INDEPENDENT STUDY BLOCK

Student Name____________________________ Med Yr_____ Unit_____
Study Block Number ________________ Docent ____________________

Students are encouraged to meet with the Learning Resource Specialist to design the initial study plan. Weekly meetings are required throughout the study block. Please keep a copy of this form to review during the block.

This form must be filled out completely and received by the Learning Resource Specialist no later than the first day of the study block or as requested by the Learning Resource Specialist. Failure to comply with this deadline may result in no credit for the month.

OBJECTIVES OF THE STUDY MONTH:

(1) Purpose of the Study Month?
☐ USMLE Step 1  ☐ USMLE Step 2 CK  ☐ Other ________________________________

(2) Choose 3 of the UMKC Competencies listed below and provide a statement of your objectives for the month as they relate to that competency:

<table>
<thead>
<tr>
<th>Interpersonal and Communication Skills</th>
<th>Systems-based Practice</th>
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<tbody>
<tr>
<td>Medical Knowledge</td>
<td>Patient Care</td>
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<tr>
<td>Practice-based Learning and Improvement</td>
<td>Professionalism</td>
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Competency: __________________________________________________________
Objective(s): __________________________________________________________

Competency: __________________________________________________________
Objective(s): __________________________________________________________

Competency: __________________________________________________________
Objective(s): __________________________________________________________

(3) What activities will you participate in to accomplish your objectives? (Check all that apply and provide details.)
QBanks: ☐ Kaplan  ☐ U World  ☐ USMLE Rx  ☐ Other ________________________________
☐ Flashcards (which set?)___________________________________________________
☐ Online Video Review (which one?)__________________________________________
☐ Practice exams (which ones?)_______________________________________________
☐ Classroom Board Review Course (Note: if you will be away from Clinic, you must petition the Council on Curriculum to have the month counted as “out of town.”):__________________________
☐ Board Review Texts: _____________________________________________________
☐ Meetings with Learning Resource Specialist, Stan Viebrock, M.P.A.  (viebrockst@umkc.edu, 235-6763)  ☐ Other ________________________________
(4) How will you demonstrate you have achieved your objectives? (For example: completing x number of practice questions/flashcards, watching x number of videos or reading and highlighting x number of pages.)

________________________________________________________________________________________

________________________________________________________________________________________

Your grade for the block is primarily based on meeting these measurable objectives.

STUDY SCHEDULE

Schedule must include student’s clinic day and weekly meetings with the Learning Resource Specialist. Note the topics of study each day. Include resources used. List number of questions/flashcards done. Indicate dates for any practice tests. Include sleep, exercise and other breaks. Indicate where you will be studying as well. (Attach a separate sheet if more room is needed.)

***If attending a classroom board review course, attach a schedule from the course.

<table>
<thead>
<tr>
<th>Week</th>
<th>Sun</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
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Learning Resource Specialist Signature: ________________________________
Date:_______________

***Learning Resource Specialist will be responsible for assigning a grade in Oasis and Pathway.

Student Signature: ________________________________ Date:_______________

Credit ____  Audit ____  Reason: ________________