



**Academic Medicine Faculty Development Module:  
This Ain't Your Grandma's Medical School Module - Enduring Activity**

Approval Date: 08/22/2019 Termination Date: 10/31/2021

Name: \_\_\_\_\_ (print legibly) Degree: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email (Required): \_\_\_\_\_  
 Date of Completion \_\_\_\_\_

**You must obtain an 80% (4/5) to receive credit. Answer the following and send the completed form to:  
 UT-CME, 3000 Arlington Ave, MS 1092, Toledo, OH 43614. Fax 419-383-6602  
 Email: [ContinuingMedEd@utoledo.edu](mailto:ContinuingMedEd@utoledo.edu)**

1. Significant changes in medicine have occurred since the Flexnor Report on medical education including telemedicine and electronic medical records  
 A) True  
 B) False
2. The current University of Toledo College of Medicine and Life Sciences curriculum emphasizes competency based curriculum with integration of foundational and clinical sciences and early clinical experiences?  
 A) True  
 B) False
3. The NBME examinations Parts 1,2, and 3 are required for medical licensure in the United States?  
 A) True  
 B) False
4. A clinical skills examination which includes documentation of a standardized focused patient exam in an electronic medical record is no longer required for medial licensure in the US?  
 A) True  
 C) False
5. Clinical Medical School Faculty are not expected to mentor and advise students and are not expected to provide meaningful clinical experiences under supervision to medical students?  
 A) True  
 B) False

Rank the administration of this activity: (5=excellent, 1+Poor, NA if not applicable)

	5	4	3	2	1	N/A
Met Learning Objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of the material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of material covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

After completion of this activity, what elements of your practice will you change or maintain?

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