

<b>FOURTH YEAR ELECTIVE TITLE</b>  <b>PUBLIC HEALTH/PREVENTIVE MEDICINE</b>		<b>COURSE NUMBER</b>  PEDS 900A	<b>LOCATION</b>  TRENTON
<b>ELECTIVE DIRECTOR</b>  SINDY PAUL, MD, MPH	<b>ELECTIVE FACULTY</b>  SINDY PAUL, MD, MPH	<b>ELECTIVE CONTACT</b>  SINDY PAUL, MD, MPH P.O. BOX 183 140 EAST FRONT STREET TRENTON, NJ 08625	<b>CONTACT PHONE/FAX/EMAIL</b>  PH. 609-826-7135 FAX: 609-826-7117 <a href="mailto:pauls@dca.lps.state.nj.us">pauls@dca.lps.state.nj.us</a>
<b>BLOCKS AVAILABLE</b>  ALL EXCEPT #8	<b>DURATION/WEEKS</b>  MIN 4; MAX 8	<b>HOURS PER WEEK</b>  35	<b>STUDENTS</b>  MAX 1
<b>LECTURES/SEMINARS</b>  NO	<b>OUTPATIENT</b>  NO	<b>INPATIENT</b>  NO	<b>HOUSESTAFF</b>  NO
<b>NIGHT CALL</b>  NO	<b>WEEKENDS</b>  NO	<b>LAB</b>  NO	<b>EXAM REQUIRED</b>  NO

**OVERALL EDUCATIONAL GOAL OF ELECTIVE**

To provide an understanding of the role of the medical licensing board, how it protects the health, safety, and welfare of the public and how the medical licensing board interacts with clinical care providers in hospitals and ambulatory care sites, including private practice.

**OBJECTIVES**

- To introduce the student to the policy, investigatory, and regulatory aspects of the medical licensing board.
- Depending upon the student's interest, to give the student an opportunity to observe the operation of the health care system from the points of view of providers and patients, with an emphasis on protecting the health, safety, and welfare of the patients and providers.
- Depending upon the student's interest, to give the student an opportunity to research and write a paper suitable for publication.

**BRIEF DESCRIPTION OF ACTIVITIES**

The student will receive an overview of selected medical licensing board activities including but not limited to analyzing and presenting incoming complaints, observing and participating in the investigatory process, attend hearings, do background reading, and participate in meetings. The student will also be expected to write-up a screening matter (complaint) with his/her opinion as to its disposition along with the reasoning for the proposed disposition.

**METHOD OF STUDENT EVALUATION**

A brief written report as described above will be required. In addition, the student's level of interest and contribution will be evaluated by the staff with whom the student works.

**ARE THERE ANY PREREQUISITES FOR THIS ELECTIVE?** No However, a no cost criminal background check request must be requested at least 2 months prior to the start of the rotation by contacting Sindy Paul, MD, MPH, FACPM at [pauls@dca.lps.state.nj.us](mailto:pauls@dca.lps.state.nj.us)

**IS THIS ELECTIVE AVAILABLE TO THIRD YEAR MEDICAL STUDENTS AS WELL?** Yes