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**Rationale:** The Phase 2 curriculum is an integral component of the Medical College of Georgia’s multifaceted approach to ensuring excellence in patient care. Armed with their understanding of normal human anatomy, physiology, and biochemistry from Phase 1, sophomores are ready to begin learning the language, concepts and treatment of disease. Systemic and organ system derangements will be considered from a traditional and, as appropriate, a molecular point of view. By design, sophomores must develop in-depth understanding of disease mechanisms before they venture out to patient wards, operating rooms, and intensive units to help care for the sick in the summer that follows. It is expected that sophomores understand that a lifelong learning process has begun. The Phase 2 curriculum is organized into seven short courses called modules, one year long course called Essentials of Clinical Medicine 2 and one comprehensive module. These courses and modules build sequentially on one another, and are integrated to highlight the clinical relevance of the foundational and clinical sciences.

<table>
<thead>
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<th>MODULES</th>
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<tr>
<td>MEDI 5210</td>
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<tr>
<td>MEDI 5200/5201</td>
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<td>MEDI 5298</td>
<td>Phase 2 Comprehensive and NBME Review</td>
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Each Cellular and Systems Disease States module is comprised of specific components. These components are Clinical Medicine, Microbiology, Pathology and Pharmacology.

The ECM2 course is comprised of specific components as well. These components are Physical Diagnosis, Problem-based Learning (PBL), Foundations of Clinical Medicine-The Art of Doctoring Intersession, Population and Public Health Intersession, Evidence-Based Practice Intersession, Pediatric Intersession, Geriatrics Intersession, Human Sexuality Intersession, and Women’s Health Intersession.
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<th>ECM 2 Module Director</th>
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<tbody>
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<td>Barbara Russell, Ed.D.</td>
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**ECM Component Directors**

<table>
<thead>
<tr>
<th>Physical Diagnosis</th>
<th>Evidence-based Practice</th>
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<tbody>
<tr>
<td>Director: Shilpa Brown, MD, FACP</td>
<td>Director: Frances Yang, PhD</td>
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<tr>
<th>Problem-based Learning</th>
<th>Pediatric Internsession</th>
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<tbody>
<tr>
<td>Louise Thai, M.D.</td>
<td>Director: Colleen McDonough, MD</td>
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<td>office: BG-2011</td>
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<td>e-mail: <a href="mailto:cmdonough@gru.edu">cmdonough@gru.edu</a></td>
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<tr>
<th>Foundations of Clinical Medicine-The Art of Doctoring</th>
<th>Women’s Health Internsession</th>
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<tbody>
<tr>
<td>Director: John Fisher, MD</td>
<td>Director: S. Jones Miller, MD and Barbara L. Russell, EdD</td>
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<tr>
<th>Population and Public Health</th>
<th>Human Sexuality</th>
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<tbody>
<tr>
<td>Director: Kathryn Martin, PhD</td>
<td>Director: Lara Stepleman, PhD</td>
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<tr>
<th>Geriatrics Internsession</th>
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<tbody>
<tr>
<td>Director: Frances Yang, PhD</td>
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</tr>
<tr>
<td>office: AE-1035</td>
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<thead>
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<td>Phone: 706-721-0123</td>
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</tbody>
</table>

**IT Support**

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<thead>
<tr>
<th>Davina Smalley</th>
<th>Trent Anthony</th>
<th>Eric Lemon</th>
</tr>
</thead>
<tbody>
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<td></td>
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<td>Office Phones: (706) 446-1415</td>
<td>Office Phone: (706)721-9681</td>
<td></td>
</tr>
</tbody>
</table>

**Office Addresses and Phone Numbers**


Office Phones: (706) 446-1415, (706)721-9681
**Who to Contact:**
Curriculum Issues: Dr. Russell
Component concerns: Specific Component Directors
Specific lecture content – Faculty member
D2L issues – Davina Smalley, Dr. Russell, Courtney Sahm
ECHO 360 Issues – Davina Smalley
Administrative Issues related to ECM2 – Matthew Homen
Administrative Issues related to Cellular and Systems Disease States modules: Courtney Sahm

**Please note:** All official student communication from the Module and Component Directors will be sent to the student’s Outlook E-mail address. When E-mailing the module or component directors, clearly identify your E-mail message in the subject line to avoid deletion of messages from “unknown” sources.

<table>
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<tr>
<th>Required Textbooks:</th>
<th>Recommended Texts:</th>
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Medical College of Georgia Competency Based Objectives

The Medical College of Georgia has specific competency-based objectives that all medical students are expected to master. These competency-based objectives are based on the following domains. See module and course syllabi for specific module and session objectives and how competencies and objectives are assessed.

1. Medical Knowledge:

Medical students are expected to master a foundation of clinical knowledge with integration of basic sciences and the translation of that knowledge to the clinical setting.

1.1 Demonstrate knowledge of normal and abnormal structure and function of the human body on the macroscopic, microscopic, and molecular levels.
1.2 Identify the pathology and pathophysiology of various diseases and correlate them with clinical signs and symptoms.
1.3 Demonstrate knowledge of both common or significant, acute and chronic clinical problems.
1.4 Differentiate between normal and abnormal development and age-related changes across the life span.
1.5 Demonstrate comprehension of clinical interventions and agents including pharmaceutical, surgical, genetic, complementary and alternative medicines, and other therapies.
1.6 Demonstrate knowledge and ability to interpret epidemiological and public health contributions to understanding health and disease.
1.7 Demonstrate knowledge of preventive medicine and current guidelines for health promotion and disease screening.

2. Patient Care:

Medical students, as members of the healthcare team, are expected to provide patient and family centered care that is compassionate and effective for the promotion of health and the management of illness.

2.1 Treat patients using patient and family centered care approach.
2.2 Obtain a complete and accurate medical history that covers essential aspects, also addressing issues related to age, gender, culture, use of complementary medicine, family dynamics and socioeconomic status.
2.3 Perform both complete and symptom-focused physical examinations, including mental status examination.
2.4 Perform or participate in routine technical procedures.
2.5 Construct a differential diagnosis for common clinical presentations.
   2.51 Demonstrate effective identification and analysis of problems and effective inductive thinking when raising plausible hypotheses to explain these problems
   2.52 Demonstrate sound judgment in making inferences about findings and synthesizing problems, and in deductive thinking when solving these problems.
2.6 Identify and interpret the most useful clinical, laboratory, roentgenologic, and pathologic testing for common clinical presentations.
2.7 Construct appropriate and efficient therapeutic management and prevention strategies for patients with common conditions, both acute and chronic, including medical, psychiatric, and surgical conditions, and those requiring short- and long-term rehabilitation.
3. Practice-based Learning:
Medical students are expected to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their practice of medicine.

3.1 Demonstrates genuine intellectual curiosity and desire to learn, focused inquisitiveness in asking questions, and enduring persistence in the pursuit of learning.

3.2 Develop strategies for continuous individual improvement through monitoring performance, reflection, engaging in new learning, applying new learning, and monitoring impact of learning.

3.21 Demonstrates critical awareness and reflective thinking when evaluating individual or team performance.

3.3 Accept constructive criticism and modify behavior based on feedback.

3.4 Develop clinical questions related to patients’ problems and demonstrate skills to find evidence that is relevant and valid to answer clinical questions using medical information technology.

4. Communication:
Medical students are expected to demonstrate skills that result in effective communication and collaboration with patients, families, and professional associates.

4.1 Demonstrate the ability to establish a positive patient-doctor relationship based on mutual trust and respect for patients’ privacy, dignity, individual integrity and culture.

4.2 Communicate with others in a respectful, professional and non-judgmental manner and demonstrate effective listening skills (e.g. maintaining eye contact, body posture, verbal and non-verbal facilitation skills).

4.3 Demonstrate the ability to give a clear, concise, and organized oral presentation and written documentation of a history and physical exam with basic elements of assessment and a plan that addresses the psycho-social and biomedical needs of the patient for a focused or complete patient encounter.

4.4 Conduct an interview with a limited English-speaking patient through appropriate use of an interpreter.

4.5 Recognize barriers to effective communication and implement strategies to overcome these barriers (e.g. health literacy, vision/hearing impairment, disabled, pediatric, geriatric).

4.6 Educate patients assuring their understanding on:

4.61 Preventive strategies and promoting healthy behavior change, and

4.62 Medical risk and benefits in medical decision-making. (e.g. informed consent)

5. Professionalism:
Medical students are expected to demonstrate professional behavior, commitment to ethical principles, and sensitivity to diverse patient populations.

5.1 Demonstrate honesty, integrity, and ethical behavior in all interactions with patients and other health care professionals, including:

5.1.1 Describing the importance of protecting patient privacy and identifying personal health information, including when and when not to share information, and

5.1.2 Identifying the ethical hazard and respond appropriately in situations such as:

- acceptance of gifts
- collaboration with industry when courted to prescribe/use their products or being asked to practice beyond legal limits or personal comfort (e.g. when asked to provide medical care to friends or relatives).

5.2 Fulfill professional commitments in a timely and responsible manner.
5.3 Demonstrate respect for one’s self, including maintaining appropriate professional appearance, personal composure, and personal health.

5.4 Recognize and address personal limitations, attributes or behaviors that might limit one’s effectiveness as a physician and seek help when needed. This would include:
   5.4.1 Describe personal responses to stress and employ appropriate stress reduction interventions as needed.

5.5 Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, race, religion, disabilities and sexual orientation and investigate impact of those on clinical care and medical decisions.

6. Systems Based Practice:

Medical students are expected to develop an awareness of available health care system resources and demonstrate an ability to use them appropriately to provide optimal quality patient care.

6.1 Demonstrate the ability to work within a multidisciplinary patient care team, with an understanding of the physicians’ role and the unique and complementary abilities of all members of the team to enhance patient care.

6.2 Examine medical errors and quality problems using a health systems approach and describe available methods to minimize them.

Phase 2 Augusta Grading Policy

The grading policy has been determined by the Phase 1-2 Curriculum Committee in compliance with the policies of the Board of Regents. Each student’s grade will be calculated based on the total number of points achieved divided by the total number of possible points. There is no rounding up of scores when assigning the letter grade for the module.

The requirements for a passing grade for Modules and ECM2 are to meet expectations for all MCG competency based objectives and achieve 70% of total possible points. Letter grades will be assigned as:

- A = 90.00-100% of total possible points
- B = 80.00 – 89.99% of total possible points
- C = 70.00 – 79.99% of total possible points
- D = 60.00 – 69.99% of total possible points
- F = less than 60.00% of total possible points

The requirements for passing the Phase 2 Comprehensive Module (Module 8) (S/U) are:

1) to take Comprehensive Basic Science Exam
2) pass the NBME Phase 2 Customized exam (within 2 S.D. of the mean)
**Academic/Professional Difficulty/Deficiencies Procedures**

A student is considered to be in academic peril/difficulty when his/her cumulative module grade is less than 75%, where 70% is required to successfully pass the module/course with a C. Outlined below are the procedures for a student who is having academic difficulties within a module or who fails to meet professional expectations.

**A. Module Academic Difficulty:**

**First instance:** Following the second quiz in each of the Cellular and Systems Disease States Modules, and each subsequent quiz/week, the student will receive an Academic Deficiency letter if their cumulative to-date module grade is less than 75.00. This letter will include the cumulative to-date module grade along with information on how to seek academic assistance (example: tutorial assistance and/or meet with faculty). It will also include a breakdown of the cumulative component grades which may help the student determine their exact area of weakness. Copies of this letter will be sent to the Module and appropriate Component Directors, Promotions Sub-committee, Associate Deans for Curriculum and Student and Multicultural Affairs, Class Dean, and Director of Academic Support. The Office of Student and Multicultural Affairs will notify the student’s faculty advisor.

**B. Professional/ Behavioral Deficiency**

**Professional Deficiency Examples:** Examples of conduct that the Academic and Professionalism Policies and Procedures Handbook identifies as professional deficiencies include:

- Engaging in any activity which disrupts or obstructs the teaching, research, or outreach programs of the Medical College of Georgia, on campus or at affiliated training sites. Entering the classroom or clinical experience habitually late or leaving early, arriving late to a professional activity, without prior permission from the instructor.
- Failing to download an electronic quiz or exam, complete an assignment, keep appointments, and other assigned duties, without permission from the instructor.
- Approaching faculty, staff, or other students in less than a professional manner and treating faculty, staff, peers, and patients in a disrespectful and inconsiderate way (e.g. addressing a faculty member without the appropriate title during professional activities).
- Failure to deal with professional staff and peer members of the health care team in a considerate manner and with a spirit of cooperation.
- Unprofessional dress (as outlined in the professional program, class and/or clinical agency policies) during classes, clinical experiences, or when representing the Medical College of Georgia (i.e., visiting regional campuses with fellow medical students).
- Bringing family members, guests, and pets to the classroom or any professional academic activities without prior consent of the instructor.
- Falsifying application, forms, documents, reports, or records of any kind or providing false information to Medical College of Georgia personnel prior to admission, or while an active member of MCG’s academic programs.
- Unauthorized accessing or revealing of confidential information about faculty, staff, or students of the Medical College of Georgia. Violation of patient respect and confidentiality in any practice/learning setting.
A complete list can be found in the Academic and Professional Policies and Procedures (Faculty Senate Student Promotions Committee) Handbook located at the following URL: http://www.gru.edu/mcg/students/documents/finalstudentpromotionspolicyprocedure772015.pdf

Please see the Academic Affairs website for the most up to date MCG Academic Affairs Policies.

First instance: The student will receive a written notification of a professional behavioral deficiency. CCs of the letter will be sent to Module and ALL Component Directors, Promotions Sub-committee, and Associate Deans for Curriculum and Student and Multicultural Affairs and/or Class Dean. The Student Affairs Office will notify the student’s faculty advisor.

Second instance: There will be a formal meeting with Module and Component directors and Associate Dean for Curriculum to discuss the deficiency. A Promotions Subcommittee Chair (or representative), the Associate Dean for Student and Multicultural Affairs and/ or Class Dean, and the student’s faculty advisor will be invited to attend the meeting. The student will be expected to develop a written Performance Improvement Plan.

Steps to complete a Performance Improvement Plan for behavioral based deficiency

   Step 1: Specifically identify the behavioral deficiency that needs to be improved and a reflection of its root cause.

   Step 2: Define goals for improving the professional/behavioral deficiency (Goals should be Specific, Measurable, Achievable, Relevant, and Time-bound)

   Step 3: Create a plan to achieve the goals by listing specific measurable steps to undertake. (The plan should be short term, specific, measurable, and achievable.) The last step of the plan should explain how you will know if you have accomplished your goal and what corrective steps you will take if you do not accomplish your goal.

   Step 4: Send an electronic version of the PIP to the Module Directors. The Module Directors will review the PIP and send it to the Component Directors, Promotions Sub-committee, and Associate Deans for Curriculum and Student and Multicultural Affairs. The Student and Multicultural Affairs Office will send a copy of the PIP to the student’s faculty advisor.

   Step 5: Schedule follow-up meetings as needed with the module and/or component directors to review plan and progress.

Third or Repeated instance(s): The student’s file with the record of the three professionalism issues will be forwarded to the Year 2 Class Dean and Chair of the Class of 2018 Promotions Subcommittee with a recommendation that the committee meets with the student.
C. Tutoring:
Students with a cumulative component or module grade below 75% will be advised to obtain tutorial assistance from the Student and Multicultural Affairs. Students previously eligible for tutorial assistance who have attained a cumulative average in a component of module of 75% or greater will no longer be eligible for tutorial assistance. Students may submit a written appeal to the component/module directors to retain tutorial assistance with an average in excess 75%.

Students eligible for tutorial assistance are required to attend all scheduled classes. Failure to attend classes will result in revoking of the tutorial assistance.

D. Promotions and Remediation:
The Student Promotions and Professional Conduct Committee is responsible for assessing the performance of students during and at the completion of each academic year and making recommendations to the Vice-Dean of Academic Affairs. A student must satisfactorily complete the required curriculum, including required modules/courses, and meet expectations for the MCG Competency-Based Objectives in order to be promoted to Phase 3.

For students who are not successful in a course or module or must remediate a competency, the remediation dates are as follows:
May 9-June 3, 2016 or
June 6-July 8, 2016.

Students who require remediation will meet with the Sr. Director of the Phase 2 Curriculum to outline the steps in the remediation plan. They must also meet with the appropriate module and/or component director on a weekly basis to discuss their progress.

Students must score a minimum of 70.0% on remediation assessments in order to successfully remediate the module.

NOTE: Students with academic deficiencies are not permitted to participate in any MCG sponsored activities including, but not limited to, research and travel until the academic deficiency is successfully remediated. Please refer to the Academic and Professional Policies and Procedures Handbook for additional information regarding remediating academic deficiencies.

E. Honor Code:
The Honor Code requires honorable and ethical behavior in all educational situations and medical responsibilities irrespective of the degree of supervision, guidance, or monitoring provided by the faculty or staff, of all students in the Medical College of Georgia. For information on the Honor Code see:
http://www.gru.edu/mcg/honor/honorcode.php

F. Professionalism Code:
Please see the following website for information on the GRU Student Honor System – Professionalism Code:
http://www.gru.edu/mcg/honor/profcode.php
MCG Academic Affairs Policies (Please See Academic Affairs website for the most up to date policies)

Academic and Professional Policies and Procedures (Faculty Senate Student Promotions Committee) see http://www.gru.edu/mcg/students/documents/finalstudentpromotionspolicyprocedure772015.pdf

Promotions and Remediation: Student should access the Academic and Professionalism Policies and Procedures for specific questions about promotion or remediation.

Access to Student Records Policy (approved by COC July 7, 2015)

Student academic records are confidential documents. This policy outlines those who have a right to access the records and the procedures required to do so. MCG provides limitations on access to student records in compliance with FERPA. The following situations are those specified by FERPA that permit access to records without consent of the individual student.

- School officials with legitimate educational interest;
- Other schools to which a student is transferring;
- Specified officials for audit or evaluation purposes;
- Appropriate parties in connection with financial aid to a student;
- Organizations conducting certain studies for or on behalf of the school;
- Accrediting organizations;
- To comply with a judicial order or lawfully issued subpoena;
- Appropriate officials in cases of health and safety emergencies; and
- State and local authorities, within a juvenile justice system, pursuant to specific State law.

The following individuals may access student records at any time in the conduct of their administrative duties in the Medical College of Georgia:

- Assistant and Associate Deans for Student Affairs and Curriculum
- Associate Dean for Evaluation, CQI, and Accreditation
- Administrative Staff of the Office of Academic Affairs, MCG
- Dean and Vice Dean, MCG

The following individuals may have limited access to necessary student records in the conduct of their administrative duties in the Medical College of Georgia:

- Campus deans (Campus Dean, Athens; Campus Associate Deans for the clinical campuses)
- Academic Advisors
- Promotions Committee
- Scholarship Committee
- Financial Aid Office
- Admissions dean

Other members of the MCG faculty or administration may request permission within FERPA guidelines to review records by submitting a letter (or completing a designated form) to the Associate Dean for Evaluation, CQI, and Accreditation stating the reason for the request and the records requested. The Associate Dean will make a recommendation to the Vice Dean who will make a decision regarding the request.
Other individuals may access student records only with written consent and FERPA release of the student. Only those documents specifically indicated by the student will be released.

Definitions: Student records: student records are defined as the content of the student’s formal academic file including admissions information, official correspondence, consent forms, grades, evaluations, records of the Promotions committee, MSPE, residency match results, and any electronic files, databases, or applications containing these documents or information.

Excused Absence for Health Care Policy (approved by COC on Dec. 2, 2014)
Medical Students will be excused from course and clerkship activities to seek their own health care. As professionals, when possible, they should choose appointments that interfere the least with educational responsibilities. If such absences exceed 1 appointment per month, a formal medical excuse will need to be obtained.

Grade Appeal: Courses or Clerkship (for the most up to date policy, see http://www.gru.edu/mcg/students/documents/finalstudentpromotionspolicyprocedure772015.pdf)

Grade Appeal Process for a Module, Course, Clerkship, Elective, or Selective Grade or Narrative Report.
If the student chooses to appeal a module, course, intercession, clerkship, elective, or selective grade, or narrative report, that appeal must be pursued according to the procedure outlined below. Once a final grade has been posted, a student may appeal a final grade in a course or clerkship if he/she thinks that their grade or evaluation is unjust by:

A. Discuss a Concern: The student must discuss the concern with the module, course, clerkship, elective, or selective “Director” first and not with any other faculty member (e.g., the student’s attending physician) who taught in the course. A violation of this step will result in a student forfeiting the right to officially appeal the grade.

B. Appeal a Grade: To appeal a grade, a student must submit to the Director in writing within two weeks of the final grade being posted the reasons for the appeal and provide objective documentation, where appropriate, to support a change in a grade. Appeal letters must specify in detail why the student believes his/her grade or narrative report was not substantiated by evidence, or the student believes that important information related to his/her performance may not have been considered (e.g., an evaluation report from another supervisor was not included). The Director reviews the student’s appeal and may make a decision independently or may appoint an advisory ad hoc committee of at least three faculty members. The ad hoc committee makes a recommendation to the Director. The Director then makes a decision about the appeal and notifies the student, in writing, (may be electronic) of the decision within two weeks of receipt of the student’s appeal.

C. Appeal the Decision of the Director: The student may appeal the decision of the Director within one week of notice by the Director, by written request, to the Department Chair for a departmental course, or to the Senior Associate Dean of Curriculum if the course in interdepartmental. The Chair or Senior Associate Dean may decide to appeal independently or may appoint an advisory ad hoc committee of at least three faculty members who had not served on the prior ad hoc committee listed under step B. The ad hoc committee makes a recommendation to the Chair or the Senior Associate Dean of Curriculum. The Chair or Senior Associate Dean of Curriculum will then decide the matter and
provide notice, in writing, to the student within two weeks of the written request for appeal at this level.

**D. Appeal the Decision of the Departmental Chair or Senior Associate Dean of Curriculum:** The student may appeal the decision of the departmental Chair or the Senior Associate Dean of Curriculum, in writing, within one week of prior notice by the Chair or Senior Associate Dean of Curriculum to the Vice Dean of Academic Affairs. The Vice Dean of Academic Affairs may decide to appeal independently or appoint an advisory *ad hoc* committee comprised of at least three faculty members who had not previously participated in the appeal process. The *ad hoc* committee makes a recommendation to the Vice Dean, who will then decide the matter. Typically, appeals at this level are for procedural concerns only. The student will be notified of the decision within two weeks of the request for appeal. This is the final level of appeal for a grade.

**Grade Submission Deadline Policy (approved by COC on Dec. 2, 2014)**
All grades for modules and clerkships will be submitted within 6 weeks of completion of the module or clerkship.

**Narrative Assessment Policy (approved by COC April 14, 2015)**
A narrative description of a medical student’s performance, including his or her non-cognitive achievement, is included as a component of the assessment in each required course and clerkship of the medical education program whenever teacher-student interaction permits this form of assessment.

**Non-Involvement of Providers of Student Services in Student Academic Evaluations Policy (approved by COC March 10, 2015)**

*Reason for policy:* To protect student’s privacy and confidentiality; To assure student gets a fair process.

- A health care provider who has provided care for a medical student will not serve in an evaluative capacity for the student or supervise educational activities that result in evaluation.
- No professional serving as a provider of medical or psychological services for our students should be in an evaluative position for that student at any time.
- If a student is assigned to an educational environment where the supervising faculty member has previously provided health care to the student, the faculty member must advise the course/ clerkship director of a need to re-assign the student (without disclosing why) to a different evaluating supervisor. It is the responsibility of the course/ clerkship director to make sure that faculty are aware of this policy.
- If such professional happens to be a member of an evaluation or promotion’s committee at the time one of the students he(she) has rendered services to is being evaluated, he(she) will recuse from the committee until the evaluation of the student is completed.
- Evaluation forms will include an option for declining evaluation.

Student medical provider means any professional providing services for students in the role of physician, psychiatrist, counselor or therapist.

*Process/procedures:* The professional involved will recuse himself(herself) as soon as he(she) or the student, realizes the student being evaluated has been his(her) patient or client at any given time.
Phase 1 and 2 Work Hours Policy (approved by COC Dec. 2, 2014)
Students will spend no more than 26 hours plus one half day of clinical activity per week (averaged over the module) in assigned learning activities during Phase 1 and 2. This includes both in-class activities and required activities assigned to be completed outside of scheduled class time. Monitoring of these hours will be done prospectively for each module. The effectiveness of the policy will be evaluated annually by the Phase 1 and 2 Curriculum Committee and respective subcommittees to ensure that the set time students spend in these required activities is not surpassed.

Separation of Academic Advising and Assessment Policy (approved by COC July 2, 2015)
All enrolled students have an assigned academic advisor and access to academic counseling from individuals who have no role in grading, assessment, or advancement decisions about them.

Additional Phase 2 Information

Attendance Policy: Students are expected to attend all educational sessions and to actively engage in the activities.

- **Lectures** provide students with the opportunity to hone their skills in critical evaluation of the basic sciences underpinning the practice of medicine. The social environment of the classroom assists students in the development of their skills in professionalism, empathy and communication. Attendance for lecture sessions is not part of the module grade calculation but attendance is expected.

- **Small group and active learning sessions** are vital elements in developing critical analytical as well as clinical, professional, and communication skills. There are also guest lecturers that are invited to campus to give lectures/sessions during the Modules and ECM2. Small group and active learning sessions, and guest lecturer sessions must be attended. Points may be deducted if required attendance sessions are not attended (see section on Phase 2 Activities that Include Module Points and/or Require Attendance).

- **Examination/Quizzes/Group Quizzes** will be administered on the dates and times indicated in the MCG Phase 2 exam schedule and listed above. It is the students’ responsibility to be in the classroom with their computer plugged into the power, the cat5 cable connected and the exam downloaded prior to the start time. Repeat tardiness is justification for a professionalism deficiency. Students are not permitted to take quizzes or examinations early. Students are expected to take examinations at their scheduled date and time. However, if an emergency or illness results in a student not being able to take an examination as scheduled, the student will provide the module director with written documentation as to the reason. Illnesses require a doctor’s excuse or an excuse from Student Health Services. For other legitimate reasons and circumstances out of the student’s control, arrangements must be made well in advance of the examination date. Please do not pre-purchase airline tickets or make other non-refundable deposits without first checking the examination schedule and/or obtaining approval from the module director to make up the examination. Note that make-up laboratory examinations are particularly difficult (and potentially not possible) to arrange. The module director, in consultation with the student, will determine if and when the make-up examination is to be administered.
**Observance of Religious Holidays:** Students are required to meet with the module director at the beginning of the module to make him/her aware of any religious obligations that would require the student to miss required module activities. Arrangements will be made on a case-by-case basis.

**Communications**
All official student communication from the Module and Component Directors will be in sent to the student’s official university E-mail address. When E-mailing the module or component directors, clearly identify your E-mail message in the subject line to avoid deletion of messages from “unknown” sources.

**Computer Requirement**
Review the [MCG Laptop Requirements](#) to make sure your laptop meets the minimum requirements. Please contact the GRU Service Desk at 706-721-4000 with any questions. *All testing using SofTest and the NBME require a wired connection (wireless testing is not supported). Students are required to have a CAT 6 network cable for testing. If your computer does not have a built in Ethernet port you will need to purchase an adapter.*

**Audience Response System:** You should already have the license you purchased as a Phase 1 student. To purchase and register your license, follow the instructions in the "[Purchasing and registering your Turning Technologies license and account](#)" document. Each incoming student is required to purchase a 4-year license of MCG’s Audience Response System (ARS) client at a cost of $35. You will access the ARS using a web browser from your laptop and/or participants can download ResponseWare for iOS or Android device. Faculty use the ARS during class to encourage student participation, poll students, and assess students. During your first week of class, you will be required to use the ARS to verify you can successfully use the system on your device. For graded activities using ARS, students must use a wired connection on their laptops. For these activities, students are required to bring a network cable - CAT 5, 5e, or 6. CAT 6 is preferred.

**Exam Soft:** All written examinations/quizzes will be taken using Examsoft’s SofTest desktop application. You should have already downloaded SofTest on your computer. At the beginning of the semester you will need to re-register your version of SofTest. Once you open SofTest you will be prompted to re-register your license. Proceed with the registration. You will then be ready to take your exams. You should download the exams as soon as they become available. It is important to run all Microsoft updates prior to exam day.
## PHASE 2 Examination Schedule – 2015-2016 (Draft)

### Fall Semester - 2015

<table>
<thead>
<tr>
<th>Week</th>
<th>Date</th>
<th>Module</th>
<th>Time</th>
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<tbody>
<tr>
<td>1</td>
<td>Friday</td>
<td>August 14</td>
<td>Module 1-Quiz #1</td>
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<tr>
<td>2</td>
<td>Friday</td>
<td>August 21</td>
<td>Module 1-Quiz #2</td>
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<tr>
<td>3</td>
<td>Friday</td>
<td>August 28</td>
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<td>4</td>
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<td>September 4</td>
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<td>Module 1-Quiz #5</td>
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<td>6</td>
<td>Friday</td>
<td>September 18</td>
<td>Module 1-Comprehensive Final Exam</td>
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<tr>
<td>8</td>
<td>Friday</td>
<td>October 2</td>
<td>Module 2-Quiz #1</td>
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<td>Friday</td>
<td>October 9</td>
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<td>Wednesday</td>
<td>October 28</td>
<td>Module 2-Comprehensive Final Exam</td>
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<td>13</td>
<td>Friday</td>
<td>November 6</td>
<td>Module 3-Quiz #1</td>
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<td>15</td>
<td>Friday</td>
<td>November 20</td>
<td>Module 3-Comprehensive Final Exam</td>
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<tr>
<td>17</td>
<td>Friday</td>
<td>December 4</td>
<td>Module 4-Quiz #1</td>
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<tr>
<td>18</td>
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<tr>
<td>19</td>
<td>Friday</td>
<td>December 18</td>
<td>Module 4-Comprehensive Final Exam</td>
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### Spring Semester - 2016

<table>
<thead>
<tr>
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<th>Module</th>
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<tbody>
<tr>
<td>21</td>
<td>Monday</td>
<td>January 11</td>
<td>Pediatric Block Exam</td>
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<tr>
<td>21</td>
<td>Friday</td>
<td>January 15</td>
<td>Module 5-Quiz #1</td>
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<tr>
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<td>Friday</td>
<td>February 5</td>
<td>Module 5-Quiz #4</td>
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<td>Friday</td>
<td>February 12</td>
<td>Module 5-Quiz #5</td>
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<td>26</td>
<td>Friday</td>
<td>February 19</td>
<td>Module 5-Comprehensive Final Exam</td>
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<td>Friday</td>
<td>March 4</td>
<td>Module 6-Quiz #1</td>
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<tr>
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<td>29</td>
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<td>Module 6-Quiz #2</td>
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<td>30</td>
<td>Monday</td>
<td>NBME - Comprehensive Basic Science Exam</td>
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<td>Monday</td>
<td>Module 6-Comprehensive Exam</td>
<td>8:00-12:00</td>
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<td>Essentials of Clinical Medicine Intersession</td>
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<tr>
<td>32</td>
<td>Monday</td>
<td>Population and Public Health Presentations</td>
<td>8:00-12:00</td>
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<tr>
<td>32</td>
<td>Friday</td>
<td>C &amp; S Disease States GU/Endocrine</td>
<td>8:00-10:00</td>
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<td>33</td>
<td>Friday</td>
<td>Module 7-Quiz #1</td>
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<td>Module 7-Comprehensive Exam</td>
<td>8:00-12:00</td>
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<td></td>
<td>Essentials of Clinical Medicine Intersession</td>
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<tr>
<td>36</td>
<td>Monday</td>
<td>Women’s Health Intersession Exam</td>
<td>8:00-12:00</td>
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<td>ECM2 OSCE</td>
<td>12:30-5:00</td>
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<td>Essentials of Clinical Medicine Intersession</td>
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<tr>
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<td></td>
<td>Phase 2 Comprehensive Module</td>
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</tr>
<tr>
<td>36</td>
<td>Friday</td>
<td>NBME - Phase 2 Customized Exam</td>
<td>12:00-4:00</td>
</tr>
</tbody>
</table>

Note: ECM 2 – Geriatrics Block, Human Sexuality Block, Art of Doctoring Block, and Evidence Based Medicine Block may have online quizzes following the end of each respective block.

This schedule is subject to change.

(7/13/15)
Examination Rules and Regulations (These Guidelines Apply to All Quizzes and Exams)

Exam Composition:
All written examination questions will be multiple-choice or item matching. Clinical vignettes and application of knowledge questions will be used often; images, graphs, radiographs, etc will be incorporated as appropriate. Exam questions pertaining to key concepts from previous quizzes/exams or modules may be included. Each exam question will be worth 1 point, each quiz question will be worth 0.5 points. Following each quiz will be a Group Quiz. See information below on the Individual Quiz and Group Quiz and how the final quiz grade will be obtained. Additional activities may contribute points to the module. The module average will be determined by dividing the number of correct points accumulated by the total possible points.

Exam Administration Guidelines:
- All examinations/ quizzes will be administered on the dates and times indicated in the MCG Phase 2 exam schedule and listed above. It is the students’ responsibility to be in the classroom with their computer plugged into the power, the cat5 cable connected and the exam downloaded prior to the start time. Repeat tardiness is justification for a professionalism deficiency (see competencies below).

- Students are not permitted to take quizzes or examinations early. Students are expected to take examinations at their scheduled date and time. However, if an emergency or illness results in a student not being able to take an examination as scheduled, the student will provide the module director with written documentation as to the reason. Illnesses require a doctor’s excuse or an excuse from Student Health Services. For other legitimate reasons and circumstances out of the student’s control, arrangements must be made well in advance of the examination date. Please do not pre-purchase airline tickets or make other non-refundable deposits without first checking the examination schedule and/or obtaining approval from the module director to make up the examination. Note that make-up laboratory examinations are particularly difficult (and potentially not possible) to arrange. The module director, in consultation with the student, will determine if and when the make-up examination is to be administered.

- If a student arrives late for an examination/quiz, they will not receive additional time to complete the test. All students must submit their examinations when time is called. If a student does not do this, the examination/quiz will not be scored and the student will receive a zero for the exam.

- Students are permitted to make calculations using the calculator in Examsoft or notes on a single sheet of paper that will be provided at the start of each exam/quiz. Only one sheet of paper is provided for each exam/quiz. This paper must be signed and returned at the conclusion of the exam/quiz. Failure to return the scratch sheet at the conclusion of the exam/quiz will be reported to the Honor Council and may result in disciplinary action.

- Students are not permitted to wear hats or caps during an exam/quiz.

- The NBME flexibly blueprinted examination will be administered only on the date and at the time documented in the Phase 2 examination schedule. If a student, regardless of the reason, does not take the examination at that time, s/he will have to take the examination after spring semester ends. The Curriculum Office will determine the date for the makeup examination.
To create a safe and non-distracting testing environment, no personal items are permitted in the classroom during an exam/quiz. Examples of personal item include but are not limited to:

- Cellular telephones, PDA’s or handheld computers (other than laptop)
- Watches with computer capabilities
- Written notes
- Books
- Book bags or purses
- Food, beverages, candy, and gum

Questions during Exams:
No specific questions regarding a test question will be answered during any exam/quiz. Typographical errors or computer-generated errors, however, may be acknowledged and posted during the exam/quiz.

Security of exams:
All exams/quizzes are secure and examinations/quizzes will not be returned to the students. No information may be taken from the examination/quiz. Students will receive one sheet of “scratch” paper during each exam/quiz. Recording questions, answers or notes or transmitting exam/quiz information in any format is an honor code violation.

Examination Question Challenges:
There are no challenges of exam/quiz question answers. Module directors will examine the statistical analysis of the examination/quiz questions to identify problematic questions. The directors will determine credit for poorly written or misunderstood questions. No individual credit for questions will be given at any time. All students will be given credit for those questions that are adjusted. If the directors determine there is more than one correct answer for a particular question, credit will be given for all correct answers. If the question is generally flawed, credit for all answers will be given.

Policy for student review of exam/quizzes:
All examinations/quizzes are secure. However, students will be permitted to review exams/quizzes under supervision during a defined period of time following each exam at the dates, times, and locations as determined by the module directors for Phases 2 and at the preassigned time for quizzes. Faculty or their designee, as well as members of the corresponding class year’s Honor Court, will proctor the exam/quiz review period. The only permitted item a student may bring to the exam/quiz review is one copy of his/her personal printed ExamSoft score report. Students are NOT permitted to bring paper (including, but not limited to, a hand-written score report), pens/pencils, cell phones or other recording devices, or food and drink to the exam/quiz review. All student belongings must be placed at the front of the room prior to the start of the exam/quiz review, and students must sit in the front of the designated room unless room is not available. The only items present on the desk area during the exam/quiz review will be the printed ExamSoft report and the student’s laptop. Students may not consult their notes or lecture handouts during the exam/quiz review. During an exam/quiz review, only students reviewing their exam/quiz may be present in the classroom. Once a student is finished reviewing his/her exam/quiz, he/she must leave the classroom. Talking during the exam/quiz review is limited to quiet discussion pertaining to exam/quiz questions only. Discussion of the exam/quiz outside of the exam/quiz review is prohibited unless otherwise specified by the faculty. Recording questions, answers or notes or transmitting exam/quiz information (this includes e-mailing a specific
exam/quiz question to a faculty member) in any format is an Honor Code violation subject to dismissal. It is the responsibility of all students to police themselves as well as their peers.

**Objective Structured Clinical Exam (OSCE):** For additional information, please see specific ECM-PD information

1. Bring photo identification, preferably MCG ID. Cell phones and pagers are prohibited in the clinical skills testing area.
2. The clinical activities dress code applies to this exam.
3. Bring only a pen. Students cannot take any preprinted materials into the exam. Proctors will provide clipboards and paper. Turn in all notes and written materials at end of the exam.
4. Conversation is not permitted in the halls between stations unless you have a question for the hall monitor. This exam is confidential and should not be discussed outside the Clinical Skills Center.
5. A minimum score of 70% on the OSCE is required to pass ECM2.
6. Students will have the opportunity to meet with their faculty preceptors to review their performance on the OSCE.

**Class Activities that Include Module Points and/or Require Attendance**

1. **Individual and Group Quizzes:**
   Each in-class individual quiz will be followed by a Group quiz. The individual quiz will consist of no more than 30 questions. Each question will be worth 0.5 points. The total quiz score is calculated from the Individual and Group quizzes using the following percentage:
   - Individual quizzes = (Total points earned x 50%) x 90%
   - Group quizzes = (Total points earned x 50%) x 10%
   *Example:* Individual quiz, total questions right out of 30 = 28 questions (28 x 0.5 x .9 = 12.6 points)
   - Group quiz, total questions right out of 30 = 30 questions (30 x 0.5 x .1 =1.5 points)
   Total points for earned for quiz = 14.1

2. **Pathology Case Discussion and Presentation:**
   Cases are available at [https://studentconsult.inkling.com/](https://studentconsult.inkling.com/). Use the PIN provided with the text (Basic Pathology, Undated Edition, 9th Edition - With Student Consult) to register your book and access the cases.

   Six groups of approximately thirty students have been developed by the Module Director for Pathology case discussion. Case discussion sessions are held from 10:00-12:00, and individual sessions will not be rescheduled except in cases of facilitator emergency or official cancellation of classes. The facilitators’ role is to guide the discussions as necessary and provide appropriate perspective.

   Each student is expected to present two cases during the academic year. The cases will be assigned by the Module Director and students will received their schedule at the beginning of the academic year. If desired,
swapping of assigned cases must be arranged by mutual consent of the involved students, with final assignments communicated to Dr. Russell (via e-mail) no later than August 17.

Using the case material provided, each student should prepare a PowerPoint® presentation of the case. The presentation format is a 15 minute talk during which the presenter will use a maximum of 15-20 slides. Focus the presentation on the patient’s disease by presenting a thorough analysis, including addition information from specialty texts, journals, etc., as necessary. While you may choose to compare and contrast the disease with similar conditions, your presentation should not be a subject matter review of all similar diseases/conditions. You are not expected to cover all the case objectives at the Student Consult case link. See sample presentation posted in D2L. Grading sheet criteria may be found at the end of this document. Presentations must include the following and should focus on these areas:

- Pathogenesis and pathophysiology
- Morphologic features
- Interpretation and appropriateness of laboratory and other diagnostic tests
- Clinical manifestations

**Pathology Case Presentation Objectives:**
1. Present a pathology case in a 15 minute presentation.
2. Thoroughly analyze the case to include pathogenesis and pathophysiology, morphologic features, interpretation and appropriateness of laboratory and diagnostic tests, and clinical manifestations.
3. Create one to two multiple choice questions.
4. Facilitate discussion with the small group.

The presenter should also facilitate discussion with his small group. The use of a clinical vignette question on the material presented is suggested. The facilitator will assign a score based on the content of the case presentation and an assessment of the student’s understanding of the disease process. Students are responsible for emailing a copy of their PowerPoint® presentation to Courtney Sahm (csahm@gru.edu) or Dr. Russell (brussell@gru.edu) on the day of their presentation, no later than 12pm noon. The PowerPoint® presentation will be independently graded by Dr. Russell. Both the PowerPoint® and oral presentations will be graded according to the criteria listed, with the scores averaged for the final presentation grade (maximum of thirty points). The first presentation grade will be applied to the Module 4 grade, while the second will be applied to the Module 7 grade.

**Pathology Case Attendance:**
Attendance is required at the Pathology Case Discussions to ensure maximal benefit to the student and group members. Attendance will be taken and 2.0 points will be deducted for each case session missed (unless the student has an excused absence and has completed the make-up requirement. Students who are ill will only be excused with a physician’s note documenting a medical illness. Excused absences (see Exam Policy for examples of excused absences) may be made up by submitting a narrative pertaining to each of the cases missed. Unexcused absences may not be made up. Students are required to make-up any case presentations they are assigned to present (excused absences only). Students must contact the course director to obtain a new case and date to present.

**Pathology Case Presentation Grading Sheet Criteria:** The presenter is expected to facilitate discussion with his small group. The use of a clinical vignette question on the material presented is suggested. The facilitator will assign a score based on the content of the case presentation and an assessment of the student’s
understanding of the disease process. Students are responsible for turning in a copy of their PowerPoint® presentation to the Pathology Teaching Office (CB-2930) on the day of their presentation. The PowerPoint® presentation will be independently graded by Dr. Russell. Both the PowerPoint® and oral presentations will be graded according to the criteria listed, with the scores averaged for the final presentation grade (maximum of thirty points). The first presentation grade will be applied to the Module 4 grade, while the second will be applied to the Module 7 grade.

**Pathology Case Presentation Grading Sheet Criteria**

### Pathogenesis & Pathophysiology

<table>
<thead>
<tr>
<th>Needs Improvement - 3 points</th>
<th>Meets Expectations - 4 points</th>
<th>Exceeds Expectations - 5 points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some key points omitted or incorrect</td>
<td>Contains most key points with adequate explanation of functional changes</td>
<td>Explained etiology and development of disease; key differential diagnoses Important functional changes</td>
</tr>
<tr>
<td>Inadequate explanations</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Morphologic Features

<table>
<thead>
<tr>
<th>Needs Improvement - 3 points</th>
<th>Meets Expectations - 4 points</th>
<th>Exceeds Expectations - 5 points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some key features omitted</td>
<td>Contains most relevant gross and microscopic features with some explanation of findings Additional photos used</td>
<td>Clearly identified all key gross and microscopic features with thorough explanation of findings Additional photos used to great effect</td>
</tr>
<tr>
<td>Poor explanation of findings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Photos from case only and/or of poor quality</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Interpretation & Appropriateness of Diagnostic Tests

<table>
<thead>
<tr>
<th>Needs Improvement - 3 points</th>
<th>Meets Expectations - 4 points</th>
<th>Exceeds Expectations - 5 points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some relevant data omitted</td>
<td>Contains most relevant data Interpretation adequate but not always tied to pathophysiology, etc.</td>
<td>Contains all key data with interpretation Demonstrates application of knowledge from key results</td>
</tr>
<tr>
<td>No or unclear interpretation/relevance</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Clinical Manifestations

<table>
<thead>
<tr>
<th>Needs Improvement - 3 points</th>
<th>Meets Expectations - 4 points</th>
<th>Exceeds Expectations - 5 points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incomplete with no focus to case</td>
<td>Recognizes and presents relevant information systematically</td>
<td>Complete, accurate information presented in well organized manner beyond that expected</td>
</tr>
</tbody>
</table>

### Effectiveness of Oral Presentation (Facilitator)

<table>
<thead>
<tr>
<th>Needs Improvement - 2 points</th>
<th>Meets Expectations – 2.5 points</th>
<th>Exceeds Expectations - 3 points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disorganized</td>
<td>Good organization</td>
<td>Excellent organization</td>
</tr>
<tr>
<td>Inadequate information with important omissions</td>
<td>No or rare omissions Case presented in time allotted.</td>
<td>Flawless presentation Case presented in time allotted.</td>
</tr>
</tbody>
</table>

### Effectiveness of Presenter to Promote Class Discussion

<table>
<thead>
<tr>
<th>Needs Improvement - 2 points</th>
<th>Meets Expectations – 2.5 points</th>
<th>Exceeds Expectations - 3 points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Little interaction between presenter and class. Did not use questions.</td>
<td>Good interaction between presenter and class. Used 1-2 MCQ questions that tested recall of knowledge.</td>
<td>Excellent interaction between presenter and class. Used at least 2 MCQ questions that tested application of knowledge or problem solving.</td>
</tr>
</tbody>
</table>

### Effectiveness of Written Presentation (Russell)

<table>
<thead>
<tr>
<th>Needs Improvement - 2 points</th>
<th>Meets Expectations – 43 points</th>
<th>Exceeds Expectations – 4 points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disorganized</td>
<td>Case flows in logical sequence</td>
<td>Excellent flow with summary slide</td>
</tr>
<tr>
<td>No outside resources used and/or references cited</td>
<td>Case presented in # PPT. slides allotted. Slides easy to read, well laid out, non-</td>
<td>Case presented in # ppt. slides allotted. Slides easy to read with key points</td>
</tr>
</tbody>
</table>
3. Student Virtual Patient Clinical Vignette Presentations or Pharmacology Vignette Presentations:
Each student will be assigned to a group (approximately 6 students per group – the same groups will be used for TBL and the Pharmogenomics assignment). Each group will be assigned a topic to research using articles and textbooks from the current literature (within the last 5 years). Each group must come up with a virtual patient presented in a single best answer question who precisely fits the most common presentation of that disorder [symptoms, key physical findings, and key diagnostic (lab or radiology findings)]. In this way the virtual patient presented in a single-best-answer question will be ABSOLUTELY CLASSIC of the disease and will be the way the disorder MOST COMMONLY PRESENTS.

Each group must submit a written virtual patient question with the correct answer designated and 4 references from the current literature (articles and textbooks) cited to provide documentation that the patient was most typical of the disease. A paper copy must be submitted in class on the date assigned. All students in the group must sign the submission. This assignment is worth 8 points. Be sure to designate the correct answer. Please include a brief summary explaining why the correct answer is correct and why the incorrect answers are wrong. A powerpoint slide showing just your group number must also be emailed to Dr. Russell by the date assigned. Do not designate the correct answer or cite references on the PowerPoint slide. Try to limit the length of the question to one PowerPoint slide. The PowerPoint slide should be a white plain background using Bold Arial Font.

Students should be prepared to present their clinical vignette virtual patient question to the class on the date assigned. Groups will be chosen at random to present during class on those days. The rest of the class will use the audience response system to try to answer the question. The group presenting will then explain what the correct answer is and why the incorrect answers are wrong. Attendance is required.

The comprehensive exam following the Clinical Vignette presentations will contain questions chosen from those presented in class.

Student Virtual Patient Clinical Vignette Presentations Attendance: Attendance is required at the Virtual Patient Clinical Vignette Presentations to ensure maximal benefit to the student and group members. Attendance will be taken and 2.0 points will be deducted for each session missed (unless the student has an excused absence and has completed the make-up requirement). Students who are ill will only be excused with a physician’s note documenting a medical illness. Excused absences (see Exam Policy for examples of excused absences) may be made up by submitting a clinical vignette question on an assigned topic (see Dr. Russell for assigned topic) with the correct answer designated and 4 references from the current literature (articles and textbooks) cited to provide documentation that the patient described in the vignette was most typical of the disease. Be sure to designate the answer and a brief summary explaining why the correct answer is correct and why the incorrect answers are wrong. Unexcused absences may not be made up.

4. Team Based Learning:
Team-Based-Learning is an instructional strategy during which the primary objective is to help students learn how to apply course concepts rather than simply recall information, and learn how to work collaboratively
with others in a team. In these sessions, you will acquire your initial exposure to the content through readings prior to class and will be held accountable for this preparation using a testing process known as the Readiness Assurance Test (RAT – done both individually and as a group). Following the RAT, you will practice applying the course concepts using a series of in-class team application exercises. You need to do the readings and come to class prepared. Team-Based-Learning Sessions will not be recorded.

**Team Based Learning Class Attendance:** Attendance is required during the Team-Based-Learning Sessions to ensure maximal benefit to the student and group members. Unexcused absences will receive no points (see Exam Policy for examples of excused absences). Students who are ill will only be excused with a physician’s note documenting a medical illness. Excused absences must be made up to receive credit for the Readiness Assurance Test (IRAT and GRAT). Students are required to make up Team-Based-Learning sessions (with an excused absence) by submitting a narrative pertaining to each of the application exercises missed. Students who miss the IRAT/GRAT due to tardiness will not be permitted to take the quiz.

**TBL Groups:** There will be approximately 6 students per group. Groups are posted under Course Information in D2L. It is important that your group sit in close proximity to each other in the classroom so you are able to interact as a group. Please sit in the seats assigned to your group. See seating chart. Each class TBL day, one member of your group will pick up your group packet. These will be at the front of the room.

**TBL Readings:** Each TBL will begin with readings that you must complete before the class session. Reading assignments will be posted in D2L. You will be held accountable for the reading preparation through a Readiness Assurance Test (RAT). This will ensure that you understand the core concepts and are ready to work on applying the concepts.

**TBL Readiness Assurance Test (IRAT and GRAT):** For each TBL session you will take a Readiness Assurance Test. The RAT will consist of 5 multiple-choice or true/false items related to the learning objectives of the assigned material. This will be taken first as an individual and then again as a team, followed up by a larger class discussion.

- **Individual Readiness Assurance Test (IRAT)** – a 5 question (multiple-choice or true/false) test that is taken individually (IRAT) during the first 5-10 minutes of class. This test is used to assess your comprehension of the assigned readings. These tests will be distributed in class and the IRAT score will count 5 points toward your overall module grade.
- **Group Readiness Assurance Test (GRAT)** – Following the IRAT, the same multiple-choice test is retaken as a team (GRAT). The GRAT score will count 3 points toward your overall module grade.
- **Resources** - Students are not allowed to use notes, computers or other materials during the IRAT and GRAT.
- **Feedback and Discussion** – After the groups turn in their answers, the instructor will ask the groups for their answers to the questions (keep a list of your answers), and will divulge the correct answers. This is a time for limited discussion and debate of the questions and answers.
- **Scoring of IRAT/GRAT (IRAT = 5 points; GRAT = 3 points of Module Grade)**
  - 4 or 5 correct answers: 100% (i.e. you can miss one question without penalty)
  - 3 correct answers: 75%
  - 2 correct answers: 50%
  - 1 correct answer: 25%
  - No correct answers: 0%
Application Exercise

- Following the Readiness Assurance Test, the bulk of the class time will be used to work on exercises that require you and your team to apply course concepts. These exercises will be case studies with a series of multiple choice questions (5-10) that focus on your judgment and the ability to apply your knowledge and solve problems rather than simply recalling the information. The application exercise will be distributed in class. This period will last 20-30 minutes. You may use computers, texts or notes for the application exercises.
- Then the facilitators will address each question one by one, first asking all groups to indicate their answer simultaneously using the answer cards. The instructor will then open a discussion by asking why groups chose a particular answer.
- Some of the application questions may be ambiguous and may have more than one correct answer. Students will not be graded on their answers to these questions.

<table>
<thead>
<tr>
<th>Preparation (Pre-Class)</th>
<th>Readiness Assurance Diagnosis – Feedback</th>
<th>Application of Course Concepts (Group Application Exercises)</th>
</tr>
</thead>
</table>
| All reading material will be given to students one week in advance of sessions, to allow time for reading. Recommendation: Pre-class reading materials typically do not exceed 30 pages per session | Readiness –  
  - IRAT – 5-10 minutes  
  - GRAT – 5-10 minutes  
  - Discussion – 10-20 minutes  
  - 20-40 minutes – Total time | Application –  
  - 20-25 minutes for Group work & assessment  
  - 20-25 minutes for class discussion  
  - Wrap-up 5-10mins  
  - 45-60 minutes – Total time |

TBL Peer Evaluation

At the end of module 4 and the end of module 7 you will have the opportunity to evaluate your teammates. The Peer Evaluation will consider how well your teammates prepared for the team tests and their overall contribution to the in-class exercises. The evaluation will be done in One45. Peer evaluations will count up to 3 points toward the overall module grade for Modules 4 and 7. The TBL peer evaluation points will be an average of the scores that your teammates gave you. Students who do not complete a peer evaluation will receive a zero on this assessment. See the syllabus for due dates.

5. Online Quizzes:
Some modules/intersessions may have online quizzes to be completed outside of class in D2L which will contribute to module/intersession grades. Unless otherwise stated, you are to complete the quiz independently without any materials, just as you would complete the quiz if you were taking it in class. You may not ask for or receive assistance from any physician, faculty, or resident. These quizzes must be submitted by the deadline in order to receive credit.

6. Pharmacogenomics Required Activity:
Each student will be assigned to a group (approximately 6 students per group – the same groups will be used for TBL and the Clinical Vignette Virtual patient assignment). Each group must write a single best answer
clinical vignette exam question based on the information and material presented in class either by Dr. Lucas or Dr. Bergson. The correct answer must be designated. Please include a brief summary explaining why the correct answer is correct and why the incorrect answers are wrong. A paper copy must be submitted in class on the date assigned. All students in the group must sign the submission. This assignment is worth 6 points. The assignment must also be submitted electronically by email to Dr. (brussell@gru.edu) and Courtney Sahm (csahm@gru.edu).

7. Pharmacology Case Discussion (Small Group Activity) (Modules 3, 5 and 7):
Case discussion sessions are held at the designated time, and individual sessions will not be rescheduled except in cases of facilitator emergency or official cancellation of classes. The facilitators’ role is to guide the discussions and provide appropriate perspective. Students are expected to come to class prepared to discuss the information posted on D2L.

Pharmacology Case Attendance: Attendance is required at the Pharmacology Case Discussions to ensure maximal benefit to the student and group members. Attendance will be taken and 2.0 points will be deducted for each case session missed (unless the student has an excused absence and has completed the make-up requirement). Students who are ill will only be excused with a physician’s note documenting a medical illness. Excused absences (see Exam Policy for examples of excused absences) may be made up by submitting a narrative pertaining to each of the cases missed. Unexcused absences may not be made up.

8. Patient Interactions – Attendance for Module 4:
Attendance is required at the Patient Interactions to ensure maximal benefit to the student and group members. Attendance will be taken and 2.0 points will be deducted for each session missed (unless the student has an excused absence and has completed the make-up requirement). Students who are ill will only be excused with a physician’s note documenting a medical illness. Excused absences (see Exam Policy for examples of excused absences) may be made up by submitting a clinical vignette question on an assigned topic (see Dr. Russell for assigned topic) with the correct answer designated and 4 references from the current literature (articles and textbooks) cited to provide documentation that the patient was most typical of the disease. Be sure to designate the answer and a brief summary explaining why the correct answer is correct and why the incorrect answers are wrong. Unexcused absences may not be made up.

9. Renal Workshop (Module 6):
The Renal Workshops are held at the designated time, and individual sessions will not be rescheduled except in cases of facilitator emergency or official cancellation of classes. The facilitators’ role is to guide the discussions and provide appropriate perspective. Students are expected to come to class prepared to discuss the information posted on D2L. Students may be asked to lead the discussion on assigned cases/questions.

Renal Workshop Attendance: Attendance is required at the Renal Workshop to ensure maximal benefit to the student and group members. Attendance will be taken and 2.0 points will be deducted if the session is missed (unless the student has an excused absence and has completed the make-up requirements). Students who are ill will only be excused with a physician’s note documenting a medical illness. Excused absences (see Exam Policy for examples of excused absences) may be made up by submitting a narrative pertaining to each of the cases missed. Unexcused absences may not be made up.
10. Required Attendance Activities for ECM2:
The Essentials of Clinical Medicine course has nine components. The following are required attendance activities:
1. Physical Diagnosis – all sessions
2. Problem-based Learning – all sessions
3. Population and Public Health – all sessions that have interactive activities (in small groups) and all lectures in which a guest lecturer is presenting
4. Geriatrics – all sessions
5. Pediatrics – any sessions that have interactive activities (in small groups)
6. Human Sexuality – any sessions that have interactive activities (in small groups)
7. Art of Doctoring – any sessions that have interactive activities (in small groups) or guest lecturers
8. Evidence Based Medicine – any sessions that have interactive activities (in small groups)
9. Women’s Health – any sessions that have interactive activities (in small groups)

11. Ultrasound Curriculum Activities
The “Foundations of Ultrasound” introductory section was composed of 10 units of instructional materials that were completed during Phase 1. For the Phase 2 students, there will be 4 hands-on ultrasound scanning labs. Before each lab, there will be lab materials to review. These lab materials consist of lab procedures with a podcast demonstration. From this material, there will be a 5 multiple-choice question review quiz for students to complete with each question being worth 1 point. Then, students will participate in specific ultrasound labs and be evaluated with a grading rubric worth 5 points. The points earned in the ultrasound activities will be added to the following modules:

<table>
<thead>
<tr>
<th>Module</th>
<th>Ultrasound Curriculum Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Module 2</td>
<td>Laboratory 1 and Laboratory 2 (Abdomen/GI)</td>
</tr>
<tr>
<td>Module 4</td>
<td>Complete Lab 3 Neuro / Musculoskeletal</td>
</tr>
<tr>
<td>Module 5</td>
<td>Complete Lab 4 Cardiopulmonary</td>
</tr>
</tbody>
</table>

**Ultrasound Lab Attendance:** Attendance is required for the Ultrasound Labs. Attendance will be taken. Students must have an excused absence and make arrangements with Ms. Rebecca Etheridge to make-up the laboratory. Students who are ill will only be excused with a physician’s note documenting a medical illness. Other excused absences (see Exam Policy for examples of excused absences) must be approved by Ms. Etheridge in order to make-up the missed laboratory.

12. Self-Directed and Independent Learning Activities
Self-directed and independent learning activities are important so that medical students are able to develop the skills of life-long learning. These activities involve self-assessment of learning needs, independent identification, analysis, and synthesis of relevant information, and appraisal of the credibility of information sources (LCME 6.3). Modules 3 and 5 will have an independent learning activity assigned which will be worth 20 points in each module. Information/instructions for these two activities will be available in D2L.

13. Data Analysis Project
Analyzing and interpreting scientific data is an essential element of medical school education. Students will utilize scientific method concepts in previous instruction to test a research hypothesis, analyze data, and
interpret the findings through the use of a simulated exercise. (LCME 7.3). Module 7 has a data analysis project which is worth 10 points.

14. Interprofessional Education (IPE) Activity with the UGA PharmD Students
Two IPE activities are scheduled for this academic year. Each student will work within an assigned group of medical students and PharmD students to complete a case. Students must meet with their assigned groups as the instructions in D2L outline. The first case will be submitted in Module 2 and will be worth 20 points. The second IPE activity will be assigned in spring semester.

15. OSCE
All students must take and pass the OSCE with a score of 70.00 or greater. To be eligible to take the OSCE, each student MUST complete all Physical Diagnosis required patient encounters and write-ups, and Basic Life Support (BLS) Training. All documents (write-ups and the BLS card) must be in the ECM office prior to the OSCE.

16. Making up Missed Work
Students who are ill will be excused with a physician’s note documenting a medical illness. Assignments/activities missed due to excused absences must be made up to receive credit. All activities are due won week from the date of the activity. The makeup is as follows:

1. TBL sessions may be made up by completing the Application Exercise. Each questions must be answered explaining each answer choice (even the incorrect choices). Students who miss the IRAT/GRAT due to tardiness will not be permitted to take the quiz.

2. Clinical Vignette Presentation may be made up by submitting a clinical vignette question explaining the answer choices on a topic pertaining to the organ system that is currently being studied. The response must contain an explanation with references.

3. Pathology Case Presentations may be made up by submitting a brief summary of each of the cases presented that day.

4. Pharmacology and Renal Workshops can be made up by answering and submitting the case questions posted for the workshops.

5. Musculoskeletal patient encounters may be made up by selecting one disease state within the musculoskeletal block and describe the clinical presentations, diagnosis, and treatment.

6. Guest Lecturer missed sessions may be made up by submitting a one page summary of the topic that was covered by the lecturer.

7. PBL sessions must be excused by the PBL component director. Learning issues must be made up.

8. Physical Diagnosis must be excused by the PD component director. All sessions must be made up.
Course and Faculty Evaluations

Students are required to complete the evaluation form in its entirety. Failure to consistently submit evaluations in a timely and professional manner is a professionalism deficiency (see competencies below). The evaluation system has been designed so that no student identifying information can be connected to a specific evaluation form. In order to ensure that all students have participated in the evaluation process, students must login to the online system. This login is not linked to the evaluation form itself. This process exists to keep a record of students who have completed evaluations. Each student has been randomly assigned a group of module faculty to evaluate. Students are expected to evaluate all faculty in their assigned group. Students will be sent reminder emails to let them know which faculty they are responsible for evaluating. Emails will be sent a few days prior to the lectures you are required to evaluate. Module director and module evaluations will be made available for 2 days prior to the final exam and 3 days following each module’s final exam. Students can log into the evaluation system using a login name (first initial and last name with the last four digits of your social security number) and a password (that will be sent to you via email) via this website: https://www.one45.com/webeval/georgia/public/login.php

Submitting online evaluations of the faculty and the module is a requirement. Information gathered from the evaluations is needed by the Curriculum Office, the teaching faculty and the directors to improve the quality of the learning experience. The timely completion of evaluations at the level of undergraduate medical education assists students in developing the administrative and organizational skills required throughout their academic and professional career.

Peer Established Dress Guidelines Developed by class of 2014 leadership

Appropriate Attire for Daily Lecture: Students should be well groomed and wear appropriate and modest clothing without holes at all times. The following is an itemized list of what is considered appropriate attire for male and female students on a day-to-day basis (not including physical diagnosis or guest lecturers). For both males and females it should be noted that athletic clothing is not appropriate for lectures or any ECM activities, and scrubs should only be worn when going to anatomy lab that day. Also, hats/hoods should never be worn indoors (any building: hospital, classroom, lab, etc).

Males:
- Collared shirts
- Button-up shirts
- Sweaters
- Appropriate T-shirts (i.e. no written statement shirts like “trust me, I’m a doctor,” or any fraternity shirts/other shirts that could be taken offensively). It is HIGHLY recommended to stick with university T-shirts with the school name on the front or plain T-shirts.
- University/appropriate hoodies and jackets
- Slacks
- Jeans (not worn out or with holes)
- Dress shorts
- Leather loafers
- Leather sandals and nice flip flops (no rubber or beach sandals)
- Tennis shoes that are clean and without holes
**Females:** Tops should cover shoulders (if wearing a tank or halter top, a sweater/cover should be worn over it) and completely cover mid-section when standing, sitting, or bending over. All low-cut shirts should be worn with an undershirt.

- Collared shirts
- Professional blouses (not see-through)
- Sweaters
- Appropriate T-shirts (i.e. no written statement shirts like “trust me, I’m a doctor,” or any sorority shirts/other shirts that could be taken offensively). It is HIGHLY recommended to stick with university T-shirts with the school name on the front or plain T-shirts.
- University/appropriate hoodies and jackets
- Skirts or Dresses of an appropriate length
- Shorts of an appropriate length (no athletic shorts)
- Jeans (not worn out or with holes)
- Capri pants and other nice slacks
- Nice sandals or flip flops
- Tennis shoes that are clean and without holes

**Attire that is NOT appropriate for daily lecture:**
- Offensive T-shirts
- Rubber flip flops
- Worn out clothing/clothing with holes or discolorations
- Athletic clothing (athletic shorts, yoga pants, etc.) and loungewear
- Skirts or shorts that fall above arm length
- Low cut tops or tops that show midsection
- Pajamas or house shoes

**Casual Fridays:** Jerseys may be worn during lecture time UNLESS there is a guest lecturer or patient visitor.

**Appropriate Attire for all Clinical Activities** (including but not limited to OSCE, hospital, standardized patients, all other patient interactions) and **Guest speakers/lecturers** (all Deans, guests, and/or patient visitors)

Dress Code for Clinical Activities: In order to create an environment of professionalism for our patients and colleagues, students are expected to dress professionally in appropriate attire and maintain a neat and clean appearance. Professional attire is a shirt and tie for men (unless instructed otherwise) and slacks/skirt with a blouse or dresses for women. As members of the medical community, all students engaged in patient care activities should wear a clean, short white coat (unless instructed otherwise by the attending physician) and have the required student identification visible. For safety reasons, no open-toed shoes or sandals should be worn. Cologne, perfume, or after shave are not appropriate in the clinical environment as patients may be allergic. Students are to adhere to the professional dress standards of their assigned clinical sites. Appearances that have the potential to offend or distract patients must be avoided. Examples of these appearances include but are not limited to:

- Easily visible tattoos or body piercing (e.g., lip, eyebrow, tongue)
- Unusual hair coloring or style
- Casual clothing (e.g., jeans and shirts without collars for men.)
• Revealing or ill-fitting clothing
• Unwashed or unkempt appearance

Technology Policy

Technology Policy - These policies are in place to avoid legal recourse against MCG students and faculty and to protect the intellectual property of the faculty and others. If materials are shared with anyone not currently enrolled at MCG, serious disciplinary action may be taken, including but not limited to, expulsion. Students may also be subject to copyright infringement and litigation.

1. Students are not permitted to make any audio or video recordings of ANY teaching activity (including all reviews or demonstrations). All recording is done through the ECHO 360 system and posted to the Calendar on D2L.
   • All faculty generated educational materials, including but not limited to lecture notes and/or PowerPoint Presentations, histology or other podcasts are copyrighted intellectual property and may not be distributed or sold to anyone. They are posted to D2L and are to be used only for educational purposes and for the comparing of notes with currently enrolled GRU students. Therefore, material that includes photographs from Powerpoints or other info taken from D2L may be shared only by reposting on D2L. Reproduced portions of any presentation materials cannot be posted or distributed except on the D2L website. Students are not permitted to upload materials to any web-based storage system including, but not limited to, Dropbox.

2. All ECHO 360 audio or video recordings of lecture material are for educational purposes only. They may be downloaded to a personal device but these materials may not be copied or distributed via any means without the written permission of the lecturer.

3. Electronic sharing of student generated notes is only permitted when the utmost care is taken to prevent it from reaching users outside of the course. Notes should not include any materials that are copywritten or covered in Technology #1 above. If material is used in a web service that allows real-time updating and sharing of notes with other students in the class, such as Dropbox or Google Documents, these shared folders must not be made available to anyone outside of those currently enrolled in the course.

4. All communication will be sent to the student’s GRU email address. Use of other email accounts may result in loss of important communications.

5. Any breach of these policies is a violation of the MCG technology policy. If a student is unsure about the use of technology, he/she will ask the Module/Component Directors and/or Associate Dean for Curriculum before taking any actions that might violate the policy.

For additional information, please see: www.usg.edu/copyright

Testing Accommodations

Georgia Regents University abides by the Americans with Disabilities Act (equal and timely access) and Section 504 of the Rehabilitation Act of 1973 (non-discrimination on the basis of disability). If you have a disability and are in need of academic accommodations, but have not yet registered with Testing and Disability Services (TDS) (Galloway Hall; 706-737-1469; http://www.gru.edu/admin/tds/), please contact the office as soon as
possible for more information and/or to initiate the process for accessing academic accommodations. Students with disabilities who are receiving accommodations through TDS are required to contact the Senior Director for the Phase 1 Curriculum and relevant Module and Component Directors prior to the start of each module to ensure accommodations.