

# University of South Florida

## *Morsani College of Medicine*

### *Lehigh Valley Campus*

# SELECT Capstone Course

## *MDE 8950*

## Syllabus

2023-2024

**Part A and Part B (Longitudinal)**

# SELECT











### Transmissible Disease Procedures








All students must be aware of and comply with university policies regarding Covid-19 and other transmissible diseases. They should also be aware of and comply with the policies at the clinical affiliates where their clinical training occurs. Failure to do so may result in disciplinary action.

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## DIRECTOR'S & COORDINATOR'S WELCOME/HOW TO BE SUCCESSFUL IN THE COURSE

*Message from Course Director:  
Bryan Kane, MD, FACEP*

Welcome!

The SELECT Capstone Course is comprised of an individualized project with a defined scholarly outcome which demonstrates a deep understanding of a healthcare subject through the lens of the SELECT Program. The Capstone Project should focus on one or more of the SELECT core domains: Leadership; Values-Based, Patient-Centered Care; or Health Systems/Policy. The project allows you to demonstrate the Self-Directed Learning skills you have developed during Medical School.

The SELECT Capstone Project is undertaken by contract with the Project Mentor and is designed and executed by the learner in collaboration with said Mentor and any relevant team members and consultants. The SELECT Capstone Project may take a wide variety of forms but must include: 1) a clear problem statement; 2) have an organized approach; and 3) generate relevant and measurable outcomes. Those outcomes will be presented visually (in a poster), orally (in a PowerPoint presentation), and in writing, as both an Abstract and a Final Paper.

The project works towards learner-identified self-directed learning goals, which are delineated at the onset of the project. These self-directed learning goals must be identified in the Project Proposal for course approval and are a required point of discussion in the Final Paper. Prior to initiation/execution, the project must have been reviewed and formally determined to be Research or Quality Improvement.

The SELECT Capstone Project is a graded course. Successful completion of this course is a prerequisite for graduation. Performance in the course (in part) determines the awarding of a graduate certificate at commencement. Professionalism is determined in large part by the timely submission of assignments.

Have fun, work hard, and be mindful of your own health and well-being. Know that the Capstone Course Administration Team is here to assist you in any way we can.

Get set for a great adventure!

A handwritten signature in blue ink, appearing to read 'B. G. Kane', with a long horizontal line extending to the right.

Bryan G. Kane, MD, FACEP  
Capstone Course Director

*Message from Course Coordinator:  
Sydney Clouser, BS*

Welcome to Capstone!

It is a pleasure to be a part of your Capstone Course Administration Team. Dr. Kane and I believe this will be the most exciting aspect of your fourth year of medical school. Enjoy every minute of it!

The SELECT Capstone Course is designed to push you to delve into and to explore a subject pertaining to the SELECT competencies. In doing so, we hope that you will design a study, gather data, do an exhaustive literature review, and synthesize your data into a new and profound idea that will expand our knowledge of your project's topic.

Your assignments and papers should be well written and polished, as if you intend to submit to a journal or a conference. Dr. Kane and I would certainly love to see all your projects become published or presented at a conference. Unless you wish to submit in a style of a specific journal in your chosen medical field, please use the link below to JAMA's "Instructions for Authors" page. This will give you an excellent idea for what is required for publication.

<http://jama.jamanetwork.com/public/instructionsForAuthors.aspx>

The overt curriculum of everything involved with a scholarly endeavor such as Capstone can be found in this syllabus. However, do not overlook the fact that there is a hidden curriculum, too. You must plan well and be proactive. You must maintain continuous communication with your Mentor/Team. Professionalism is paramount and can be thought of as meeting deadlines and being on time for meetings with your Mentor/Team. There is more to this course than the final paper or presentations. Do not take this course lightly, and do not wait until the last day to complete your assignments. Be sure to finish your assignments with adequate time to review them with your Mentor. Please keep in mind that your Mentors have busy schedules as well. Also, it is imperative that you pay attention to the email reminders and Canvas announcements that you'll receive throughout the academic year. Failure to follow directions could result in lost points and/or tardy assignment submissions.

Again, I am here and happy to help any way I can. I can review your papers and offer valuable input. I can scan and digitize documents for you here in my office. Please let me know what I can do to help.

Enjoy!

*Sydney Clouser*

Sydney Clouser, BS  
Capstone Course Coordinator

## COURSE OBJECTIVES MAPPED TO PROGRAM OBJECTIVES (PCRS)

New AAMC Competency Domains	SELECT Competency Domains	MCOM Program Objectives	SELECT Capstone Course Objectives
Patient Care		<p><i>Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health</i></p> <p>1.1 Perform all medical, diagnostic, and surgical procedures considered essential for the area of practice</p> <p>1.2 Gather essential and accurate information about patients and their conditions through history-taking, physical examination, and the use of laboratory data, imaging, and other tests</p> <p>1.3 Organize and prioritize responsibilities to provide care that is safe, effective, and efficient</p> <p>1.4 Interpret laboratory data, imaging studies, and other tests required for the area of practice</p> <p>1.5 Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment</p> <p>1.6 Develop and carry out patient management plans</p> <p>1.7 Counsel and educate patients and their families to empower them to participate in their care and enable shared decision-making</p> <p>1.8 Provide appropriate referral of patients including ensuring continuity of care throughout transitions between providers or settings, and following up on patient progress and outcomes</p> <p>1.9 Provide health care services to patients, families, and communities aimed at preventing health problems or maintaining health</p> <p>1.10 Provide appropriate role modeling</p> <p>1.11 Perform supervisory responsibilities commensurate with one's roles, abilities, and qualifications</p>	
	Values-Centered Care	SELECT 1.12 Perform values-based patient-centered comprehensive assessment, diagnosis and patient management, utilizing shared decision making in care of the patient	
Knowledge for Practice		<p><i>Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care</i></p> <p>2.1 Demonstrate an investigatory and analytic approach to clinical situations</p> <p>2.2 Apply established and emerging bio-physical scientific principles fundamental to health care for patients and populations</p> <p>2.3 Apply established and emerging principles of clinical sciences to diagnostic and therapeutic decision-making, clinical problem-solving, and other aspects of evidence-based health care</p> <p>2.4 Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations</p> <p>2.5 Apply principles of social-behavioral sciences to provision of patient care, including assessment of the impact of psychosocial and cultural influences on health, disease, care seeking, care compliance, and barriers to and attitudes toward care</p> <p>2.6 Contribute to the creation, dissemination, application, and translation of new health care knowledge and practices</p>	
	Health Systems	SELECT 2.7 Examine national and international health systems, policy and finance	

Practice-Based Learning and Improvement		<p><i>Demonstrate the ability to investigate and evaluate one's care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning</i></p> <p>3.1 Identify strengths, deficiencies, and limits in one's knowledge and expertise  3.2 Set learning and improvement goals  3.3 Identify and perform learning activities that address one's gaps in knowledge, skills, and/or attitudes  3.4 Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement  3.5 Incorporate feedback into daily practice  3.6 Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems  3.7 Use information technology to optimize learning  3.8 Participate in the education of patients, families, students, trainees, peers, and other health professionals  3.9 Obtain and utilize information about individual patients, populations of patients, or communities from which patients are drawn to improve care  3.10 Continually identify, analyze, and implement new knowledge, guidelines, standards, technologies, products, or services that have been demonstrated to improve outcomes</p>	
	Leadership	SELECT 3.11 Demonstrate advanced competency in self- assessing knowledge gaps and setting improvement goals, then perform activities to accomplish these	- Develop and integrate in-depth knowledge of one or more SELECT domains into medical care
	Health Systems	SELECT 3.12 Analyze a health care environment or system and recommend changes to improve patient outcomes	- Through the outcomes of your project, create a scholarly legacy for our academic, medical and/or general communities
Interpersonal and Communication Skills		<p><i>Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals</i></p> <p>4.1 Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds  4.2 Communicate effectively with colleagues within one's profession or specialty, other health professionals, and health related agencies  4.3 Work effectively with others as a member or leader of a health care team or other professional group  4.4 Act in a consultative role to other health professionals  4.5 Maintain comprehensive, timely, and legible medical records  4.6 Demonstrate sensitivity, honesty, and compassion in difficult conversations, including those about death, end of life, adverse events, bad news, disclosure of errors, and other sensitive topics  4.7 Demonstrate insight and understanding about emotions and human responses to emotions that allow one to develop and manage interpersonal interactions</p>	
	Leadership	SELECT 4.8 Demonstrate advanced team leadership skills that enhance team functioning, the learning environment, and/or the health care system	- Demonstrate professionalism via communication, managing yourself and your team, and last, but not least, meeting timelines and deadlines
	Values-Centered Care	SELECT 4.9 Communicate effectively and sensitively with patients, adjusting language and style in order to incorporate their knowledge, values, and culture	



		<p><i>Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles</i></p> <p>5.1 Demonstrate compassion, integrity, and respect for others  5.2 Demonstrate responsiveness to patient needs that supersedes self-interest  5.3 Demonstrate respect for patient privacy and autonomy  5.4 Demonstrate accountability to patients, society, and the profession  5.5 Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation  5.6 Demonstrate a commitment to ethical principles pertaining to provision or withholding of care, confidentiality, informed consent, and business practices, including compliance with relevant laws, policies, and regulations</p>	
<p><b>Professionalism</b></p>	<p><b>Leadership</b></p>	<p>SELECT 5.7 Demonstrate advanced ability in all of the above [Core Professionalism objectives], and the ability to inspire and instruct peers in these areas</p>	<ul style="list-style-type: none"> <li>- Develop and integrate in-depth knowledge of one or more SELECT domains into medical care</li> <li>- Develop self-directed learning, project management, evaluative and critical reasoning skills</li> <li>- Through the outcomes of your project, create a scholarly legacy for our academic, medical and/or general communities</li> <li>- Demonstrate your growth as a visionary, change agent, or your ability to effectively influence others within different levels of system, promoting a culture of relationship-building and/or integrating emotional intelligence</li> <li>- Demonstrate the ability to identify subject experts who can add value to your project</li> <li>- Demonstrate the application of project management skills, implementation, and resources needed to be successful</li> <li>- Demonstrate professionalism via communication, managing yourself and your team, and last, but not least, meeting timelines and deadlines</li> <li>- Demonstrate appropriate presentation skills for your scholarly project</li> </ul>

Systems-Based Practice		<p><i>Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care</i></p> <p>6.1 Work effectively in various health care delivery settings and systems relevant to one's clinical specialty  6.2 Coordinate patient care within the health care system relevant to one's clinical specialty  6.3 Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care  6.4 Advocate for quality patient care and optimal patient care systems  6.5 Participate in identifying system errors and implementing potential systems solutions  6.6 Perform administrative and practice management responsibilities commensurate with one's role, abilities, and qualifications</p>	
	Health Systems	<p>SELECT 6.7 Show advanced ability to incorporate knowledge of health systems and cost of care into medical decisions  SELECT 6.8 Strategize, practice, and advocate for quality improvement in patient care and health care systems  SELECT 6.9 Integrate knowledge of healthcare systems into individual patient care</p>	
Inter-Professional Collaboration		<p><i>Demonstrate the ability to engage in an inter-professional team in a manner that optimizes safe, effective patient- and population-centered care</i></p> <p>7.1 Work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust  7.2 Use the knowledge of one's own role and the roles of other health professionals to appropriately assess and address the health care needs of the patients and populations served  7.3 Communicate with other health professionals in a responsive and responsible manner that supports the maintenance of health and the treatment of disease in individual patients and populations  7.4 Participate in different team roles to establish, develop, and continuously enhance inter-professional teams to provide patient- and population-centered care that is safe, timely, efficient, effective, and equitable</p>	
	Leadership	<p>SELECT 7.5 Demonstrate advanced team competencies in assessment and coaching in order to achieve a common patient-centered end</p>	<p>- Demonstrate professionalism via communication, managing yourself and your team, and last, but not least, meeting timelines and deadlines</p>
Personal and Professional Development		<p><i>Demonstrate the qualities required to sustain lifelong personal and professional growth</i></p> <p>8.1 Develop the ability to use self-awareness of knowledge, skills, and emotional limitations to engage in appropriate help-seeking behaviors  8.2 Demonstrate healthy coping mechanisms to respond to stress  8.3 Manage conflict between personal and professional responsibilities  8.4 Practice flexibility and maturity in adjusting to change with the capacity to alter one's behavior  8.5 Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients  8.6 Provide leadership skills that enhance team functioning, the learning environment, and/or the health care delivery system  8.7 Demonstrate self-confidence that puts patients, families, and members of the health care team at ease  8.8 Recognize that ambiguity is part of clinical health care and respond by utilizing appropriate resources in dealing with uncertainty</p>	

<p><b>Personal and Professional Development</b></p>	<p><b>Leadership</b></p>	<p>SELECT 8.9 Demonstrate emotional intelligence by showing awareness of strengths, weaknesses, and idiosyncrasies of self, team, and systems, and then show the ability to modulate one's behavior to positively affect each of these.</p> <p>SELECT 8.10 Describe the basic competencies necessary for effectiveness as a potential future physician and leader</p> <p>SELECT 8.11 Implement the professional and personal development process</p> <p>SELECT 8.12 Actively participate in one's own personal and professional development through individual and group coaching</p>	<ul style="list-style-type: none"> <li>- Develop and integrate in-depth knowledge of one or more SELECT domains into medical care</li> <li>- Develop self-directed learning, project management, evaluative and critical reasoning skills</li> <li>- Through the outcomes of your project, create a scholarly legacy for our academic, medical and/or general communities</li> <li>- Demonstrate your growth as a visionary, change agent, or your ability to effectively influence others within different levels of system, promoting a culture of relationship-building and/or integrating emotional intelligence</li> <li>- Demonstrate the ability to identify subject experts who can add value to your project</li> <li>- Demonstrate the application of project management skills, implementation, and resources needed to be successful</li> <li>- Demonstrate professionalism via communication, managing yourself and your team, and last, but not least, meeting timelines and deadlines</li> <li>- Demonstrate appropriate presentation skills for your scholarly project</li> </ul>
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## SELECT EPA'S ADDRESSED IN THE COURSE

EPA #1: The resident should be able to systematically investigate, and then disseminate the results of, a medical question with a focus on Health Systems, Values Based Patient Centered Care, and/or Emotionally Intelligent Leadership

Description of the activity	<p>To be prepared for the first day of residency, the resident should be able to:</p> <p>Develop a question about medicine. This question can include but is not limited to: quality improvement, translational, clinical or curricular in nature. The resident would then systematically search and appraise the literature on that topic. The student would then propose a methodology to address the question, prepare a working draft of an abstract, oral presentation or manuscript in order to disseminate the outcomes in order to enhance the practice of medicine.</p> <p>Functions:</p> <ol style="list-style-type: none"> <li>1. Write an answerable foreground question.</li> <li>2. Effectively search the literature.</li> <li>3. Appraise located evidence.</li> <li>4. Suggest applications of best practice evidence, where appropriate, to local health care system.</li> <li>5. Propose methodology either to determine the impact of local implementation or original investigation into the question.</li> <li>6. Initiate and maintain a professional relationship with a mentor for the project.</li> <li>7. Work within a health system to identify the process to determine the methodology to be Quality Improvement project or draft regulatory documents when determined to be Research.</li> <li>8. Elicit, receive and provide feedback from all project participants including the mentor.</li> <li>9. Demonstrate basic project management skills such as timelines, identification of resources, roles and responsibilities.</li> <li>10. As part of a team, execute a project designed to generate outcomes data to answer a health care question.</li> <li>11. Make initial conclusions about project outcomes data.</li> <li>12. Write a working version of an abstract.</li> <li>13. Staff a poster after seeking production input.</li> <li>14. Professionally orally present a project.</li> <li>15. Write a draft manuscript.</li> <li>16. Be able to function as a mentor and mentee.</li> </ol>	
<p>Most relevant domains of competence</p> <p>- SELECT terminal program objectives (TPO) that relate to this EPA</p>	<p>S-PBL2, S-SBP2, S-PPD3, S-PPD4</p>	
<b>Critical Competency (TPO)</b>	<b>Pre-Entrustable Behavior</b>	<b>Post-Entrustable Behavior</b>
<p>S-PBL2</p> <p>Demonstrate ability to</p>		<ul style="list-style-type: none"> <li>• With mentorship, successful initiation, execution, analysis and</li> </ul>

<p>analyze a health care environment/system and recommend changes to improve patient outcomes.</p>	<ul style="list-style-type: none"> <li>• Struggles with writing an answerable question due to specificity thereof.</li> <li>• Unable to locate relevant evidence, secondary to translation of question to MeSH terms or application of delimiters or use of incorrect search engine.</li> <li>• Difficulty appraising evidence.</li> <li>• Limited ability to identify appropriate methodology to answer question.</li> <li>• Cannot not identify need for regulatory approval.</li> <li>• Draws inappropriate conclusions.</li> <li>• Non-scientific writing style makes abstract or manuscript unacceptable by peer review standards.</li> <li>• Cannot communicate project findings in poster or oral platform discussion.</li> </ul>	<p>dissemination through abstract, poster, oral platform presentation, manuscript of a scholarly project with a focus on leadership, health systems or values-based patient centered care.</p> <ul style="list-style-type: none"> <li>• Write an answerable question and execute effective search.</li> <li>• With mentorship, writes a project proposal, analyze data, and write an abstract, design and staff a poster, conduct a platform presentation with appropriate accompanying slides, and write a manuscript of peer-review quality.</li> </ul>
<p>S-SBP2 Demonstrate the ability to strategize, practice, and advocate for quality improvement in patient care and health care systems</p>	<ul style="list-style-type: none"> <li>• Struggles with writing an answerable question due to specificity thereof.</li> <li>• Unable to locate relevant evidence, secondary to translation of question to MeSH terms or application of delimiters or use of incorrect search engine.</li> <li>• Difficulty appraising evidence.</li> <li>• Limited ability to propose methodology to validate evidence to be used in local improvement for further dissemination.</li> </ul>	<ul style="list-style-type: none"> <li>• Proposes methodology to study quality improvement.</li> <li>• With mentorship executes a quality improvement project, analyze the subsequent data and determine means to disseminate the results in a generalizable manner.</li> </ul>
<p>S-PPD4 Actively participate in one's</p>	<ul style="list-style-type: none"> <li>• Struggles with the identification of, initiation</li> </ul>	

<p>own personal and professional development through individual and group coaching</p>	<p>of contact with or maintenance of a relationship with, a professional project mentor.</p>	<ul style="list-style-type: none"> <li>• Initiates and maintains a professional project mentor relationship.</li> <li>• Demonstrates the ability to utilize the expertise of the mentor to adapt to changing conditions over the course of a project in order to successfully complete an academic project which produces materials such as abstracts, posters, platform presentations and manuscripts of peer review quality.</li> </ul>
<p>S-PPD3 Demonstrate the ability to implement and participate in the professional and personal development process through individual and group coaching.</p>	<ul style="list-style-type: none"> <li>• Struggles with the identification of necessary personnel, initiation of contact with or maintenance of a multi-disciplinary project team.</li> </ul>	<ul style="list-style-type: none"> <li>• Initiates and maintains a collaborative project team.</li> <li>• Demonstrates the ability to utilize the expertise of the various team members to adapt to changing conditions over the course of a project in order to successfully complete an academic project which produces materials such as abstracts, posters, platform presentations and manuscripts of peer review quality.</li> </ul>

## COURSE DESIGN/SCHEDULE/EXPECTATIONS

### Guiding Principles

The strategy of the SELECT MD Program is guided by Human Systems Theory. Within the context of SELECT curriculum design, Human Systems Theory is defined as a humanistic, psychosocial system of learning that guides students through five domains of leadership development in a progressive and purposeful manner. These five domains of leadership development include: Intrapersonal, Interpersonal, Group, Organizational, and Societal/Community.

### Roadmap

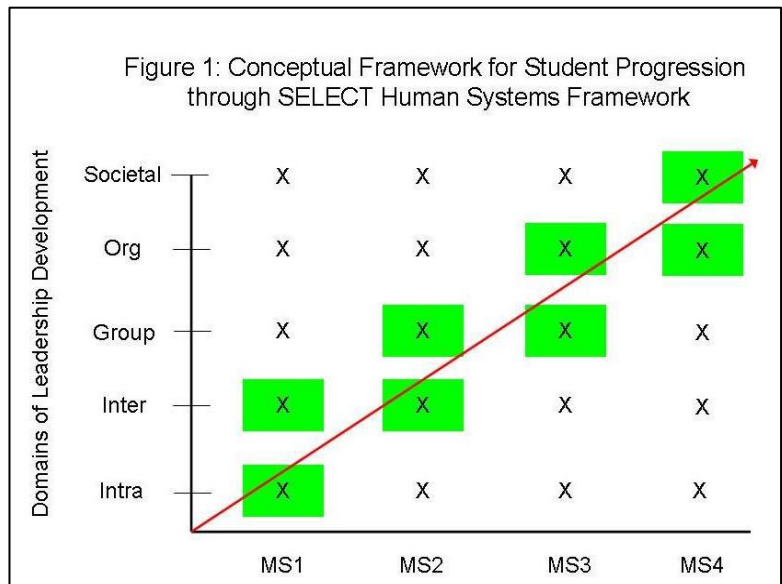
Students are exposed to each domain of leadership development throughout their SELECT studies (i.e. MS 1 - 4). However, as shown in Figure 1, it is intended that specific domains of leadership development are emphasized within a given year. As illustrated in Figure 1, **X** indicates the MS year a domain of leadership development is taught and emphasized in the curriculum, and more systematically assessed.

As a result, students and faculty have a general “roadmap” to guide content delivery and assessment planning. In general, Figure 1 represents current SELECT MD curriculum design emphasis and planning.

The SELECT Capstone Project gives you the opportunity to delve more deeply into an area of particular interest to you and allows you to demonstrate your abilities to be creative, think analytically, and to produce a scholarly product. The SELECT Capstone Course is a required and graded individualized learning experience that will consist of a final scholarly project synthesizing the SELECT core competencies of Leadership, Health Systems, and/or Values-Based Patient-Centered Care.

### Alternate Path to Capstone Course Completion

Additional tasks may be assigned to any student who misses a submission deadline. Here, in conjunction with the mentor, the Course Director may, for example, ask the student to reflect on the role of professionalism within the project. As previously indicated, we strongly encourage you to reach out to the Course Team prior to a deadline if you are experiencing difficulties, in order to discuss whether an extension is appropriate. For students who happen to be underperforming, the additional requirements may be offered to assist the student in successful completion of the Course, as the grade in the Capstone Course has broader consequences.



## Course Expectations

It's the expectation of the course that the student will adhere to the Syllabus. The Syllabus will be reviewed in class and posted to Canvas. The student is responsible to notify the Course Director and Coordinator should they feel they have located an error or omission in the Syllabus. You are required to complete an electronic Syllabus attestation.

### Professionalism

Any breach of the professionalism as described in the MCOM handbook including but not limited to the professionalism values section and the social media participation guidelines, may be grounds for remediation or failure of the course as determined by the Course Director in consultation with the Clerkship Director at the alternate campus [if applicable] and the applicable Assistant Dean of Curriculum.

**Professionalism in Capstone will be demonstrated in large part with the timely submission of assignments.**

### Participation Expectations

1. Unexcused absence, late attendance in the classroom or clinical activity, late or delinquent assigned curriculum assignments (self-learning assignments, PXDX, etc.), late Absence Request Forms and Absence Report forms.
  - a. The delay in any assignment, activity, or clerkship particular policy is left to the discretion of the Course Director.
  - b. Each participation violation without the approval of the Course Director will be subject to a decrease in the Final Course Grade.
  - c. Serial late submissions will be subject to a review in professionalism by the Course Director in consultation with the Clerkship Director at the alternate campus [if applicable] and the applicable Assistant Dean of Curriculum.
  - d. The course director will receive feedback regarding small group participation from coaches. The submission of an optimally designed professional development plan (PDP) in a timely fashion is also required and is part of the professionalism (but will not count towards the course grade).

### Writing Expectations

Writing is of publication quality. **Your submissions must not have track changes or unresolved comments in the document.** The writing should be without significant errors in grammar, tense, or voice. The student followed the assignment instructions in these areas and regarding formatting. All documents must be in a Microsoft document.

### Self-Directed Learning Expectations

In self-directed learning, the individual takes the initiative and the responsibility for what occurs. These activities will be assigned at the beginning of each competency module and emphasize health systems, leadership, or values-based patient-centered care. Self-directed learners are responsible for their own learning and take initiative to (a) self-assess learning needs; (b) independently identify, analyze, synthesize, and apply relevant information; (c) appraise the credibility of information sources; (d) seek, receive, and incorporate feedback on these skills; and (e) evaluate the efficacy of their learning outcomes. For the duration of the course, it is expected students will engage in self-directed learning (SDL) any time they recognize when something is contrary to their existing set of



knowledge, is unclear, or a connection is not present ([LCME presentation slides](#)). Students will generate a focused, answerable question or learning objective; then, independently identify, analyze, and synthesize relevant information to answer the question, and appraise the credibility of the information sources. Depending on the type of question or objective, the information may fill a gap in knowledge, resolve an incongruence, and/or change the student’s thinking or approach based on the relevant information discovered ([LCME presentation slides](#)). Lastly, students will seek feedback on their SDL skills from faculty members, mentors, or peers, and apply the feedback to future SDL experiences. Students will discuss, present, and receive feedback their SDL skills during Project updates.

For the purposes of Capstone, Self-Directed Learning will focus on the following three steps:

1. The student’s ability to **self-assess**
2. The student’s ability to **locate and utilize resources**
3. The student’s ability to **appraise the quality of these resources**

### Communication- Canvas and Email

Course materials, reminders, and announcements will be sent to your LVHN email as well as through Canvas. Please be sure to check them daily.

## CAPSTONE PROJECT DELIVERABLES AND DEADLINES CAPSTONE A (PASS/FAIL)

<b>Deliverables</b> <i>(See assignments in Canvas for details)</i>	<b>Timeframe/Deadline for Submission in Canvas</b>
Identify Capstone Project topic and Mentor. Submission of signed <b>Mentor Contract</b> identifying the Problem Statement to be investigated.	<b>Sunday June 11, 2023</b>
<b>Syllabus Attestation</b>	<b>Sunday June 18, 2023</b>
<b>CITI Training Certificate</b> with an expiration date after 4/1/2024	<b>Sunday July 16, 2023</b> <b>(Biomedical Investigators and Key Personnel done via USF Tampa portal).</b>
<b>Reminder that Capstone Project Proposal Assignment is due by July 30<sup>th</sup> during Part A of Capstone but is located in Part B</b>	
<b>Project Status Submission:</b> Submit in Canvas the IRB adjudication or mentor attestation of project status.	<b>Sunday September 24, 2023</b>
<b>Project Updates:</b> The Progress Reports are to be filled out by the student, sent to the Mentor, and posted to Canvas.	Twice during your project, the first no later than <b>Sunday October 1, 2023</b> . The second no later than <b>Sunday November 12, 2023</b> .

Schedule and conduct a “ <b>Mid-Course Feedback</b> ” meeting with the Course Director to discuss your Project Update and upload the feedback into Canvas.	<b>Sunday November 12, 2023</b>
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### Grading of the Capstone Course: Capstone A

Capstone A is graded as a Pass/Fail course. In order to successfully pass the course, the student must submit all the assignments noted above prior to the deadline. Professionalism is measured in Capstone primarily through the timely submission of completed assignments. **To request an extension in order to avoid a late penalty, the Course Director and Course Coordinator must be contacted via email at least one week prior to the assignment due date. The request must include an explanation why the request is being made, a suggested due date, and how the student will meet all future assignment due dates. Extension requests will be discussed with the Dean of Student Affairs. Any extension request within a week of a due date will utilize the Unplanned Absence Policy.** This policy can be found in this Syllabus. **Any late submission to Capstone A without a granted extension as above will result in a grade of an R.**

## CAPSTONE PROJECT DELIVERABLES AND DEADLINES CAPSTONE B (LONGITUDINAL COURSE)

Deliverables (see assignments in Canvas for details)	Timeframe/Deadline for Submission in Canvas
<b>Capstone Project Proposal</b> approved by your Mentor. The approval is <i>solely</i> filled out by the Mentor. It is done through an electronic link.	<b>Sunday July 30, 2023</b>
<b>Mentor Evaluation of Student</b> submitted to the Course Coordinator. This form is <i>solely</i> filled out by the Mentor. It is done through an electronic link.	Twice during your project, the first no later than <b>Sunday October 8, 2023</b> . The second no later than <b>Sunday March 24, 2024</b>
Schedule and conduct a “ <b>Mid-Course Feedback</b> ” meeting with the Course Director to discuss your Project Update and upload the feedback into Canvas.	<b>Sunday January 21, 2024</b>
<b>Capstone Abstract</b> <i>You will use the Abstract to create your posters.</i>	<b>Sunday January 28, 2024</b>
<b>Final Title Revision</b> (If needed, this is not required)	<b>Sunday February 18, 2024</b>
<b>Final Poster approved by your Mentor</b> The approval is <i>solely</i> filled out by the Mentor. It is done through an electronic link.	<b>Sunday February 25, 2024</b>
<b>Final Paper approved by your Mentor</b> The approval is <i>solely</i> filled out by the Mentor. It is done through an electronic link.	<b>Sunday March 3, 2024</b>

<b>PowerPoint files for Oral Presentations approved by your Mentor</b> The approval is <i>solely</i> filled out by the Mentor. It is done through an electronic link.	<b>Sunday March 10, 2024</b>
<b>Capstone Project Transition</b>	<b>Capstone Day, preliminarily March 18, 2024</b>
<b>Judging of Oral and Poster Presentations</b>	Oral and poster presentations during Epilogue as assigned on that schedule. <b>Preliminarily, Capstone Day is scheduled for March 18, 2024.</b> Exemplary performance in the course will culminate in display of the project posters in the Gallery of Scholarship at Commencement in Tampa.

### Grading of the Capstone Course: Capstone B (Longitudinal)

Grading for the Capstone B (Longitudinal) course will be Honors (A), Pass with Commendation (B), Pass (C), or F. Individual assignments will be graded on a 0-to-4-point scale as noted in the Syllabus and the assignment rubrics unless otherwise noted. **You must achieve a letter grade of “Honors (A)” or “Pass with Commendation (B)” to be eligible for your SELECT Graduate Certificate. Based on the USF Late Penalty Policy, the first late assignment will result in a maximum final grade of a Pass with Commendation (B). The second late assignment will result in a maximum grade of a Pass (C). A third late assignment will result in a Grade of an R.** The USF Late Penalty Policy is provided in the Syllabus. *For projects being conducted as research, it is strongly suggested to be ahead of the assigned course timeline. Your Mentor or the Course Director can work to provide you with an individualized timeframe.* **REMINDER: uploaded assignments must be a Microsoft Office file (Word, Excel, etc.).**

Any incomplete assignment (not submitted into Canvas and in the case of the Poster presentation and Oral presentation not performed) will result in Failure of the course. Late submissions of any assignment will receive a penalty to the grade on the assignment as per the USF Late Penalty Policy. Please see the USF Late Penalty Policy, which is provided in the Syllabus. **To request an extension in order to avoid a late penalty, the Course Director and Course Coordinator must be contacted via email at least one week prior to the assignment due date. The request must include an explanation why the request is being made, a suggested due date, and how the student will meet all future assignment due dates. Extension requests will be discussed with the Dean of Student Affairs. Any extension request within a week of a due date will utilize the Unplanned Absence Policy.** This policy can be found in this Syllabus.

## SELECT LATE PENALTY POLICY

### SELECT Late Assignment Procedure Statement

As outlined in the student handbook, a standard USF MCOM SELECT late policy has been developed and is below. This Policy is for ALL SELECT courses.

#### 1. Course Grade Penalties

In the case of a student violating a deadline with **one late submission through the span of the**

**longitudinal SELECT course, the student is ineligible for an Honors (or Letter Grade A) grade within said course. A late assignment in Capstone A (Pass/Fail course) will result in a grade of an R.** If a student violates **two assignments** or assessments (or a combination thereof) deadlines, by which accumulating two late submissions throughout the span of the **yearlong SELECT course the student is ineligible for a Pass with Commendation (or Letter Grade B) grade in said course.**

**Three late assignments will result in a final grade of a R (Remediation).**

**The student may appeal a penalized grade to the Dean after grades are submitted at the end of the Course.**

## **2. Assignment/Assessment Grade Penalties**

When a student submits any late assignment/assessment, within or up to two days of the predetermined deadline, the student is only eligible to receive a maximum grade of 70% of the total value of the original maximum grade eligible for that assignment/assessment. When a student submits any late assignment/assessment, after two days and up to seven days of the predetermined deadline, the student is only eligible to receive a maximum grade of 50% of the total value of the original maximum grade eligible for that assignment/assessment. There will be no credit given to students who submit any assignment or assessment beyond seven days of the stipulated deadline.

## **3. Course Completion Requirement**

In order to be eligible for a passing course grade, all required assignments and assessments must be submitted and at the passing level determined for that assignment/assessment. Failure to submit any assignment or assessment will result in the assignment of an incomplete, R (remediation) or F (fail) grade depending on the circumstances.

# **STEPS OF THE CAPSTONE COURSE**

## ***Step 1. Identifying the Capstone Mentor and Problem Statement: Required for Capstone A***

The Capstone Project begins with the search for a suitable Mentor and Problem Statement. A successful search will culminate in a signed Mentor Contract (Appendix Two). The Problem Statement for the project must be included on the Mentor Contract. This Problem Statement is considered preliminary and is intended to stimulate discussion between the student and Mentor. The student portion of the Mentor Contract must be completed no later than **June 11, 2023. This assignment is required for Capstone A.**

### **Considerations for Identifying a Mentor may Include**

1. Ensure that your Mentor has the time to be meaningfully involved in your project. If your respective schedules are so complex that you have difficulty meeting, this could become a problem during the Project.
2. Using your SELECT skills, work to craft a relationship with your potential mentor before signing the contract. As noted, this includes ensuring that the mentor has the time for the project. Be sure to establish early expectations on both sides; the Mentor Contract is the mode to do this. Being clear about when you are both available will be important.
3. One avenue of doing your Capstone Project is to be meaningfully involved in a Project that the

Mentor is pursuing. The other avenue is to ask a Mentor to assist you on a Project based on your inspiration. Both avenues have positives and negatives, and the Course Director is happy to discuss these with you.

### **Capstone Project Mentor Qualities**

Students identify a Mentor who will contract with the student to work with in close collaboration during the Capstone Project. Qualifications for Mentors include, but are not limited to:

1. Experience in a field related to the student Project
2. Experience as a supervisor or mentor
3. The time and skills to guide the student

### **Capstone Project Mentor Responsibilities**

By signing the Mentor Contract (Appendix Two), the Mentor agrees to meet regularly with the student to discuss progress, problems, and timelines for Project completion. Mentors agree to aid the Student throughout the Project, which includes building the necessary skills based on the program competencies. **Mentors are responsible for the conduct of the Project. If the Mentor has any question about the status of the Project, the Mentor should submit the Project to the IRB for review. Work on the Project by the student cannot begin until the student submits the Project Status form into Canvas, which is reviewed and approved by the Course Director (Appendix Five).** Mentors also assist and guide students to determine measurable program objectives for their Project. Three evaluations of the student by the Mentor will be required. Mentors will submit the three evaluations to the Course Coordinator. The Mentor Evaluation forms are in Appendix Eight.

### **Training to Assist in Project Development**

Prior to submission of a finalized Proposal, the student must upload a valid CITI certificate. The goal of this assignment is to assist the student in the design of the Project. **Submission of your CITI certificate is a required element of Capstone A.** The student is responsible for maintaining CITI certification for the duration of the Capstone Course. The certificate must be done via the USF Tampa portal and have an expiration after 4/1/ 24.

### **Brainstorming for a Capstone Project Topic**

1. Review the courses in Canvas for potential topics in areas such as quality, safety, vulnerable populations, behavioral change, conflict management, or negotiation.
2. Review journals that address pertinent healthcare topics and content such as the *New England Journal of Medicine*, the *British Medical Journal*, *JAMA*, and *Health Affairs*, to name a few.
3. Define the area of interest, perform a preliminary literature search, and narrow your focus to a specific problem, challenge, and/or topic area. The topic area will help determine who to approach as a possible mentor.
4. Meet with faculty and administration to discuss ideas for your project. Contract with faculty to obtain a mentor.

### **Capstone Project Setting**

Capstone Projects may occur in a variety of settings such as healthcare organizations, non-profit organizations, state agencies, local government agencies, community coalitions, and universities, to name a few. Students may also work on Capstone Projects with mentors or organizations outside of the Lehigh Valley with approval from the Course Director.

## **Step 2. Developing the Capstone Project Proposal: Required for Capstone B (Longitudinal), Due July 30, 2023**

With the guidance of the Mentor, the student is responsible for developing a Project proposal containing all the required elements, which are detailed in the Proposal Form. The Mentor must ultimately approve the Proposal. The Proposal Form is below as Appendix Three. The Project Proposal grading rubric is noted in Appendix Four. **The Proposal must be submitted with a covering Title Page, which includes the Title of the Project, the name of the Student, and the name of the Mentor.**

The Proposal describes what the project will entail and how it will be implemented (e.g., what is planned, what the work will involve, how the work will be structured, and the time frame for the different phases of the project). Key steps to completing the proposal include:

1. The student works with the Capstone Project Mentor on a regular basis to develop the Proposal.
2. The Capstone Project Mentor is involved in guiding the student to develop a Problem Statement. While grammatically phrased as a sentence, the Problem Statement asks a question of the healthcare system.
3. Thereafter, the student and Mentor determine an organized approach (the Methods) to gather the measurable outcomes (Results) necessary to address (answer) the Problem Statement.
4. The Problem Statement, Methods and Results are presented in the end of Course assignments.
5. The Course Director, Course Coordinator, and SELECT Faculty noted above are available to provide guidance to the student.

The description of the Proposal is written using future tense. There are writing and citing resources available on the LVHN Library website. Students may sign up for classes offered by the library or speak with a librarian about specific questions. Affirmative statements should have citations embedded within the document. **The citation style should either be AMA ([www.amamanualofstyle.com](http://www.amamanualofstyle.com)) or that of an intended journal for submission or representative journal for the field.** If not using the AMA style, the journal's instructions for authors should be included. Please use the following link to JAMA's "Instructions for Authors" page (as your default guideline): <http://jama.jamanetwork.com/public/instructionsForAuthors.aspx> .

**Proposals not conforming to the guidelines (i.e., containing all required sections under BOLDDED headers) may be subject to a grade penalty.**

**When the Mentor attests approval of the Proposal, they will also attest that they were provided enough time to review the Proposal before the deadline.** As such, the student should be discussing these expectations while obtaining the Mentor Contract.

The Proposal rubric is weighted towards and focused on the planning for the Project. It begins with a Brief Description of the Project with clear and overt links to SELECT. Consider the writing in this section to be a draft of your "Elevator Speech" to use during residency interviews.

The next section, Goals, must contain goals related to the three steps of Self-Directed Learning: Self-Assessment, Locating/Utilizing Resources, Appraising the Resources Located. The Goals for your areas of personal growth. Consider actively discussing them with your Mentor and your Coach. Remember

your SELECT training on how to write SMART goals. To help you write the Discussion of your Final Paper, you will reflect on these Goals therein.

Your Introduction should explain the rationale for the Project. As you “make your case” ensure that all your affirmative statements are appropriately referenced.

A clear, specific, succinct Problem Statement is needed. In all the Capstone assignments, this single sentence receives its own grade. This is to ensure that your hypothesis is sound. The FINER Criteria (Feasible, Interesting, Novel, Ethical, and Relevant) may help you and your Mentor constantly revise your Problem Statement.

The Methods should clearly explain, in detail, the process you will use to complete the Project. The Methods should be a detailed listing of what you will do on the Project. Think about “who what where why how” type questions. Who or what is the Project investigating? Be specific, these are your inclusion and exclusion criteria. How will you identify the subjects? Where is the project being conducted? This helps communicate external validity information to the reader, and may allow you to consider limitations, which are a required part of the Discussion of your Final Paper. Be sure to describe your measurement tool (and if it has been validated). If you are developing a tool, such as a survey, how will it be piloted? What is your analysis plan? Often, especially on QI project, since you do not a priori have a hypothesis, descriptive statistics (i.e., percentages) will be used. In general, if you do not have a hypothesis, you should not perform tests of significance.

Strong proposals include a rigorous search of the literature. These citations help support affirmative statements in the Introduction, where you make the case for why the project needs to be done. Having citations for the Methods section is especially strong, as it means the project will be following previously established methodology. Having well written Introduction and Methods sections allows the student to use that writing in the Final Paper.

Your Timeline, based on your prior SELECT training, should allow both your Mentor and Course Director to understand when each major step of the Project will be done. The Timeline is something you should review in detail with your Mentor to help establish expectations of when the work will be done. Use your SELECT training to present your Timeline in a manner an outsider (i.e. the Course Director) can clearly understand when you expect to do the work. It is natural that the Timeline will evolve during the project. Consider your SELECT training on Timeline development, such as GANTT charting. **That said, keep in mind if you plan to complete the work close to a deadline and something unexpected occurs, you may not be able to submit your best work or incur a late penalty.** Plan for the time it takes for your Mentor to review documents, since they need to approve the Proposal and Final Paper. Build in time to ensure your course check-ins can occur, which are great times to prompt your Mentor to complete their evaluations.

The Implementation section asks you to focus on exactly how you will do the work. It appears simple in the Methods section to write “After IRB approval, a retrospective chart review will be performed”. Discuss with your Mentor all the steps that it takes to obtain IRB approval. Typically, that requires Departmental Review, NORI approval and then submission to the IRB. Knowing these details will help you make a realistic Timeline. How will you identify the charts to review? Will you need IT support to query EPIC? When you have a list of the charts, how long will it take to review each chart. This level of detail will help you define when you anticipate the work will be completed in the

Timeline section. Not only is that a step for your Timeline, but you have identified that you need an IT contact for your Resources section.

The Resources section asks you to denote all the people you will need to engage to successfully complete the Project, as well as the supplies you will need. This section directly links to your SDL goals above. Be sure to be as complete as possible in the Resources section. Thinking about the “village” of people who will assist in your Project is important. Overlooking key stakeholders can make completing the Project difficult. Discuss with your Mentor not just the people, but the other resources you may need. As an example, if you are traveling to away rotations, do you have all the hardware, software, and connectivity you need? Do you need to purchase stamps to mail your survey? If so, ensure in the Implementation section you include how you will procure that funding.

As you can see, the Timeline, Implementation and Resources sections interact with each other, and are all present to support the Methods of the Project. Students who thoughtfully consider these sections, in the experience of the Course Director, tend to have Projects which are both more successful and less stressful. While they are not elements including in manuscripts for peer review, these sections are present to help you plan your project in a way that maximizes the chances for success while trying to minimize any stress or conflict.

The penultimate section of the Proposal is the Summary of Anticipated Outcomes. In this section you are asked to anticipate what you think the Project will find. This writing represents the first draft of the Discussion of your Final Paper. You may think of this as the objectives of the Project. Remember the Project will impact your SDL goals as well. This section should be followed by your appropriately formatted References.

**The Proposal must be submitted with all sections complete, under BOLDED headers.**

After review of the proposal, the Capstone Course team will contact the student individually through Canvas to convey feedback. Grading of the Project Proposal is delineated in Appendix Four. **Unless IRB approved, work on the project cannot commence until the Project Status paperwork is submitted as per the next section. Immediate submission of the IRB approval letter (see Step 3 below) allows the student to begin work on the Capstone Project.**

### ***Step 3. Project Status Submission: Required for Capstone A. Due September 24, 2023***

The student may not begin work on the project until they submit a Project Status report (Appendix Five). The report may be in one of three forms.

**Only by using formal IRB adjudication (Option 1) should the project be disseminated in any fashion in the future. In discussing the issue with the IRB, retrospective approval after the project is completed is not possible.**

**As a general guide, Quality Improvement Projects are based on gathering information on local conditions and/or developing new local processes to achieve improved performance and desired outcomes, typically using aspects of the Deming Wheel (PDSA cycle). QI projects tend to be problem and solution focused and not hypothesis driven.**



Research is a hypotheses-driven, systematic intervention aimed at developing new knowledge, typically using controlled intervention methods and statistical analysis. When research engages living human beings or their data, it is required to be reviewed by an Institutional Review Board. Studying local conditions to answer a question not answered in existing literature is often research and should be reviewed by the IRB.

1. A letter from the IRB after the IRB has reviewed the project or has determined it is not Human Subjects Research.

**Note:** Full IRB approval will require approval by both the LVHN and USF IRB's.

**Note:** Projects may also require additional approval. For example, projects generating educational materials to be given to patients require approval of the Patient Education Team. Please consult the LVHN Administrative Policy Manual for guidance.

2. Notification from the Mentor taking responsibility for the Project. In this letter the Mentor should state that the proposal is not research. In addition, the Mentor will need to attest that they are familiar with LVHN policy I.Bv5.2, and the proposal clearly does not fall under that policy. **Should the Mentor have any questions about the regulatory status of the Project, the Mentor should submit the project for review to the IRB as per #1 above.** More information is available at: <http://irb.content.lvh.com/human-subject-determination/>. The Mentor should consider the use of the DHHS decision tree found on this site. Please contact the Course Director with any questions or concerns.
  - a. **Should the Mentor take responsibility for the nature of the Project, the Mentor is the responsible party for any review of the project by LVHN, USF, or any external agency.**
  - b. **Note: Projects may also require additional approval.** For example, projects generating educational materials to be given to patients require approval of the Patient Education Team. Please consult the LVHN Administrative Policy Manual for guidance.

Quality Improvement	Human Subjects Research Determination	Human Subjects Research
<ul style="list-style-type: none"> <li>• My project has been approved as QI by an Operational Leader at LVHN</li> <li>• ACTION: Submit documentation from Operational Leader to Capstone Committee</li> </ul>	<ul style="list-style-type: none"> <li>• My project does not have QI approval of an Operational Leader</li> <li>• I am not sure it is Human Subjects Research</li> <li>• ACTION: submit to IRB for determination</li> </ul>	<ul style="list-style-type: none"> <li>• I designed my project to be research and have Feasibility Approval through NORI</li> <li>• ACTION: submit to IRB for review</li> </ul>



## Process to Apply to work on a Research Project External to USF at LVHN and Moffitt

**Summary:**

Application to work on a project outside of USF is necessary due to Federal Regulations. The process involves the following steps:

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1. **Student completes USF CITI requirements prior to medical school** The only acceptable CITI training is the USF training as noted below.

**Important message for Core and SELECT students:**

Mandatory Investigator Education for Human Research Protection (HRP) Education in human research protection is required for all faculty, staff and **students** directly involved in the conduct of research. This includes individuals who collect or enter data, individuals who conduct study procedures (including informed consent) or interventions with human subjects and individuals who use or have access to private information that can be linked to research subjects.

To satisfy this requirement, USF has partnered with **CITI (Collaborative Institutional Training Initiative) Program** at <https://www.citiprogram.org>. If you have not registered for CITI Training previously, you must register using your **USF email address** and select **University of South Florida** as the organization affiliation. There is no cost associated with the training as a MCOM medical student.

You will need to complete **four (4)** specific courses/modules under the USF section. These modules must be deemed as a “Basic Course” if you have not registered for CITI training previously. The 4 courses are:

1. CITI Good Clinical Practice – Basic Course
2. Biomedical Investigators and Key Personnel – Basic Course
3. Social/Behavioral Investigators and Key Personnel – Basic Course
4. VA Human Subjects protection and Good Clinical Practices – Basic Course

**All matriculating medical students at the University of South Florida (USF) Morsani College of Medicine (MCOM) are required to complete the CITI Program curriculum and obtain certificates of successful completion.**

Recertification must take place every three years from the date of initial certification through the CITI Refresher Course.

Should your research interest include working with animals, you will be required to take an online training course specific for USF researchers through the American Association for Laboratory Animal Science (AALAS) learning library.

## 2. Student creates ARC account

- a. Student uses USF email and NetID and password
- b. Identify yourself on this application as **Study Staff** as your role requested. Indicate **MCOM** as your department and **Tampa** as your USF Campus or Affiliation.
- c. Student must upload the most recent CV (Use MCOM templates) and USF CITI Training Certificates are uploaded. Upload the *Biomedical Investigators and Key Personnel – Basic Course* should only 1 certificate be able to be uploaded

The student may be required to complete other CITI Training modules including Conflict of Interest (COI) under the affiliation name where they are performing their research.

Should a medical student need to be added to an existing IRB application, the student must have an ARC account (Application for Research Compliance) and then the PI or department Study Coordinator/Regulatory Coordinator must make a “Request to Participate” for the person they are wanting to add. Set up an account ASAP to make things easier for the research team.

Set up the ARC account: <https://arc.research.usf.edu/prod>

Identify yourself on this application as **Study Staff** as your role requested. Indicate **MCOM** as your department and **Tampa** as your USF Campus or Affiliation. You will get an email from the ARC help desk with your login and password. Once the account gets set up, you will be responsible to upload your CITI certificates. It is recommended that you retain a copy of the CITI certificates for your records. Here is a link to find CITI certificates in the case that this has not been done.

[https://reports.research.usf.edu/Report/CITI\\_Reports/CITI%20Completion%20by%20Last%20Name](https://reports.research.usf.edu/Report/CITI_Reports/CITI%20Completion%20by%20Last%20Name)


### 3. Student creates USF application (Bulls IRB) for LVHN project:


- a. Student as PI
- b. Student must note Multi-site/ Collaborative Study and that an External IRB will be the IRB of record under “Basic Site Information” (see Image 1, 1<sup>st</sup> yellow box)
- c. Submits current protocol (see Image 1, 2<sup>nd</sup> yellow box)
  - ii. Primary goal is to understand the role the student has within the overall project


## Image 1


### Basic Study Information


1. \* **Title of study** (this title must be the same as the title on your protocol and informed consent document):


2. \* **Short title:** 


3. \* **Brief description:** 


4. \* **What kind of study is this?**   
 Multi-site or Collaborative study  
 Single-site study  
[Clear](#)

5. \* **Will an External IRB act as the IRB of record for this study?**   
 Yes  No

6. **Local Principal Investigator:** 

7. \* **Does the Local Principal Investigator have a financial interest related to this research?**   
 Yes  No [Clear](#)


8. \* **Attach the protocol:**   
  

Document	Category
<input type="button" value="Update"/>  Protocol, .pdf(0.01)	IRB Protocol

- d. State what your role in the overall project will be under “Basic Local Site Information” (see Image 2)

## Image 2

### Basic Local Site Information

1. \* **Brief description of activities this site will perform:** (enter 'ALL' if this site will perform all procedures in the protocol)   
No activities will be performed at USF. Chart review and data collection from patient charts will occur entirely at LVHN.

- e. It is the responsibility of the student to notify the USF IRB if their role changes as it is vital to USF's ability to protect you as the USF PI (see Image 3, yellow box)

## Image 3

### Next Steps

Edit Site

- Record sIRB Decision
- Assign Coordinator
- Assign Primary Contact
- Assign PI Proxy
- Manage Ancillary Reviews
- Manage Guest List
- Add Related Submission
- Correspond with sIRB
- Add Comment
- Add Private Comment
- Copy Submission
- Discard
- Upload Team Member CV

Add Comment

?  
Your comment is visible to anyone with access to this submission.

**1. Comment:**

My role has changed I will now be consenting

**2. Supporting documents:**

+ Add

Name	Description
LVHN Approval.docx(0.01)	...

**3. Who should receive an e-mail notification? ?**

- PIV/PI Proxy/Primary Contact
- Study Team
- IRB Coordinator

- f. List any other USF students that are working on the project under “Local Study Team Members” (see Image 4)

## Image 4

### Local Study Team Members

Principal Investigator:  
 CV/Biosketch: CV(0.01)  
 Certification Renewal Deadline: 7/11/2021

Education Status: Certification current

**1. Identify each additional person involved in the design, conduct, or reporting of the research ?**

+ Add

	Name	Roles	Financial Interest	Involved in Consent	E-mail	Phone	Latest Training Expires	CV
Update		Co-Investigator	no	yes			11/10/2023	CV

- g. Make sure under the Required Research tab, that the department that is checked is College of Medicine- Educational Affairs (see Image 4a).

## Image 4a

### Required Reviews

#### 1. \* Research Types:

Name	Description
<input checked="" type="radio"/> Biomedical	Study involves drugs, devices, experimental interventions, biohazardous materials, radiation, or other medical procedures. This can include record review studies or analysis of existing specimens.
<input type="radio"/> Social-Behavioral	Study involves behavioral procedures such as field studies, focus groups, surveys, questionnaires, deception, or psycho-physiological testing. This can include record review studies.

[Clear](#)

#### 2. Required Department Approvals (Select One or More Departments):

*Studies performed by USF faculty, students, or staff MUST include a department below. The study will be routed to the USF department(s) below for review and approval prior to the USF IRB receiving the study.*  
The list of available departments is restricted to those with at least one department approver. If your organization is not in the list, please contact the ARC Help Desk at 974-2880 or RSCH-arc@usf.edu.

Name	IRB Department Approvers
College of Medicine - Educational Affairs	Rahul Mhaskar Bryan Bognar

## 4. USF reviews application in Bulls IRB

- Please check back regularly as there may be changes needed. The quicker any questions are answered the quicker the IRB will agree to cede.
- USF sends student Bulls IRB email (external IRB reliance confirmation completed)
  - Agrees to cede (acknowledge approval) (**see Image 5**)
  - Please note: This does not mean the study is active at USF.
- Student sends that email to LVHN PI

## Image 5

### Notification of Reliance Confirmed

**To:** Cara Drake

**Link:** [STUDY000151](#)

**PI:** Rebecca Simms (PI)

**Title:** Issues00001601 - SS Ext Pre-2018 Exp

**Description:** The USF IRB Office has reviewed your request to use an external IRB for the ethical review of the study listed above and you may proceed with submitting to the external IRB. All consent documents attached within the USF IRB application are the versions that must be submitted to the external IRB. If there are any changes to the USF-required language in the consent(s), they must be approved by the USF IRB prior to submission to the external IRB. Once you have received approval from the external IRB, you must submit the approval letter to the USF IRB so we can complete our records. If you have any questions, please contact the USF IRB at [rsch-reliance@usf.edu](mailto:rsch-reliance@usf.edu).

5. The external IRB reviews and approves the study and the addition of the student. The student provides that approval letter to USF.

Once the LVHN Mentor/PI receives the Bulls IRB email Confirming Reliance (as shown above in Image 5) the LVHN Mentor/PI (or anyone listed as a PI Proxy in eIRB) should add the USF student to the Local Study Team Members page within the LVHN eIRB system, as follows:

a. **For Initial study submissions not yet LVHN IRB approved:**

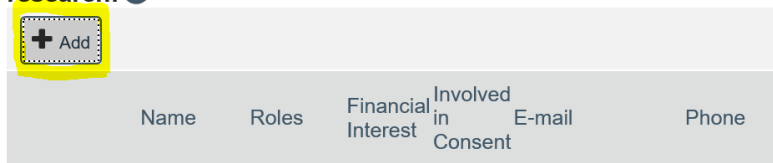
- i. Add the name of the USF student(s) in Question 1 on the “Local Study Team Members” page (Image 6, yellow box)

**\*\*Please note:** The USF student can be listed as a “PI Proxy” in the LVHN eIRB system. (Please refer to PowerPoint titled “Creating a New Study in LVHN eIRB (USF Students)” for instructions on how to assign PI Proxies)

## Image 6

### Local Study Team Members

1. Identify each additional person involved in the design, conduct, or reporting of the research: ?



Name	Roles	Financial Interest	Involved in Consent	E-mail	Phone
------	-------	--------------------	---------------------	--------	-------

- ii. Add the Bulls IRB email (as shown in Image 5 above) confirming reliance in Question 3 on the “Local Site Documents” page (Image 7, yellow box)
- o **The file name should clearly state “Bulls IRB email confirming reliance”.**



## Image 7

### Local Site Documents ?

**1. Consent forms:** (include an HHS-approved sample consent document, if applicable) ?

Document	Category	Date Modified	Document History
There are no items to display			

**2. Recruitment materials:** (add all material to be seen or heard by subjects, including ads) ?

Document	Category	Date Modified	Document History
There are no items to display			

**3. Other attachments:** ?

Document	Category	Date Modified	Document History
----------	----------	---------------	------------------

**b. For Modification submissions for an LVHN IRB approved study:**

- i. Please be sure to check “Study team member information” as well as “Other parts of the study” for the “Scope” of the modification (see Image 8)

## Image 8

### Modification / Continuing Review / Study Closure

**\* What is the purpose of this submission?** ?

- Continuing Review
- Modification / Update
- Modification and Continuing Review

[Clear](#)

**i** To change the PI, choose 'Other parts of the study/site' scope

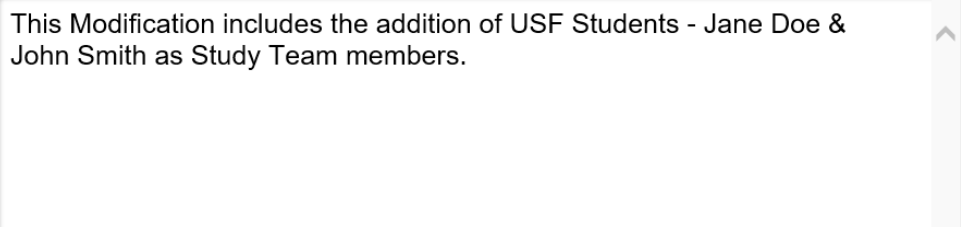
**Modification scope:**

- Study team member information
- Other parts of the study

- ii. Please list the USF student(s) being added in Question 3, “Summarize the Modifications” on the “Modification Information” page. (see Image 9)

## Image 9

### 3. \* Summarize the modifications: ?



This Modification includes the addition of USF Students - Jane Doe & John Smith as Study Team members.

- iii. Add the name of the USF student(s) in Question 1 on the “Local Study Team Members” page (See Image 6 above)
  - iv. Add the Bulls IRB email confirming reliance in Question 3 on the “Local Site Documents” page (See Image 7 above)
- c. The LVHN eIRB approval (as shown in image 10) or acknowledgement letter (as shown in image 11) will be distributed to the PI and anyone listed as a PI Proxy

**\*NOTE:** The “Documents reviewed” section of the approval letter will include all study documents uploaded; inclusive of the “Bulls IRB email confirming reliance”. (See Image 10, with review of Bulls IRB in yellow)

## Image 10



IRB/RPPO  
1255 S. Cedar Crest Blvd.  
Suite 3200  
Allentown, PA 18103

### APPROVAL OF SUBMISSION

December 14, 2020

IRB00001409 (IRB1) registered under FWA #00000624

PI Name  
[PI.SUI@lvh.com](mailto:PI.SUI@lvh.com)

Dear PI Name:

On 12/11/2020, the IRB reviewed the following submission:

Type of Review:	Initial Study
Title of Study:	Sample
Investigator:	PI Name
IRB ID:	STUDY00009999
Funding:	None
Grant ID:	None
IND, IDE, or HDE:	None
Documents Reviewed:	<ul style="list-style-type: none"><li>• Sample Study, Protocol Version 3, 12/2020, Category: IRB Protocol;</li><li>• Variable Codebook final: Sample Study, Category: Other;</li><li>• <b>Bulls IRB email confirming reliance, Category: Other</b></li></ul>

The IRB approved the study from 12/11/2020 to 12/10/2021 inclusive. Before 12/10/2021 or within 30 days of study close, whichever is earlier, you are to submit a completed continuing review and required attachments to request continuing approval or closure. You can submit a continuing review by navigating to the active study and clicking Create Modification / CR.

If continuing review approval is not granted before the expiration date of 12/10/2021, approval of study expires on that date. A study closure is also submitted using the Create Modification / CR activity.

**The Board determined this study to be minimal risk.**

In conducting this study, you are required to follow the requirements listed in the Investigator Manual (HRP-103), which can be found by navigating to the IRB Library within the IRB system.

Sincerely,

LVHN IRB Chair

**\*NOTE:** The Modification Acknowledgement of Personnel Update will list the USF student(s) that were added to the study (see Image 11).

## Image 11



IRB/RPPO  
1255 S. Cedar Crest Blvd.  
Suite 3200  
Allentown, PA 18103

### ACKNOWLEDGMENT OF PERSONNEL UPDATE

September 21, 2020

IRB00001409 (IRB1) registered under FWA #00000624

PI Name  
[PI SUI@lvh.com](mailto:PI SUI@lvh.com)

Dear PI Name:

The IRB staff acknowledges your updated list of study personnel (added Jane Doe [USF student], and John Smith [USF student]) received 9/14/2020, for the following protocol:

Type of Review:	Modification / Update
Title:	Sample
Investigator:	PI Name
IRB ID:	MOD00009999
Funding:	None
Grant Title:	
Grant ID:	None
IND, IDE or HDE:	None
Documents Reviewed:	Updated list of study personnel

Per IRB Policy IV.F, this modification may be acknowledged by IRB staff.

Sincerely,

LVHN IRB Reviewer

Student will post a comment in the BullsIRB project with the LVHN approval (see Image 11) and mark "Coordinator" (See Image 3) after the IRB Reliance manager activates the study the final activation letter will be available (see Image 12).

## Image 12



### ACKNOWLEDGEMENT OF AN EXTERNAL IRB UPDATE

May 1, 2020

PI NAME  
PI ADDRESS

Dear PI:

On 5/1/2020, the IRB Office reviewed the updated information for the following study that is relying on an external IRB as the IRB of record:

Application Type:	IRB Site
Local IRB ID:	STUDY000000
External IRB:	Lehigh Valley Health Network
Title:	SAMPLE
Funding:	None

This notification serves to acknowledge the updates you provided for the above listed study. If not already submitted, you may be required to also submit these updates to Lehigh Valley Health Network.

As a reminder, please promptly notify the local IRB Office upon:

1. Notification that Lehigh Valley Health Network has renewed its approval at continuing review
2. Closure of the study

Sincerely,

Andi Encinas  
IRB Manager

---

Institutional Review Boards / Research Integrity & Compliance

FWA No. 00001669

University of South Florida / 3702 Spectrum Blvd., Suite 165 / Tampa, FL 33612 / 813-974-5638

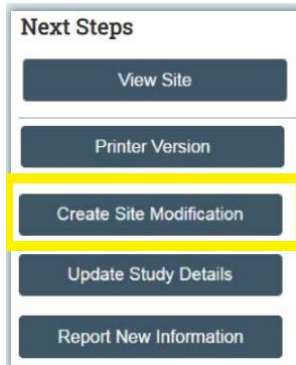
Page 1 of 1

## 6. Updating BullsIRB when the students working on the study change.

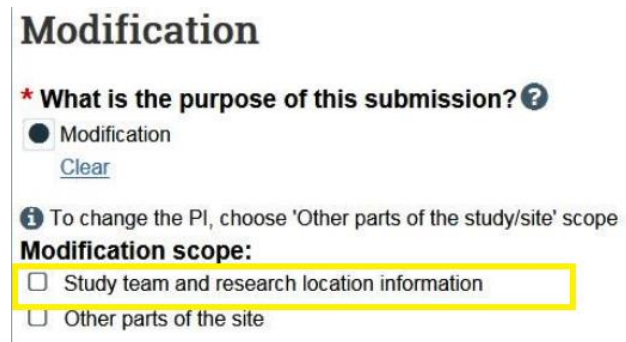
At the time when students rotate or are no longer engaged in the study and need to be removed or replaced. The listed PI or PI Proxy will need to submit a Site Modification (see Image 13 and 14) to update the list of Local Study Team Members (see Image 4).

**\*\*Please Note: Remember to submit the modification once it has been created.**

**Image 13**



**Image 14**



Once it has been approved you will receive one of the two approvals that will need to be submitted to the LHVN IRB for approval:

- i. If the student PI is changing, the new PI will receive an approval letter (see Image 12)
- ii. If other study staff and not the PI are changing, the PI will receive a system generated notification stating the modification has been approved (see Image 15) and you will take screen shot of the new approved Local Study Team Member list and the modification page that includes the summary of the modification, with the personnel change (see Image 16).

## Image 15

From: RSCH ARC <[RSCH-arc@usf.edu](mailto:RSCH-arc@usf.edu)>

Sent:

To:

Subject: STUDY00 \_SITEMOD000001 has been approved

[\[Template:IRB\\_T\\_Pre\\_Review\\_Approved\]](#)



### Notification of Approval

To:	
Link:	<a href="#">STUDY00</a> <a href="#">_SITEMOD000001</a>
PI:	
Title:	

**Description:** This submission has been approved. To review additional details, click the link above to access the project workspace.

## Image 16

Reading: STUDY00 \_SITEMOD00000

[Go to forms](#)

### Modification

**If this is your first follow-on submission for a study migrated from the eIRB system:**

Please select **Modification/Update** or **Modification and Continuing Review** as your submission purpose and select **Study team member information and Other parts of the study** for the This will allow you to complete your migrated shell application which is required for IRB review. Please see the BullsIRB Data Migration FAQs for Research Community for additional information.

\* What is the purpose of this submission?

Modification / Update

**i** To change the PI, choose 'Other parts of the study/site' scope

**Modification scope:**

Study team and research location information

### Modification Information

#### 1. Study enrollment status:

- No subjects have been enrolled to date
- Subjects are currently enrolled
- Study is permanently closed to enrollment
- All subjects have completed all study-related interventions

#### 2. Notification of subjects: (check all that apply)

- Current subjects will be notified of these changes
- Subjects in follow-up will be notified of these changes
- Former subjects will be notified of these changes

**i** Attach files: If notifying subjects, add a description of how they will be notified in question 3 below and upload the notification document to the Local Site Documents page.

#### 3. \* Summarize the modifications: **i**

Addition of 3 members to the study team -



## **Process to Apply to work on a Research Project External to USF at LVHN and Moffitt**

### Summary:

Application to work on a project outside of USF is necessary due to Federal Regulations. The process involves the following steps:

1. Student completes USF CITI training
  - a. Note some external institutions may require additional training
2. Student opens ARC account.
  - a. Note to do so, the student must upload a current CV
  - b. The student must also complete the USF COI form.
3. Student creates application to participate in external research and submits that application via Bulls IRB
  - a. One application can be submitted for multiple students working on the same project
  - b. Each student's role must be defined, and updated if it changes
  - c. Student uploads LVHN IRB approved protocol document
4. Once USF cedes review to the external IRB, the student provides that email to their study PI/study team
5. The external IRB reviews and approves the study and the addition of the student. The student provides that approval letter to USF.
6. The student receives final approval to participate on the study from USF and is now able to begin work on the study.

### **Process to get remote access at Moffitt:**

Please send the following in an email to Bryan Kane <[Bryan.Kane@lvhn.org](mailto:Bryan.Kane@lvhn.org)>, Angela Davis <[Angela.Davis@lvhn.org](mailto:Angela.Davis@lvhn.org)>, and Angela M Reagan <[Angela.Reagan@moffitt.org](mailto:Angela.Reagan@moffitt.org)> .

- Last Name, First Name
- Mentor /PI of project
- Project # (MCC or IRB number)
- USF Email
- Phone number (in case IT needs to reach out to the trainee regarding set up of remote access)
- Program Access Needed (PowerChart only?)
- Start and End Date for Remote Access needed



## Special Steps for Work at Moffitt

Moffitt Requires each study investigator to complete the **Moffitt COI Disclosure Statement**.

As a first step, the student is to go to the CITI training site <https://www.citiprogram.org>, add Moffitt Cancer Center as an affiliation, and complete the Conflict-of-Interest Course as reflected in this screenshot.

Once completed, the student must provide their certificate to the regulatory individual at Moffitt.

- **Institution Affiliation:** Moffitt Cancer Center (ID: 1205)
- **Curriculum Group:** CITI Conflicts of Interest
- **Course Learner Group:** Conflicts of Interest
- **Stage:** Stage 1 - Stage 1

### **REQUIRED AND ELECTIVE MODULES ONLY**

Financial Conflicts of Interest: Overview, Investigator Responsibilities, and COI Rules (COI-Basic) (ID: 15070)

Institutional Responsibilities as They Affect Investigators (COI-Basic) (ID: 15072)

Conflicts of Interest Institution-Specific Policies (ID: 15181)

- **NOTE:** The COI Office at Moffitt will email the student to complete the Moffitt COI disclosure certification which is a separate step from the online CITI COI course noted above. This step is required each year on an annual basis. For example, if you complete this step in November 2021, you will be asked to complete it again in January 2022.

Moffitt Requires all members on the study team to have a current **CV/Resume on file** that is signed and dated.

- Remote access is issued on a case-by-case basis as is deemed necessary. The computer login should never be shared with anyone (except IT as needed for computer login help), no matter what the reason or purpose. Should a student wish to continue participating on a Moffitt based project, remote access and any associated permissions must be arranged through the GME office at Moffitt by the student and PI prior to heading up to the Lehigh Valley campus.

### Helpful IRB Contact Numbers:

ARC Help Desk at 813-974-2880

Lehigh Valley Research Participant Protection Office at 610-402-7544

**Step 4. Capstone Project Title Revision: Note this is not required for either Capstone Course.**

If your Capstone Project changes direction or you need to modify the original title of your Capstone Project, please use the Capstone Project Title Revision Form (Appendix Six). This form is not required until after the Capstone Project Proposal has been submitted and approved by the Course Director. **The purpose of this Submission is to notify the Course Director of a substantive change in the project, so that any necessary assistance can be provided. Should you have any questions about the evolution of your project and whether it requires a Title Change form to be submitted, you must reach out the Course Director.** The Title Change form does not need to be used for grammar changes to the title of the Project. **Should the student have any question about whether to use the Title Change form, please reach out to the Course Director.**

The final opportunity to submit a Title Change is February 18, 2024.

**STEP 5. Capstone Project Updates: Required for Capstone A, due October 2, 2023, and November 13, 2023.**

There will be two Project Updates, the first due by **October 1, 2023**, the second due by **November 12, 2023**. The Project Update form (Appendix Seven) is filled out by the student. The student is responsible for completing the Project Updates by the due dates. **The student should share the Update with the Mentor but is required to upload it into Canvas.** The Update will be discussed during the required Capstone Mid-Course “check-ins” with the Course Director. These periodic updates with your Mentor are designed to serve as “check-ins” to get a “pulse” on your project. In the end, the Project Update form should stimulate a conversation between you and your Mentor, while the project is fresh on your minds. Possible topics to discuss with your mentor during project updates are:

1. Discuss the progress you have made on your Project.
2. Has the Project Status been completed?
3. Discuss what is working well and helping you make progress on your Project.
4. Discuss any barriers impeding your progress.
5. List any changes to your project (including scope, methods, outcomes, etc.) or timeline, if needed.
6. List any additional resources that you think would help with the completion of your Project.
7. Reflect on and discuss your self-directed learning process, specifically your abilities to self-assess, locate and utilize resources, and appraise the quality of your resources
8. **Will all necessary outcomes/data be fully gathered by December 31, 2023?**

The Project Updates may be submitted as soon as they are completed as they are based on the individual timeline of the project. Submitting after the deadline will incur Late Penalties as noted above. These updates are intended to help ensure that communication between the Student, the Mentor, and Course Administration is present. The communication of progress is important for assessment of the student’s work to finish the Capstone Project within the estimated timeline. It is the student’s responsibility to meet with regularly with their mentor. Consideration as to away rotations, mentor availability, and time needed to review and sign the forms should be discussed and included in the Proposal. Please contact the Course Administration immediately if you, as a student, are having any difficulty meeting with or communicating with your Mentor. Grading of the Project Updates will be Pass/Fail. This grading schema is to encourage open communication.

***STEP 6. Mentor Evaluations: Required for Capstone B (Longitudinal). October 8, 2023, and March 24, 2024.***

Mentors, by contract, agree to participate in the evaluation of the student's performance as shown in Appendix Eight. Two electronic evaluations of the student will be completed by the Mentor by the following dates: **October 8, 2023, and March 24, 2024**. The first evaluation is due one week after the Project Update and Project Status are due. Like the Project Updates, the Mentor Evaluations may be completed earlier based on the Timeline of the Project. The second and final Mentor Evaluation is due at the end of the Course. The Course Coordinator will be responsible for sending reminders to the Mentors of the due dates, as well as providing them with the evaluation forms. Mentor Evaluations of the Student (Appendix Eight) are filled out solely by the Mentor and are submitted directly to the Course Coordinator. These evaluations will be available to the Mentors electronically.

***Step 7: Capstone Course Mid-Course Feedback: Required for Capstone A by November 12, 2023. Required for Capstone B (Longitudinal) by January 21, 2024.***

In order to assist the student to successfully navigate the course to project completion, the Capstone Course requires the student to attend a "Mid-Course Feedback" meeting during the course. This is a required component from USF MCOM. This meeting will be scheduled by the Capstone Course Coordinator such that the student can have a discussion with the Course Director. This discussion will be held via TEAMS unless otherwise requested/scheduled. **Additional meetings may also be scheduled with the Course team (and are encouraged if the student has concerns)**. Unless you have already conducted a feedback meeting with the Course Director, you will be contacted by the Course Coordinator to schedule a meeting sometime in October or November, after your first Project Update. **It is the responsibility of the student to schedule the meeting**. Understanding that students may not be physically present at LVHN, the Course Director will work to accommodate schedules (i.e. time zones). Should the student wish to meet earlier, please contact the Course Director via email directly. **If the student misses the scheduled meeting, the unexcused absence policy will apply**. This policy is contained in the Syllabus.

The "Mid-Course Feedback" discussion will review the most recent Project Update and any student concerns, as well as any completed graded assignment for Capstone B (Longitudinal). The Course Coordinator will make times available to the student to conduct the meetings. It is anticipated the first meetings (Capstone A) will occur during October and November. It is anticipated that the second meeting (Capstone B, Longitudinal) will occur in December and January. Should the student require an earlier meeting, please contact the Course Director and Course Coordinator. **Should the student want to conduct more than one Mid-Course Feedback meeting, again please contact the Course Director and Coordinator**.

For both feedback meetings, the student will electronically confirm the receipt of this feedback by reviewing the feedback and uploading it into Canvas. Please use the comment function when uploading should you have any questions or concerns about the feedback.

**The student is responsible for uploading the report from the feedback meeting. In this way the student has acknowledge the feedback and discussion.**

## **STEP 8. Capstone Project Abstract. Required for Capstone B (Longitudinal), due January 28, 2024.**

The Abstract is a concise and condensed version describing your Capstone Project and **must be no longer than one page in length (500 words)**. **Abstracts not conforming to this limitation and the formatting noted below, will be subject to a grade penalty.** The style for the Abstract should be written in clear and concise language as appropriate for a professional medical journal. There are writing and citing resources available on the LVHN Library website. Students may sign up for classes offered by the library or speak with a librarian about specific questions. Please note, Abstracts submitted for medical conferences tend not to use citations except in circumstances of the use of previously published validated Methodology. Your Abstract will be used to develop the Capstone Project Poster (see Poster Section below). The title in the Abstract should be the same title as in the Project Proposal or in the most currently approved Capstone Project Title Revision Form. **For Projects being considered for external presentation, conference formatting will be accepted if those instructions are submitted with the Abstract. Otherwise, all summaries are to be submitted as follows.** Abstracts not conforming to the following sections, under **BOLDED** headers, will be subject to a grade penalty unless the submission includes instructions for authors for a national meeting within the student's intended specialty or field of Capstone study. **The Abstract submission must contain a covering title page with the Title of the Abstract and a list, in order, of the contributing authors.** Contributing authors include personnel involved in the successful execution of the Project to date. The Project Mentor and the Resources section of the Proposal are both resources to identify contributing authors.

### **1. Introduction**

Clearly frame the problem. Start from general and drill down to the specific.

### **2. Problem Statement**

Succinct, ideally a single sentence, stating the problem investigated.

### **3. Methodology**

Denote the way in which the project was executed. Think was it prospective or retrospective, mixed? What methodology was actually used, chart review, interviews, surveys? Was the survey piloted in any way? What analytic plan was executed? Inclusion of any regulatory review is typical here.

### **4. Results**

What information or data did your project gather? Usually, general demographics about your project are presented first. You may cite a visual presentation of data (chart, graph, etc.). Attach that visual data as per the instructions for authors or as an appendix table, chart etc., at the bottom of your document. There is a limit of 3 (total) graphs/charts/figures for all sections of the Abstract.

### **5. Conclusions**

This section is usually limited to a few brief sentences. Be careful not to overstate the results of the project.

*Note: Use of references is atypical in Abstracts submitted to medical conferences. Included references will count towards the Abstract word limit.*

The Abstract evaluation rubric is in Appendix Nine.

## **STEP 9. Capstone Project Transition: Required for Capstone B (Longitudinal), to be completed on Capstone Day**

The purpose of this assignment is both to ensure that the Project has the greatest possible success and that after the Capstone Student graduates that the project does not enter into Research Non-Compliance. This student completed survey will indicate if the Project can be passed forward to another SELECT student, and how the Project will continue to meet regulatory deadlines.

***STEP 10. Capstone Poster Presentation: Required for Capstone B (Longitudinal), due February 25, 2024***

Students are required to present their Capstone Project during Epilogue. Currently Capstone Day is scheduled for March 18, 2024. **The Poster digital file must be uploaded into Canvas by February 25, 2024**, to allow for printing prior to Capstone Day. Poster development and design must follow the LVHN Poster Presentation Policy (Appendix Thirteen). Should the student desire to have images (including graphical representation of data) placed into the poster, those images must comply with LVHN policies including but not limited to copyright and HIPAA. In the weeks leading up to the assignment, the Course Coordinator will work with LVHN graphics arts team to make open-source images available.

**The student is responsible for the final layout of the poster.** Approved LVHN poster templates are required for the poster presentation. The approved LVHN poster templates are on available from LVHN Marketing. A template will be provided to the Student by the Course Coordinator. It is suggested that the language/text submitted as the Abstract above be edited down to be as succinct as possible. This may include transitioning the language into bullet points as an example. **The only section of the Poster which requires a full sentence is the Problem Statement.** As with the Abstract, citations are not required. Appropriate acknowledgement when using previously published Methodology is expected. Please contact the Course Director should you have questions. **The Poster must, acknowledge all contributing authors.** Please discuss with your Mentor who to include as a contributing author.

Posters will be presented to the LVHN Community during Epilogue and later uploaded into the LVHN Scholarly Works Repository. **The posters will be evaluated based on completeness, design, content, and brief presentation (5 minutes total, with 3 to present and 2 minutes for questions) to the “judges” as they view your poster.** Students should adhere to typical business attire at the poster presentation. Appendix Eleven demonstrates the rubric for evaluation of Posters.

Poster sections include:

1. Title/Authors
2. Introduction
3. Problem Statement
4. Methods
5. Results
6. Conclusions

If needed, you may have a Citations section. Typically, citations are used to recognize the use of previously validated Methodology. Citations are not required for affirmative statements in the Poster.

Based on Mentor feedback, new this year the Mentor will attest to review of the Poster. Remember, the poster will be available for public review with your, your Mentor, and (as appropriate) other

names listed. **When the Mentor attests approval of the Poster, they will also attest that they were provided enough time to review the Poster before the deadline.** As such, the student should be discussing these expectations while obtaining the Mentor Contract.

**STEP 11. The Final Paper. Required for Capstone B (Longitudinal), due March 3, 2024.**

Formatting for the Final Paper is to be AMA ([www.amamanualofstyle.com](http://www.amamanualofstyle.com)), and **must contain the sections below with BOLDED headers unless the paper is intended for submission to a professional journal.** Missing sections or lack of headers will result in a grade penalty **If you are using a journal format, you will need to submit the required SELECT sections of the Discussion (i.e., Relationship to SELECT and Relationship to Goals and Objectives) as a separate Appendix in Canvas.** The style of the intended journal will be accepted if the student attaches the Journal's "Instructions for Authors". If submitted as such, an addendum containing the "Instructions for Authors" from the Journal must be included with your final paper submission. The LVHN Digital Library has a link to the online version of the AMA Manual of Style: <http://lvhwebcontent.lvh.com/?id=2175&sid=1> (it is located under the section "Style Guides and Citing Literature").

Citations are placed as numbered superscripts within the body of the paper, not the Abstract. The Reference section lists the citations in the order presented within the paper. A basic formatting for citations is: **Author(s). Title. Journal Name [using National Library of Medicine abbreviations]. Year;Vol (issue No.):inclusive pages. Consider downloading citations from Pubmed.**

The length of the final paper will be determined by several factors. These include, but are not limited to, the type and scope of the project, potential instructions for authors for an intended journal, and the quality/style of writing. Of paramount importance, however, is that *all* the elements detailed below are fully addressed.

**The Final Paper must be submitted with a covering Title Page.** The Title Page must include the Title of the Project, which comes from the Proposal or an Approve Title Change. The Title Page must also denote the contributing authors.

**When the Mentor attests approval of the Final Paper, they will also attest that they were provided enough time to review the Final Paper before the deadline.** As such, the student should be discussing these expectations while obtaining the Mentor Contract.

1. **Abstract (limited to one page or 500 words or conforms to the journal instructions to authors as above) See the note in Final Conclusions below. Please do not cut and paste the abstract you submitted for the Abstract assignment. The earlier Abstract will require some editing as it likely referred to Figures and Tables, and additionally may have had references, but as you note in PubMed neither are typically found in the Abstract of a peer reviewed manuscript.** The Abstract offered here should align or evolve to where the project was upon completion. **The abstract must contain the following sub-elements (with headers) unless the Instructions for Authors of the intended Journal specify otherwise.**
  - a. Introduction
  - b. Problem Statement
  - c. Methodology

- d. Results
- e. Conclusions

## 2. Introduction

- a. Appropriately cited description of the focus area with relevant national and local data. All affirmative statements should have a citation.
- b. Purpose for the project
- c. **Be sure to update your Introduction from the one submitted with your Proposal. First ensure no new literature has been published. More importantly, ensure that with the natural evolution of most Capstone Projects, the Introduction should reflect the final project.**

## 3. Problem Statement

- a. Succinct statement of the project question or hypothesis or issue to be addressed
- b. **Unless you are submitting a paper with Instructions for Authors which does not allow for this section, you are required to have your Problem Statement separate from your Introduction.**

## 4. Methodology

- a. The first sentence (or last) sentence of the section traditionally denotes the regulatory status of the project
- b. The first sentence denotes the setting in which the project was conducted
- c. Include details as to the development of the project. For example, the iterative development and piloting of a survey
- d. Outcome measures and analytic plan as appropriate
- e. **As with your Introduction above, make sure you have updated/edited the Methods section of your Proposal to reflect how the project was actually performed**
- f. Projects using previously validated methodology should be appropriately cited

## 5. Results

- a. Demographics as appropriate
- b. Presentation of analysis as appropriate. Some information will be best presented with the written word and other best presented visually using charts, tables, graphs, etc. If interpretation of the data is presented, it should be objective (think about the analytic plan you developed) and not subjective
- c. Do not attempt to interpret your findings; that is for the Discussion section

## 6. Discussion

**This section of the paper must contain several required sub-sections. Those sub-sections include:**

- a. **General Discussion of Results**  
An interpretation of how the new knowledge from the project address (or not) your problem statement. Extend this discussion to comment on what was learned and/or how this new knowledge contributes to healthcare. Affirmative statements should be appropriately cited.
- b. **Project Relationship to SELECT**
  - a. **Relationship to SELECT Principles.** Clearly link the Project's conduct (Methods) and outcomes (Results) to SELECT Domains of Leadership/EI, Health Care Systems, and/or

VBPCC.

- b. **Project Relationship to Self-Directed Learning Goals.** An overt discussion of how the project did or did not meet the three SDL personal goals as delineated in the Proposal. Remember to discuss all three: Self-Assessment, Ability to locate and utilize resources, and Ability to Appraise located resources.
- c. This section may need to be submitted as an addendum for a paper following instructions for authors
- c. **Project Limitations**  
Ensure that you acknowledge how the Project's internal validity could have been improved. You also should note if there are clear external validity issues.

## 7. Conclusions

- a. This is usually a single paragraph. **Be careful not to overstate your conclusions.** Be clear and concise in this section.
- b. **NOTE: Many writers start with the abstract because it is first. The abstract, because of space limitations, is often the hardest to write. In addition, if written first, make sure that the paper didn't evolve away from the abstract as it was written.**

## 8. References (minimum of 10)

- a. Formatted in AMA style, or with addition to submission including of intended journal or model journal for the topic area
- b. **Remember all affirmative statements require a citation, regardless of location in the paper.** *NOTE: You will most frequently require citations in the Introduction and Discussion section as you present the framework of the problem and then interpret subjectively the results you have. Occasionally, you may require citations in the Methods section if you are using others (i.e., previously validated) work*



The evaluation rubric for the Final Paper is noted below as Appendix Ten. **When the Mentor attests approval of the Paper, they will also attest that they were provided enough time to review the Paper before the deadline.** As such, the student should be discussing these expectations while obtaining the Mentor Contract.



## **STEP 12. Capstone Project Oral Presentation: Required for Capstone B (Longitudinal), due March 10, 2024**

Students are required to present the outcomes of their Capstone project orally during Epilogue. Currently, it is anticipated that Capstone Day will be March 18, 2024. Using LVHN approved PowerPoint templates, students will perform a professional platform presentation. The LVHN approved PowerPoint templates will also be loaded into the Modules section of Canvas. Students should adhere to typical business attire at the oral presentation. **The student's PowerPoint presentation files should be uploaded into Canvas no later than March 10, 2024**, so that the files can be uploaded to the appropriate room for Capstone Day. **The Oral Presentation will be limited to 10 minutes with an additional 5 minutes allowed for fielding questions from the audience and/or judges.** Points will be deducted for going over the time limits specified herein. This penalty is intended to keep the presentations on schedule for the day. The PowerPoint presentation must include the following elements:

1. **Title Slide:** This should match the title of your Final Paper and Poster.
2. **Support Slide: Denote all contributing authors and financial support.**
3. **Introduction:** Usually around three slides. Typically starts general and works to the more specific problem to be addressed.
4. **Problem Statement:** Often presented as a single slide with the question to be answered or hypothesis to be tested.
5. **Methodology:** The number of slides varies based on the complexity of the project. With time limitations, efficiently presenting the key points is important.
6. **Results:** Typically, demographics are presented first. Give your audience time to take in slides with visual data. Reading data off the slides limits the efficiency of your presentation. Mixing visual and verbal presentation of information throughout your presentation will make your presentation more effective.
7. **Discussion:** Like the Final Paper, this part of the Oral Presentation should contain a General Discussion of your Results (i.e. your interpretation of what the Results mean), how the Project Relates to SELECT (both linkage to a domain AND linkage to the three SDL goals), and the Limitations of the Project. As such, this section will contain at least 3 slides.
8. **Conclusions:** Leaving your conclusion slide up while you field questions from the audience means that this slide will be on screen the longest of any of your slide deck. While many speakers end with a "Questions" slide or a personal photo, the opportunity to influence your audience with the interpreted outcome of your project is lost.

Based on Mentor feedback, the Mentor will attest to review of the Oral Presentation. Remember, the Oral Presentation will be available for public review with your, your Mentor, and (as appropriate) other names listed. **When the Mentor attests approval of the Oral Presentation, they will also attest that they were provided enough time to review the Oral Presentation before the deadline.** As such, the student should be discussing these expectations while obtaining the Mentor Contract.

The oral presentation will be evaluated as noted by the rubric in Appendix Twelve.

### Step 13. Notes on Grading

Capstone B (Longitudinal) is demonstrated in Appendix One. Capstone A is graded as Pass/Fail as detailed above.

#### **Grading of the Capstone Course: Capstone A**

Capstone A is graded as a Pass/Fail course. In order to successfully pass the course, the student must submit all the assignments noted above prior to the deadline. Professionalism is measured in Capstone primarily through the timely submission of completed assignments. **To request an extension in order to avoid a late penalty, the Course Director and Course Coordinator must be contacted via email at least one week prior to the assignment due date. The request must include an explanation why the request is being made, a suggested due date, and how the student will meet all future assignment due dates. Extension requests will be discussed with the Dean of Student Affairs. Any extension request within a week of a due date will utilize the Unplanned Absence Policy.** This policy can be found in this Syllabus. **Any late submission to Capstone A without a granted extension as above will result in a grade of an R.**

#### **Grading of the Capstone Course: Capstone B (Longitudinal)**

Grading for the Capstone B (Longitudinal) course will be Honors (A), Pass with Commendation (B), Pass (C), or F. Individual assignments will be graded on a 0-to-4-point scale as noted in the Syllabus and the assignment rubrics unless otherwise noted. **You must achieve a letter grade of “Honors (A)” or “Pass with Commendation (B)” to be eligible for your SELECT Graduate Certificate. Based on the USF Late Penalty Policy, the first late assignment will result in a maximum final grade of a Pass with Commendation (B). The second late assignment will result in a maximum grade of a Pass (C). A third late assignment will result in a Grade of an R.** The USF Late Penalty Policy is provided in the Syllabus. *For projects being conducted as research, it is strongly suggested to be ahead of the assigned course timeline. Your Mentor or the Course Director can work to provide you with an individualized timeframe.*

Any incomplete assignment (not submitted into Canvas and in the case of the Poster presentation and Oral presentation not performed) will result in Failure of the course. Late submissions of any assignment will receive a penalty to the grade on the assignment as per the USF Late Penalty Policy. Please see the USF Late Penalty Policy, which is provided in the Syllabus. **To request an extension in order to avoid a late penalty, the Course Director and Course Coordinator must be contacted via email at least one week prior to the assignment due date. The request must include an explanation why the request is being made, a suggested due date, and how the student will meet all future assignment due dates. Extension requests will be discussed with the Dean of Student Affairs. Any extension request within a week of a due date will utilize the Unplanned Absence Policy.** This policy can be found in this Syllabus.

Students are encouraged to submit their Capstone papers for publication and present their projects at regional or national conferences. Please contact the Course Director with questions about possible conferences. **Discussing dissemination with your Mentor should occur during the development of the proposal as doing so may change the adjudication of the Project. There will not be a limit for “4” given for any component of the course. The grades are subject to the Late Policy as noted above.**

## INDEPENDENT STUDY/RECOMMEDED COURSE MATERIALS & RESOURCES

### Required Reading

There may be reading materials assigned by the Course Director, Mentor, and/or faculty, as they deem necessary, depending on the project focus. Supplemental reading materials may be made available to you in Canvas or on the LVHN Digital Library by the Capstone Course administration. You will be notified via email or Canvas announcement whenever any additional materials are uploaded into Canvas or placed into the LVHN Digital Library.

### CITI Training and Certification

Your CITI certification must be current during the duration of the Capstone course. The training can be found online at the following URL: [www.citiprogram.org](http://www.citiprogram.org). **Be sure to complete the USF Biomedical Investigators and Key Personnel training.** We feel this valuable and durable certificate program will help you further understand ethics as they pertain to human subject's research. Submission of a CITI certificate with an **expiration date AFTER 4/1/2024** is a required element of the Project Proposal submission. The content of the CITI training is the responsibility of the USF IRB. Please contact USF IRB should you have any questions about accessing the program. **The required module is the Biomedical Investigators and Key Personnel.**

### Department of Education Patient Education Policy Requirement

Before the creation of new print or digital content or addition of vendor or organizational/association materials is provided to patients, all current approved material must be reviewed first to assure there is a need for more documents. If new material is needed and approved by Patient Education, Patient Education staff would assist the student in meeting all health literacy standards and branding requirements. Working with a student from the inception will help facilitate this process. Refer to LVHN policy- Authorized Patient Education, located in Policy Tech. Please reach out to the Course Director or Coordinator for guidance.

## GRADING COMPONENTS

### Grading of the Capstone Course

Grading for the Capstone course will be Honors (A), Pass with Commendation (B), Pass (C), or Fail (F). Individual assignments will be graded on a four-point scale, unless otherwise noted. You must achieve a letter grade of Honors (A) or Pass with Commendation (B) to be eligible for your SELECT Graduate Certificate.

*For projects being conducted as research, it is strongly suggested to be ahead of the assigned course timeline.* Your mentor or the Course Director can work to provide you with an individualized timeframe. Any milestone task not met (submitted into Canvas or in the case of the Poster Presentation or Oral Presentation performed) will result in failure of the course. Late submissions of any assignment will be penalized. The Assessment and Grading Guidelines are found in Appendix One.

Course Expectations- it's the expectation of the course that the student will adhere to the Syllabus. The Syllabus will be reviewed in class and posted to Canvas. The student is responsible to notify the Course Director and Coordinator should they feel they have located an error or omission in the Syllabus. You are required to complete the electronic Syllabus attestation sent to you.

## **SELECT LATE PENALTY POLICY**

### **SELECT Late Assignment Procedure Statement**

**As outlined in the student handbook, a standard USF MCOM SELECT late policy has been developed and is below. This Policy is for ALL SELECT courses.**

#### **1. Course Grade Penalties**

**In the case of a student violating a deadline with one late submission through the span of the longitudinal SELECT course, the student is ineligible for an Honors (or Letter Grade A) grade within said course. If a student violates two assignments or assessments (or a combination thereof) deadlines, by which accumulating two late submissions throughout the span of the yearlong SELECT course the student is ineligible for a Pass with Commendation (or Letter Grade B) grade in said course.** As a reminder, a grade in Capstone of Honors or Pass with Commendation is required to be eligible for the SELECT certificate.

**Three late assignments will result in a final grade of a R (Remediation).**

The Syllabus contains the USF grade appeal process.

#### **2. Assignment/Assessment Grade Penalties**

When a student submits any late assignment/assessment, within or up to two days of the predetermined deadline, the student is only eligible to receive a maximum grade of 70% of the total value of the original maximum grade eligible for that assignment/assessment. When a student submits any late assignment/assessment, after two days and up to seven days of the predetermined deadline, the student is only eligible to receive a maximum grade of 50% of the total value of the original maximum grade eligible for that assignment/assessment. There will be no credit given to students who submit any assignment or assessment beyond seven days of the stipulated deadline.

#### **3. Course Completion Requirement**

In order to be eligible for a passing course grade, all required assignments and assessments must be submitted and at the passing level determined for that assignment/assessment. Failure to submit any assignment or assessment will result in the assignment of an incomplete, R (remediation) or F (fail) grade depending on the circumstances.

### **Academic Honesty**

As a student at USF, you are responsible to adhere to the policies set forth in the College of Medicine Student Handbook. You can access a copy of the handbook on the web at:

<http://hsc.usf.edu/medicine/studentaffairs/>

All students of the USF Morsani College of Medicine are required to sign the Student Pledge of Honor when they begin their first year. The Honor Code represents a model by which students begin to frame their professional behaviors and standards aspired to by future health care professionals.

Any action that conflicts with the spirit of professional and personal behavior as described in The Preamble to the Student Pledge of Honor shall constitute violations of the Honor Code. A student whose actions are inconsistent with the spirit of the Honor Code may be accused by another student of

violating the community spirit. Such actions include but are **not limited to**:

1. lying
2. cheating
3. stealing
4. plagiarizing the work of others
5. causing purposeful or neglectful damage to property
6. impeding the learning process of a colleague
7. jeopardizing patient care in any way
8. failing to pursue others' actions thought to be in violation of the Honor Code

In the interest of promoting personal responsibility, a student who suspects a peer of violating the Honor Code is encouraged to confront that peer with the grievance and to attempt to resolve it independently. Should this not be possible, a suspected violation of the Honor Code shall be reported to any Honor Representative within three school days and the procedures set forth in the Honor Code bylaws are to be implemented.

The bylaws describe a procedure by which a satisfactory resolution to the situation may be achieved. The fundamental points of this process include a trial by a jury of peers, protection of anonymity, and self-government within the College of Medicine. The accused shall have the right to appeal any decision of the Honor Trial Jury.

### **Getting Help**

*Any student having academic or personal problems during the course is encouraged to contact the Course Director as soon as possible. At times, academic performance is compromised by personal problems. The Course Director is experienced at guiding students to the appropriate counseling resources and will work with students to deal with the academic implications of the situation. **It is the responsibility of the student to advise the Course Director at least one week ahead if he or she requires special accommodations. To request an extension in order to avoid a late penalty, the Course Director and Course Coordinator must be contacted via email at least one week prior to the assignment due date. The request must include an explanation why the request is being made, a suggested due date, and how the student will meet all future assignment due dates. Extension requests will be discussed with the Dean of Student Affairs. Any extension request within a week of a due date will utilize the Unplanned Absence Policy.*** This policy can be found in this Syllabus.

## **PROFESSIONALISM & PARTICIPATION POLICY**

### **Professionalism**

Any breach of the professionalism as described in the MCOM handbook including but not limited to the professionalism values section and the social media participation guidelines, may be grounds for remediation or failure of the course as determined by the Course Director in consultation with the Clerkship Director at the alternate campus [if applicable] and the applicable Assistant Dean of Curriculum.

**Professionalism in Capstone will be demonstrated in large part with the timely submission of assignments. The second most important element is participation in Capstone Day.**

### **Participation Expectations**

1. Unexcused absence, late attendance in the classroom or clinical activity, late or delinquent assigned curriculum assignments (self-learning assignments, PXDX, etc.), late Absence Request Forms and Absence Report forms.
2. The delay in any assignment, activity, or clerkship particular policy is left to the discretion of the Course Director.
3. Each participation violation without the approval of the Course Director will be subject to a decrease in the Participation Grade.
4. Serial participation citations will be subject to a review in professionalism by the Course Director in consultation with the Clerkship Director at the alternate campus [if applicable] and the applicable Assistant Dean of Curriculum.

### **REQUIRED MID-COURSE FEEDBACK FORM/SIGNED AND LOGGED**

#### **Capstone Team and Student Check-Ins**

The student is required to meet with the Course Director individually for a mid-course meeting. The meeting will be mid-course. For Capstone A they will most likely occur in October or November, and for most likely in Longitudinal Capstone in December or January. The students will be contacted via email and work with the Course Coordinator to schedule the meeting. We are happy to hold additional meetings as often as the student may require or request. Please contact the Course Director and Course Coordinator to schedule any additional meetings. See Step 7 above for greater detail.

## **ATTENDANCE POLICY/ABSENCE POLICY AND REQUEST FORM/ EXCUSED AND UNEXCUSED**

### **Attendance Policy**

Attendance is mandatory for all Capstone course activities.

### **Unplanned Absence**

An unanticipated absence during Prologue or Epilogue requires notification to the Course Director and the Office of Student Affairs. Upon returning to campus, the Absence Request Form should be completed and emailed to the Course Director. The Course Director will make the determination to grant or deny the request in addition to any required remediation. Students who miss course-specific mandatory events are expected to acquire the same level of competency as other students involved in the course. Therefore, students with an excused absence may be assigned work to complete by the Course Director in order to remediate. In the case of an unexcused absence the Course Director may assign a "0" or no credit for the missed work and/or require other remediation at his/her discretion. Multiple absences, or a prolonged absence, could result in failure of the course or a grade of "Incomplete," at the discretion of the Course Director. In any event, all absences for Capstone sessions and the outcome will be reported to the OSA by the Course Director.

### **Religious Observances**

All students, faculty, and staff at the USF have a right to expect that the University will reasonably accommodate their religious observances, practices, and beliefs. The University, through its faculty, will make every attempt to schedule required classes and examinations in view of customarily observed religious holidays of those religious groups or communities comprising the University's constituency.

No student shall be compelled to attend class or sit for an examination at a day or time prohibited by his or her religious beliefs. Students are expected to attend all Doctoring sessions at assigned times unless granted an excused absence by the Course Director.

Students are expected to notify the Course Director or Coordinator if they intend to be absent for a Capstone session, in accordance with this policy, prior to the scheduled religious holiday. Students absent for religious reasons will be given reasonable opportunities to make up any work missed. Any student who believes that he or she has been treated unfairly with regard the above should contact the Office of Student Affairs.

## **GRADE APPEAL POLICY AND PROCESS**

### **Basis for Appeal**

A student may appeal a course grade if the student has evidence that the grade was assigned in an erroneous manner. This is not a process for appeal of established departmental grading policies. The following procedure provides guidelines for the appeal process. All persons concerned with this process should adhere to the time schedule outlined in the following description of the appeal process.

### **Appeal to the Faculty Member for Review of the Assigned Grade**

**Within five (5) school days after the receipt of the grade**, the student may appeal in writing to the responsible faculty member (Clerkship/Course Director) any assigned grade that they dispute. The Clerkship/Course Director will review the course grading guidelines with the student to ensure that the process is understood and has been followed. If it is found that the assigned grade is incorrect in the judgment of the Clerkship/Course Director, the Student will initiate the appropriate change. If the change is made at this point, the matter is concluded. The Clerkship/Course Director will respond in writing with the Clerkship/Course Director's resolution of the matter to the **student within five (5) school days of the student's request for review**.

If the faculty member is no longer with the University, the student shall confer with the departmental chairperson who will then make every effort to receive written input concerning the matter from the former faculty member. If it is not possible to receive information from the former faculty member regarding the grade, then the student may appeal the grade as described below and the departmental chairperson will represent the interests of the clerkship director who issued the grades.

#### **Appeal to Associate Dean for UME**

If the question of the assigned grade cannot be resolved between the student and the clerkship director, the student may appeal in writing to the Associate Dean for UME (all required courses, clerkships, and interdisciplinary electives). This **appeal must be made within ten (10) school days following the clerkship director's review**. The student shall include all relevant information relating to the appeal with the written appeal. After receiving such an appeal in writing from the student, the UME Associate Dean shall review with the Clerkship Director the substance of the student's appeal and seek to determine its validity.

If the Associate Dean/Chairperson determines that the assigned grade is, in his/her/their judgment, inappropriate, the chairperson should recommend to the faculty member that the grade be changed. The faculty member may or may not concur with the chairperson's/Associate Dean's recommendation.

The Associate Dean/Chairperson will notify the student in writing, within ten (10) school days of receipt of the appeal, whether or not the assigned grade will be changed by the faculty member. If the grade is changed to the student's satisfaction, the matter is concluded. If the grade is not changed, the chairperson/Associate Dean will advise the student of the right of appeal to the Vice Dean for Educational Affairs.

If the student elects to appeal, copies of all written communication mentioned above shall be sent by the chairperson/Associate Dean to the Vice Dean for Educational Affairs as described below.

#### **Appeal to the Vice Dean for Educational Affairs**

If the grade is not changed to the satisfaction of the student at the departmental level, the student may appeal the assigned grade, in writing, to the Vice Dean for Educational Affairs. This appeal must occur within ten (10) school days of receipt of the decision of the chairperson/Associate Dean. The student will prepare an appeal in writing, which should be reviewed by the AD for SA of the MCOM as to form/sufficiency (satisfactory structure) The Vice Dean for Educational Affairs may discuss the case with the student, the faculty member, the chairperson of the department in which the course was taught or the Associate Dean for UME, the Associate Dean for Student Affairs and the Chair of



the APRC. Following these discussions, the Vice Dean for Educational Affairs may make a recommendation to the faculty member, the student, and the department chairperson/Associate Dean. If this results in an acceptable solution to all parties, the matter is concluded. If not, then a Hearing Committee will be appointed. The Vice Dean for Educational Affairs may, if the student chooses, appoint a Hearing Committee upon receiving the initial appeal. The appeal will be handled as expeditiously as possible by the Vice Dean for Educational Affairs. When the decision is made to establish a hearing to investigate an appeal, the Vice Dean for Educational Affairs shall convene an *ad hoc* committee comprised of three senior members of the faculty of the Morsani College of Medicine who had not previously been involved in issuing the grade or the appeal process and three medical students, all of whom shall have voting privileges. This Committee shall elect a chairperson and hold a hearing concerning the appeal at a time acceptable to all participants. At this hearing all material relevant to the appeal shall be presented by the student, the Associate Dean for Student Affairs, the Chair of the APRC, the faculty member issuing the grade or raising the concern, or the department chairperson/Associate Dean for UME. Others may be requested to assist the Committee. The student may request to have another individual present. The Hearing Committee will submit to the Vice Dean for Educational Affairs a written report containing a recommendation for a specific course of action regarding the student's grade appeal. If the Committee cannot reach a conclusion, the written report will be submitted to the Vice Dean for Educational Affairs who will consider the reason(s) why the committee failed to reach a decision. The Vice Dean for Educational Affairs will then recommend a solution, which may or may not contain some or all of the recommendations of the Hearing Committee. As delegated authority of the Dean, the decision of the Vice Dean for Educational Affairs is final.

## EVALUATION COMPLIANCE POLICY

### Course Evaluation

Students are asked to complete the Capstone Course Evaluation through E\*Value at the end of the course. Your feedback and input are a valuable source for continuous improvement. Completion of the course evaluation is also an aspect of professionalism.

Student feedback is an essential component for continuous quality improvement of our teaching faculty and curriculum development. Morsani College of Medicine (MCOM) has implemented the following guidelines for all students currently enrolled:

1. Students will be required to complete a minimum of 80% of the evaluations assigned to them
2. All evaluations should be completed within 25 days upon receipt
3. Students may suspend evaluations only given the following circumstances:
  - a. The evaluation was assigned in error
  - b. The student did not spend enough time with an educator to properly evaluate them
4. At most students will be permitted to suspend up to 20% of their evaluations. Once a student exceeds a 20% suspension rate their evaluations will be reviewed on a case-by-case basis
5. Comments provided on evaluations should be constructive, respectful, and made in a professional manner

*Please note that levels of anonymity are strictly enforced and fail safes are put into place to ensure a student cannot be identified from their evaluation.*

Student evaluation completion compliance rates will be monitored on a quarterly basis and any student found to be out of compliance at the time will be required to attend a mandatory one-hour session to complete any pending evaluations. Students will receive a notice via email that they are required to attend the mandatory session to complete their evaluations. Failure to complete evaluations and/or attend the mandatory sessions may result in the following disciplinary actions:

1. A written notice from the Associate Dean of Undergraduate Medical Education
2. A mandatory meeting with the Associate Dean of Undergraduate Medical Education
3. Appearance before the Academic Performance Review Committee (APRC)

*\*Above is a summary of the USF Student Evaluation Policy. Please review MCOM's Student Handbook for the full text of this policy.*

## Appendix One

### Capstone Course Assessment and Grading

The SELECT Capstone Part B (Longitudinal) will be graded A, B, C, F. **To receive the SELECT certificate, Students must earn a final course grade of an Honors (A) or Pass with Commendation (B), and without any failures on any Course component. Grades will be reported to the Morsani College of Medicine Registrar using the Honors (A), Pass with Commendation (B), Pass (C), and Fail (F) scale.**

**Honors (A)** = 3.33-4.00 (>83.24%)

**Pass with Commendation (B)** = 2.66-3.32 (66.5%-83.24%)

**Pass (C)** = 1.66-2.65 (41.5%-66.49%)

**Fail (F)** <1.65 (<41.5%)

The rubric for the above is:

- 4:** all points addressed with clarity and deep understanding (**clearly above expectations**)
- 3:** all points addressed in a satisfactory manner (**average to above average**)
- 2:** main points are addressed, but significant gaps are evident (**below average**)
- 1:** general standards have not been met; **failure to meet the stated objectives**
- 0:** **the section was not submitted in the assignment**

**Students will be assessed on core competencies and must demonstrate satisfactory proficiency through a passing grade in each to pass the course and earn a SELECT certificate.** There is not a limit on the number of "4" grades which will be awarded for any component of the course.

Examples of failure to meet expectations could include missing sub-sections, lack of results, or incomplete information.

Assignments must be submitted into Canvas (unless otherwise noted) by the student on or before the indicated due date. Assignments submitted after the due date will be subject to late penalties. Please note that lapses in professionalism may be grounds for failure of the course. The following list depicts the various components and their weights on the final Capstone course grade.

### **Capstone A: Pass/Fail**

1. **Mentor Contract:** Due June 11, 2023
2. **Syllabus Attestation:** Due June 18, 2023
3. **CITI Training:** Due July 16, 2023 (Biomedical Investigators and Key Personnel)
4. **Project Status Submission:** Due September 24, 2023
5. **Project Updates:** Due October 1, 2023, and November 12, 2023
6. **Mid-Course Feedback:** Due by November 12, 2023

NOTE: Incomplete assignments as of 11/ 13/23 will result in a Grade of F (Fail). If any assignment is submitted late, a Grade of an R (Remediation) will be submitted.

### **Capstone B (Longitudinal): Graded as Honors (A), Pass with Commendation (B), Pass (C), Fail (F)**

**Note: A passing grade (C or higher) is required in Capstone B in order to be eligible for graduation. A grade of a Pass with Commendation (B) or Honors (A) is required to be eligible for the SELECT Graduate Certificate.**

1. **Capstone Project Proposal (25%):** Due by July 30, 2023
2. **Abstract (10%):** Due by January 28, 2024
3. **Mid-Course Feedback (Complete/Incomplete):** Due by Sunday January 21, 2024
4. **Poster Presentation (10%):** To be done during Epilogue. Currently scheduled for March 18, 2024. **Upload of the poster file is due in Canvas on February 25, 2024.**
5. **Final paper (30%):** Due by March 3, 2024.
6. **Oral Presentation (15%):** To be presented during Epilogue. Tentatively scheduled for March 18, 2024. **Upload of the presentation is due in Canvas on March 10, 2024.**
7. **Mentor Evaluations (10%):** Mentor Evaluations of the student are submitted by the Mentor to the Course Coordinator via Qualtrics. First due from Mentors by October 8, 2023 (5%). Second/final due by March 24, 2024 (5%).
8. **Capstone Transition (Complete/Incomplete):** Due on Capstone Day

## Appendix Two

### CAPSTONE MENTOR CONTRACT FORM (1 of 2)

#### ROLES AND RESPONSIBILITIES OF THE STUDENT AND THE CAPSTONE PROJECT MENTOR

##### Student Responsibilities

1. Identify a Capstone Project Mentor to work with during the Capstone Project.
  - a. *The Mentor can be anyone (i.e., it does not have to be a physician) at LVHN. If the proposed Mentor is outside of LVHN, contact the Course Director for permission prior to completion of the Contract or submission of a Proposal.*
2. Identify the Project focus area. The Mentor should have established expertise therein and be able to guide the student in the focus area. This focus should contribute to the students Self-Directed Learning.
3. Develop a Proposal following Course guidelines with the Capstone Project Mentor.
  - a. *As part of the Proposal, develop a timeline for completion of Capstone Project with Capstone Project Mentor. Included in the Proposal is a communication plan. Also included are 3 Self-Directed Learning Goals: Self-Assessment, Location/Utilization of Resources, Appraisal of Resources.*
4. After sending to the Mentor for review prior to the deadline, submit the Capstone Project Proposal in Canvas. The time prior to the deadline will be determined by the Mentor.
5. Meet regularly with Capstone Project Mentor. Submit Project Updates in Canvas. These meetings and updates will be based on the timeline set.
6. After sending to the Mentor for review prior to the submission deadline, submit a final Capstone Project Paper. The time prior to the deadline will be determined by the Mentor.
7. Present the Poster and Oral Presentation at Capstone Day. All assignments must conform with Course Guidelines.

##### Mentor Responsibilities

1. Guide the student in the development of the Capstone Proposal, which will be submitted to the Course Director for approval.
2. Ensure that the Project aligns with the central pillars of SELECT, those being Scholarly Excellence, Leadership Experiences and Collaborative Training. The Project should specifically involve experience with Health Systems, Values-Based, Patient-Centered Care, and Leadership. Ensure the Project develops the student's ability to be a Self-Directed Learner.
3. ***The Mentor is solely responsible for the conduct of the Project. The Course requires that the student submit IRB review (approval or designation as non-human subjects research), have Departmental Approval taking responsibility that the project is Quality Improvement (an email from the appropriate party will suffice), or Mentor can take responsibility that the Project is Quality Improvement. The student may not work on the Project until this documentation is received, reviewed, and approved.***
4. If this project is deemed research, the mentor will serve as PI.
5. Facilitate the execution of the Project by *mentoring* the student. This may include the acquisition of necessary resources, the building of required relationships, and addressing logistical issues.
6. Meet regularly with the student (this may include email or telephone meetings) to assess progress on the Capstone Project, revising the plan if necessary.
7. Assist students in the preparation of Course Assignments.
8. ***The Course requires that in order to attempt in any way to disseminate the results of the Capstone project outside of LVHN, the project be reviewed by the IRB at the onset of the project.***
9. ***Review the Project Update Forms with the Student as per the Project timeline. Failure to conduct the***

*reviews and meetings may negatively impact the student.*

10. *Submit two (10/ 8/23, 3/ 24/24) evaluations of the student. Failure may negatively impact the student.*

### CAPSTONE MENTOR CONTRACT FORM (2 of 2)

<b>Directions:</b> Complete all fields and student will submit form with original signatures into Canvas.	
<b>Student First and Last Name:</b>	<b>Student Contact Information:</b> Email:  Cell Phone:
<b>Mentor First and Last Name:</b>	<b>Mentor Contact Information:</b> Email:  Office Phone:  Cell Phone:
<b>Mentor Departmental or Office Contact Information (name of secretary or administrative assistant):</b>	
<b>Project Title:</b> (Note to the Student- it is your responsibility that this matches the title on the submitted proposal)	
<b>Project Problem Statement:</b>	
_____ <b>Student Signature</b>	_____ <b>Date</b>
_____ <b>Mentor Signature</b>	_____ <b>Date</b>

#### Capstone Course Administration:

**Course Director:**

Bryan G. Kane, MD, FACEP  
[bryan.kane@lvhn.org](mailto:bryan.kane@lvhn.org)

**Course Coordinator:**

Sydney Clouser  
[Sydney.Clouser@lvhn.org](mailto:Sydney.Clouser@lvhn.org)

## Appendix Three

### Capstone Project Proposal Template

**A complete Capstone Project submission includes the following. The Mentor must approve the Proposal as submitted.**

1. An attestation by the mentor they have reviewed and approved the Project Proposal.
  - a. This is to ensure that your Mentor is aware of the project you
  - b. The Mentor will complete the attestation electronically, but they are able to note if the student did not provide them with time to review prior to the deadline.
2. **Covering Title Page** with your name, your Mentor's name, and Capstone Project title.
3. **Brief Description** of the project as it relates to SELECT competencies.
4. **Self-Directed Learning Goals** for the Capstone Project. A SMART goal for each of the following three areas is required: Self-Assessment, Location/Utilization of Resources, Appraisal of said Resources.
5. An **Introduction** of the current evidence that you will build upon to answer your research problem or to illuminate your project.
6. A research **Problem Statement** or description of a project/case study. This can be thought of as the question to be answered.
7. A description of the **Methodology** you plan to use to approach your problem. It will likely include how you will gather data and analyze your outcomes. Your outcomes need to be measurable.
8. A description of your work plan and **Timeline** for completion (e. g., using bullets, tables, or an Excel spreadsheet).
9. What the project will entail and how it will be **Implemented** (e. g., what is planned, what the work will involve, how the work will be structured, and the time frame for the different phases of the project).
10. The **Resources** (e. g., faculty, financial, statistical, etc.) needed to pursue the project. A plan to obtain any necessary financial resources. This may include a grant proposal or an indication from the mentor that the project is internally funded. This links directly to the SDL goals above.
11. **Summary** of anticipated outcomes as a result of your project and their health relevance. These outcomes or objectives include the data the project will generate and the anticipated impact on the Health System, Leadership and/or Values-Based Patient Centered Care. Remember, the Capstone will impact your SDL skills as well.
12. **Citations** of the relevant academic literature.

Optional: A plan for dissemination (other than Capstone Day). Planned dissemination requires IRB review. Identification of a goal journal will allow for structuring of the final paper. The Course Director or Library can assist in locating an appropriate journal.

## Appendix Four

### Capstone Project Proposal Grading Rubric

**Required Covering Title Page: A grade penalty will apply if not part of the submission.**

#### **Required components of the Capstone Project Proposal**

1. An **attestation** by the Mentor that they have reviewed and approved of the Project Proposal as submitted by the student. If the Mentor has not been given the time to review, the submission will be subject to penalty.
2. **Title Page** (Single dedicated page; Submission will be considered incomplete without this). The body of the submitted document must contain each of the following Sections with **BOLDED** headers as noted in the **BOLDED** language below. **Abstracts not conforming to these instructions (i.e., having all required sections under BOLDED headers) will be returned to the student and subject to late penalties.**
3. **Brief Description** of the project as it relates to SELECT competencies
  - a. 0-4
  - b. 5%
4. **SDL Goals** for the Capstone Project. There are three required SMART SDL goals: Self-Assessment, Location/Utilization of Resources, and Appraisal of said Resources.
  - a. 0-4
  - b. 15%
5. An **Introduction** of the current evidence that you will build upon to answer your research problem or to illuminate your Project.
  - a. 0-4
  - b. 10%
6. A research **Problem Statement** or description of a project/case study. This can be thought of as the question to be answered.
  - a. 0-4
  - b. 10%
7. A description of the **Methodology** you plan to use to approach your problem. It will likely include how you will gather data and analyze your outcomes. Your outcomes need to be measurable.
  - a. 0-4
  - b. 15%
8. A description of your work plan and **Timeline** for completion (e. g., using bullets, tables, or an Excel spreadsheet)
  - a. 0-4
  - b. 15%

9. What the project will entail and how it will be **Implemented** (e. g., what is planned, what the work will involve, how the work will be structured, and the time frame for the different phases of the project)
  - a. 0-4
  - b. 7.5%
  
10. The **Resources** (e. g., faculty, financial, statistical, etc.) needed to pursue the project. A plan to obtain any necessary financial resources. This may include a grant proposal or an indication from the mentor that the project is internally funded. Remember this links directly to the SDL goals above.
  - a. 0-4
  - b. 7.5%
  
11. **Summary** of anticipated outcomes as a result of your project. The first are the data the project will generate and the anticipated impact on the Health System, Leadership and/or Values-Based Patient Centered Care. The second is how the project will impact your abilities as a Self-Directed Learner.
  - a. 0-4
  - b. 10%
  
12. **Citations** of the relevant academic literature.
  - a. 0-4
  - b. 5%

Optional: Any plan to disseminate (other than Capstone Day) requires IRB review and approval.

#### **Grading guidelines**

- 4:** all points addressed with clarity and deep understanding (**clearly above expectations**)
- 3:** all points addressed in a satisfactory manner (**average to above average**)
- 2:** main points are addressed, but significant gaps are evident (**below average**)
- 1:** general standards have not been met; **failure to meet the stated objectives**
- 0:** **the section was not submitted in the assignment**



## Appendix Five

**Unless IRB reviewed**, the student may not begin work on the project until they submit a Project Status report (Appendix Five). The report may in one of three forms.

**Only by using formal IRB adjudication (Option 1) should the project be disseminated in any fashion in the future. In discussing the issue with the IRB, retrospective approval after the project is completed is not possible.**

As a general guide, Quality Improvement Projects are based on gathering information on local conditions and/or developing new local processes to achieve improved performance and desired outcomes, typically using aspects of the Deming Wheel (PDSA cycle). QI projects tend to be problem and solution focused and not hypothesis driven.

Research is a hypotheses-driven, systematic intervention aimed at developing new knowledge, typically using controlled intervention methods and statistical analysis. When research engages living human beings or their data, it is required to be reviewed by an Institutional Review Board. Studying local conditions to answer a question not answered in existing literature is often research and should be reviewed by the IRB.

1. A letter from the IRB after the IRB has reviewed the project or has determined it is not Human Subjects Research.

**Note: Projects may also require additional approval. For example, projects generating educational materials to be given to patients require approval of the Patient Education Team. Please consult the LVHN Administrative Policy Manual for guidance.**

**Note: Full IRB approval will require approval by both the LVHN and USF IRB's.**

2. Notification from Mentor taking responsibility for the Project. In this letter the Mentor should state that the proposal is not research. In addition, the Mentor will need to attest that they are familiar with LVHN policy I.Bv5.2, and the proposal clearly does not fall under that policy. **Should the Mentor have any questions about the regulatory status of the Project, the Mentor should submit the project for review to the IRB as per #1 above.** More information is available at: <http://irb.content.lvh.com/human-subject-determination/>. The Mentor should consider the use of the DHHS decision tree found on this site. Please contact the Course Director with any questions or concerns.
  - a. **Should the Mentor take responsibility for the nature of the Project, the Mentor is the responsible party for any review of the project by LVHN, USF, or any external agency.**
  - b. **Note: Projects may also require additional approval. For example, projects generating educational materials to be given to patients require approval of the Patient Education Team. Please consult the LVHN Administrative Policy Manual for guidance.**

Quality Improvement	Human Subjects Research Determination	Human Subjects Research
<ul style="list-style-type: none"><li>• My project has been approved as QI by an Operational Leader at LVHN</li><li>• ACTION: Submit documentation from Operational Leader to Capstone Committee</li></ul>	<ul style="list-style-type: none"><li>• My project does not have QI approval of an Operational Leader</li><li>• I am not sure it is Human Subjects Research</li><li>• ACTION: submit to IRB for determination</li></ul>	<ul style="list-style-type: none"><li>• I designed my project to be research and have Feasibility Approval through NORI</li><li>• ACTION: submit to IRB for review</li></ul>

Appendix Six

<b>Capstone Project Title Revision Form</b>	
<b>Date:</b>	
<b>Student:</b>	
<b>Mentor:</b>	
<b>Original Project Title (from Proposal or most recent Revision form)</b>	
<b>New Project Title</b>	
<b>Rationale for Title or Scope change in Project</b>	
<b>Student Initials:</b>	<b>Mentor Initials:</b>

## Appendix Seven

### Capstone Project Update Report

To be completed by the student and uploaded into Canvas to discuss with the Course Director. It is suggested that the work be shared with the Mentor.

1. Describe the progress you have made on your Project.
2. Describe what is working well and helping you make progress on your Project.
3. Describe any barriers impeding your progress.
4. List any changes to your project (including scope, methods, outcomes, etc.) or timeline, if needed.
5. List any additional resources that you think would help with the completion of your Project.
6. Reflect on and discuss your self-directed learning process thus far (e.g., what questions you asked and why, the information you found, the credibility of the sources, any feedback received, your learning outcomes), and your confidence in applying SDL skills for lifelong learning (e.g., what skills are you most confident in – self-assessing learning needs, identifying/analyzing/synthesizing relevant information, appraising credibility of information sources, seeking/receiving/applying feedback).

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Student

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Date

## Appendix Eight

### Capstone Project Mentor Evaluation of Student

Student:

Which Evaluation?

Circle one:

First

Second

Mentor:

#### Grading Guidelines

**4:** all points addressed with clarity and deep understanding (**clearly above expectations**)

**3:** all points addressed in a satisfactory manner (**average to above average**)

**2:** main points are addressed, but significant gaps are evident (**below average**)

**1:** general standards have not been met; **failure to meet the stated objectives**

**0:** the section was not submitted in the assignment

	0	1	2	3	4
1. The quality of the work the student has done on their Capstone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The Student is responsible to complete segments of the Capstone Project on time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The Student maintains a high level of professionalism, including interactions with staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The Student takes initiative in order to complete their Capstone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The Student communicates effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The student demonstrates abilities as a self-directed learner. Specifically consider their ability to self-assess, locate/utilize resources, appraise said resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MENTOR COURSE FEEDBACK QUESTIONS

## Appendix Nine

### Abstract Evaluation Rubric

**Required Covering Title Page: A grade penalty will apply if not part of the submission**

***Note: Abstracts not conforming to the word/page count or as per the Syllabus will be subject to a Grade Penalty. Abstracts must also conform to the sections noted below, with BOLDDED headers. Failure to contain the required sections may result in the assignment being returned to the student and a late penalty applied. Remember the abstract cannot be longer than one page/500 words.***

**1. Introduction: 20%**

Clearly frame the problem. Start from general and drill down to the specific.

**2. Problem Statement: 10%**

Succinct, ideally a single sentence, stating the problem investigated.

**3. Methodology: 25%**

Denote the way in which the project was executed. Think was it prospective or retrospective, mixed? What methodology was actually used, chart review, interviews, surveys? Was the survey piloted in any way? What analytic plan was executed? Inclusion of any regulatory review is typical here.

**4. Results: 25%**

What information or data did your project gather? Usually general demographics about your project are presented first. You may verbally cite a visual presentation of data (chart, graph, etc.).

Attach that visual data as per the instructions for authors or as an appendix table, chart etc., at the bottom of your document. **You are limited to three visual images total for the abstract, and may include tables, charts, diagrams, etc. from any section of the Abstract.**

**5. Conclusions: 20%**

This section is usually limited to a few brief sentences. Be careful not to overstate the results of the project.

*Note: The use of citations is atypical in medical abstracts. Provided citations will count towards the word count limit.*

#### Grading guidelines

- 4:** all points addressed with clarity and deep understanding (**clearly above expectations**)
- 3:** all points addressed in a satisfactory manner (**average to above average**)
- 2:** main points are addressed, but significant gaps are evident (**below average**)
- 1:** general standards have not been met; **failure to meet the stated objectives**
- 0:** **the section was not submitted in the assignment**

## Appendix Ten

### Poster Presentation Rubric

In lieu of a Covering Title Page, ensure that all contributing Authors are listed on the submitted file.

Attestation provided by Mentor      Yes/No (completed by Course Team)

Professional appearance:    Yes/No

Recognition of Mentor as an Author:    Yes/No

**NOTE: Grade penalties will be deducted for “No” responses.**

1. The **visual presentation** is well organized, easy to follow with pictures, captions, and/or explanations. (Can be thought of as the poster as a whole) **20%**
2. Demonstrates a thorough understanding of the topic area (can be thought of **Introduction**) **15%**
3. The purpose of the project was clearly stated (can be thought of as **Problem Statement**) **5%**
4. The presenter provided a clear explanation of the Project (can be thought of as **Methods**) **15%**
5. Appropriate explanation and representation of data using and displaying appropriate quotes, tables, graphs, and figures (can be thought of as **Results**) **15%**
6. Context (especially as it relates to SELECT and SDL) and importance of topic is demonstrated, and the outcome of the work could be of value (can be thought of as **Conclusions**) **20%**
7. Gives a complete **response to questions** **10%**

#### Grading guidelines

- 4:** all points addressed with clarity and deep understanding (**clearly above expectations**)
- 3:** all points addressed in a satisfactory manner (**average to above average**)
- 2:** main points are addressed, but significant gaps are evident (**below average**)
- 1:** general standards have not been met; **failure to meet the stated objectives**
- 0:** the section was not submitted in the assignment

Deductions can be made for any “No” answers marked above.

## Appendix Eleven

### Final Paper Grading Rubric

#### Required Covering Title Page: A grade penalty will apply if not part of the submission

*Note: Papers must also conform to the sections noted below, with **BOLDED** headers and Sub-Sections with Headers. Failure to contain the required sections may result in the assignment being returned to the student and a late penalty applied. The mentor must approve the final paper as submitted.*

1. **An attestation** by the Mentor that they have reviewed and approved of the Project Proposal as submitted by the student. If the Mentor has not been given the time to review, the submission will be subject to penalty
2. **Abstract: 10%** (limited to one page or the instructions to authors above, containing the following sub sections)
  - a. Introduction/Background
  - b. Problem Statement
  - c. Methodology
  - d. Data gathered
  - e. Conclusions
3. **Introduction: 10%**
  - a. Appropriately cited description of the focus area with relevant national and local data
  - b. Purpose for the Project
4. **Problem Statement: 5%**
  - a. Succinct statement of the project question or hypothesis or issue to be addressed
5. **Methodology: 10%**
  - a. Typically begins with the first sentence disclosing the regulatory nature of the Project. This sentence usually includes a definition of the type of Methodology used.
  - b. The next information disclosed is a description of the setting of the Project.
  - c. Iterative development of the Project would be included here. This may include how a survey was developed and then piloted. For PDSA cycling, the student is encouraged to discuss presentation of the Project with the Course Director, though most PDSA projects will present the Planned Outcome measures and analytic plan as appropriate
6. **Results: 25%**
  - a. An objective presentation of the results gathered. Hold interpretation for the Discussion below.
  - b. Typically begins with an accounting of the potential and ultimately “enrolled” subjects (i.e. Figure One).
  - c. Be sure to use the word significant only to describe results which were hypothesis tested (i.e. are statistically significant).

**Discussion: 25%** (must contain the required sub-sections as noted below)

- a. General Discussion of Results
  - i. An interpretation of how the new knowledge from the project address (or not) your problem statement. Extend this discussion to comment on what was learned and/or how this new knowledge contributes to healthcare. Affirmative statements should be appropriately cited.
- b. Project Relationship to SELECT Principles
  - i. Clearly link the Project's conduct (Methods) and outcomes (Results) to SELECT domain(s) of Leadership/EI, Health Care System, and/or VBPC.
  - ii. Project Relationship to SDL Goals
  - iii. This sub-section of the Discussion may be submitted as an addendum for published final papers.
- c. Project Limitations
  - i. Ensure that you acknowledge how the Project's internal validity could have been improved. You also should note if there are clear external validity issues.

7. **Final Conclusions: 5%**

8. **References: 10%** (minimum of 10 references)

- a. Formatted in AMA style, or with addition to submission including of intended journal or model journal for the topic area.
- b. **All affirmative statements in the paper must have citations. Remember citations are your way of communicating that work included is that of others, as to avoid any issues with plagiarism.**

***NOTE: If you are submitting a manuscript which has been published or submitted for peer review, you must submit the instructions for authors and a SELECT addendum which the SELECT specific portion of the Discussion section above.***

#### Grading guidelines

- 4:** all points addressed with clarity and deep understanding (**clearly above expectations**)
- 3:** all points addressed in a satisfactory manner (**average to above average**)
- 2:** main points are addressed, but significant gaps are evident (**below average**)
- 1:** general standards have not been met; **failure to meet the stated objectives**
- 0:** **the section was not submitted in the assignment**



## Appendix Twelve

### Oral Presentation Rubric

In lieu of a Covering Title Page, ensure that all contributing Authors are listed on the submitted file.

Attestation provided by Mentor Yes/No (completed by Course Team)

Professional Attire: Yes/No

Met Time Limitations: Yes/No

Title Slide: This should match the title of your final paper and abstract: Yes/No

Support Slide: Remember to recognize the people who were part of your Project team, any financial support received as examples. Required recognition of the Mentor: Yes/No

**NOTE: Points may be deducted for “No” responses.**

- 1. Introduction: 5%**  
Usually around three slides. Typically starts general and works to the more specific problem to be addressed.
- 2. Problem Statement: 5%**  
Often presented as a single slide with the question to be answered or hypothesis to be tested.
- 3. Methodology: 10%**  
The number of slides varies based on the complexity of the project. With time limitations, efficiently presenting the key points is important.
- 4. Results: 15%**  
Typically, demographics are presented first. Give your audience time to take in slides with visual data. Reading data off the slides limits the efficiency of your presentation. Mixing visual and verbal presentation of information throughout your presentation will make your presentation more effective. *Pay particular attention to quality of results presentation.*
- 5. Discussion: 15%**  
This section should include a subjective interpretation of your project, future implications and limitations: **Be sure to link your project to SELECT in two ways: a direct link to SELECT domain(s) and to your SDL.** Like Methodology above, frame this section within the time constraints given. This section should have three slides: General Discussion, Link to SELECT Domain(s), Link to SDL.
- 6. Conclusions: 5%** Leaving your conclusion slide up while you field questions from the audience means that this slide will be on screen the longest of any of your slide deck. While many speakers end with a “questions” slide or a personal photo, the opportunity to influence your audience with the interpreted outcome of your project is lost.

7. **Overall Quality of the Slides: 20%**  
Color, font, boldness, words per line, per slide.
8. **Overall Quality of the Presentations: 20%**  
Clarity of speech, cadence of delivery, non-verbal gestures.
9. **Ability to Answer Questions: 5%**  
Spotlight, floodlight. Repeat if needed.

**Grading guidelines**

- 4:** all points addressed with clarity and deep understanding (**clearly above expectations**)
- 3:** all points addressed in a satisfactory manner (**average to above average**)
- 2:** main points are addressed, but significant gaps are evident (**below average**)
- 1:** general standards have not been met; **failure to meet the stated objectives**
- 0:** **the section was not submitted in the assignment**

**Deductions can be made for any “No” answers marked above.**

## Appendix Thirteen

### LEHIGH VALLEY HEALTH NETWORK System Manual POSTER AND PRESENTATION CREATION – ADMINISTRATIVE

#### I. SCOPE:

Lehigh Valley Health Network (LVHN) adopts this policy for the following selected licensed entities:

- ☒ Lehigh Valley Hospital ☒ Lehigh Valley Hospice
- ☒ Lehigh Valley Hospital – Hazleton ☒ Pocono VNA / Hospice
- ☒ Lehigh Valley Hospital – Pocono ☒ Lehigh Valley Home Care – Schuylkill
- ☒ Lehigh Valley Hospital – Schuylkill ☒ Lehigh Valley Home Care – Hazleton
- ☒ Transitional Skilled Unit ☒ LVHN Children's Surgery Center
- ☒ Lehigh Valley Home Care ☒ LVHN Surgery Center – Tilghman
- ☒ Lehigh Valley Hospital – Coordinated Health Allentown
- ☒ Lehigh Valley Hospital – Coordinated Health Bethlehem
- ☒ LVHN East Stroudsburg Ambulatory Surgery Center
- ☒ LVHN Ambulatory Surgery Center of Lopatcong (in New Jersey)

#### II. POLICY:

The Lehigh Valley Health Network establishes this policy to delineate guidelines for the creation of presentations and posters for internal or external display or performance.

Presentations and posters are displayed or presented to public audiences as well as being posted to the internet through conference websites and the LVHN Scholarly Works repository. They must be prepared within legal guidelines. These works reflect the reputation of Lehigh Valley Health Network. As described in the LVHN Intellectual Property administrative policy, Lehigh Valley Health Network is the copyright owner of works created by employees, students, residents and collaborating health care providers in the course of their work, research or education when Network employees or resources have been utilized in the creation of the work.

#### III. DEFINITIONS:

HIPAA: Health Insurance Portability and Accountability Act, 2003. United States federal law designed to provide privacy standards in order to protect patients' medical records and other health information provided to physicians, hospitals and other health care providers.

HITECH: Health Information Technology for Economic and Clinical Health Act, 2009. Federal law strengthening civil and criminal enforcement of HIPAA rules with final rules published January 25, 2013 ("Omnibus Rules").

Copyright Law: Law found in Title 17 of the United States Code and administered by the U.S. Copyright Office. There are several sections and amendments that cover all aspects of copyright ownership, infringement, intellectual property and digital media.

FERPA: Family Educational Rights and Privacy Act, 2010. FERPA is a federal law that protects the privacy of student education records and applies to all educational agencies and institutions that receive funds under any program administered by the Department of Education. It prohibits disclosure of personally identifiable information from students' educational records without the consent of a parent or eligible student unless an exception to FERPA's general consent rule applies.

#### POSTER AND PRESENTATION CREATION PAGE 2 OF 4

#### IV. PROCEDURE:

The Lehigh Valley Health Network and its subsidiaries affirm the following principles as the basis for guiding the presentations and posters created by the employees, medical staff, allied health practitioners, students, and contracted service providers of the Network:

A. All presentations or posters created by presenters using the resources of the Lehigh Valley Health Network in the course of their work, research or education will be prepared with the following considerations:

1. Patient Case Information: Prior to presenting a case report publicly or publishing any abstracts, articles, posters, slides, etc. regarding a patient who has experienced an adverse or

unexpected outcome, contact Risk Management for advice on whether it is permissible to proceed. It is permissible to present such cases within formal quality assurance internal to LVHN entities.

2. HIPAA/HITECH: The presenter is responsible for ensuring that unauthorized disclosure of protected health information (PHI) does not occur in the course of poster or presentation creation. Unauthorized disclosure is prohibited at any time during or after employment or affiliation with Lehigh Valley Health Network. Employees, medical staff members and allied health professionals who violate this policy will be disciplined in accordance with the Employee Counseling and Discipline Policy or Medical Staff Bylaws. In addition, Lehigh Valley Health Network could seek legal remedies which could include suspension, termination, fines or criminal penalties. (See LVHN HIPAA policies for further information which are found in the Administrative Policy Manual).

HIPAA information is often overlooked in presentations in the form of images of radiologic studies, or test results such as EKGs, EEGs, etc. All images must be scrutinized carefully and identifiable information removed entirely from the image – not just covered. Identifiable patient info may include but is not limited to:

- Patient name
- Address
- Dates that refer to a patient: date of birth, admission date, discharge date, date of death
- Phone number
- Email address
- Social Security number
- Medical record number
- Health insurance number
- Patient account number
- Full face photographs or identifiable marks such as tattoos

Any questions regarding these requirements should be referred to the Privacy Officer in the Audit Compliance Services Department.

3. Copyright: Copyright covers any original expression of ideas whether print or digital – books, articles, figures, tables, images, cartoons, photos, web content, sound files, etc. A copyright symbol is not required to indicate that a work is copyrighted.

#### **POSTER AND PRESENTATION CREATION PAGE 3 OF 4**

The presenter is responsible for ensuring compliance with Copyright Law. Any material, published or unpublished, used in a presentation that the presenter did not create could be copyrighted. Graphics taken from the internet are ordinarily copyrighted and may not be used without written permission unless there is an explicit statement that it is in the public domain or freely available for use.

Under Fair Use provisions of the law, a user must assess four factors to determine if part of a copyrighted work may be used in a presentation. The four factors include the purpose and character of the use, the nature of the copyrighted work, the amount and substantiality of the portion used, and the effect of the use on the potential market for the copyrighted work. If a use is determined to be allowable after a four-factor determination, a single graphic (for example, a picture, image, table, chart, cartoon, illustration, etc.) taken from a larger copyrighted work (for example, an article or book) that is incorporated into a presentation in its entirety must be cited or attributed in the presentation and only one such graphic should be used from the work. Graphics created by others should not be incorporated on posters without written permission and must be cited.

4. FERPA: Students have the right to control the disclosure of their Education Records to others. An Education Record includes all records maintained by the educational institution in any format directly related (personally identifiable) to a current or past student. A record is “personally identifiable” if it identifies the student by name, address, ID number, or other such common identifier or if it includes “other information that, alone or in combination, is linked or linkable to a specific student that would allow a reasonable person in the school community, who does not have personal knowledge of the relevant circumstances, to identify the student

with reasonable certainty”. Education Records include all records, transcripts, papers, exams, non-academic student information database systems, class schedules, financial aid records, financial account records, disability accommodation records, disciplinary records, “unofficial” files, photographs, and e-mail messages.

The presenter is responsible for ensuring compliance with FERPA. All images must be scrutinized carefully and identifiable information removed entirely from the image – not just covered. Identifiable student info may include but is not limited to:

- Name
- Address
- Age, Date/place of birth
- Phone number
- Email address
- Social Security number
- Major field of study, level of education, dates of attendance, grade level, enrollment status
- Degrees/honor/awards received
- Photograph
- Participation in activities and sports, weight and height of athletes
- Most recent education institution(s) attended

For educational studies or research, FERPA requires a written agreement for protecting identifiable student information specifying the purpose, scope, and duration of the study, limit of the use of the information to the purpose of the study and require that identifiable information be protected from disclosure as well as returned or destroyed upon completion of the study. Penalties for violation of FERPA may include forfeiting federal funding to the institution.

**POSTER AND PRESENTATION CREATION PAGE 4 OF 4**

5. Posters at LVHN are created by an approved third party vendor chosen by Marketing Communications. Once approved by presenters a PDF is either forwarded to the LVHN preferred print vendor and charged to a corporate credit card or is given to the presenter to provide to a print company of their choosing and is responsible for any and all print charges. Posters must adhere to Lehigh Valley Health Network specifications.

**V. REFERENCES:**

- Health Insurance Portability and Accountability Act of 1996
- Health Information Technology for Economic and Clinical Health Act
- Family Educational Right and Privacy Act
- Title 17 of the United States Code

**VI. ATTACHMENTS / FORMS: N/A**

**VII. DISCLAIMER:**

This policy and the implementing procedures are intended to provide a description of recommended courses of action to comply with statutory or regulatory requirements and/or operational standards. It is recognized that there may be specific circumstances, not contemplated by laws or regulatory requirements that make compliance inappropriate. For advice in these circumstances, consult with the Departments of Risk Management and/or Legal Services, as appropriate.

**VIII. REVIEW:**

Origination: 9 / 2013  
 Review / Revision: 4 / 2017, 11 / 2021

<b>Approved by:</b> Brian Nester (Lvhn President & Ceo), Deborah Bren (President Lvhn Medical Staff), Marie Jordan (Sr Vp & Chief Nursing Officer)	<b>Approval Date:</b> 01/21/2022
<b>Version:</b> 3	<b>Publication Date:</b> 01/21/2022
<b>Original Creation Date:</b> 09/06/2013	<b>Next Review Date:</b> 01/21/2025

Appendix Fourteen  
**LEHIGH VALLEY HEALTH NETWORK**  
**Administrative Manual**  
**INTELLECTUAL PROPERTY - ADMINISTRATIVE**

**I. SCOPE:**

Lehigh Valley Health Network (LVHN) adopts this policy for the following selected licensed entities:

- Lehigh Valley Hospital  Lehigh Valley Hospice
- Lehigh Valley Hospital – Hazleton  Pocono VNA / Hospice
- Lehigh Valley Hospital – Pocono  Lehigh Valley Home Care – Schuylkill
- Lehigh Valley Hospital – Schuylkill  Lehigh Valley Home Care – Hazleton
- Transitional Skilled Unit  LVHN Children’s Surgery Center
- Lehigh Valley Home Care  LVHN Surgery Center – Tilghman

**II. POLICY:**

The Lehigh Valley Health Network establishes this policy to set forth clearly its rights to ownership of all inventions, ideas, trademarks, trade secrets, etc. which the Hospital and Health Network can legally protect and which arise out of employment. The Hospital and Health Network intends to encourage the generation of new ideas and innovations by seeking to share this right with the employee, when it is appropriate.

Ideas, inventions, etc., which promote the efficiency of operations, thereby saving money, will be owned ad-indefinitum. Ideas, inventions, etc., which create a product that is marketable, and, require development to be sold may be owned by both the employee and the Hospital and Health Network.

**III. DEFINITIONS:** N/A

**IV. PROCEDURE:**

The Lehigh Valley Health Network and its subsidiaries affirm the following principles as the basis for governing the intellectual property utilized, accessed or created, by the employees, students and contracted service providers of the Network.

A. The community has endowed the Lehigh Valley Health Network with certain privileges, resources and assets in the expectation that no single party will derive sole benefit or be unjustly enriched from what the community has endowed to the Network.

1. Every invention conceived or reduced to practice by any member of the medical staff, employee, student or contracted service providers shall be the property of the Network unless it results solely from activities (i) for which such person received no financial support, from the Network (financial support includes but is not limited to, working on the invention while being compensated by the Network); (ii) during which the or she made no use of any facilities, materials, personnel or other resources of the Network; and (iii) which do not relate to research conducted by such person at the Network.

2. Prompt assignment of rights pertains to all such inventions. As a condition of employment with the Network all personnel shall agree to execute promptly all contracts, assignments, waivers or other legal documents necessary to a patent, or other type of, application and to do everything that may be reasonably be required to assist all assignees to obtain, protect and maintain patent or other intellectual property rights.

B. The mission of Lehigh Valley Health Network includes the stimulation of basic and applied research activities of medical staff, employees and students of the Network, and the dissemination of the results of their research for the purpose of adding to the body of knowledge and serving the public interests.

In keeping with this philosophy, scholarly works created by employees, residents, students, and affiliated health care professionals are entered in the LVHN Scholarly Works repository. Whenever possible, these works are deposited in full text. Where copyright restrictions are in force, references to the works are entered. Scholarly works include but are not limited to: abstracts, papers, articles, books, book chapters, posters, presentations, reports, conference

materials, and other digital works and/or data.

Lehigh Valley Health Network is the owner of unpublished works created by employees, students, residents and collaborating health care providers in the course of their work, research or education when Network employees or resources have been utilized in the works' creation. Affiliated health care providers are requested to allow submission of their works to the repository in order to maintain a complete body of work associated with the Network.

Authors and presenters should be aware of methods to negotiate intellectual property rights with publishers or other organizations. Negotiations should address the rights outlined in the suggested Addendum to Author Agreement (attachment). These rights should be considered and negotiated. Publishers should only be granted as few rights as required for publication. Attempts should be made to negotiate all of the rights (i through iv) with the publisher/organization. In the event that the publisher will not accept all of the, the author should negotiate to retain as many of the rights as possible. Library Services can assist authors in negotiation. Author agreements should be retained and preserved as part of the LVHN Scholarly Works rights process.

C. The Lehigh Valley Health Network endeavors when appropriate to secure intellectual property protection for the products of such research and to encourage commercial investment in and development of Network intellectual property.

1. When the Network determines to seek the patent, copyright or any other legal protection for these inventions it owns, the inventor(s) shall cooperate fully in such an effort. The Network shall without expense to the inventor(s) provide the professional services as it deems necessary to accomplish this purpose.

2. If the Network determines that it has no interest in an invention or discovery and decides to forego the patenting or intellectual property protection of same, it may at its sole discretion, choose to formally waive its rights to the invention in writing. Such waiver shall not be granted until any preexisting commitments to sponsoring agencies are cleared. Upon the receipt of such waiver, the inventor(s) shall be free to take such steps as may be desired. The Network will bear no financial obligation under these circumstances. Nothing in this policy shall be construed as requiring the Network to waive its rights should it choose not to protect its intellectual property.

D. The Lehigh Valley Health Network as a non-profit organization endeavors to marshal its resources and exploit its assets to serve the public interest, and in doing so, reinvest in the research activities and assets of the organization.

E. The Lehigh Valley Health Network is a regular recipient of grants from the government, foundations or commercial enterprises and a participant in commercially sponsored research, and is subject to legal and contractual obligations imposed by these entities.

#### **INTELLECTUAL PROPERTY PAGE 3 OF 4**

1. Research work financed wholly or in part by an outside sponsor comes under the special provisions of the grant or contract covering such work. All personnel engaged in such research work on behalf of the Network are bound by the provisions incorporated in the agreement covering the work. Certain sponsored research contracts may provide that all patent rights belong to the sponsoring agency.

2. Any individual engaged in consulting work should ensure that patent clauses in any such agreements are not in conflict with this Policy or with Network commitments under sponsored grants or contracts. Questions concerning any potential conflicts should be referred at once to their supervisor who, in consultation with the Department of Legal Services will provide direction.

F. The Lehigh Valley Health Network may wish to share the economic benefits of inventions or other intellectual property with the inventors of such works in a way that is consistent with the research and educational mission of the Network and conforms to the Network's obligations to regulatory authorities, research sponsors and licensees. The Network shall make such a determination at its sole discretion on a case by case basis. Nothing in this policy should be construed as providing any rights to economic benefits by the inventors of intellectual property, unless those rights are specifically provided by the Network, under terms and conditions as

determined by the Network.

**V. REFERENCES:** N/A

**VI. ATTACHMENTS:**

Attachment A - Addendum to Author Agreement

**VII. DISCLAIMER:**

This policy and the implementing procedures are intended to provide a description of recommended courses of action to comply with statutory or regulatory requirements and/or operational standards. It is recognized that there may be specific circumstances, not contemplated by laws or regulatory requirements that make compliance inappropriate. For advice in these circumstances, consult with Legal Services.

**VIII. REVIEW:**

Origination: 11 / 1997

Reviewed/Revised: 3 / 2003, 5 / 2005, 6 / 2007, 8 / 2011, 11 / 2012, 4 / 2013, 2 / 2016, 5 / 2020

<b>Approved by:</b> Brian Nester (Lvhn President & Ceo)	<b>Approval Date:</b> 07/08/2020
<b>Version:</b> 3	<b>Publication Date:</b> 07/08/2020
<b>Original Creation Date:</b> 11/01/1997	<b>Next Review Date:</b> 07/08/2023



### Addendum to Author Agreement

THIS ADDENDUM modifies and supplements the attached Licensing and/or Publishing Agreement (the "Agreement") concerning the following work:

Manuscript Title: \_\_\_\_\_

Journal Name: \_\_\_\_\_

The parties to the Agreement modified and supplemented by this Addendum are:  
"Author" (Individually or, if more than one author, collectively, "Author"):

\_\_\_\_\_

"Publisher": \_\_\_\_\_

The parties agree that wherever there is any conflict between this Addendum and the Publication Agreement, the provisions of this Addendum shall supersede the Publication Agreement and together, any terms in conflict shall be construed accordingly.

Notwithstanding any terms in the Publication Agreement to the contrary and in addition to the rights retained by Author or licensed by Publisher to Author in the Publication Agreement and any fair use rights of Author, Author and Publisher agree that the Author shall also retain the following rights:

**1. Author's Retention of Rights.** In addition to any rights under copyright retained by Author in the Publication Agreement, on behalf of Lehigh Valley Health Network, the Author retains:

- (i) the rights to use, reproduce, distribute, publicly perform, and publicly display the Article in any medium for non-commercial purposes such as teaching, lectures, other scholarly works, academic or professional activities, conference presentations or specific administrative activities such as accreditation or mandated government report;
- (ii) the right to prepare derivative works from the Article and make full use of the Article in future research;
- (iii) the right to authorize others to make any noncommercial use of the Article so long as Author receives credit as author and the journal in which the Article has been published is cited as the source of first publication of the Article. For example, Author may make and distribute copies in the course of teaching and research and may post an electronic copy of the published version (if permitted by publication agreement and adhering to any required embargo period; or published as open access, i.e. if an electronic version is available free of charge via the Publisher) or the final peer-reviewed manuscript of the Article accepted for publication in the Lehigh Valley Health Network Scholarly Works Repository ("Repository") at the moment of publication;
- (iv) the right to include the published abstract of the article in the Repository at the moment of publication without embargo; and
- (v) the right to continue to use any survey questionnaires/instruments, evaluation forms, or other tools that constitute part of the Article at Lehigh Valley Health Network and understand that Lehigh Valley Health Network will be credited for the material.

**2. Acknowledgment of Prior License Grants.** In addition, where applicable and without limiting the retention of rights above, the Author shall retain all rights necessary to comply with requirements and conditions of research grants, funding organizations, or publishing subventions provided by government agencies or non-profit foundations.

For record keeping purposes, the Author requests that the Publisher sign a copy of this Addendum and return it to the Author, however, if the Publisher publishes the article in the journal or in any other form without signing a copy of this Addendum, such publication manifests the publisher's assent to the terms of this Addendum.

Author (Corresponding author on behalf of all authors): \_\_\_\_\_

DATE: \_\_\_\_\_

Publisher: \_\_\_\_\_

DATE: \_\_\_\_\_