



UGPC APPROVAL _____
 UFS APPROVAL _____
 SCNS SUBMITTAL _____
 CONFIRMED _____
 BANNER POSTED _____
 ONLINE _____
 MISC _____

Graduate Programs—NEW COURSE PROPOSAL

DEPARTMENT NAME: **BMED**

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

RECOMMENDED COURSE IDENTIFICATION:

PREFIX BMS COURSE NUMBER 7175 LAB CODE (L or C) _____

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

COMPLETE COURSE TITLE **FAMILY MEDICINE CLERKSHIP**

EFFECTIVE DATE

(first term course will be offered)

CREDITS: **6**

TEXTBOOK INFORMATION:

Essentials of Family Medicine, 5th edition

Sloane, Slatt, Ebell, Jacques, Smith

L W W

GRADING (SELECT ONLY ONE GRADING OPTION): REGULAR PASS/FAIL _____ SATISFACTORY/UNSATISFACTORY _____

COURSE DESCRIPTION, NO MORE THAN 3 LINES: THIS COURSE IS DESIGNED TO TRAIN MEDICAL STUDENTS IN THE DISCIPLINE OF FAMILY MEDICINE AS PRACTICED IN OUTPATIENT, HOSPITAL AND CLINIC SETTINGS. THIS EXPERIENCE PROVIDES EXPOSURE TO AND TRAINING IN THE CLINICAL PROBLEMS ENCOUNTERED IN A GENERAL MEDICAL PRACTICE.

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: **MD OR PHD**

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.

 Faculty Contact, Email, Complete Phone Number

SIGNATURES

SUPPORTING MATERIALS

Approved by:

Department Chair: _____

College Curriculum Chair: _____

College Dean: _____

UGPC Chair: _____

Dean of the Graduate College: _____

Date:

Syllabus—must include all details as shown in the UGPC Guidelines.

Written Consent—required from all departments affected.

Go to: <http://graduate.fau.edu/gpc/> to download this form and guidelines to fill out the form.

Email this form and syllabus to diamond@fau.edu and 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** : Family Medicine Clerkship
Course number: BCC 7175
Number of credit hours: 6

Lecture/small group Hours: up to 4 hrs/week at Bethesda Memorial Hospital, per Blackboard.
Clinical Hours: up to 80 hrs/week at BMH, community physician offices, per Blackboard.

Students must follow the same duty hour rules followed by 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.

Dress Code:

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.

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

2. Course prerequisites:

Accepted for matriculation in the FAU Medical Sciences program.

3. Course logistics:

- a. term:
- b. not an online course
- c. appropriate wards and clinics.

4. Instructor information:

Course Director: TBA

Course support: Bethesda Clerkship Program Assistant
Ms. Sarah Mueller
Office: BMH, lower level
Phone: 561-292-4891
Fax: 561-374-5769
E-mail: fau.smueller@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.*

5. TA contact information:

N/A

6. Course description:

Rationale:

The Continuity Medicine Curriculum uses a chronic illness model and an integrated patient care approach to prepare students for medical practice.

The curriculum continues to place a priority on active, collaborative, learner-centered methodologies to prioritize the knowledge, skills and attitudes required of physicians to practice in today's health care system. The clerkships of the Bethesda experience will overall allow students to follow their patients through their care and treatment and participate in the medical, surgical, diagnostic and therapeutic aspects of the care required for management of acute and chronic illnesses. Students will continue to spend time with their Integrated Patient Care community preceptor following their patient panel and other patients presenting with acute and chronic illnesses.

Clinical experiences are designed to emphasize interdisciplinary, team-based, complex disease management with a major focus on continuity care, health maintenance and disease prevention. The third year clerkships will strive to not only integrate the basic and clinical sciences, but also the behavioral and social sciences with continued emphasis on these areas:

- | | |
|---|--|
| Humanistic medicine | Information Management and Evidence Driven |
| Professionalism | Decision Making |
| Reflective Practice and Self-Improvement | Comprehensive Chronic Disease Management |
| Quality Improvement and Outcomes Management | Inter-professional Care and Teamwork |
| Patient Safety | Population Based Medicine |

The clerkship aims to train students to provide care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health. The objectives for the clerkship are derived initially from the Society for the Teaching of Family Medicine guidelines. Students will be assigned to a family medicine preceptor and spend the majority of their time in the private practice. Although the students are assigned to different Board-certified family medicine preceptors, students will experience the same type of clinical practice in terms of outpatient and inpatient clinical care. The clerkship discipline coordinator is familiar with the individual practices involved. All faculty have participated in faculty development sessions to orient them to FAU Medical Education program goals, expectations for student learning and performance, as well as assessment of student clinical performance. Academic half-days will include lecture and small-group activities. Assessment will be achieved by the use of the NBME Subject Exam in Family Medicine, clinical performance evaluation by faculty preceptor, observed clinical histories and physical exams and written case reports.

7. Course objectives/student learning outcomes:

Clerkship activities:

Prior to day 1 of the clerkship, students are expected to contact their assigned preceptor to arrange for a precise time and meeting place. Contact information for the preceptors is posted on Blackboard under "Handouts and links".

Students will be assigned to a family medicine preceptor and spend the majority of their time in the private practice. Students are expected to accompany their preceptor to the hospital for rounding and other clinical activities related to their census of patients.

Sample week

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Private practice and/or Bethesda	Private practice and/or Bethesda	Private practice and/or Bethesda	Private practice and/or Bethesda	Private practice and/or Bethesda

Noon		Tumor Board (BMH)			
PM	Private practice and/or Bethesda**	Private practice and/or Bethesda**	Private practice and/or Bethesda**	Academic half day*	Private practice and/or Bethesda**

* Week 4: PS4 curriculum.

** Students are expected to work with the preceptor as much as possible, but this time may be used for the IPC4 community preceptor visit.

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	Student Report....getting started the First Week Screening Tests in Family Medicine Time Management in the Office Visit/Focusing & Identifying the Main Problem Collecting information in an efficient manner
Week 2	Student Report Evaluation of Chest Pain & Hypertension Collecting Information from the "difficult patient" Continuity of Care in the office
Week 3	Student Report Evaluation of Abdominal Pain Dealing with the Diabetic Patient Insurance Plans and The Practice of Medicine. The front office.
Week 4	Student Report Economics of a Family Physician...expectations and managing your money I have to work how many hours? Telephone medicine Physicianship Skills 4
Week 5	Student Report Evaluation of Respiratory Disorders....Asthma, COPD, CHF, Allergies Role of The Family Physician in the Coordination of Care "Living in the World of Specialists" and patient expectations
Week 6	Prescribing habits. Test ordering. Treating the whole person, not just the disease.

Specific student responsibilities:

- **Online patient documentations of clinical exposure:**

Students are required to document all significant clinical exposure in the *Family Medicine clerkship* log posted on Blackboard. The clinical exposure should primarily be direct patient contact with significant involvement in the evaluation, assessment and management of the patient. It is imperative that the log entries are completed on a weekly basis: log entries from the prior week need to be posted by Sunday at midnight. Logs will be reviewed by the clerkship director on a weekly basis and will be reviewed with the student every three weeks. This is done to monitor progress and, if necessary, arrange for additional clinical experiences or web-based cases. Failure to complete patient logs in a timely manner may result in a professionalism referral or an incomplete grade for the clerkship.

The following diagnoses are the minimum required clinical experiences that students must log on Blackboard during the *Family Medicine clerkship*, in addition to logging demographic and social elements. If your clinical experience does not include one of these, an alternative experience will be arranged by the clerkship director.

Dermatitis
Diabetes mellitus
DM complications
Hypertension
Dyslipidemia
Obstructive lung disease
Low back pain
Chest pain
Obesity
GE reflux
Depression/anxiety disorder
Abdominal pain
Health promotion/prevention
Shortness of breath
Musculoskeletal pain
Vaginitis
Upper respiratory infection
Contraceptive
Management/Family Planning
Headache
Culture not your own
Language not your own
Limited access to care

- **Mid-Clerkship Evaluation (end of week 3):** Students will meet with the Clerkship family medicine coordinator for a mid-clerkship evaluation and feedback session which may include:
 - Brief clinical evaluation from preceptor identifying areas where improvement is needed
 - Review of clinical caseload to ensure compliance with clinical exposure requirements by the completion of the clerkship
 - Review of the written case report handed in by week 2.
- **Written case reports:** Each student is required to submit three (3) written case reports to the OME (Ms. Mueller) during the clerkship.

Report 1 is due by Friday 5pm of Week 2 and will be used in the mid-clerkship feedback

Report 2 is due by Friday 5pm of Week 4.
Report 3 is due by Friday 5pm of Week 5.

Late reports will lead to deductions in points at the discretion of the clerkship family medicine coordinator.

The clerkship family 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. The case report should follow this format:

CC/Chief Complaint: Brief sentence
Present illness: Expanding on/explaining the CC
Allergies
Current Medications: Rx and OTC
Past medical history: both 'medical' and 'surgical'
Family history: Diseases that are genetic or expected to run through the family and affect the patient.
Social history: Smoking, caffeine, alcohol, drugs, sexual etc.
ROS: Complete ROS focusing on "Pertinent Positives", trying not to let the positives get lost in the negatives. Include any screening items in this section (e.g. Pap, mammogram, PSA, colonoscopy).
Physical Exam: Examination appropriate for the Chief Complaint.
Impression/Diagnosis
Management plan: Tests? Medications? Advice?

- **Smoking cessation program:** Students are required to complete online cases from the Florida Area Health Education Centers (AHEC) tobacco cessation program. The cases will help students meet the clerkship objectives for wellness, prevention and behavioral changes.

Access information to the program is posted on Blackboard. It is expected that each case will take a student approximately 30 minutes to complete. The following cases are mandatory for completion by the student:

Overview of Tobacco Cessation
Motivational Interviewing for Primary Care
Pharmacotherapy of Tobacco Cessation
Five Cases: Basic Tobacco Cessation Interventions

Students should print the "Complete the CME/CE Certificate Form" for each online module and submit the printed forms to the OME (Ms. Mueller) by Friday 5pm of Week 4.

Late forms will lead to deductions in points at the discretion of the clerkship family medicine coordinator.

- **BMH Tumor Board:** Students are required to attend Bethesda's Tumor Board, which is held every Tuesday from 12:00 - 1:00 in the Clayton Conference Center South. If you see a cancer patient in your preceptor's office, you may present their case at Tumor Board. To do so, you must contact the BMH Cancer Data Coordinator, Ms. Chris Miller, with your patient's name, and she will obtain the patient's films and lab work for your presentation. Ms. Miller can be reached at BMH x4187 or by e-mail at chris.miller@bethesdahealthcare.com.
- **Student report:** At each academic half-day weekly, students will be asked to volunteer to orally present patients, abnormal laboratory results, or other aspects of a patient's care for relevant interactive discussion.

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

Diagnostic criteria
Epidemiology
Natural history
Pathophysiology
Clinical presentation

Physical findings
Differential diagnosis
Diagnostic testing
Therapeutic management

Competency-based objectives for the clerkship:

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 assessment section of this document.

I. PATIENT CARE

Overall Objective:

Students will provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.

A. Acute & Chronic Illnesses goals:

- Collaborate with other health care professionals, including those from other disciplines, to provide patient centered care and preventive services across their lifespan.
- Demonstrate sensitivity and responsiveness to patients' cultural, age, gender and disabilities when providing care.
- Collect and incorporate appropriate psychosocial, cultural and family data into a patient management plan.
- Make informed decisions about diagnostic and therapeutic interventions using patient information and preferences, scientific evidence and clinical judgment.
- Describe the continuing role and responsibility of the family physician in the care of patients during the process of consultation and referral.
- Develop and implement a management plan for common illnesses using a focused, problem-orientated assessment.
- Participate in a chronic disease management plan in partnership with the patient, patient's family and other health care professionals that enhances functional outcome and quality of life.
- Counsel and educate patients and families about acute and chronic illnesses.
- Recognize the need for the family physician's continuing role and responsibility in the care of patients during the process of consultation and referral.
- Recognize the unique issues and different approaches in caring for adolescent patients

B. Prevention and Wellness goals:

- Apply screening protocols based on guidelines and recommendations to identify risks for disease or injury and opportunities to promote wellness.
- Counsel patients and their families about serious harmful personal behaviors and habits and appropriate health maintenance strategies.
- Apply culturally appropriate behavioral change to support patient wellness.
- Use appropriate technologies to obtain and support patient education activities.

- Counsel adolescent patients on the impact of alcohol, drugs, tobacco, pregnancy, and sexually transmitted diseases.

C. Community and Population Medicine goals:

- Describe the social, community and economic factors that affect patient care.
- Use interventions with patients from community-based advocacy organization studied and/or visited during the Introduction to the Medical Profession and Physicianship Skills 1-2-3 courses

D. Patient Write-ups

- Demonstrate the ability to write a comprehensive History & Physical, perform a proper physical examination, assessment and plan.
- Demonstrate the ability to write follow-up progress notes.
- Demonstrate effective and organized documentation that facilitates communication with other health care providers.

E. Case Presentations

- Demonstrate the ability to present in a clear and concise fashion, all aspects of the patient's H&P. physical examination, laboratory reports and other study results, including pertinent negatives.

F. Data Gathering and Problem Solving

- Demonstrate the ability to extract important pertinent data from the history and physical, identify problems and formulate a Problem List.
- Learn to formulate a Differential Diagnosis for each problem.
- Learn to formulate an appropriate diagnostic and management plan.
- Begin to analyze and interpret laboratory and radiologic data.
- Begin to understand the indications, mechanisms of action, side effects and contraindications of medications.
- Incorporate medical informatics skills by performing Medline searches on patient care topics and discuss how health care informatics technology can be applied in the general practice ambulatory care setting to enable preventive medical care, using your practice site as an example.

II. MEDICAL KNOWLEDGE

Overall Objective:

Student should acquire medical knowledge about established and evolving biomedical, clinical and cognate (epidemiological and social behavioral) sciences and the application of this knowledge to patient care.

A. Acute & Chronic Illness goals:

- Describe the prevalence and natural history of common problems and illnesses over the course of a life cycle.
- Discuss the complexity of providing longitudinal, comprehensive and integrated care for patients with common, chronic, medical problems.
- Integrate and apply the basic and clinical sciences appropriate to Family Medicine.
- Demonstrate an investigatory, analytical approach to clinical situations.

B. Prevention and Wellness goals:

- Identify prevalent diseases, injuries or conditions where prevention plays a role.
- Demonstrate basic knowledge of the complex factors involved in behavioral change.
- Define primary, secondary and tertiary prevention.
- Define characteristics of a good screening test.

- Recognize the impact of cultural diversity on health promotion and disease prevention.

C. Community and Population Medicine goals:

- Compare and contrast the epidemiology of diseases seen in patients in Palm Beach County and discuss the implications for care of patients in these settings.
- Recognize and interpret relevant laws and regulations relating to the protection and promotion of public health.
- Interpret the findings of an outbreak or cluster investigation as it applies to prevention and patient education.

III. PRACTICE-BASED LEARNING AND IMPROVEMENT

Overall objective:

Students will acquire skills in that involve investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

A. Acute & Chronic Illness goals:

- Locate, appraise and assimilate evidence from scientific studies related to patients' health problems.
- Demonstrate an understanding of the need to make basic diagnostic and treatment decisions that consider the limitations of clinical data.

B. Prevention and Wellness goals:

- Demonstrate basic knowledge needed for selecting protocols and strategies to reduce identified health risks for patients and communities.

C. Community and Population Medicine goals:

- Use appropriate screening tools and protocols for health maintenance.
- Describe and discuss the forces that affect the process of patients seeking medical care.

IV. INTERPERSONAL COMMUNICATION

Overall objective:

Students will acquire skills that result in effective information exchange and teaming with patients, their families and other health professionals.

Acute & Chronic Illness goals:

- Create and sustain therapeutic and sound relationships with patients and families utilizing a patient-centered approach.
- Encourage patients with episodic or acute illnesses to seek continuing medical care.
- Document appropriate information for acute and continuing care in the patient record.
- Demonstrate effective and respectful communication with other health care professionals and clinical faculty.
- Demonstrate the ability to communicate effectively with patients and families.

V. PROFESSIONALISM

Overall objective:

Students will acquire skills manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population.

A. Acute & Chronic Illness goals:

- Describe the importance of maintaining continuing professional responsibility for the patient's and family health care.
- Demonstrate respect for patients and families in the referral and consultation process.
- Perform concise, problem-focused presentation of the patient that reflects critical thinking in clinical decision making.
- Demonstrate respect for patient confidentiality and privacy regulations.

B. Prevention and Wellness goals:

- Avoid imposing personal values by using nondirective counseling when appropriate.
- Demonstrate respect for patients whose lifestyles and values may be different from students.

C. Community and Population Medicine goals:

- Recognize limits of personal knowledge.

VI. Systems-Based Practice

Overall objective:

Systems-Based Practice as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide patient care that is of optimal value.

A. Acute & Chronic Illness goals:

- Advocate for quality patient care and assist patient in dealing with system complexities.
- Recognize the barriers to coordination of care and recommend improvements.
- Describe the role of the Family physician as coordinator of care.
- Recognize appropriate consultation resources, both medical and nonmedical, in discussing effective use of resources.

B. Prevention and Wellness goals:

- Understand how the prevalence of disease in a population changes the predictive value of a screening test
- Describe strategies for patient education and disease prevention that can be implemented for those who do not present for care on their own.

C. Community and Population Medicine goals:

- Analyze the health of the community utilizing available data and resources.

8. Course evaluation method:

During the clerkship, each student will meet half-way with each clerkship discipline coordinator for a feedback session. All attending evaluations, patient logs, and participation in didactic sessions will be reviewed.

Expectations for the NBME Subject Examination in family medicine:

Students are expected to prepare independently. All examinations will be administered in the Biomedical Sciences building on the dates and times of week 6 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:

Clinical Performance Evaluation by Faculty Preceptor	50%
NBME Subject Examination in Family medicine	20%
Small-group participation and online modules	15%
Written case reports	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 5th 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 observed clinical exam at a minimum of 70%
5. Obtain a minimum of 70% on the written case reports
6. Attend all lectures or make-up absences with assigned work designated by clerkship discipline coordinator.
7. Completion of the patient logs in Blackboard.

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 5th 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 5th 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.

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

Course and Faculty Evaluation:

The FAU Medical Education Program highly values the process of formal program evaluation and feedback. Students are required to complete all course evaluations and program evaluation surveys distributed by the medical education administration.

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.

11. Special Course requirements:

Attendance Policy:

The 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.

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.

The following are textbooks that students may elect to purchase. Students are encouraged to purchase the textbooks independently to obtain the best pricing.

Title	Author	Publisher
Essentials of Family Medicine, 5 th edition	Sloane, Slatt, Ebell, Jacques, Smith	Lippincott Williams & Wilkins

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 [¥]	Yes	Grades	Yes	Additional Materials	Yes
Procedure logs	Yes	Patient logs	Yes	Evaluation forms	Yes

[¥] 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.

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.