



PATIENT CENTERED MEDICINE STUDENT HANDBOOK

2006-2007

"For more than a decade, it has been well established that approximately half of all causes of morbidity and mortality in the United States are linked to behavioral and social factors. . . To make measurable improvements in the health of Americans, physicians must be equipped with the knowledge and skills from the behavioral and social sciences needed to recognize, understand, and effectively respond to patients as individuals, not just to their symptoms."

— Institute of Medicine, 2004

WELCOME TO PATIENT CENTERED MEDICINE!

Patient Centered Medicine (PCM) is a two-year preclinical program primarily devoted to teaching the social and behavioral sciences as they apply to the practice of medicine. PCM is structured around a variety of specific content areas termed modules. These content areas have been selected on the basis of their relevance and importance to the professional practice of future physicians.

The PCM Academic Program Director is Doug Post, Ph.D., Associate Professor in the OSU Department of Family Medicine. The Program Coordinator is Firuzan Sharp, M.A., from the Office of Academic Services (OAS) for Medical Education. In collaboration with the PCM Academic Program Committee, these individuals are responsible for the administration and implementation of the course. In addition, a guiding philosophy within Patient Centered Medicine is that medical student input is critically important to the ongoing quality improvement process used in the course.



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ADMINISTRATIVE CONTACT INFORMATION

If you have any questions or concerns about the PCM course, you can contact anyone from this list. We are here to assist you. Please note that Dr. Post is also available for individual consultation and counseling throughout the year.

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PROGRAM COORDINATOR AND PROGRAM ASSISTANT

Firuzan Sharp (PCM Program Coordinator) comes from the field of Sociology and has a background in education, research and statistics. Tammy Carl (PCM Program Assistant) has a degree in English and experience in education consulting and corporate administration. Their main goals as PCM staff are to make sure that the program runs smoothly; to provide resources for the successful completion of the program; to ensure that students follow through and complete all requirements of the PCM curriculum; and in particular, to help students develop and adopt the identity of a medical professional. Please contact them if you need help with any problems that arise, inside or outside the classroom. We all work as a team to make PCM a successful endeavor for the students, faculty, and future patients.



BASIC PROGRAM INFORMATION

PCM OVERVIEW

The Patient Centered Medicine course schedule blends large group sessions presented to the entire class with small group case-based discussions. Large group sessions are presented through lectures, panel discussions, large group case discussion, and multi-media presentations. Each small group session is comprised of 20 students working with a primary care physician facilitator. In PCM small groups, students work with the same facilitator and the same group of medical students over the entire academic year. All sessions in the course (both large group and small group) are 90 minutes in length. Either a large or small group is offered once per week for the entire academic year.

CARMEN

The course is managed through the PCM Carmen website (<http://www.carmen.osu.edu>) under the names *Med 1 PCM 2006-2007* and *Med 2 PCM 2006-2007*. Prior to the start of each module, a variety of materials will be posted on the course website: a syllabus for the module, lecture slides, required readings for the module, and additional learning material. In addition, a link for "optional" course materials for selected modules has been developed. The optional link includes items for students with a special interest in a particular module, e.g. websites, optional readings, books, notification of conferences, etc. that students may pursue on their own.

In addition to course material, Carmen contains the course schedule, small group room assignments, Community Project information, Mini Module assignments, student handbook, and important announcements regarding Patient Centered Medicine.

READINGS

Readings for the Patient Centered Medicine course will be posted on the PCM Carmen site. Students will be linked to required readings for each individual module when the module is introduced on the schedule. There is no required textbook for the course. There are required readings for both small group sessions and large group activities.

Students are expected to complete the required readings prior to attending large group lectures or small groups. In addition, students will be quizzed on the required readings prior to most small group sessions.

THE PD/PCM COMBINED OSCE

“OSCE” stands for Objective Structured Clinical Examination. Toward the end of the Med 1 and Med 2 years, each student will participate in a combined Physician Development/Patient Centered Medicine OSCE that measures student clinical performance on the skills taught over the year.

The PD/PCM OSCE will take place in the Clinical Skills Education and Assessment Center. Students will participate in a number of clinical encounters with standardized patients, each designed to evaluate skills taught in DPR and PCM. Grading will be based on checklists completed by the standardized patients.

A score of 65% or below constitutes a failure in the PCM portion of the OSCE. Students scoring 65% or below on their OSCE exam will be required to remediate their grade.

THE PCM QUIZZES

Based on student and facilitator feedback from 2005-06, there will be small quizzes based on the readings and lectures before each small group for the upcoming year. Each quiz will consist of no more than 5 questions, and the purpose of the questions will be to highlight important points from the required reading and lecture material so that students can have more informed discussions in small group. This process will also help assure that students keep up with readings throughout the year and will provide a way to be sure the appropriate information is learned from each reading. Small group facilitators will expect students to come to class prepared, and students are welcome to bring up any questions about the content with the facilitators in group. The quizzes will be administered via Carmen, and students will have approximately one week to complete them. All students must complete the quiz by 8 pm on the Sunday before their small group; any quiz not completed in the given time frame will be assigned a score of zero. The average of all quiz grades will account for 5% of the total PCM grade for the year.

PROJECT PROFESSIONALISM

Project Professionalism is a student-driven initiative that is co-sponsored by Patient Centered Medicine and the student Honor and Professionalism Council. It was initiated by the Class of 2005 and began as a group of 20 students that gave advice concerning the Professionalism lecture presentation for the Med 1 class. It has grown to involve over 150 students working on all aspects of the professionalism mission. The mission of Project Professionalism is: “To create and maintain the culture of respect in the

medical school environment.” The “culture of respect” encompasses compassionate care, professional behaviors, excellence in medical knowledge, and placing the needs of others before your own (altruism). Creating this culture does not depend on “policing” each other but it is built on a foundation of caring about the personal and professional growth of every medical student at The Ohio State University College of Medicine.

To serve on one of the committees for Project Professionalism, simply sign up during the Professionalism Lecture (Med 1) or email your request to Dr. Stone at: Linda.Stone@osumc.edu:

1. **Class Oath Committee.** This committee is charged with writing the Class Oath during the four years of medical school. This oath is given at the graduation Hooding Ceremony.
2. **Lecture Discussion Planning Committee.** This committee meets with the lecturer after the Med 1 Professionalism and Professional Well Being lectures are complete to give ideas for these lectures for the incoming class. Students on this committee are also often asked to serve on the panels for the Med 1 lecture in the future.
3. **Communications Committee.** This new committee was created in 2004 to design a Professionalism section for the PCM website. We hope to create a “virtual” literary magazine for this site and are seeking writers as well as those with website design expertise.
4. **Special Projects Committee.** This committee helps Project Professionalism respond to special requests for presentations. They may serve on panels, help design special presentations (on professionalism and professional well-being) and generally respond to the extra needs of the Project.
5. **Community Projects.** This area came under Project Professionalism in 2004 and students active on this committee will be a part of the planning committee for Community Projects. The fall Community Fair is planned with input from this group.
6. **History of Medicine Committee.** This was a new committee for Project Professionalism in 2004. The work of this committee is designed by the students and will include innovations in bringing the rich heritage of the OSU COM legacy to the attention of the students in the COM.
7. **Premedical Professionalism Committee.** Through the work of the Family Medicine Premedical Initiative, OSU undergraduates have been involved in a program that offers informational meetings and medical student mentors to OSU premedical students. Professionalism presentations have been made to this group. This committee would work collaboratively with the Premedical Initiative

to expand the continuum of Project Professionalism into the premedical environment.

- 8. Healers Art.** Cynthia Kreger, MD piloted this program during the 2004-2005 academic year. Students who sign up for this program will receive an introduction to the Healer's Art session, be oriented to the content, and will have the opportunity to become a part of this national program designed to focus on the humanistic aspects of medicine.

STUDENT REPRESENTATIVES

Two first-year and two second-year students are selected for membership on the PCM Academic Program Committee. Students on the Committee represent preclinical students' interests and membership creates opportunities for increased participation in the medical school curriculum. Student members also provide valuable assistance to the faculty responsible for the curriculum. Student representatives apply to and are selected by Student Council. They are strongly encouraged to attend all scheduled Committee meetings, which occur on a once per month basis. Student members will be excused from discussion in all matters pertaining to student review.

STUDENT COMMUNICATION

Many important notices from the Program Directors, Coordinator, other administrative staff as well as fellow students are sent by email. Students are expected to check their Outlook email account on a regular basis. **Failure to check your email is not an acceptable excuse for missing important announcements, deadlines, and information.**



MED 1 PCM COURSE OVERVIEW

Med 1 classes begin the week of August 14, 2006, and end the week of June 6, 2007, for a total of 43 weeks. The PCM schedule for the 2006-2007 academic year is posted on Carmen.

Each PCM module has a module director, who collaborates with the PCM academic program directors to develop an exceptional educational experience for students. PCM modules and module directors are listed below, in the order in which they are taught in the course:

Med 1 Modules

Behavioral Medicine:	Doug Post, Ph.D.
Human Development:	Mary McIlroy, M.D.
Professionalism:	Linda Stone, M.D.
Medical Careers:	John Stang, M.D.
Ethics:	Amy Pope-Harman, M.D.
Diversity:	Tammy Gutierrez, MD; Leon McDougle, M.D.
Violence:	Olivia Thomas, M.D.

PCM I COURSE LOCATION

The majority of Med 1 PCM large group activities will be presented in 160 Meiling Hall. Small group sessions will generally be held in Graves Hall (check the PCM 1 course website for a small group class roster with room assignment). Any changes from the official schedule will be posted on the course website, and will be announced during class activities and/or through notices in student campus mailboxes, the PCM bulletin board (located outside of B053 Graves Hall), and/or the email system.

COMMUNITY PROJECT

The Community Project was developed to: 1) facilitate medical students' understanding of agencies that promote the health and well-being of their patients; and 2) introduce students to a broad spectrum of social and health care issues. Students will be required to work in a community agency in Columbus for a minimum of 12 hours and to make an oral presentation about their site experiences in a small group session later in the year. The oral presentations will be held on either Monday, 04/30/06, or on Wednesday, 05/02/06.

Students will be visiting a wide variety of sites, representing the agencies reflecting the broad range of patient services offered. Sites include city and state supported

agencies, home health agencies, charitable and religious organizations, hospices, mental health agencies, state health departments, and psychiatric and addiction treatment centers.

Through these visits, students will learn about the organization and delivery of services at one site, including the client population served, costs, financing, staffing patterns, training, community relations, and referral patterns. Through small group discussions, students will also gain a greater appreciation for the delivery of care within the community as a whole. Beyond the factual information, it is also anticipated that students will become more aware of the social, economic, and cultural influences on the delivery of health care and will develop heightened sensitivity to the health care needs of patients, clients, families, and providers.

Prior to the beginning of the Community Project, students will receive a copy of the Community Project handbook which outlines the goals and objectives of the project, student responsibilities, and guidelines for successful completion of this portion of the Patient Centered Medicine course. **Attendance is required at all sessions.** Students are responsible for attending the Community Project Fair on September 1, 2006, signing up with an approved community agency, and providing their own transportation to the assigned Community Project site. All students must submit a service proposal to Firuzan Sharp, PCM Course Coordinator, in B053 Graves Hall by the specified due date (details will be available on Carmen). Please note that agencies have limits on the number of students they may host. There are 3 open weeks in the PCM schedule to give students time for Community Project work.

The following Community Project assignments will be used to calculate the score in this component of the course: 12 hours of community service; agency and client interviews; oral presentation, and agency assessment sheet. Students' Community Project scores will be negatively affected if assignments are not completed by the required due date. This portion of the PCM course constitutes 10% of the overall Med 1 PCM grade.

MD/PHD STUDENTS

Incoming Med 1 MD/PhD students are required to take the Patient Centered Research course in their first year. Since PCR and PCM 1 are collaborating in the first year of Medical School, **MD/PhD students are required to attend all PCM Small Group sessions in their Med 1 year.** The PCM Small Group "Attendance and Absence Policy," described later in this handbook, applies to MD/PhD students. MD/PhD students are urged to read this policy carefully, so that the PCR grade is not negatively impacted by a failure to adhere to this policy.



MED 2 PCM COURSE OVERVIEW

The Patient Centered Medicine II course format is identical to the previous year, blending large group sessions presented to the entire class with small group case-based discussions. All sessions in the course (both large group and small group) are 90 minutes in length. Either a large or small group is offered once per week for the entire academic year. As in PCM I, students will work with the same primary care physician facilitator and the same group of medical students over the course of the entire academic year. Classes begin the week of August 14, 2006, and end the week of April 23, 2007, for a total of 37 weeks. The PCM II schedule for the 2006-2007 academic year is posted on Carmen.

Each PCM module has a module director, who collaborates with the PCM academic program directors to develop an exceptional educational experience for students. PCM modules and module directors are listed below, in the order in which they are taught in the course:

Med 2 Modules

Behavioral Medicine:	Doug Post, Ph.D.
Integrative Medicine:	Maryanna Klatt, Ph.D.; Glen Aukerman, M.D.
Pain Management:	Costantino Benedetti, M.D.
Challenges to Professionalism:	Linda Stone, M.D.
Clinical Ethics:	Amy Pope-Harman, M.D.
Meaning in Medicine:	Linda Stone, M.D.
Clinical Addiction:	Edna Jones, M.D.
Sexual Dysfunction:	Jonathan Shaffir, M.D.; Mark Elliott, Ph.D.
Human Development:	Mary McIlroy, M.D.

PCM II COURSE LOCATION

The majority of PCM II large group activities will be presented in 112 Meiling Hall. Small group sessions will generally be held in Graves Hall (check the PCM course website for a small group class roster with room assignment). Any changes from the official schedule will be posted on the course website, and will be announced during class activities and/or through notices in student campus mailboxes, the PCM bulletin Board (located outside of B053 Graves Hall) and/or the email system.

MINI-MODULES

At the end of the second year, students are required to complete a four-week elective educational opportunity termed "mini-module." Mini-modules are small group sessions taught by multi-disciplinary faculty which focus on topics of special interest to students. These sessions give students the opportunity for in-depth exploration of the topic and its correlation with the art and practice of medicine. A variety of mini-modules will be offered and students are asked to sign up for one of them. A sample of topics offered in previous years includes: nutrition in the clinical setting; women's health; death and loss; special victim care; complementary/alternative medicine; and LOOP organ and tissue donation. The course instructor will evaluate students on attendance, participation, and performance, and all students will be asked to evaluate their instructors. The mini-modules are worth 5% of a student's overall grade.

MD/PHD STUDENTS

Second year MD/PhD students are required to fully participate in the PCM 2 course, with the exception of the OSCE. Since the OSCE is worth 10% of the total PCM grade, Med 2 MD/PhD students will be graded as follows:

Exams: 50% (instead of 45%)

Quizzes: 5%

Small Group Grade: 39% (instead of 35%)

Mini Module: 6% (instead of 5%)



EXAMINATIONS, GRADING, AND EVALUATIONS

Examinations will be composed of material from both large and small group sessions, assigned readings, handouts, films, and case presentations. Two examinations will be given, and all exams are one hour in length. Performance on exams (average score) will constitute 45% of the final grade. A failing grade on an exam is deemed to be a score of less than 65%. A meeting will be arranged with students who receive a failing grade on the first exam to determine reasons for failure and to assist with future test performance. Students will be referred to a member of the Student Review Subcommittee of the PCM Academic Program Committee.

MED 1 Exam Dates: 01/26/07 and 06/01/07

MED 2 Exam Dates: 11/17/06 and 04/13/07

Each exam will contain no more than 45 questions derived from materials presented during lecture, small group exercises, and reading assignments. Exams will have one best answer and will generally be written using the USMLE format.

Strict adherence to the testing policies and procedures as outlined in the Integrated Pathway Student Handbook will take place in the PCM course (see below).

ABSENCE FROM EXAMINATIONS

1. Students are **REQUIRED** to be present at the examination site on the scheduled day and time of an examination. Serious personal illness/injury or the death of an immediate family member are the **only** excuses for missing an exam that will be considered. Illness or injury requires a written statement from a licensed physician **and** communication (email or phone call) with the Testing Coordinator (Rada Kuperschmidt at 292-1289 or Rada.Kuperschmidt@osumc.edu) or Firuzan Sharp, PCM Program Coordinator (292-9911 or Firuzan.Sharp@osumc.edu) explaining your illness or injury **prior to** the examination session.
2. Common upper respiratory infections, pharyngitis, or viral gastroenteritis are not considered to be medical excuses to warrant missing an exam. Unexcused absences may result in a score of zero on the exam, and may require the student to meet with the PCM Student Review Sub-Committee to be reviewed on a case-by-case basis.
3. The PCM Director will, on occasion, release students from an examination for educational or professional purposes. However, these occasions are rare and must be arranged well in advance of the exam date. ***Weddings, family***

vacations, or expensive airplane reservations are not valid excuses to miss an exam or request an alternative examination date.

4. **It is the student's responsibility to contact Firuzan Sharp, PCM Program Coordinator, if an absence will occur. If the student is unable to contact Firuzan prior to the exam, the student needs to contact her within 24 hours of the missed exam.**
5. Under NO circumstances will a student ever be permitted to take an examination before the regularly scheduled examination time. In other words, *there will be NO "make-up" examinations administered prior to the official examination date and time!*

TARDINESS TO EXAMINATIONS

Students are expected to be present **on time** for examinations. Those that are late will forfeit the time lost and will not be permitted to make up that examination time.

EXAM DAY PROCEDURES

1. Students should arrive to the test site at least 15 minutes prior to exam time to check in.
2. All student-examinees should be prepared to show a picture ID (i.e. a College of Medicine or Hospital ID badge) on the day of the exam.
3. Students will only be allowed to have #2 pencils at their seat when they take a test. Scratch paper will be provided at the test site. The desktop calculators are enabled on each computer workstation.
4. All coats, books, cell phones, calculators, computers, purses, and backpacks should be placed in the student's locker before coming to the exam. Those that forget will be asked to leave their extraneous belongings near the computer lab entrance. **DO NOT** leave personal belongings in the area outside the library computer lab.
5. All examinations will be delivered through the Perception Computer Testing System in the Computer Laboratory in Room 400 of the Prior Health Sciences Library.
6. Once in the exam room, students should select a workstation and then wait for instructions to start. Exams are started in waves, so as not to overload the testing server.

7. Students will log into the examination using the same *name.n* that is used to access web-based score reports and the university assigned password.
8. Once the examination has started, there are a few things of which students need to be aware: 1) the examination clock starts ticking; 2) it is best to “save” the test every few minutes; 3) before time runs out (usually 1 hour) students must click on the “submit” button; 4) students can “flag” items that they want to skip and return later; and 5) the sequence in which students see items is random, and different than the sequence of items for anyone else in the room.

ACADEMIC HONOR CODE

Students are bound by the College of Medicine Academic Honor Code as stated in the Professionalism Standards, found at this web url:

http://medicine.osu.edu/currentstudents/handbooks/student/2004_Professionalism_Standards.pdf.

Examples of violations of the Academic Honor Code include:

1. **Cheating:** allowing another party to do one’s work/exam; serving as a substitute for a student in the taking of an exam; possession and/or use of unauthorized study aids/notes during an exam; practicing fraud or deceit; knowingly providing or receiving information during examinations with or without the source’s knowledge; and/or sharing information about the content of an exam with a student who has not yet taken the exam.
2. **Plagiarism:** representing another’s work as one’s own including the unacknowledged copying and/or paraphrasing of another person’s work, and/or the inappropriate unacknowledged use of another person’s ideas.
3. **Fabrication:** altering a graded work; and/or falsification of information and resources including assignments, laboratory, and research results.
4. **Aid of academic dishonesty:** intentional facilitation of the above violations or any other action deemed in violation of this code.

SCORING & SCORE REPORTING

1. Student test performance is evaluated as a percentage score from each examination. A student’s overall average for the year is the cumulative average of all examinations for the year.
2. Scoring and reporting of examination scores is done electronically. Score reports are accessible to students through MedSTAR. To access a score report, three things are needed: a) The url (web address) for the new MedSTAR testing

system (<https://medstar.osumc.edu/>); b) university assigned name.n; and c) university assigned password.

SMALL GROUP PERFORMANCE

The Small Group learning experience is one of the core components of the Patient Centered Medicine course. Performance in small group sessions will count towards 30% of the final grade in Med 1, and 35% of the final grade in Med 2. Attendance is mandatory.

Small group facilitators will complete an assessment of each student at two time points: mid-year and end of the year (both forms can be viewed on Carmen). At the mid-year point, facilitators will complete a formative assessment that provides narrative feedback to each student regarding strengths and areas of needed improvement. At the end of the year, facilitators will complete a summative assessment. Each student will receive a percentage score that reflects an evaluation of student performance over the course of the entire academic year.

Medical students will also complete a peer evaluation of other students in their small group, using the criteria specified in the end-of-year evaluation form. Facilitators will incorporate this data in their summative assessment.

DETERMINATION OF GRADE

The final grade will be determined by the student's performance in all components of the course: examinations, small group session performance, OSCE, quizzes, and Community Project (Med 1) or Mini Modules (Med 2).

MED 1 PCM PASSING CRITERIA

Successful completion of Med 1 PCM and progress to Med 2 PCM shall require satisfactory performance in each of the following categories:

- Students are required to have obtained a 70% overall average in Med 1 PCM.
- The minimum passing score on any single exam, including the OSCE, is 65%.
- Failure on any exam will result in a meeting with a member of the PCM Academic Review Committee for discussion of exam performance and possible remediation.

- The Patient Centered Medicine Student Review Committee will review students with an unsatisfactory performance in any component of the curriculum. Appropriate remediation or a failing grade will be assigned.
- Students are required to complete all assignments for the Community Project as put forth in the Community Project handbook.
- Students must pass the first year of PCM to progress to the second year.

MED 2 PCM PASSING CRITERIA

Successful completion of Med 2 PCM and progress to Med 3 shall require satisfactory performance in each of the following categories:

- Students are required to have obtained a 70% overall average in Med 2 PCM.
- The minimum passing score on any single exam, including the OSCE, is 65%.
- Failure on any exam will result in a meeting with a member of the PCM Academic Review Committee for discussion of exam performance and possible remediation.
- The Patient Centered Medicine Student Review Committee will review students with an unsatisfactory performance in any component of the curriculum. Appropriate remediation or a failing grade will be assigned.
- Students are required to complete the Mini Module requirement at the end of their second year.
- Students must pass the second year of PCM to advance to the third year of medical school.

Breakdown of the final PCM Grade:

MED 1		MED 2	
EXAMS	45%	EXAMS	45%
Quizzes	5%	Quizzes	5%
Small Group Grade	30%	Small Group Grade	35%
OSCE	10%	OSCE	10%
Community Project	10%	Mini-Modules	5%

COURSE HONORS

Students who excel in the course may receive a designation of either Honors or a Letter of Commendation, as determined by the PCM Academic Program Director and Program

Coordinator. As a general rule of thumb, the top 10% of the class will receive the designation of Honors and those in the 10-25% range will receive a Letter of Commendation. A copy of the award of Honors or a Letter of Commendation will be placed in the student's permanent record.

PROGRAM EVALUATIONS

Due to the multi-faceted nature of the PCM course, program evaluation is important. Students will be asked to evaluate large group activities, small group sessions, and other experiences. Completion of all PCM activity evaluations will occur on a web-based program, called E*Value. The faculty is continually striving to create the optimal curriculum for students. Student evaluation of program content and faculty is an important source of information for curriculum design. Students are strongly encouraged to provide honest feedback concerning their learning experiences; ***thoughtful commentary is much appreciated.*** Present and future students will benefit from this feedback, as student and small group facilitator evaluations are used to make improvements in the PCM course.



ATTENDANCE & ABSENCE POLICY

Attendance is required at all sessions of the course. Attendance is **mandatory** for all sessions involving small group activity. Absences from mandatory sessions will be monitored through the Patient Centered Medicine office in B053 Graves Hall. An **excused** absence (serious personal illness or death of an immediate family member) is at the discretion of the Program Director and must be obtained within 24 hours of the session. In this event, the student should contact Tammy Carl, PCM Program Assistant (at 688-4633 or Tammy.Carl@osumc.edu) **in advance of the session** to obtain an excused absence. Remediation assignments for excused absences are due in the Patient Centered Medicine office two weeks after the formal assignment notification date. In order for an absence to be excused, the make-up assignment must be successfully completed and received on time.

An unexcused absence is considered a breach of professional responsibility and conduct. In the event a small group activity is missed, the student's absence affects not only that student but also all the others in the group who rely on each other to generate ideas, share knowledge, and participate in problem solving and peer-review. This activity is analogous to being a member of a ward team in Med III, where absence is not tolerated and directly affects the workload of all other team members. Health care delivery team members have a responsibility to themselves and to all other members of the team to be present and to participate actively in all activities. Unexcused absences cannot be remediated and are not eligible for a make-up assignment.

It is understood that unforeseen circumstances can arise. Therefore, students will be allowed **one** unexcused absence throughout the entire year (a "freebie") for which there will be no penalty. A second unexcused absence will result in the student being eliminated from any consideration for Honors or for a Letter of Commendation in the course. A third unexcused absence will result in the student being referred to the Patient Centered Medicine Academic Review Committee for further review and remediation. A fourth unexcused absence may be referred to the Pre-Clinical Academic Standing Committee (PCASC) for consideration of failure of the Patient Centered Medicine course. In the case a student has to appear before the PCASC, there is a great possibility of failing the PCM portion of the medical curriculum. In such an event, the student will be required to repeat the entire course, thus potentially delaying entry into the subsequent medical curriculum year.



TEN OBJECTIVES OF OSU COM MD CURRICULUM

The Ten General Objectives of The Ohio State University College of Medicine M.D. Curriculum

The purpose of the M.D. curriculum is to prepare students for post-graduate education and the eventual practice of medicine. Towards that purpose, each graduate of the College of Medicine must:

- A. Acquire knowledge and skills to promote health and prevent disease.
- B. Acquire the basic clinical knowledge and skills for the diagnosis and management of the spectrum of diseases, occurring in individual patients as well as in special populations, with the emphasis on common disorders.
- C. Acquire the skills necessary to remain current with scientific research and new discoveries that influence patient care.
- D. Commit to life-long learning and professional development.
- E. Demonstrate compassion, show respect, and take responsibility for patients, their families, one's colleagues, and all other health care delivery participants.
- F. Demonstrate effective communication with patients, families, colleagues, and other health care providers.
- G. Develop and use analytic problem-solving skills.
- H. Develop knowledge and skills for patient advocacy and cost-effective care through an understanding of contemporary health care delivery systems.
- I. Recognize, acknowledge, and address ethical issues related to patient care, resource management, and professional practice.
- J. Understand the fundamental knowledge, principles, and processes of the science basic to the practice of medicine.

The above objectives are in alphabetical order. All ten are important, and must be accomplished to graduate. Each will have differing emphasis during specific phases of the curriculum.

