

PENNSYLVANIA STATE UNIVERSITY  
COLLEGE OF MEDICINE

FOURTH-YEAR PRIMARY CARE ELECTIVE  
PCMED 741, 742, 743, 744, 745, 746

WRITTEN PROPOSAL/OBJECTIVES TEMPLATE

STUDENT NAME:

STUDENT TELEPHONE NUMBER:

(Where you can be reached)

TODAY'S DATE:

ELECTIVE SITE NAME:

PRECEPTOR NAME:

PRECEPTOR ADDRESS:

PRECEPTOR TELEPHONE NUMBER:

1. Is this site in your hometown? \_\_\_\_YES \_\_\_\_NO

2. When do you start this rotation? Date \_\_\_\_\_

Student may not start rotation until proposal is approved, which must be submitted two months prior to the rotation.

3. Is this site on the list provided by the College of Medicine? \_\_\_\_YES \_\_\_\_NO

If not: (a) Was documentation provided (practice site profile) that the site is acceptable?  
\_\_\_\_YES NO

Comments:

(b) Did you give us a reference on the physician? \_\_\_\_YES \_\_\_\_NO

Comments:

This can come in the form of a letter from the physician or letter and information about a special program that the selective is offering.

**PROPOSAL** (One to two sentences explaining why you are proposing this rotation)

**OBJECTIVES** (State 3 to 4 objectives\* that you want to accomplish during the rotation)

**PLAN** (Explain how you might organize this experience to meet the objectives\*)

**\* COURSE GOALS/OBJECTIVES**

1. To participate in a primary-care-related experience that enhances a general area of the student's interest.
2. To learn the basic function of primary care: personalized first contact@ care, comprehensive preventive care, continuity of care over time, economy of care, and coordination of referral care.
3. To apply and broaden basic knowledge, attitudes, problem-solving skills, and communication skills learned in previous primary care rotations.
4. To appreciate the vital functions of a primary care provider within a given community.
5. To appreciate the impact that the socioeconomic and cultural dynamics of a community have on health care delivery.
6. Observe, identify, and model medical and ethical/moral behavior in doctor-patient interactions.

**REQUEST FOR ABSENCE** (With approval of the co-director of the course, two days are allowed for a four-week experience; one day is allowed for a two-week experience; any time taken after that must be made up.)

Course Co-Director: \_\_\_\_\_

Date of Approval: \_\_\_\_\_