

COMMUNICABLE DISEASE CLEARANCE FORM

**B.A.-M.D. Program
Communicable Disease Clearance**

Name _____ DOB _____ ID number _____

Vaccination	Dates			-or-	Titer	Date	Result (+ / -)
	1)	2)					
Measles					IgG Ab		
Mumps					IgG Ab		
Rubella					IgG Ab		
Varicella					IgG Ab		
Hepatitis B	1)	2)	3)		HbsAb		
Tetanus					IgG Ab		
Diphtheria					IgG Ab		
Other:							

Mantoux test
Date planted: _____ Date read: _____ mm induration: _____

Interpretation: _____ If positive, chest X-ray result: _____

MD/DO/NP/PA/RN

Signature

Print Date

State and License #:

Address:

Phone Number:

LETTER TO PROSPECTIVE PHYSICIAN PRECEPTORS REGARDING SUMMER CLINICAL INTERNSHIP

To Whom It May Concern:

The B.A.-M.D. Program is one of Brooklyn College's premier Honors Programs. It offers students the opportunity to enroll in a combined baccalaureate and medical degree course of study. Students apply in their senior year of high school. If accepted, they enter Brooklyn College and take an academically challenging curriculum. Upon successful completion of all undergraduate requirements, students matriculate into the College of Medicine of SUNY Downstate Medical Center. Admission into the B.A.-M.D. Program is highly competitive: we had 263 applicants for the 17 seats in our 2005 entering class.

B.A.-M.D. students are required to spend one undergraduate summer (320 total hours, ideally eight weeks at forty hours per week) volunteering in a clinical setting involved with patient care. There are three major goals of this requirement: to provide clinical exposure which may assist students in confirming their career goal of medicine; to educate students about appropriate professional behavior; and to stimulate students reflection on the ethical and interpersonal dimensions of medical practice.

To facilitate these goals students should have the opportunity to

- observe you in the work that you do,
- ask questions about the purpose and procedures of the observed activity,
- learn about physician-patient relationships,
- comprehend the full scope of a physician's role, including activities beyond patient contact,
- and perform appropriate assignments for you.

All summer clinical internship field placements require pre-approval. This is intended to ensure that field placements meet the program requirements and goals. As such, we are requesting, in advance of the start of the placement, that the physician preceptor submit a one paragraph statement indicating the location of the placement, the activities for which the student will be responsible, the hours the student will be working, the start and finish dates of the placement, and the name and phone number of the individual who will be directly responsible for overseeing the placement and who will know where the student is working at the site on any given day. The paragraph should be written on the physician preceptor's letterhead stationery, and it should be signed. Until this letter is received and approved, a student cannot initiate the internship and will not receive credit for any hours served.

Please note that to monitor each student's placement, we may need to be in phone contact with you during the summer. We will also need to contact the student at the clinical site. Students who are unavailable and cannot be contacted at the site will not receive credit for their internship requirement.

Thank you very much for considering our student for a summer placement. You will be doing an invaluable service for the student as well as for our program. Please do not hesitate to contact me if I can clarify matters in any way.

Sincerely,

Director
B.A.-M.D. Program
Brooklyn College
2900 Bedford Avenue
Brooklyn, New York 11210.

QUESTIONNAIRE FOR PHYSICIAN PRECEPTOR

The B.A.-M.D. Program Office uses this form when it telephones the preceptor during the time that the student is performing her/his clinical internship.

Date: _____

Student's Name: _____

Physician Preceptor: _____

1. Has the student been attending regularly and has s/he been on time? Is s/he keeping to the schedule arranged with you?
2. Has the student been behaving in a professional and cooperative manner?
3. Has the student displayed emotional and social maturity while working with you?
4. What medical situations has the student been exposed to?
5. Do you have any comments, positive or negative, about the student that you would like to share with us?
6. Is the student there now? If so, may we speak with her/him?

COMMUNITY SERVICE EVALUATION QUESTIONNAIRE

B.A.-M.D. PROGRAM COMMUNITY SERVICE EVALUATION FORM

SEMESTER OF COMMUNITY SERVICE _____

NAME OF B.A.-M.D. STUDENT _____

NAME OF SITE SUPERVISOR _____

NAME OF SITE _____

Directions to Site Supervisor:

Please circle the appropriate rating on each scale. The ratings are to provide feedback for professional and personal growth and, therefore, may be shown to the student. This evaluation will significantly determine whether the student receives credit towards his/her community service requirement. When completed, please return to: B.A.-M.D. Program Office, Brooklyn College, 2900 Bedford Avenue, Brooklyn, New York, 11210. It will be greatly appreciated if for the fall semester, this form is returned no later than December 31, and for the spring semester, no later than May 25.

	RATINGS						
	Weak		Average			Strong	
1. PERSONALITY ON SITE	1	2	3	4	5	6	7
Is mentally alert; has a sense of humor, sparkle, drive and vitality; is poised, confident, spontaneous, cheerful and relaxed, not "off in her/his own world."							
2. SOCIAL QUALITIES	1	2	3	4	5	6	7
Gets along with others; is friendly, courteous and tactful; discusses responsibilities cooperatively; is neither excessively independent nor dependent; accepts praise and criticism gracefully; converses easily and effectively.							
3. PERSONAL APPEARANCE	1	2	3	4	5	6	7
Exhibits good taste, neatness, and cleanliness in dress and personal grooming; has no distracting mannerisms.							
4. PROFESSIONAL ZEAL	1	2	3	4	5	6	7
Takes steps toward self-improvement; asks for advice and information in an appropriate manner; has the courage and curiosity to try something new; shows initiative on occasion.							

RATINGS

Weak Average Strong

5. RESPONSIBILITY

1 2 3 4 5 6 7

Is punctual and dependable; calls in when unable to get to site; carries out assignments reliably; keeps promises and confidences; adheres to established routines and policies; makes no major decisions without prior consultation.

6. KNOWLEDGE OF CONTENT MATTER

1 2 3 4 5 6 7

Academic competencies are adequate; speaks and writes English correctly; presents ideas clearly; activities are well organized and planned.

7. SUGGESTED GRADE FOR COMMUNITY SERVICE: _____

- A = Excellent Work
 - B = Good Work
 - C = Satisfactory Work
 - D = Poor Work
-

8. Has completed _____ hours of fieldwork.

Signature of Site Supervisor _____

Date _____

Additional comments:

THANK YOU!