Fiscal Unit/Academic Org	Medicine - D2500
Administering College/Academic Group	The College of Medicine
Co-adminstering College/Academic Group	
Semester Conversion Designation	~~Converted with minimal changes~~ to program goals and/or curricular requirements (e.g., sub-plan/specialization name changes, changes in electives and/or prerequisites, minimal changes in overall structure of program, minimal or no changes in program goals or content)
Current Program/Plan Name	Medicine
Proposed Program/Plan Name	Medicine - Doctor of Medicine MD
Program/Plan Code Abbreviation	MEDICIN-MD
Current Degree Title	Doctor of Medicine

changed to "Re-envisioned"

Credit Hour Explanation

Program credit hour requirements		A) Number of credit hours in current program (Quarter credit hours)	B) Calculated result for 2/3rds of current (Semester credit hours)	C) Number of credit hours required for proposed program (Semester credit hours)	D) Change in credit hours
Total minimum credit hours required for completion of program		298	198.7	202	3.3
Required credit hours offered by the unit	Minimum	298	198.7	202	3.3
	Maximum	298	198.7	202	3.3
Required credit hours offered outside of the unit	Minimum	0	0.0		
	Maximum	0	0.0		
Required prerequisite credit hours not included above	Minimum	0	0.0	0	0.0
	Maximum	0	0.0	0	0.0

Program Learning Goals

Note: these are required for all undergraduate degree programs and majors now. and will be required for all graduate and professional degree programs in 2012. Nonetheless, all programs are encouraged to complete these now.

Program Learning Goals

- The student is able to exemplify the ethics, values and behaviors of the medical profession.
- The student is able to approach the care of patients as a cooperative endeavor, integrating patients' concerns and ensuring their health needs are addressed.
- The student is able to approach the care of patients as a cooperative endeavor, integrating patients' concerns and ensuring their health needs are addressed.
- The student is able to develop patient care plans reflecting cost-effective utilization of diagnostic tools and therapeutic interventions appropriate for each patient/population and delivered in a compassionate, safe and error-limited environment.
- The student is able to understand the role of disease prevention and health promotion in relation to individual patients and/or patient populations and utilize these principles in clinical encounters.
- The student is able to demonstrate broad knowledge of fundamental science, principles, and processes basic to medicine and apply this in a judicious and consistent manner to prevent common health problems and achieve effective and safe patient care.
- The student is able to demonstrate broad knowledge of fundamental science, principles, and processes basic to medicine and apply this in a judicious and consistent manner to prevent common health problems and achieve effective and safe patient care.
- The student is able to utilize state of the art information technology and tools to retrieve, manage and use biomedical information in the care of individuals and populations.
- The student is able to understand the indications, contraindications, and potential complications of common clinical procedures and perform the basic clinical procedures expected of a new PGY-1.
- The student is able to evaluate the performance of individuals and systems to identify opportunities for improvement.
- The student is able to seek out and apply best practices, measure the effect of changes and develop strategies to improve performance.
- The student is able to demonstrate an understanding of the role of the student and physician in the improvement of the healthcare delivery system.
- The student is able to identify one's own strengths, weaknesses and limits; seek and respond appropriately to performance feedback; maintain an appropriate balance of personal and professional commitments; and seek help and advice when needed.
- The student is able to demonstrate leadership and collaborate effectively with other healthcare team members and professional associates.
- The student is able to understand how human diversity may influence or interfere with exchange of information.
- The student is able to use effective listening, observational, and communication techniques in all professional interactions.
- The student is able to produce timely documentation and communication that is clear, concise, and organized, in a way that optimizes patient care and minimizes medical errors.
- The student is able to use information technology appropriately to manage medical information and patient care decisions, promote education, and communicate in the interests of patients.
- The student is able to effectively prepare and deliver educational materials to individuals and groups.
- The student is able to understand the institutions and individuals that participate in healthcare delivery and the role of the physician in the health care system.

- The student is able to appropriately use system resources and assist patients in accessing health care that is safe, effective, patient-centered, timely, efficient and equitable.
- The student is able to understand the interdependence of the component parts of the healthcare system and the potential for unintended consequences within the system.
- The student is able to identify and utilize professional role models as a means of growth and accept the responsibility of acting as a role model and teaching and training others.

Assessment

Assessment plan includes student learning goals, how those goals are evaluated, and how the information collected is used to improve student learning. An assessment plan is required for undergraduate majors and degrees. Graduate and professional degree programs are encouraged to complete this now, but will not be required to do so until 2012.

Is this a degree program (undergraduate, graduate, or professional) or major proposal? Yes

Does the degree program or major have an assessment plan on file with the university Office of Academic Affairs? No

DIRECT MEASURES (means of assessment that measure performance directly, are authentic and minimize mitigating or intervening factors)

Standardized tests

- National standardized examination
- Certification or licensure examinations
- Local comprehensive or proficiency examinations

Classroom assignments

- Embedded testing (i.e. specific questions in homework or exams that allow faculty to assess students' attainments of a specific learning goal)
- Pre- and post-testing
- Other classroom assessment methods (e.g., writing assignments, oral presentations, oral exams)

Evaluation of a body of work produced by the student

- Practicum, internship or research evaluation of student work
- Portfollio evaluation of student work
- Performance or gallery display or work

Direct assessment methods specifically applicable to graduate programs

- Candidacy exams

INDIRECT MEASURES (means of assessment that are related to direct measures but are steps removed from those measures)

Surveys and Interviews

- Student survey
- Alumni survey
- Employer feedback or survey
- Student evaluation of instruction
- Student interviews or focus groups

Additional types of indirect evidence

- Job or post-baccalaureate education placement
- Student or alumni honors/recognition achieved
- Peer review of program
- External program review

- Curriculum or syllabus review
- Outreach participation
- Comparison or benchmarking

USE OF DATA (how the program uses or will use the evaluation data to make evidence-based improvements to the program periodically)

- Meet with students directly to discuss their performance
- Analyze and discuss trends with the unit's faculty
- Analyze and report to college/school
- Analyze and report to accrediting organization
- Make improvements in curricular requirements (e.g., add, subtract courses)
- Make improvements in course content
- Make improvements in course delivery and learning activities within courses
- Make improvements in learning facilities, laboratories, and/or equipment
- Periodically confirm that current curriculum and courses are facilitating student attainment of program goals
- Benchmark against best programs in the field

Program Specializations/Sub-Plans

If you do not specify a program specialization/sub-plan it will be assumed you are submitting this program for all program specializations/sub-plans.

Program Specialization/Sub-Plan Name	Global Health Specialization (Existing)
Program Specialization/Sub-Plan Goals	• The goal of the Graduate Interdisciplinary Specialization in Global Health is to prepare graduates to be active participants in the advancement of global health through academic enrichment, service-learning, and research in global health.
Program Specialization/Sub-Plan Name	MD/JD Degree (Existing)
Program Specialization/Sub-Plan Goals	• Prepares physicians to meet the challenges of legal issues in offices, hospitals, medical centers and health-care related industries. With the Moritz College of Law program this program allows the two degrees to be completed in 6 years instead of 7.
Program Specialization/Sub-Plan Name	MD/MPH program (Existing)
Program Specialization/Sub-Plan Goals	• Provides opportunities in public and private sectors to work on issues such as bioterrorism, cancer, and quality improvement in health services. MD/MPH holders assume leadership roles in government, academic medicine, health policy, and research.
Program Specialization/Sub-Plan Name	MD/MHA program (Existing)
Program Specialization/Sub-Plan Goals	• Prepares recipients to enhance their clinical practice of medicine or a career in hospital management or health policy. The MD/MHA degree program is the first of its kind in Ohio, and one of only a few in the nation.
Program Specialization/Sub-Plan Name	MD/MBA program (Existing)
Program Specialization/Sub-Plan Goals	• The MD/MBA program readies future physicians to meet the challenges of business administration and finances in the practice of medicine. It combines the MD degree with a Business Administration program through the Fisher College of Business at OSU.
Program Specialization/Sub-Plan Name	MD/PhD Medical Scientist Prog (Existing)
Program Specialization/Sub-Plan Goals	• Trains physician scientists. Students are recruited on the basis of scholastic and research achievement and demonstrated commitment to medicine. In addition to the traditional MD/PhD curriculum, an Integrated Medical Scientist Program is offered.

Program Specialization/Sub-Plan Name Specialization in Aging (Existing)

Program Specialization/Sub-Plan Goals

- Provides advanced educational opportunities in the field of aging focused on the basic components of gerontology shared by many disciplines, with electives allowing students to pursue either a research agenda or a more clinically-oriented pathway.
- The program allows graduate and professional students an opportunity to gain specific expertise in the care of older adults through both required and elective coursework in a broad range of settings.

Pre-Major

Does this Program have a Pre-Major? No

Attachments

- Letter from Program-offering Unit 12-21-10.docx: Letter from Program-offering Unit

  (Letter from Program-offering Unit. Owner: Hudson,William Andy)
- Attachment to Prog Request 12-21-10.docx: Review, Rationale, Courses, Transition, Advising

  (Other Supporting Documentation. Owner: Hudson,William Andy)
- %COM Semester Conversion Letter 12 10 10.pdf

  (Letter from the College to OAA. Owner: Lucey,Catherine Reinis)

Comments

Workflow Information

Status	User(s)	Date/Time	Step
Submitted	Hudson,William Andy	11/30/2010 04:00 PM	Submitted for Approval
Revision Requested	Lucey,Catherine Reinis	12/09/2010 08:28 AM	Unit Approval
Submitted	Hudson,William Andy	12/21/2010 05:24 PM	Submitted for Approval
Approved	Lucey,Catherine Reinis	12/22/2010 03:44 PM	Unit Approval
Approved	Lucey,Catherine Reinis	12/22/2010 03:47 PM	College Approval
Approved	Myers,Dena Elizabeth	12/27/2010 09:10 AM	GradSchool Approval
Pending Approval	Soave,Melissa A	12/27/2010 09:10 AM	CAA Approval

Medical Center

Office of the Dean
College of Medicine

254 Meiling Hall
370 West 9th Avenue
Columbus, OH 43210
Phone: 614.292.2600 / Fax: 614.292.4254

December 10, 2010

Randy Smith, PhD
Vice Provost, Curriculum & Institutional Relations
Office of Academic Affairs
203 Bricker Hall
CAMPUS

Dear Dr. Smith:

The College of Medicine submits for approval the following programs for semester conversion:

Baccalaureate Programs (School of Allied Medical Professions):

1) Athletic Training
2) Biomedical Sciences
3) Health Information and Management Systems
4) Health Sciences
5) Medical Dietetics
6) Medical Technology
7) Radiologic Sciences and Therapy with subprograms in Radiation Therapy, Radiography and Sonography
8) Respiratory Therapy

Minors:

1) Integrated Determinants of Health (School of Allied Medical Professions)
2) Anatomy (School of Biomedical Sciences, Dept. of Biomedical Informatics)

Masters Degree Programs:

1) Masters of Occupational Therapy (School of Allied Medical Professions)
2) MS in Allied Medical Professions (School of Allied Medical Professions)
3) MS in Anatomy (School of Biomedical Sciences, Department of Biomedical Informatics)
4) MS in Medical Sciences (College of Medicine)
5) MS in Pathology (School of Biomedical Sciences, Dept of Pathology)
6) MS in Pharmacology (School of Biomedical Sciences, Dept. of Pharmacology)

Doctoral Degree Programs:

1) Doctor of Physical Therapy [DPT] (School of Allied Medical Professions)
2) Doctor of Medicine [MD] (College of Medicine)

3) PhD in Health and Rehabilitation Sciences (School of Allied Medical Professions)
4) PhD in Integrated Biomedical Sciences [IBGP] (School of Biomedical Sciences)
5) PhD in Anatomy (School of Biomedical Sciences, Dept. of Biomedical Informatics)

Each program proposal has been carefully developed with considerable curricular review and appropriate unit approval; letters delineating the process and approval accompany each template. At the College level, all proposals have been reviewed and approved through the College's Curriculum Review process. Accordingly, each program has developed a transition plan that will allow students that maintain good academic standing to complete their respective program without delay due to the semester conversion. These transition plans are included with each program template. The course templates for all courses have also been submitted for approval. Please contact me or Deborah S. Larsen, our semester conversion coordinator, with any questions; specific questions regarding individual templates may be directed through Dr. Larsen to the appropriate contact person. Contact information is as follows:

Catherine R. Lucey, MD, FACP
Phone: 688-3104
e-mail: Catherine.lucey@osumc.edu

Deborah S. Larsen, PhD
Phone: 292-5645
e-mail: Deborah.larsen@osumc.edu

Thank you for the review of these materials.

Sincerely,

Catherine R. Lucey, MD, FACP
Interim Dean and Vice Dean of Education
The Ohio State College of Medicine

January 25, 2011

Catherine R. Lucey, MD
Interim Dean and Vice Dean for Education
College of Medicine
260 Meiling Hall
CAMPUS

Dear Dr. Lucey:

On behalf of the School of Allied Medical Professions, I am pleased to submit the semester conversion plans for the following programs:

Certificates:
1) Health Information Management and Systems
2) Medical Technology – proposed name change to Medical Laboratory Sciences
3) Respiratory Therapy

Baccalaureate (BS in Allied Health)
1) Athletic Training – degree change to BS in Athletic Training
2) Biomedical Sciences
3) Health Information Management and Systems
4) Health Sciences
5) Medical Dietetics
6) Medical Technology – proposed name change to Medical Laboratory Sciences
7) Radiation Therapy
8) Radiography
9) Respiratory Therapy

Graduate
1) Masters of Occupational Therapy (MOT)
2) Masters of Science in Allied Medical Professions (MS)
3) Doctor of Physical Therapy (DPT)
4) Doctor of Philosophy in Health and Rehabilitation Sciences (PhD)

Minor:
1) Integrated Determinants of Health

The conversion of each of these programs was initiated through two School-wide retreats, comprehensive curriculum mapping, conducted by our Executive Committee, and multiple working groups within and between programs. Each curriculum was reviewed and revised consistent with current healthcare practice and, for many, their accreditation criteria. For the undergraduate programs, working groups revised and amended our elective core courses; it was recommended that each program enroll students in the core courses rather than teach individual unit courses, which was done by all programs, consistent with content needs. Our entry-level graduate programs (Occupational Therapy and Physical Therapy), also developed a core evidence-based practice sequence to encourage collaborative problem-solving among students in those two programs. One course, AM 5000 "Strategies for Interprofessional Case Management", is a new elective course that will provide interdisciplinary case management exposure to students from all of the programs in the School; due to the high number of credits within each curriculum, this course is recommended but not required. Each curriculum was approved by the faculty within the respective program and by the School's curriculum committee on the following dates:

1) Respiratory Therapy – approved 7/14/2010
2) Medical Technology – approved 8/5/2010
3) Medical Dietetics – approved 8/11/2010
4) Radiologic Sciences & Therapy – approved 8/11/2010
5) Occupational Therapy – approved 8/11/2010
6) Biomedical Sciences – approved 8/18/2010
7) Physical Therapy – approved 8/19/2010
8) Athletic Training – approved 9/15/2010
9) MS in Allied Medicine – approved 9/15/2010
10) PhD in Health and Rehabilitation Sciences – approved 9/15/2010
11) Health Information Management and Systems – approved 9/22/2010

In reviewing the clinical experiences of students in each program, it was noted that there was no standard credit hour allocation for the full or part-time clinical experiences. Our Executive Committee voted unanimously to impose a consistent credit hour allocation, based on the following formula: Full-time (40hr/week, 14 weeks) = 12 credits for undergraduate and 8 for graduate programs; 20 hr/week = 6 credits for undergraduate, 4 for graduate; 10 hr/wk = 3 credits for undergraduate and 2 for graduate; and so on. Some programs have implemented 7 week clinical experiences that follow the same proportional allocation (i.e. 7 week, full time = 6 credits). This change often distorted the 2/3 conversion formula, since historically clinical experiences were under- credited; however, all programs were converted with minimal changes and have indicated such within their program templates.

In concert with the semester conversion, there are two program specific requests:

1) The Athletic Training program is requesting to change the degree awarded from Allied Health to Athletic Training to meet accreditation requirements;
2) The Medical Technology program is requesting to change the name of their program to Medical Laboratory Science, which is consistent with their licensure and accreditation recommendations.

These changes have been approved by the School's Executive Committee by unanimous vote on 12-7-10 and the Faculty Council on 1-21-11.

If you should have any questions or concerns, please feel free to contact me directly.

Sincerely,

Deborah S. Larsen, PhD
Director, School of Allied Medical Professions
Associate Dean, College of Medicine
614-292-5645
deborah.larsen@osumc.edu

leadserveinspire

Curriculum for Tomorrow's Medicine

Goals and Process of Change

In 2007, Vice Dean Lucey charged a committee composed of students, faculty, and health professionals from nursing, public health and allied medicine and community members to review and revise the core educational objectives of the medical curriculum. Their work, completed in June 2008, aligned educational objectives with the ACGME core competency framework, intending for these objectives to be the foundation of life-long learning for our students. Appendix 1 provides a summary of these objectives.

The Executive Curriculum Committee was then charged with overseeing a curriculum revision that would fully realize the revised core educational objectives in alignment with the educational strategic plan. The required elements of the revised curriculum were:

1. Reinforce basic science throughout the curriculum
2. Provide early opportunities for meaningful clinical service-learning experiences
3. Emphasize learning and assessing of critical thinking skills and the use of research in biomedical science
4. Develop evaluation systems that are valid and reliable
5. Employ evaluation systems that facilitate student self assessment and individualized education plans
6. Integrate the elements of relationship centered care: emotional intelligence, teamwork, multidisciplinary interaction, advocacy and leadership
7. Prepare students to work in complex health care systems and advocate for systems that meet the needs of our patients.
8. Provide flexibility to accommodate different learning styles and the opportunity to explore interests
9. Maintain attention to the need to deliver high quality, safe patient care during the educational process.

The committee embarked on a year long process that involved extensive literature review on current and future trends in health care and medical education, a review of curricula from other medical schools, and focus groups of students, faculty and the leadership of the medical center. The proposed curriculum, described in detail in Appendix 2 and outlined below, was finalized after input from the OSUMC community, obtained through a series of town hall meetings and presentations at leadership meetings. The Executive Curriculum Committee (ECC) formally approved the curriculum on 2/23/10 and the College of Medicine Assembly (composed of Department Chairs and Faculty Council representatives) endorsed the decision of the ECC on 3/24/10. Subsequently, the curriculum was presented to the OSUMC Hospital Board on 10/28/10 and the Ohio State University Medical Affairs Committee of the Board of Trustees on 10/29/10. The curriculum was enthusiastically endorsed by these leadership bodies.

This curriculum would not be possible without the tireless work of Dr. Dan Clinchot, Associate Dean for Medical Education and the support of Steven Gabbe, MD, Senior Vice President for Health Sciences, CEO, The Ohio State University Medical Center. The curriculum design and implementation faculty are listed in Appendices 3.1 and 3.2.

Curriculum Overview

The new curriculum has been named the **Lead.Serve.Inspire (LSI)** curriculum. The design of the curriculum focused on the three pillars listed below.

- Learning for Life

- Full integration of basic science and clinical science so that the synergy between pure science and applied science are continuously reinforced.
- Expansion of basic science beyond the natural sciences, to include the social sciences of psychology, organizational health, leadership, and education.
- Longitudinal patient relationships that allow students to apply the knowledge they are learning in the classroom to real patients.
- Project work that requires critical thinking, analysis, synthesis and integration of data.
- Departmentally integrated clerkships that capitalize on synergies between departments.

- Formation of a professional identity
  - Early integration of medical students into health care teams with an expectation that each student will work to serve the profession and our patients in a developmentally appropriate way.
  - Longitudinal coaching relationships with faculty physicians who are committed to helping students develop clinical skills and strong professional identities.
  - Required service learning experiences in quality, safety, interdisciplinary teamwork, advocacy and patient education that will improve the health of communities while expanding the competencies of students.

- Personalized Learning for Standardized Results
  - Enrichment opportunities for those students who, by virtue of past experience or innate talent are able to meet or exceed minimal performance standards earlier than their peers;
  - Improved use of the fourth year of medical school to provide advanced competence training for students that is tailored to their talents, interests and needs;
  - A mastery learning curriculum where all students are required to analyze and synthesize personal performance data that demonstrates their ability to meet or exceed minimal performance standards before moving on to the next level of the curriculum;
  - Portfolio driven competency documentation to support minimal performance standards

Curriculum Structure

This is a three part curriculum, intended to be administered over four years. In addition, there are longitudinal projects that unite the three discrete curricular parts. A graphic of the curricular structure is shown in Appendix 2, page 2. The total amount of curricular time is 152 weeks and approximates the time spent in the existing curriculum.

Part 1: Clinical Foundations

A sequential curriculum with flexible pacing

Students will be taught foundational sciences and associated clinical sciences in systems modules. The first module is the Health Care System and subsequent modules include Skin, Bone & Muscle Disorders, Neurological Disorders, Cardiopulmonary Disorders, GI & Renal Disorders, Endocrine & Reproductive Disorders and Host Defense. Modules will be taught with flexible learning methods with required in- class time supplemented with institutionally constructed learning objects (podcasts, teleteaching and Articulate® presentations) to allow students to tailor their learning to their own personal styles. Following each module, a comprehensive, multimodality evaluation will be carried out, assessing clinical skills, foundational science knowledge and clinical application. A flex week will follow each evaluation week to allow remediation for students who need additional time to master the modular requirements. Their peers will use that week for mentored career exploration. Students who enter medical school with advanced knowledge or who master the material more quickly will be able to pursue enrichment experiences (such as research) during their modules.

Student practice partnerships

Students will be assigned to a nine-person student practice and each student practice will be imbedded into an established clinical site. Students will function in developmentally appropriate care roles, contributing to the smooth functioning of the team. For instance, early first year students may perform intake blood pressures, retrieve information from the electronic medical record, and assist with phlebotomy and office based diagnostic testing (e.g. EKGs and spirometric measurements). More advanced students will take histories and perform parts of the physical exam. With time, students may be allowed to see patients independently and participate in the performance of office based procedures. Over the four years of medical school, students will learn the roles and responsibilities of each member of the team and will truly become an integral part of the healthcare team in their assigned practice.

Integrated learning with mentored small groups

Throughout the curriculum, students will "empanel" patients with conditions that are relevant to the current module under study. For instance, during the neurosciences module, students will be encouraged to find patients with neurologic disorders, including but not limited to migraine headaches, affective disorders, neuropathies, strokes, special sense impairment, etc. These patients will be presented to the group as the basis of the weekly mentored clinical learning sessions. During these sessions, a dedicated faculty mentor will help the students identify their personal learning needs and will explore the link between foundational science concepts and the delivery of care. Topics of curricular focus include the scientific basis of clinical decisions, patient centered clinical care strategies, complex communication and behavioral science concepts and issues in patient safety, quality and access. Once a patient is empanelled by a member of the student practice, a student from that practice will follow that patient when they return for subsequent visits. The OSUMC fully functional ambulatory electronic medical record will allow students to follow their patients when they are not in clinic. In addition, PX DX is an institutionally developed application for smart phones that allows de-identified information on patient demographics and health conditions to be transmitted to student portfolios so that faculty can review student experiences for completeness.

During phase one, students will begin their educational portfolio and will meet with their faculty portfolio coach to plan individualized learning and coaching experiences. In addition, they will begin work on longitudinal projects (see Appendix 4).

Part 2: Clinical Applications

Integrated rotating clinical immersions with plan for longitudinal growth

Phase two consists of three twelve week blocks, with each block composed of integrated clinical experiences spanning traditional clerkship disciplines. The three blocks are:

- Understanding the patient with surgical and reproductive needs (surgery, obstetrics and gynecology, critical care)
- Understanding the patient with acute medical needs (internal medicine, neurology, psychiatry, emergency medicine)
- Understanding the patient in populations (geriatrics, pediatrics, family medicine, physical medicine and rehabilitation)

Each curricular unit will start with a 1-2 week long ground school to prepare students for effective and efficient learning during their clinical immersion. Ground school will reinforce and advance key foundational science constructs and clinical skills along with quality and safety initiatives relevant to those disciplines. For instance, ground school for the immersion on understanding the patient with surgical and reproductive needs will include educational experiences designed to help students master suturing, scrubbing, surgical care improvement project (SCIP) concepts and crew resource management techniques for effective communication in the operating room. Foundational science concepts for this block will include topics such as wound healing, inflammation, and transplantation immunology. The goal of the ground school is to optimally prepare students to function well in the clinical environment and to free clinical faculty to focus on bedside teaching and clinical decision making rather than basic skill instruction. These ground schools are also designed to continuously reinforce the scientific basis of clinical decision making and patient care activities.

Clinical experiences will occur in rotations of no less than two weeks. It is envisioned that each block will have some core standard experiences (e.g. labor and delivery) but that there will be some flexibility for other experiences (i.e. a student may choose from gynecologic oncology, thoracic oncology, urologic oncology to satisfy a block requirement for surgical oncology experience.) Personalized curricular experiences will form part of the student's portfolio and will allow students to explore diverse clinical experiences while mastering core clinical competencies.

Each rotating clinical unit will end with a comprehensive competency based evaluation that will ensure that core competencies are met at each milestones of the curriculum. Students will be required to meet faculty standards prior to moving into subsequent block rotations. Students will continue to follow their empanelled patients and will add to their patient panel by establishing longitudinal relationships with patients they meet during clinical immersions. Students will complete reflection assignments to help direct their clinical learning and enhance their professional identity development under the continued mentorship of their portfolio coach.

Part 3: Advanced Clinical Competencies

During the third part of the curriculum, students will work to develop advanced competencies in specific areas, including content relevant to all students and content that is selected based on the student's individual performance, goals, and aspirations. This is the portion of the curriculum during which students will demonstrate the independent patient management skills needed to effectively care for patients in hospital and ambulatory settings, once they enter their internship. Students who have excelled throughout the curriculum will be provided the opportunity to finalize work toward advanced competencies and recognition in areas such as global health, quality and safety, masterful diagnosis, and biomedical research that exceed the threshold competencies of the standard MD curriculum.

Longitudinal Projects

Unifying themes over four years of medical school

Over the four years of medical school, each student will participate in longitudinal projects that prepare them for a lifetime of contributions and learning. The four projects are: the mentored educational portfolio, the leadership project, the health systems and health informatics project and USMLE board preparation.

Students will populate a **MENTORED EDUCATIONAL PORTFOLIO** over the duration of the student's attendance in medical school. The portfolio will have three working component: a place to store evidence of milestone achievement, a place for reflective analysis of those achievements and a place to showcase evidence of the student's best works. Portfolio coaches will review the contents of the portfolio with the student and will use the information to guide future educational activities. Two **LEADERSHIP AND TEACHING PROJECT** will be carried out during part I of the curriculum. In the leadership component, students will work with a community health agency to design and carry out a project that meets the needs of the constituents of that agency. In the teaching component, students will work to develop educational and support interventions to improve a patient's understanding of their disease and adherence to healthy behaviors. The third longitudinal project will be **USMLE BOARD PREPARATION**, designed to help students optimize their performance on these exams. The fourth project is **HEALTH SYSTEMS AND HEALTH INFORMATICS**. This project will be accomplished during Part 2 and Part 3 of the curriculum and will focus on interdisciplinary teamwork, the effective use of health information technology and other systems strategies to improve the quality and safety of patient care.

Plans for Implementation

With approval of the curriculum framework, goals and objectives, five implementation teams were developed:

- foundational sciences,
- clinical sciences,
- evaluation and assessment,
- faculty and site development and
- communications

The core implementation teams are charged with executing the plans of the curriculum design team in terms of structure, content overview, educational methods, assessment techniques, program evaluation, and faculty competency. Each team includes faculty with expertise in education as well as those with expertise in clinical care and research. The teams have weekly work meetings, monthly meetings with the associate dean for medical education and quarterly update meetings with the vice dean for education and/or the Executive Curriculum Committee. Work products and updates are shared on a common website (https://collaborate.osumc.edu/sites/com/default.aspx). Each team has the ability to convene task forces to construct new or revise existing curricular content for specific topical areas. Examples of new content include social justice, leadership and advocacy and patient safety. Revision of existing content occurs when discipline specific content requires updating or when new teaching methods are planned.
Retreats are scheduled every six months to allow the teams to interact with each other. The first retreat was held in April of 2010 and included Bonnie Miller MD, Senior Associate Dean for Medical Education from Vanderbilt, who spoke about their experience with curricular change. The second retreat was held in December

of 2010 and engaged the curriculum implementation teams and department chairs in an exercise to identify the top 100 symptoms, signs, diseases and skills that OSU graduate will be held accountable for. The communications implementation team is responsible for updating the OSUMC community of the planned changes. Articles in internal periodicals as well as updates on both the general website (http://medicine.osu.edu) and the education portal (http://medicine.osu.edu/education/Pages/index.aspx) allow faculty, students and staff who are not on the implementation teams to review and comment on the progress of the teams. A series of Town Hall meetings in January 2011 invited the entire OSUMC community to hear about and comment on the plans to educate the next generation of physicians. Attendance was excellent by professionals and staff from all backgrounds. Story boards have been installed outside the main lecture halls to keep students abreast of work on the new curriculum as well as initiatives to improve the existing curriculum.

Appendix 5 provides a graphic summary of the implementation team process along with a timeline for the implementation process.

Methods for Assessing Results

The Evaluation and Assessment Implementation team will complete a comprehensive plan for program evaluation as part of their work.

Program Evaluation

Program evaluation will measure learning outcomes, learning processes, and administrative experiences. Surveys will be used to track the satisfaction of key constituents of the program: the students in the new curriculum, faculty in each component of the new curriculum, the patients empanelled by the students in the longitudinal clinical experiences, and the staff and professionals at the sites in which students are participating. We will monitor for intended and unintended consequences of the new curriculum by monitoring matriculation data, NBME subject exam performance, USMLE performance, the AAMC Graduate Questionnaire, NRMP results and matching program director satisfaction with our graduates (internal survey in use for > 10 years).

Student Assessment:

This is a mentored milestone curriculum. Students will not be able to move to the next part of the curriculum unless they have mastered all defined core competencies of the previous part of the curriculum. The major structures for student assessment will be the mentored portfolio and periods of comprehensive, cumulative assessments. A variety of assessment tools will be used, including peer reviewed, internal assessments of knowledge (multiple choice exams, short answer tests, and practice exams) and external knowledge assessments (NBME subject examinations), formative and summative OSCEs, multisource feedback tools (from patients and non-physician healthcare team members) and direct observation of competency assessments. Through the use of our assessment system, we will fulfill our commitment to our public that our graduates meet or exceed our institutional competency standards.

Information Management Needs:

The College of Medicine organizational structure that supports our information technology and management needs includes a director of academic computing, a masters prepared educational data specialist, a program manager for MedSTAR, several developers, a customer service manager, an instructional technology expert and a lecture capture technology team.
This curriculum will rely heavily on information technology to deliver curricular content, manage student performance data and conduct ongoing metric driven program evaluation. Traditional class room lectures will be supplemented or supplanted by podcasting or web delivery using software such as **Podcast Producer®** and **Articulate®**. This will allow faculty and students to use class time for more interactive and analytic exercises.

We will use a combination of commercially available products to supplement the internal products we have developed to facilitate our educational goals. Critical components of our program:

MedSTAR:	an internally developed online student testing and records resource that houses data on student demographics, evaluation, regulatory compliance, academic status and standing, and tracking of clinical experiences.
Desire to Learn®	a commercial product that supports portfolio development
Crystal Reports®	a commercial product that facilitates report generation
CARMEN®	a commercial product supplied by Desire to Learn© that delivers curricular content
IPhones®	Since 2008, all students in the College of Medicine have been required to have IPhones or IPod Touches for curricular use throughout the four years of medical school. The devices are used to review lectures, to enter information for educational tracking of patient encounters and for access to educational software. A new program is under development that will allow students to capture feedback on clinical performance in real time.
PXDX	an internally developed IPhone application that allows students to track clinical experiences

In addition to educational software and hardware, the curriculum will be dependent on the universal use of electronic medical records. The OSU Medical Center (OSUMC) will complete implementation of their outpatient electronic medical record (EPIC®) by June 2011 and is scheduled to complete a "big bang" implementation of the inpatient electronic medical record (EPIC®) in October 2011. Students will learn to fully utilize this electronic medical record as one of their first clinical activities and will use the electronic record to keep track of their patients while they are on different rotations.

Faculty and Resident Support

Intensity of interaction: Faculty interaction with the students will increase substantially. From the beginning, students will be assigned a portfolio coach whose job will be to help the student review his/her performance and plan for relevant educational activities.

Faculty Development

The faculty development implementation team has identified core skills that will require enhancement over a broad population of faculty. These include skills in portfolio mentorship and also skills in direct observation of competency. Appendix 6 provides a summary of expected competencies by faculty role.

In addition, the faculty development group will design educational programs to insure that faculty members who have frequent exposure to students are capable of supplementing their clinical teaching with basic science constructs. They have identified new and emerging basic science constructs that the faculty as a whole will need more education on to be effective in their own clinical work. Examples include patient safety, quality improvement science, genomics and proteomics, and bioinformatics.

Methods for faculty development include seminar series, targeted affinity groups and web based instructional modules. A web based program for faculty development (Faculty Development for Medical education or **FD4ME**) has been under construction for the past year and is ready for launch in the next month. In addition, the group is assembling key resources to supplement faculty teaching on core topics. An example is the soon to be released **IPhone®** application on personalized medicine.

Faculty recognition and reward

The **Lead.Serve.Inspire** curriculum will require the development of a cohort of committed medical educators and should provide the opportunity for faculty to hone their teaching skills and develop successful career trajectories as medical educators. Additional support for the time away from RVU generating clinical work will be supported by grants from the college of medicine. It is estimated that this will cost the COM an additional $2 million dollars annually. These funds will be obtained through an increase in the dean's tax from the current level of 3% to no less than 4%. This insures that all departments contribute to the support and education of students equally. Departments who have a large number of faculty teaching in the curriculum will have a portion of their dean's tax returned to them in the form of release time grants.

Faculty holding major leadership roles in the curriculum will continue to be supported through the COMER (College of Medicine Education Resources) funds, in place since 2001.

Physical Facilities and Support

CSEAC Expansion: In 2010, we began construction on an expansion of our Clinical Skills Evaluation and Assessment Center (CSEAC), with plans to complete a 16,000 square foot floor on top of the building that currently houses our 7,000 square foot CSEAC. This expanded center will have four fully operational mock-ICU rooms/surgical suites to teach teamwork in complex environments. In addition, it has a number of task training rooms for specialized procedural skills, a large conference room for didactic instruction and a large procedure classroom for instruction on common procedures such as central line placement and suturing. This construction is on schedule for completion in December 2011.

ProjectOne Educational Space: In June 2010, the OSUMC broke ground on a $1 billion project to build a new cancer and critical care hospital adjoining our existing teaching hospitals and adjacent to the medical school. ProjectOne, as this is known, has been designed from the ground up to support inter-professional education and research. In fact, fully one of the four towers is dedicated to education and research. In addition, a satellite simulation unit will be constructed on the surgical floor to facilitate procedure simulation in real time. Additionally, the basement houses a state of the art case method teaching room and several multipurpose rooms for lectures and workshops, supported in part by a large gift from Dr Steven Gabbe (the OSUMC CEO) and his wife, Dr. Patricia Temple Gabbe. OSUMC Ambulatory spaces have been constructed or configured with student participation in mind, including locker space and conference room space.

Meiling and Graves Hall are the existing COM buildings with lecture hall space and classroom space sufficient to support both large and small group teaching activities.

Library Facilities and Operations

Reference librarians have been an integral part of the curriculum redesign process. We anticipate continuing this fruitful collaboration without change.

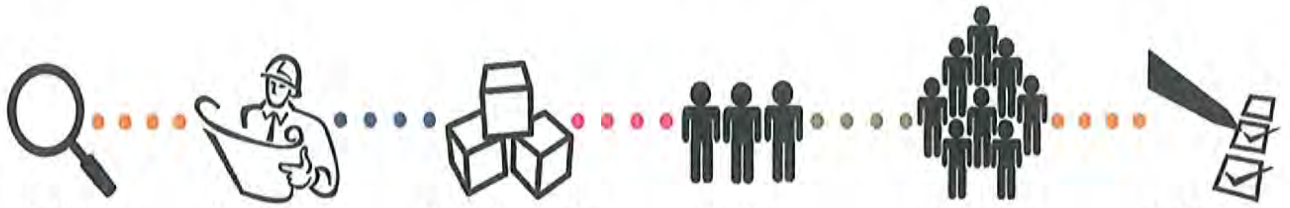
Summary

The **Lead.Serve.Inspire** curriculum is designed to educate the next generation of physicians for service to the profession and the public over careers that are likely to span several decades of rapid change. The design and implementation teams are well situated to deliver on our promise to educate "measurably excellent physicians".

We are grateful for the support we have received from the entire OSU Medical Center community. We look forward to sharing our curriculum with you on our next site visit.

leadserveinspire

Curriculum for Tomorrow's Medicine



The Review
10/07-9/08

The Blueprint
9/08-12/09

The Implementation
11/09-6/12

The Pilot
8/10-6/14

The Roll Out
8/12-5/16

The Evaluation
9/12-ongoing

Attachments to the Program Request for the College of Medicine Degree of Doctor of Medicine

Including supporting documentation and advising sheets

Current programs:

The college offers the professional degree of Doctor of Medicine and the flowing:
MD/PhD- no co-administering College
MD/JD- Co-administering College of Law
MD/MHA- Co-administering College of Public Health
MD/MPH- Co-administering College of Public Health
MD/MBA- Co-administering College of Business

Unit level review process:

The program unit level review process involved three taskforces, a General Objectives Taskforce (GOT), a Curriculum Design Taskforce (CDT) and a group of Curriculum Implementation Teams. The goals and objectives were reviewed by the GOT consisting of 22 members including associate and assistant deans, College of Medicine clinical and basic science faculty, residents, MD students, administrative, nursing staff, representatives from other health sciences colleges (Pharmacy and Public Health), community representative patient advisors and representatives from two hospitals. The GOT met monthly from October 2007 to June 2008 reviewing the current literature on the future of medical education and the future physician competencies, the current accrediting bodies' objectives documents, other top 20 medical school objectives, the current Ohio State University College of Medicine (OSU COM) general objectives as well as the OSU university, medical center and COM missions and goals. College faculty and student surveys were also conducted. The final proposal containing revised goals and objectives was presented and approved by the College Executive Curriculum Committee (ECC).

The ECC charged a Curriculum Design Team (CDT) to redesign the curriculum based on the GOT recommendations. The CDT met from September 2008 to February 2010 to develop a new curriculum implement the new MD curriculum goals and objectives and to achieve the OSU COM strategic educational goals. A taskforce with representative membership including some members of the GOT developed goals, guidelines and a proposed structure for a new curriculum. The plan was vetted by faculty, staff and students as it was developed with periodic reports and meetings. The new curriculum was approved by the ECC.

Full reports of the activities and recommendations of the taskforces are available from the Associate Dean for Medical Education.

Curriculum Implementation Teams have been working since February 2010 to develop plans for implementing, administering and evaluating the new curriculum. Once fully implemented the new curriculum will be monitored and modified as needed by the college ECC.

Program Rationale Statement:

The biomedical and behavioral sciences that form the foundation of the practice of medicine have grown exponentially over the past several decades. In addition, the field of medical education has recognized that a practicing physician, regardless of specialty, must possess essential core competencies in intrapersonal communication, professionalism, systems-based practice, and practice-based learning and improvement. We expect every graduate of our program to meet the core educational objectives (competencies) defined by our faculty and to advance the field and practice of medicine in some way. We recognize that as a State institution with a large student body our graduates will eventually practice and contribute to the field of medicine in many diverse ways.

List of Semester courses:

Action	Old Course Number	New Course Number	Title	Transcript Abbreviation
CONVERTED	700.04	5880.04S	Inter Prof Practicum	Community Collab
CONVERTED	700.03	5880.03	Inter Prof Ethics	Interprof Ethics
CONVERTED	700.01	5880.01	Inter Prof Care	Interprof Care
CONVERTED	700.07	5880.07	Inter Prof Child Abuse	Interpr Child Abus
CONVERTED	700.02	5880.02	Inter Prof Chang Values	Interpr Soc Values
CONVERTED	689	7689	Interdisc Approach to Pat Care	Interdisc Pat Care
CONVERTED	797	5887	Inter-departmental seminar	Inter Dept Seminar
NEW		7710	Health Literacy	Health Literacy
NEW	664 M 3-4	8864	Adv Clin Mgmt	Adv Clinical Mgmt
NEW	664 M 3-4	8764	Clin App	Clin Applications
NEW	663 & 661.02	7763	Clin Found 2	Clin Foundations 3
NEW	662 & 661.01	7762	Clin Found 1	Clin Foundations 2
NEW	693	7693	Indiv Studies Elect	Individual Studies
NEW	670	7670	Pat Cntr Res Elect	Pati Cntr Research
BRIDGE	664	8664	Med 3-4	Clin Clerkship M34
BRIDGE	663	7663	Medical Sciences 2	Medical Sciences 2
BRIDGE	661.02	7661.02	CAPS 2	Clin As Prob Sol 2
NEW	600	7600	Orientation	Intro to Medicine

Quarter Advising Sheet: See attached spreadsheets for quarter and semester curricula.

Transition Policy:
Students who began their degree under quarters in 2010 may be assured that the transition to semesters will not delay their graduation nor disrupt progress toward a degree. Students in academic difficulty will continue the current college practice of remediating failed course work based on individualized plans. Student failing a year will have the option to start the year over in the new curriculum. Individual transition advising plans will be developed as needed.

Transition Plan College of Medicine

Transition Policy:

Students who began their Doctor of Medicine degree under quarters will complete the old quarter curriculum through bridge courses that continue that curriculum while the new curriculum is implemented one year at a time. Students who began their Doctor of Medicine degree under the quarter system may be assured that the transition to semesters will not delay their graduation nor disrupt progress toward a degree if they maintain good academic standing and follow the outlined curricula. Students on leave of absence will be integrated into the new curriculum through individual academic plans utilizing the following existing processes. Students in academic difficulty will continue the current college practice of remediating failed course work based on individualized plans depending on academic year and previous progress. Student failing a year will have the option to start the year over in the new curriculum. Individual transition advising plans will be developed as needed. Existing Academic Program Student review structure will be maintained in the new curriculum.

Program Progression Issues:

1. Academic: The MD degree is graded progress S/U with each academic program setting its own standards for progress. Students that earn a U must stop the program and rejoin the curriculum the next time the course is offered (typically the following year). They are only required to repeat the course with the designated U and then can continue on in the curriculum. This is subject to the academic review process described below.
2. Leaves of Absence: Currently students may request a LOA at anytime during the academic year a Faculty committee determines how the student is to rejoin the program.
3. For students that fail to achieve the S grade in a given class, it will not be possible for them to repeat that class. The faculty committee will determine how they enter the new curriculum. In general students who fail during Med-1 or 2 will be able to be integrated into the new curriculum at the appropriate time that the content delivery is aligned with what they have already satisfactorily completed.
4. For LOA's, it will be difficult to resume the curriculum at the "same" time point that they dropped out. Each case will, therefore, be handled individually utilizing the existing Academic Review Process. These situations may result in a longer time to graduation or the need to complete additional courses. Every effort will be made by each Academic Program to avoid unnecessary requirements for students in these situations. Students requesting a LOA will also be counseled in advance on the possible consequences of that decision.

Academic Review Process

Level I: Academic Program Review
Each Academic Program has a Student Review Subcommittee charged with initial and ongoing review of students in that academic program. When a student fails to meet an academic, noncognitive, or professionalism standard, the student is subject to review. The process, designed to be timely and fair, is a review by faculty, not a legal proceeding. Unless there is a

recommendation for repetition of a significant portion of the curriculum or dismissal, the review process may end here. However, depending on the severity of the difficulties, the review may proceed to other levels.

Level II: Technical Standards Advisory, Academic/Behavioral Review & USMLE Review

The **Technical Standards Advisory Committee** is charged with reviewing student cases when their ability to meet the Technical Standards of the College of Medicine is in question. The College's Technical Standards will serve as a basic resource for the Committee.

The **Academic/Behavioral Review Committee** reviews all recommendations for repetition of a significant portion of the curriculum or dismissal. Recommendation for repetition or dismissal may come from an Academic Program, Student Review Subcommittee, or the Dean's staff. Recommendations may be for failure to meet knowledge, skills and behavior standards. If the student is recommended for dismissal, the review process is forwarded to the Level III Academic Review Board.

The **USMLE Review Committee** reviews all students who fail to meet the USMLE requirements of the College of Medicine.

Level I/II: Honor and Professionalism Council Review Board
As an alternative to the above levels, there is an Honor and Professionalism Council Review Board (HPCRB) that is student-run with faculty representation that reviews breaches in academic conduct/professionalism standards. Referrals to the HPCRB may come from a level II committee or directly from the Dean's staff, Honor and Professionalism Council, or the Executive Committee of the Professionalism Council. If a student is recommended for dismissal, the review process is forwarded to the Academic Review Board. If the recommendation is for something other than dismissal, the student may appeal the decision to the Executive Committee of the Professionalism Council. Medical Student Handbook 2010-2011 7-3

Level II: Violations Committee
The Violations Committee is responsible for the oversight of applicant and student self disclosure, background checks, and toxicology screens. The Violations Committee will make recommendations to the Admissions Committee as well as the Associate Dean for Student Life in regards to positive findings on student/applicant self disclosure, background checks, and toxicology screening.

Level III: Academic Review Board
The Academic Review Board reviews all dismissal recommendations to ensure completeness of significant information available to the Academic/Behavioral Review Committee, the USMLE Review Committee, the HPCRB and /or the Violations Committee. The Academic Review Board also ensures that the College's policies and procedures have been followed. The Academic Review Board either forwards the recommendation to the Dean of the College of Medicine or returns the decision to the Academic/Behavioral Review Committee, the USMLE Review Committee, the HPCRB and /or the Violations Committee for re-evaluation.

Level IV: Dean of the College of Medicine
The Dean dismisses the student or returns the decision to the Academic Review Board for reevaluation. The Dean may delegate this authority to the Vice Dean for Education. In the event that a student demonstrates behavior felt to be significantly harmful to patients, students, staff, or faculty, the Dean may suspend or dismiss a student without using Levels I, II, or III of the review process.

The School administration, advising staff, and each program have made considerable efforts to assure the timely progression of students enrolled during the semester transition so that students who maintain good academic standing and follow the outlined curricula will be held harmless.

Advising:

In addition to the Academic Advising process the Medical Student Advisory Center (MSAC) provides advice regarding every aspect of the medical curriculum as well as academic and career decision-making. It is committed to creating a supportive environment where students can feel comfortable and confident in seeking assistance. Any student in the College of Medicine may access advising services at any time day or night any day of the week. An associate Dean is on call at all times when the college offices are closed. These services are provided at no charge, and referrals are not needed.

The Medical Student Advisory Center encourages all students to avail themselves of the following resources:

- **Academic Counseling:** Whether just entering medical school or planning to graduate, there are always the challenges of adjusting to or keeping up with a rigorous curriculum. The MSAC provides individual counseling to prevent, identify, and resolve whatever academic issues students may be experiencing.

- **Study Strategies:** Knowing how to study is a key component for success as a medical student. The more students become aware of their own learning style, the better they learn. Referrals are also made for the testing of learning disabilities.

- **USMLE Preparation:** Starting with the first year, resource materials, didactic sessions for whole classes, practice tests, and facilitated small groups are offered to ensure successful completion of the United States Medical Licensing Examinations (USMLE).

- **Student-Driven Groups:** Students have the opportunity to set up their own small groups (of approximately six members) not only to enhance their understanding of the curriculum itself, but also to prepare for Step 1 of the USMLE. Each group determines its meeting dates, agendas, and goals. While focused within the Med 2 year, this activity is open to students across all four years.

THE OHIO STATE UNIVERSITY COLLEGE OF MEDICINE EDUCATIONAL HISTORY(Rev 10/04/2010)

This is not a transcript: this document should be used as an aid to interpreting the official University Transcript provided by the Ohio State University Office of the Registrar

LAST NAME, FIRST, MIDDLE
(PREVIOUS NAME)
ID
MATRICULATION DATE
GRADUATION DATE

DEGREE MD DATE
DUAL DEGREE TYPE: MD/PhD; MD/JD; MD/MHA; MD/MPH; MD/MBA) DATE

EXAMINATIONS REQUIRED: GRADE
DATE TAKEN HIPAA Ungraded
DATE TAKEN HIPAA Ungraded
DATE TAKEN USMLE STEP 1 BASIC MEDICAL SCI. EXAMINATION (REQUIRED FOR PROMOTION TO MED 3)
DATE TAKEN USMLE STEP 2 CLINICAL KNOWLEDGE EXAMINATION (REQUIRED FOR GRADUATION)
DATE TAKEN USMLE STEP 2 CLINICAL SKILLS EXAMINATION (REQUIRED FOR GRADUATION)
DATE TAKEN MED 3 OSCE Observed Standardized Clinical Exam Satis/Un

MED 1 *(begins 8/?/??-ends 6/?/??)* 3 QTRS OF MED 1 (36 WEEKS) GRADE

AU/YR MED 1

MEDCOLL 600	INTRO TO MED	H/C/S/U
MEDCOLL 661.01	CLINICAL ASSESSMENT AND PROBLEM SOLVING	H/C/S/U
MEDCOLL 662 (OR)	MEDICAL SCIENCES	H/C/S/U
MEDCOLL 662ISP	INDEPENDENT STUDIES MEDICAL SCIENCES	H/C/S/U

WI/YR MED 1

MEDCOLL 661.01	CLINICAL ASSESSMENT AND PROBLEM SOLVING	H/C/S/U
MEDCOLL 662 (OR)	MEDICAL SCIENCES	H/C/S/U
MEDCOLL 662ISP	INDEPENDENT STUDIES MEDICAL SCIENCES	H/C/S/U

SP/YR MED 1

MEDCOLL 661.01	CLINICAL ASSESSMENT AND PROBLEM SOLVING	H/C/S/U
MEDCOLL 662 (OR)	MEDICAL SCIENCES	H/C/S/U
MEDCOLL 662ISP	INDEPENDENT STUDIES MEDICAL SCIENCES	H/C/S/U

Med 1 units of cr: 24x3qtrs=72

MED 2 *(begins 6/??/?? -ends 66/30/?* 3 QTRS MED 2 (36 WEEKS) GRADE

AU/YR MED 2

MEDCOLL 661.02	CLINICAL ASSESSMENT AND PROBLEM SOLVING	H/C/S/U
MEDCOLL 663 (OR)	MEDICAL SCIENCES	H/C/S/U
MEDCOLL 663ISP	INDEPENDENT STUDIES MEDICAL SCIENCES	H/C/S/U

WI/YR MED 2

MEDCOLL 661.02	CLINICAL ASSESSMENT AND PROBLEM SOLVING	H/C/S/U
MEDCOLL 663 (OR)	MEDICAL SCIENCES	H/C/S/U
MEDCOLL 663ISP (OR)	INDEPENDENT STUDIES MEDICAL SCIENCES	H/C/S/U
MEDCOLL 663ISP	5-YR INDEPENDENT STUDIES MEDICAL SCIENCES	H/C/S/U

SP/YR MED 2

MEDCOLL 661.02	CLINICAL ASSESSMENT AND PROBLEM SOLVING	H/C/S/U
MEDCOLL 663 (OR)	MEDICAL SCIENCES	H/C/S/U
MEDCOLL 663ISP (OR)	INDEPENDENT STUDIES MEDICAL SCIENCES	H/C/S/U
MEDCOLL 663ISP	5-YR INDEPENDENT STUDIES MEDICAL SCIENCES	H/C/S/U

AU/YR MED 2 -YR DEMEDCOLLPRESSED PRECLINICAL CURRICULIM:

MEDCOLL 663ISP	5-YR INDEPENDENT STUDIES MEDICAL SCIENCES	H/C/S/U

WI/YR MED 2

MEDCOLL 663ISP	5-YR INDEPENDENT STUDIES MEDICAL SCIENCES	H/C/S/U

SP/YR MED 2

MEDCOLL 663ISP	5-YR INDEPENDENT STUDIES MEDICAL SCIENCES	H/C/S/U

Med 2 units of cr: 24x3qtrs=72

MEDCOLL 693	INDEPENDENT STUDIES	H/C/S/U

COMMENTS: Leaves of absence, withdrawals, pathway changes

PATHWAY (CHOOSE ONE - ONLY ONE MAY APPEAR ON TRANSCRIPT)

IP — INTEGRATED PATHWAY: Body-systems oriented content fusing basic and clinical sciences; student-centered active learning and small group, case-based discussions and lectures.
Passing Criteria: Cum average of 70% or greater
Successfully complete CAPS and all small group assignments.

ISP — INDEPENDENT STUDY PATHWAY: Student utilizes highly structured objectives, resource guides, web and computer-based materials to learn on his/her own. H/C/S/U
Passing Criteria: Cum average of 70% or greater
Successfully complete CAPS and all small group assignments.

ISP5 — INDEPENDENT STUDY PATHWAY: 5 YEAR OPTION: Student may complete the curriculum for the first two years within three years H/C/S/U
Passing Criteria: Cum average of 70% or greater
Successfully complete CAPS and all small group assignments.

IBGP — INTEGRATED BIOMEDICAL SCIENCE GRADUATE PROGRAM: Integration of medical and research training maintaining the highest educational standards and efficiency of learning. H/C/S/U
Passing Criteria: Cum average of 70% or greater
Successfully complete CAPS and all small group assignments.

Clinical Assessment & Problem Solving: Multidisciplinary study of competencies necessary to be a practicing physician: interpersonal, professional, clinical reasoning, reflection, and knowledge of clinical medicine and healthcare systems. H/C/S/U
Passing Criteria: Cum average of 70% or greater

SU/AU/WI/SP/YY MED 3:*(begins 7/01/YY-ends 6/30/YY)* CLINICAL MEDICINE 48 WEEKS GRADE

Sort by end date: mm/dd/yr;Show start date: mm/dd/yr)

FROM/TO DATE	Introduction to Clinical Medicine	2 weeks	H/C/S/U
FROM/TO DATE	Obstetrics/Gynecology	6 OR 8 weeks	H/C/S/U
FROM/TO DATE	Surgery	6 OR 8 weeks	H/C/S/U
FROM/TO DATE	Internal Medicine	8 weeks	H/C/S/U
FROM/TO DATE	Neuro/Psychiatry	8 weeks	H/C/S/U
FROM/TO DATE	Pediatrics	8 weeks	H/C/S/U
FROM/TO DATE			

Med 3 units of credit: 24x4qtrs = 96

SU/AU/WI/SP/YR MED 4: (begins 7/01/YY-ends University Commencem CLINICAL MEDICINE 36 WEEKS

FROM/TO DATE			
FROM/TO DATE	DOC 1	EMERGENCY MEDICINE	H/C/S/U
FROM/TO DATE	DOC 2	NONE EXISTS AT THIS TIME	XXXXX
FROM/TO DATE	DOC 3	CHRONIC CARE	H/C/S/U
FROM/TO DATE	DOC 4	MEDICAL SUBINTERNSHIP	H/C/S/U
FROM/TO DATE	DOC 5	SURGICAL SUBINTERNSHIP	H/C/S/U
FROM/TO DATE			
FROM/TO DATE		ANATOMY	H/C/S/U
FROM/TO DATE		ANESTHESIOLOGY	H/C/S/U
FROM/TO DATE		EMERGENCY MEDICINE	H/C/S/U
FROM/TO DATE		FAMILY MEDICINE	H/C/S/U
FROM/TO DATE		INTERNAL MEDICINE	H/C/S/U
FROM/TO DATE		MEDICAL EDUCATION	H/C/S/U
FROM/TO DATE		MEDICAL THERAPEUTICS	H/C/S/U
FROM/TO DATE		NEUROLOGY	H/C/S/U
FROM/TO DATE		NEUROSURGERY	H/C/S/U
FROM/TO DATE		OBSTETRICS/GYNECOLOGY	H/C/S/U
FROM/TO DATE		ORTHOPAEDICS	H/C/S/U
FROM/TO DATE		PATHOLOGY	H/C/S/U
FROM/TO DATE		PEDIATRICS	H/C/S/U
FROM/TO DATE		PHYSICAL MEDICINE	H/C/S/U
FROM/TO DATE		PUBLIC HEALTH	H/C/S/U
FROM/TO DATE		PSYCHOLOGY	H/C/S/U
FROM/TO DATE		RADIOLOGY	H/C/S/U
FROM/TO DATE		RESEARCH	H/C/S/U
FROM/TO DATE		SURGERY	H/C/S/U
FROM/TO DATE		VACATION MONTH	XXXXX
FROM/TO DATE		VACATION MONTH	XXXXX
FROM/TO DATE		VACATION MONTH	XXXXX

Med 4 units of credit: 24 x2qtrs = 48
Plus, 05x2qtrs = 10 for a total of 58

Total Number of WEEKS of Medical Education	152
Total Number of MONTHS of Medical Education	152
Total Number of ACADEMIC UNITS (Cr Hrs) AS FOLLOWS: Med 662=60/Med663=60/CAPS=24;664=154	298

Advising Sheet Semesters

THE OHIO STATE UNIVERSITY COLLEGE OF MEDICINE EDUCATIONAL HISTORY

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LAST NAME, FIRST, MIDDLE
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GRADUATION DATE

DEGREE MD DATE
DUAL DEGREE TYPE: MD/PhD; MD/JD; MD/MHA; MD/MPH; MD/MBA) DATE

EXAMINATIONS REQUIRED: GRADE
DATE TAKEN HIPAA Ungraded
UPIC Ungraded
DATE TAKEN USMLE STEP 1 BASIC MEDICAL SCI. EXAMINATION (REQUIRED FOR PROMOTION TO Part 3)
DATE TAKEN USMLE STEP 2 CLINICAL KNOWLEDGE EXAMINATION (REQUIRED FOR GRADUATION)
DATE TAKEN USMLE STEP 2 CLINICAL SKILLS EXAMINATION (REQUIRED FOR GRADUATION)
DATE TAKEN Part 1, 2& 3 OSCE's Objective Structured Clinical Exam Satis/Un

MED 1 *(begins 8/?/??-ends 6/?/??)* 2 SEMESTERS OF MED 1 (36 WEEKS) GRADE

AU/YR MED 1
MEDCOLL 7762 CLINICAL FOUNDATIONS I H/C/S/U
Longitudinal Projects 1 & 2 H/C/S/U

SP/YR MED 1
MEDCOLL 7762 CLINICAL FOUNDATIONS I H/C/S/U
Longitudinal Projects 1 & 2 H/C/S/U

MAY TERM/YR MED 1
MEDCOLL 7762 CLINICAL FOUNDATIONS I H/C/S/U
Longitudinal Projects 1 & 2 H/C/S/U

Med 1 units of cr: 20cr x 2 semesters + 2cr May Term =42

MED 2 *(begins 6/??/?? -ends 6/6/30/?* 2 SEMESTERS MED 2 (32 WEEKS) GRADE

AU/YR MED 2
MEDCOLL 7763 CLINICAL FOUNDATIONS II H/C/S/U
Longitudinal Projects 1 & 3 H/C/S/U

SP/YR MED 2
MEDCOLL 7763 CLINICAL FOUNDATIONS II H/C/S/U
Longitudinal Projects 1 & 3 H/C/S/U

Med 2 units of cr: 20x2 semesters =40

MEDCOLL 7693 INDEPENDENT STUDIES H/C/S/U

COMMENTS: Leaves of absence, withdrawals, pathway changes

Passing Criteria: TBD

Passing Criteria: TBD

Passing Criteria: TBD

Passing Criteria: TBD

Passing Criteria: TBD

SU/AU/SP/YY MED 3:*(begins 7/01/YY-ends 6/30/YY)* MEDCOLL 8764 CLINICAL APPLICATIONS (48 WEEKS) GRADE

Sort by end date: mm/dd/yr;Show start date: mm/dd/yr)

FROM/TO DATE Understanding Surgical and Reproductive Care 16 weeks H/C/S/U
FROM/TO DATE Understanding Specialized Medical Care 16 weeks H/C/S/U
FROM/TO DATE Understanding Patients Within Populations 16 weeks H/C/S/U
FROM/TO DATE Longitudinal Projects 1 & 4 H/C/S/U
FROM/TO DATE
FROM/TO DATE
FROM/TO DATE

Med 3 units of credit: 20x3semesters = 60

SU/AU/SP/YR MED 4: (begins 7/01/YY-ends University Commencement MEDCOLL 8864 ADVANCED CLINICAL MANAGEMENT (36 WEEKS)

FROM/TO DATE
FROM/TO DATE Advanced Management on Hospital Based Care 8 w H/C/S/U
FROM/TO DATE Advanced Management in Ambulatory and Relationship Centered Care 8 w H/C/S/U
FROM/TO DATE Advanced Competencies Track 10 H/C/S/U
FROM/TO DATE Advanced Clinical Track 10 H/C/S/U
FROM/TO DATE Longitudinal Projects 1 & 5 H/C/S/U
FROM/TO DATE
FROM/TO DATE ANATOMY H/C/S/U
FROM/TO DATE ANESTHESIOLOGY H/C/S/U
FROM/TO DATE EMERGENCY MEDICINE H/C/S/U
FROM/TO DATE FAMILY MEDICINE H/C/S/U
FROM/TO DATE INTERNAL MEDICINE H/C/S/U
FROM/TO DATE MEDICAL EDUCATION H/C/S/U
FROM/TO DATE MEDICAL THERAPEUTICS H/C/S/U
FROM/TO DATE NEUROLOGY H/C/S/U
FROM/TO DATE NEUROSURGERY H/C/S/U
FROM/TO DATE OBSTETRICS/GYNECOLOGY H/C/S/U
FROM/TO DATE ORTHOPAEDICS H/C/S/U
FROM/TO DATE PATHOLOGY H/C/S/U
FROM/TO DATE PEDIATRICS H/C/S/U
FROM/TO DATE PHYSICAL MEDICINE H/C/S/U
FROM/TO DATE PLASTIC SURGERY H/C/S/U
FROM/TO DATE PUBLIC HEALTH H/C/S/U
FROM/TO DATE PSYCHOLOGY H/C/S/U
FROM/TO DATE RADIATION ONCOLOGY H/C/S/U
FROM/TO DATE RADIOLOGY H/C/S/U
FROM/TO DATE RESEARCH H/C/S/U
FROM/TO DATE SURGERY H/C/S/U
FROM/TO DATE UROLOGY H/C/S/U
VACATION MONTH XXXXX
VACATION MONTH XXXXX
VACATION MONTH XXXXX

Med 4 units of credit: 20 x3semesters = 60

Total Number of WEEKS of Medical Education	154
Total Number of MONTHS of Medical Education	38.5
Total Number of ACADEMIC UNITS (Cr Hrs) AS FOLLOWS:	
MEDCOLL 7762=42/MEDCOLL 7763=40/MEDCOLL 8764=60/MEDCOLL 8864=60	202