisciplinary collaboration in optimizing clinical outcome for patients with illness, work effectively with other health professionals, and demonstrate knowledge of the role of mental health services in the larger community and Health care systems.

**Discipline: Geriatrics**

### **I. Patient Care (FAU 2-3-4-8-9; CMC 1-2-3)**

#### **A. Geriatric - oriented History and Physical Examination**

Overall Goal:

To successfully perform a comprehensive geriatric-oriented history and physical examination.

#### **B. Geriatric Assessment**

Overall Goal:

To employ standardized geriatric assessment tools when appropriate based on the history and physical examination.

#### **C. Clinical Care in Different Settings**

Overall Goal:

To distinguish and manage selected geriatric conditions that occur commonly in different settings of care.

#### **D. Collaboration and Consultation**

Overall Goal:

To determine the appropriate role for specialty consultations, including palliative care, in the care of geriatric inpatients in different settings.

### **II. Medical Knowledge (FAU 1-5-6; CMC 4)**

#### **A. Age - related Changes Relevant to Clinical Care**

Overall Goal:

To apply knowledge of age-related physiologic changes in the management of geriatric patients.

#### **B. Atypical Presentation of Disease**

Overall Goal:

To diagnose common geriatric conditions that may present atypically in older patients.

#### **C. Geriatric Syndromes**

Overall Goal:

To assess and manage selected common geriatric syndromes in hospital and outpatient clinic settings.

#### **D. Geriatric Pharmacology**

Overall Goal:

To manage drug therapy in geriatric patients with particular attention to age-related changes that may alter pharmacology, and drugs that should be avoided in older patients.

### **III. Practice-Based Learning and Improvement (FAU 4-5-6)**

#### **A. Evidence - Based Geriatrics in Clinical Practice**

**Overall Goal:**

To apply evidence-based resources to the care of geriatric patients.

#### **B. Geriatric Care Quality**

**Overall Goal:**

To propose strategies to improve the care of geriatric patients in outpatient, inpatient, and long-term care settings.

### **IV. Interpersonal Communication Skills (FAU 3-4-8-9)**

#### **A. Unique Aspects of Communicating with Geriatric Patients**

**Overall Goal:**

To assess older patients with disorders which impair their abilities to communicate during a history and physical examination.

#### **B. Interacting with Caregivers of Geriatric Patients**

**Overall Goal:**

To communicate effectively with caregivers of dependent older patients with severe illnesses.

### **V. Professionalism (FAU 7-8-9)**

#### **A. Respect and Compassion for Geriatric Patients and Their Caregivers**

**Overall Goal:**

To value and support the role of caregivers of older people with disabling chronic conditions.

#### **B. Respect for the Interdisciplinary Team**

**Overall Goal:**

To apply the strengths of different disciplines to the care of geriatric patients.

### **C. Importance of Functional Status and Quality of Life in Geriatric Patients**

**Overall Goal:**

To value the central role of function and quality of life in the care of geriatric patients

### **VI. Systems-Based Practice (FAU 3-4-8-9-10; CMC 5-6-7-8)**

#### **A. Transitions in Care and Care Coordination**

**Overall Goal:**

**To design a safe and feasible discharge plan for a hospitalized geriatric patient with multiple medical and functional problems.**

Overall Goal:

To incorporate members of the interdisciplinary team in planning hospital discharge and outpatient management of geriatric patients with functional deficits.

#### **C. Geriatric Health Care Planning and Promotion**

**Overall Goal:**

To assist geriatric patients and their caregivers in making care decisions for that account for life expectancy, functional status, patient preferences and their goals of care.

#### **D. Medication Management**

**Overall Goal:**

To plan drug therapy that maximizes benefits and minimizes risks and out-of-pocket expenditures for older patients.

#### **E. Geriatric Care**

**Overall Goal:**

To demonstrate an understanding of how health care financing for the elderly can impact the development of management plans for individual geriatric patients.

**Discipline: palliative care**

#### **I. Patient Care**

##### **A. Palliative/Hospice patient and family interviewing skills**

**Overall Goal:**

By the completion of the clerkship, the student will demonstrate the ability to obtain a complete history which elicits information necessary for diagnosis and treatment.

##### **B. Physical Exam**

**Overall Goal:**

By the completion of the clerkship, the student will be able to perform a complete physical examination with special attention to patient age, sex, mental or physical limitations, and family respect.

##### **C. Patient Write-ups and Progress Notes**

**Overall Goal:**

By the completion of the clerkship, the student will demonstrate proficiency in writing a comprehensive patient

history, physical examination, assessment, and plan, as well as, daily progress notes.

#### **D. Case presentations**

**Overall Goal:**

By the completion of the clerkship, the student will demonstrate an ability to present a clear, organized, and concise palliative/hospice care case presentation.

#### **E. Data Gathering and Problem Solving**

**Overall Goal:**

By the completion of the clerkship, the student will be able to obtain key data from the history, physical exam, and diagnostic studies to be able to identify problems and formulate appropriate diagnostic and management plans.

#### **F. Clinic/Ward Activities and Responsibilities**

**Overall Goal:**

By the completion of the clerkship, the student will demonstrate a commitment to carrying out professional responsibilities and the ability to work well as part of a team.

### **II. Medical Knowledge (FAU 1-5-6)**

#### **A. General Knowledge**

**Overall Goal:**

By the completion of the clerkship, the student will demonstrate knowledge of the importance of Palliative and Hospice medicine in patient care in the inpatient and outpatient settings.

#### **B. Pain Management**

**Overall Goal:**

By the completion of the clerkship, the student will understand the significance of pain on quality of life and be able to develop an appropriate treatment plan.

#### **C. Non-Pain Symptoms**

**Overall Goal:**

By the completion of the clerkship, the student will demonstrate knowledge for managing non-pain symptoms of fatigue, dyspnea, anorexia, dysphasia, nausea, vomiting, constipation (bowel obstruction), anxiety and delirium.

#### **D. Psychosocial /Ethical Issues**

**Overall Goal:**

By the completion of the clerkship, the student will demonstrate an understanding of common psychosocial and ethical issues that often arise in Palliative and Hospice Medicine.

### **III. Practice-Based Learning and Improvement (FAU 4-5-6)**

**Overall Goal:**

By the completion of the clerkship, the student will demonstrate the ability to evaluate both their patient care practices and the scientific evidence, in order to improve the quality of care they deliver to Palliative and Hospice patients.

### **IV. Interpersonal and Communication Skills**

**Overall Goal:**

By the completion of the clerkship, the student will demonstrate interpersonal and communication skills that



result in effective information exchange and collaboration with patients, their families, and other health care providers.

## **V. Professionalism**

**Overall Goal:** By the completion of the clerkship, the student will demonstrate a commitment to excellence and maturation in personal development.

## **VI. Systems-Based Practice**

**Overall Goal:** By the completion of the clerkship, the student will recognize the importance of interdisciplinary collaboration in optimizing clinical outcomes for patients with chronic, debilitating, and life-threatening illnesses. They should demonstrate the ability to work effectively with other health professionals, and demonstrate knowledge of his/her role in developing and achieving realistic goals of care.

Discipline: radiology (objectives common to the Integrated surgery and medicine clerkships)

### **I. Patient Care**

#### **A. Ordering of Radiologic Exams and Interpretation of Radiologic Reports**

**Overall Goal:**

By the completion of the clerkship, the student will demonstrate the ability to order the appropriate radiologic exam based on the patient's presenting signs and symptoms and understand issues regarding the use of radiologic contrast agents.

#### **B. Case presentations**

**Overall Goal:**

By the completion of the clerkship, the student will demonstrate an ability to present a clear, organized, and concise case presentation.

#### **C. Clinic/Ward Activities and Responsibilities**

**Overall Goal:**

By the completion of the clerkship, the student will demonstrate a commitment to carrying out professional responsibilities and the ability to work well as part of a team.

### **II. Medical Knowledge A. Interpretation of plain films**

**Overall Goal:**

By the completion of the clerkship, the student will be able to demonstrate an approach to interpret plain films and cross sectional radiographic anatomy, and recognize emergent/urgent plain film findings. The student will also begin to develop a differential diagnosis based on radiographic findings and patient history.

#### **B. Imaging procedures**

**Overall Goal:**

By the completion of the clerkship, the student will understand the risks and benefits of non-interventional and interventional imaging procedures.

#### **C. "Peri-radiological" problems**

**Overall Goal:**

By the completion of the clerkship, the student will demonstrate proficiency in the recognition of medical conditions that are affected or even precipitated by contrast agents.

### III. Practice-Based Learning and Improvement

#### Overall Goal:

By the completion of the clerkship, the student will demonstrate the ability to evaluate both their patient care practices and the scientific evidence, in order to improve the quality of care they deliver to patients.

### IV. Interpersonal and Communication Skills

**Overall Goal:** Radiology is a field that requires effective communication among many health care professionals working as a team in the best interest of the patient. By the completion of the clerkship, the student will demonstrate interpersonal and communication skills that result in effective information exchange and collaboration with patients, their families, and other health care providers.

### V. Professionalism (FAU 7-8-9)

**Overall Goal:** By the completion of the clerkship, the student will demonstrate a commitment to excellence and maturation in personal development. As physicians, radiologists are expected to hold themselves to the highest standards of integrity, service, and professionalism.

### VII. Systems-Based Practice

**Overall Goal:** By the completion of the clerkship, the student will recognize the importance of interdisciplinary collaboration in optimizing clinical outcomes for patients, work effectively with other health professionals, and demonstrate knowledge of the role of radiology care in the broader community and health care system.

Online patient log documentation of clinical exposure:

Students are required to document all significant clinical experiences during the clerkship in the Integrated Medicine clerkship log posted on Blackboard. In addition, students are required to log their experiences in the radiology log on Blackboard. Both logs will be reviewed periodically by the clerkship discipline coordinators to monitor progress, and if necessary, arrange for additional clinical experiences or SIMPLE web-based cases.

The following diagnoses are the minimum required clinical experiences that students must log in internal medicine, in addition to logging demographic and social elements:

- Abdominal pain
- Acute/chronic renal failure
- Altered mental status
- Anemia
- Arthritis
- CAD/angina/MI
- Cancer
- Chest pain
- CHF/cardiomyopathy
- COPD/asthma
- Diabetes mellitus
- DVT/PE
- Electrolyte/acid-base disturbance
- Fever
- GI bleeding
- Hepatitis
- HIV infection
- Hypertension
- Liver disease/cirrhosis
- Pancreatitis
- Pneumonia
- SLE

#### \*Patient attributes

- Culture not your own
- Limited access to care
- Significant contact with family/friends required
- N/A

The following activities are the required clinical experiences that students must log in geriatrics:

<b>Geriatric Assessments</b>
<input type="radio"/> Advance directive status assessment
<input type="radio"/> Alcohol use screening questions and/or CAGE questionnaire
<input type="radio"/> Depression screening questions and/or scored depression assessment
<input type="radio"/> Elder abuse or neglect screening questions
<input type="radio"/> Falls screening questions and/or post-fall assessment
<input type="radio"/> Functional Status - instrumental activities of daily living scale and/or basic activities
<input type="radio"/> Gait and balance assessment
<input type="radio"/> Hearing screening and/or assessment
<input type="radio"/> Incontinence screening questions and/or assessment
<input type="radio"/> Medication adjudication and assessment of knowledge and adherence
<input type="radio"/> Mental Status - Confusion Assessment Method
<input type="radio"/> Mental Status - Mini-Cog screening
<input type="radio"/> Mental Status - Scored mental status exam
<input type="radio"/> Pain assessment
<input type="radio"/> Sleep disorders screening questions and/or sleepiness scale
<input type="radio"/> Vision screening and/or assessment

The following activities are the required experiences that students must log in radiology. Note that this log will be monitored by the clerkship discipline coordinators throughout both the Integrated surgery and medicine clerkships to ensure exposure to appropriate content.

▶ <b>*Other</b>
▼ <b>Body</b>
<input type="radio"/> Aortic abdominal aneurysms
<input type="radio"/> Ascites
<input type="radio"/> Biliary Disease
<input type="radio"/> Bowel Obstruction
<input type="radio"/> Liver Tumors
<input type="radio"/> Pneumoperitoneum
<input type="radio"/> Renal Disease (stones,hydronephrosis,mass)
<input type="radio"/> Renal failure
▼ <b>Breast</b>
<input type="radio"/> Artifacts
<input type="radio"/> Benign Calcifications
<input type="radio"/> Benign Masses
<input type="radio"/> Breast Cancer
<input type="radio"/> Cystic Disease
<input type="radio"/> Malignant Calcifications
▼ <b>Chest</b>
<input type="radio"/> Airspace Disease
<input type="radio"/> Bronchiectasis
<input type="radio"/> CHF
<input type="radio"/> Interstitial Disease (Edema, Infection)
<input type="radio"/> Lung Cancer
<input type="radio"/> Lung Collapse
<input type="radio"/> Myocardial Infarction
<input type="radio"/> Pleural Disease (effusions, masses, Ca+)
<input type="radio"/> Pneumothorax
<input type="radio"/> Pulmonary Embolus
<input type="radio"/> Tuberculosis (primary, re-infection)
▼ <b>Interventional</b>
<input type="radio"/> Abscess management
<input type="radio"/> Arteriography
<input type="radio"/> Cholangiography and biliary drainage
<input type="radio"/> Dialysis Catheter placement
<input type="radio"/> Gastrojejunostomy Catheter placement
<input type="radio"/> Gastrostomy Catheter placement
<input type="radio"/> Intra arterial chemotherapy
<input type="radio"/> Nephrostomy Catheter placement
<input type="radio"/> Port placement

▼ <b>MUSCULOSKELETAL</b>
<input type="radio"/> Bone Tumor
<input type="radio"/> Long bone fracture
<input type="radio"/> Meniscus tear (Knee)
<input type="radio"/> Osteoarthritis
<input type="radio"/> Osteomyelitis, Bone tumor
<input type="radio"/> Rheumatoid arthritis
<input type="radio"/> Rotator cuff tear (shoulder)
▼ <b>NEURO</b>
<input type="radio"/> Brain Death
<input type="radio"/> Brain infarct
<input type="radio"/> Brain Tumor
<input type="radio"/> Cerebral edema
<input type="radio"/> Disc herniation
<input type="radio"/> Discitis,osteomyelitis of the spine
<input type="radio"/> Intraparenchymal brain hemorrhage,
<input type="radio"/> Spinal cord contusion
<input type="radio"/> Spinal intradural or extradural tumor
<input type="radio"/> Subdural and epidural hematoma
<input type="radio"/> Thyroid cancer
<input type="radio"/> Transfalcine and uncal herniation
▼ <b>Trauma</b>
<input type="radio"/> Ankle and other extremity fractures
<input type="radio"/> Pelvic Fractures
<input type="radio"/> Pneumomediastinum Pneumoperitoneum
<input type="radio"/> Pneumonia
<input type="radio"/> Pneumothorax, with or without tension
<input type="radio"/> Small bowel obstruction
<input type="radio"/> Spine fracture(s)
<input type="radio"/> Traumatic Aortic injury

**8. Course evaluation method:**

**Assessment in the clerkship:**

During the clerkship, each student will meet every 3 weeks with each clerkship discipline coordinator for a feedback session. All write-ups, problem-oriented small group session evaluations, attending evaluations, patient logs, and participation in didactic sessions will be reviewed.

Expectations for the internal medicine oral examination:

Each student will have two fifteen-minute sessions with two different examiners, as scheduled in Blackboard for week 12 of the clerkship. The topics covered will be the core topics as outlined in the syllabus. During each fifteen-minute session, the student will randomly choose 2-3 topics and be asked to discuss them in an organized way with reference to:

- Epidemiology and natural history
- Pathophysiology
- Presentation (History and physical)
- Diagnostic criteria
- Differential diagnosis
- Diagnostic testing
- Therapeutic management

The evaluation form is posted on Blackboard for reference.

Expectations for the NBME Subject Examination in Medicine:

Students are expected to prepare independently. All examinations will be administered in the Biomedical Sciences building on the dates and times of week 12 of the clerkship posted on Blackboard. A student must sit for all examinations as scheduled. *A student must obtain permission for an excused absence from the clerkship medicine coordinator* and notify the Assistant Dean for Student Affairs prior to the time for sitting for a scheduled examination. In the event of a personal emergency, the course clerkship medicine coordinator and the Assistant Dean for Student Affairs must be notified of the absence as soon as possible. A missed examination will be rescheduled at the discretion of the clerkship medicine coordinator, at a time that does not interfere with other clinical work. Unexcused absences will result in a grade of zero (0) for the missed examination.

Performance in all aspects of the clerkship will be monitored. A single grade will be recorded for the Integrated medicine clerkship:

Medicine: 70% of the grade, of which

Clinical Performance Evaluation by Faculty Preceptor	45
NBME Subject Examination in Medicine	25
Oral examination	15
Problem-oriented small group session evaluations/participation	7.5
Written case write-ups	5
EKG exam	2.5

Geriatrics: 10% of the grade, of which

Clinical Performance Evaluation by Faculty Preceptor	50
Performance on case-based learning post-tests	20
Written case reports	15
Journal club presentations	15

Palliative Care: 10% of the grade, of which

Clinical Performance Evaluation by Faculty Preceptor	10
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Radiology: 10% of the grade of which

Written Case Report	50
Pre/Post test (best grade of the two tests)	35
Participation with technologists, completion of technical area visits and online patient log	15

### **Passing/failing/remediation policies**

Students are to refer to The Student Rights and Responsibilities Handbook (on Blackboard).

Students are expected to achieve all of the following to pass the clerkship:

1. Achieve a score equal to or greater than 70 based on the clerkship grading policy.
2. For the NBME Subject exam, the student must pass, defined as scoring at or above the 5<sup>th</sup> percentile nationally compared to first takers at a similar period of the academic year.
3. Receive an overall "Fulfills CC3 expectations" rating for the aggregate Clinical Performance Evaluation.
4. Pass the oral exams at a minimum of 70%
5. Obtain a minimum of 70% on the written case reports
6. Attend all lectures with required case-based material or make-up absences with assigned work designated by clerkship discipline coordinator.
7. Completion of the SIMPLE cases and patient logs in Blackboard.

### **9. Course grading scale:**

A = 93-100; A- = 90-92; B+ = 88-89; B = 83-87; B - = 80-82;  
C+ = 78-79; C= 73-77; C- = 70-72; D+ = 68-69; D = 63-67; D- = 60-62; F = 59 and below.

### **10. Policy on makeup tests, etc.**

If a student fails to achieve any of the above, an Incomplete grade for the clerkship will be assigned. If the NBME subject exam is below the 5<sup>th</sup> percentile, the student will be required to re-take the exam within 14 weeks of notification, unless approved to take it later by the Clerkship Discipline Coordinator. If the exam is passed on the second try, the overall grade will not change (i.e., only the first score will be used in determining the overall grade), and a "D" will be assigned. If a score at or above the 5<sup>th</sup> percentile on the second attempt is not achieved, a "F" grade will be assigned and remediation (which may include repeating the entire clerkship) will be determined by the Clerkship Discipline Coordinator in conjunction with the Junior/Senior Promotions Committee.

### **11. Special Course requirements:**

Attendance Policy:

The FAU Medical Education Program faculty and administration agree that student attendance and participation in all scheduled learning sessions are important to students' academic and professional progress, and ultimate success as physicians.

Attendance at all activities is mandatory.

**For an absence to be excused, a request must be made to the Clerkship Discipline Coordinator(s). Only a Clerkship Discipline Coordinator can excuse an absence. No missed work associated with a specific session can be made up without loss of credit for satisfactory completion unless an excused absence has been granted.**

Repeated unexcused absences from required curricular activities may result in disciplinary action, up to and

including dismissal from the FAU Medical Education Program.

## 12. Classroom etiquette policy:

Students should be considerate of each other by switching his/her cell phone to vibrate during all teaching activities.

If a telephone call is of an emergency nature and must be answered during class, the student should excuse him/herself from the lecture hall before conversing.

Laptop computer use should be limited to viewing and recording lecture notes rather than checking e-mail, playing or viewing other distracting websites. Students may be asked by faculty to turn off laptops during any session where group participation is required (such as PBL and wrap-up sessions).

## 13. Disability policy statement:

In compliance with the Americans with Disabilities Act (ADA), students who require special accommodation due to a disability to properly execute coursework must register with the Office for Students with Disabilities (OSD) –in Boca Raton, SU 133 (561-297-3880)—and follow all OSD procedures.

## 14. Honor code policy:

Students at Florida Atlantic University are expected to maintain the highest ethical standards. Academic dishonesty is considered a serious breach of these ethical standards because it interferes with the University mission to provide a high quality education in which no student enjoys an unfair advantage over any other. Academic dishonesty is also destructive of the University community, which is grounded in a system of mutual trust and places high value on personal integrity and individual responsibility.

The FAU Honor Code requires a faculty member, student, or staff member to notify an instructor when there is reason to believe an academic irregularity is occurring in a course. The instructor must pursue any reasonable allegation, taking action where appropriate. The following constitute academic irregularities:

1. The use of notes, books or assistance from or to other students while taking an examination or working on other assignments, unless specifically authorized by the instructor, are defined as acts of cheating.
2. The presentation of words or ideas from any other source as one's own is an act defined as plagiarism.
3. Other activities that interfere with the educational mission of the University.

For full details of the FAU Honor Code, see University Regulation 4.001 at [www.fau.edu/regulations/chapter4/4.001\\_Honor\\_Code.pdf](http://www.fau.edu/regulations/chapter4/4.001_Honor_Code.pdf).

The Code of Honorable and Professional Conduct should serve as a guide to medical students in matters related to academic integrity and professional conduct. The Code of Honorable and Professional Conduct provides a mechanism for peer evaluation of student conduct which the FAU faculty and administration believe is an essential component of medical education and development of medical students.

## 15. Required texts/readings:

The following are textbooks that students are expected to purchase for use in the . All the textbooks listed below will be available at the FAU Bookstore at the beginning of the academic year.

Students are encouraged to purchase any textbooks listed below independently to obtain the best pricing.

Discipline	Title	Author	Publisher
Medicine	Harrison's Principles of Internal Medicine, 16 <sup>th</sup> Edition	Fauci, Braunwald, Kasper, Hauser, Longo, Jameson, Loscalzo, Editors	McGraw Hill

Radiology	Squire's Fundamentals of Radiology, 5 <sup>th</sup> Edition	Novelline	Harvard University Press

**Suggested Texts:**

Students may find the following helpful reference sources. Every effort will be made to provide a copy in the student study room at JFK. Some items may not be available.

Discipline	Title	Author	Publisher
Geriatrics	Essentials of Clinical Geriatrics, 6 <sup>th</sup> Edition	Kane, Ouslander, Abrass and Resnick	McGraw-Hill 2009
	Hazzard's Geriatric Medicine and Gerontology, 6 <sup>th</sup> Edition	Halter, Ouslander, Tinetti, Studenski, High and Asthana	McGraw-Hill 2009
Medicine	Cecil's Essentials of Medicine, 6 <sup>th</sup> Edition	Andreoli, Carpenter, Griggs, Loscalzo	Saunders
	MKSAP for Students 4	Multiple	American College of Physicians
	Internal Medicine Essentials for clerkship students, 2 <sup>nd</sup> edition	Multiple	American College of Physicians
	Rapid Interpretation of EKGs, 6 <sup>th</sup> edition	Dubin	Cover Publishing Company
Radiology	Introduction to Radiology		Available on Blackboard
	TBA		

**16. Supplementary resources:**

Web Resources:

(These resources and others may be accessed via the "Handouts and links" of the student e-Dossier on Blackboard)



**Web-based postings on Blackboard:**

Students are encouraged to use their laptop as much as possible in order to access resources, logs and other resources.

Please refrain from checking personal e-mails during teaching periods. Please put your cell phone or other device on “vibrate” to minimize disruption.

Please be punctual as a courtesy to your patients, staff, faculty and colleagues.

Academic half-day Handouts	Yes	Academic half-day Objectives	Yes	Exams	No
Required Activities <sup>‡</sup>	Yes	Grades	Yes	Additional Materials	Yes
Procedure logs	Yes	Patient logs	Yes	Evaluation forms	Yes

<sup>‡</sup> Students should note that clinical schedules have been entered for each student in Blackboard. The schedule indicates where students need to be: the start-end times of clinical activities are subject to change.

For example, a community preceptor session may be listed as 8:00 a.m. to 12:00 p.m. The actual time is potentially different, such as 7:45 a.m. to 11:45 a.m. or 8:00 a.m. to 12:15 p.m. The time of the activity is defined by the attending physicians and supersedes only the timing listed in Blackboard.

Students are encouraged to carry their laptop with them as much as possible in order to access resources, patient log and other resources.

Session handouts	Yes	Session Objectives	Yes	Quizzes	<i>Delivered via laptop</i>
Required Activities	Yes	Grades	Yes	Exams	<i>Delivered via laptop (except practicals)</i>

**17. Course topical outline, including dates:**

**Content outline:**

*Please refer to Blackboard for up-to-date information and session-related objectives and handouts.*

**Study Habits:**

A major contribution to your learning is active engagement, which includes participation in the learning of other students and interaction with the instructors. Students are expected to be proactive and to access the Blackboard system to review items associated to individual sessions.

Learning in the field of medicine is a life-long endeavor that is not only necessary, but can and should be fun. One of the most important factors for learning is curiosity and sometimes, the best way to keep this curiosity stimulated is through our interaction with colleagues and peers. When learning in small groups, we have a

chance to try to explain topics to each other, brainstorm solutions together, give each other constructive feedback, and support and validate each other. We encourage balancing studying alone with learning in small groups. It is important to develop a study routine to avoid “putting things off” and “cramming” and to minimize the stress we may add to our lives in that way.

### **Independent Study Time:**

Independent Study Time allocated within the day time schedule is provided for students, on average about 9 hours per week.

Students are expected to use this time to further their learning. The time should be used for independent study or with peers. It is an opportunity to seek out faculty to interact with them outside the formal teaching setting. Since the PBL small-group format requires that students research learning objectives, the time may be used to prepare for the subsequent sessions. Finally, the time may be used to work on assignments, problem-solving cases, off-campus visits or other tasks that are required by the courses.

Occasionally, some Independent Study Time sessions may be used for curriculum-related activities (e.g. standardized examinations): notice will be given as early as possible for these occasions.

### **Course and Faculty Evaluation:**

FAU highly values the process of formal program evaluation and feedback. FAU students are required to complete all course evaluations and program evaluation surveys which are the Students Perception of Teaching (SPOT).

Grades and transcripts may be held for failure to submit required surveys. Evaluations should be constructive, to help improve individual faculty's teaching, and the content and format of the courses.

Moreover, the timely completion of evaluations at the level of undergraduate medical education assists students in developing the administrative and organizational skills required throughout their academic and professional career. We appreciate your completing evaluations to help continue with improvement of the learning experiences and environment for all students.