



AUGUSTA UNIVERSITY

**MEDICAL COLLEGE  
OF GEORGIA**

**PHASE 2 POLICIES AND  
INFORMATION**

**2018-2019**

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**MEDICAL COLLEGE OF GEORGIA at AUGUSTA UNIVERSITY Augusta Campus**  
**PHASE 2 POLICIES AND INFORMATION 2018-2019**

**I. Module Organization and Administration**

**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, three year long courses called ECM2 Physical Diagnosis, ECM2 Problem Based Learning, and ECM2 Foundations, and the 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.

<b>MODULES</b>		<b>CREDIT HOURS</b>
MEDI 5210	Module 1: Fundamentals	10
MEDI 5220	Module 2: Hematology/Gastrointestinal	8
MEDI 5236	Module 3: Central Nervous System	5
MEDI 5237	Module 4: Musculoskeletal/Skin	4
MEDI 5240	Module 5: Cardiopulmonary	9
MEDI 5243	Module 6: Renal	4
MEDI 5244	Module 7: Endocrine/Reproductive	6
MEDI 6590/6591	ECM2 Physical Diagnosis	8
MEDI 6592/6593	ECM2 Problem Based Learning	5
MEDI 6594/6595	ECM 2 Foundations of Clinical Practice	10
MEDI 5298	Phase 2 Comprehensive and NBME Review	7

Each Cellular and Systems Disease States module is comprised of specific components. These components are Clinical Medicine, Microbiology, Pathology and Pharmacology.

The ECM2 Foundations of Clinical Practice course is comprised of specific components as well. These components are Art of Doctoring Intersession, Population and Public Health Intersession, Evidence-Based Medicine Intersession, Pediatric Intersession, Geriatrics Intersession, Human Sexuality Intersession, and Women’s Health Intersession.

## Senior Director Phase 2

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## Cellular and System Disease States Module Assistant

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**Who to Contact:**

Curriculum Issues: Dr. Russell

Component concerns: Specific Component Directors

Specific lecture content – Faculty member

D2L issues – Davina Jones, Jennifer Rose, Dr. Russell, Courtney Sahn

ECHO 360 Issues – Cameron Logan, Davina Jones, Jennifer Rose

Administrative Issues related to ECM2 – Keeouka Knighton, Brenda McCray

Administrative Issues related to Cellular and Systems Disease States modules: Courtney Sahn

**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.

Required Textbooks:	Recommended Texts:
Robbins Basic Pathology, 9th Edition - With Student Consult. V. Kumar, A.K. Abbas, N. Fausto, and R.N. Mitchell W. B. Saunders, 2018 ISBN: 978-1455726134; \$95	Pathophysiology for the Boards and Wards: A Review for the USMLE Step 1, 5 <sup>th</sup> ed. C. Ayala Lippincott Williams and Wilkins, 2007 ISBN: 9781405105101; \$40.48
Current Medical Diagnosis and Treatment 2018. S.J. McPhee, Maxine Papadakis, Lange Medical Books, 57th Edition, McGraw-Hill, New York, 2018 ISBN: 9781259861482; \$47.96	Rapid Review of Medical Microbiology and Immunology, 3 <sup>rd</sup> Edition. Text with Internet Access Code K. Rosenthal and J. Tan Mosby, 2011 ISBN: 9780323069380; \$36.07
Textbook of Physical Diagnosis: History and Examination, 7 <sup>th</sup> Edition Arthur: Mark H. Swartz MD, FACP ISBN: 9780323221481; \$90	Rapid Review of Pathology, 5th E.F. Goljan Mosby, 2018 ISBN: 978-0323476683; \$57.15
Maxwell Quick Medical Reference, 6th Edition Author: Robert W. Maxwell Publisher: Maxwell Publishing Company ISBN: 9780964519145; \$7.95	Rapid Review Neuroscience. 1 <sup>st</sup> Edition (Text with Internet Access Code) J. Weyhenmeyer and E. Gallman Mosby, 2007 ISBN:9780323022613 ; \$35.23
The Patient History: Evidence-Based Approach (Tierney, The Patient History) 2 <sup>nd</sup> ed. Arthurs: Mark Henderson, Lawrence Tierney, Gerald Smetana ISBN: 9780071624947; \$52	Immune System, 4 <sup>th</sup> Edition P. Parham Garland Publishing, 2015 ISBN: 9780815344667; \$145.98
	Robbins and Cotran: Pathologic Basis of Disease, 9 <sup>th</sup> Edition. Vinay Kumar, Abul K. Abbas, Jon C. Aster, 2015 ISBN: 9781455726134
	Basic and Clinical Pharmacology, 14 <sup>th</sup> ed. B.G. Katzung McGraw Hill, 2012 ISBN: 9781259641152; \$40.18
	Harrison's Principles of Internal Medicine, 19 <sup>th</sup> Edition. Dennis Kasper, 2015 ISBN: 9780071802154
	DeGowin's Diagnostic Examination, 10 <sup>th</sup> Edition. Lange Series, McGraw-Hill Education/Medical, Sept. 2014 ISBN: 9780071814478
	Guyton and Hall Textbook of Medical Physiology, 13 <sup>th</sup> ed. J. H. Hall, Elsevier, 2016 ISBN: 97814557702052



## II. MCG ACADEMIC AFFAIRS POLICIES RELEVANT FOR PHASE 2

All MCG Academic Affairs Policies can be found at: <http://www.augusta.edu/mcg/coffice/>

Please review: (Go to All Policies – Alphabetical List and review the following policies)

1. Access to Student Records Policy
2. Achieving a Positive Learning Environment Policy
3. Excused Absence for Health Care Policy
4. Formative Feedback Policy
5. Grade Submission Deadline Policy
6. Grade Appeal Process for a Phase 1 or Phase 2 Module or Course Policy
7. Leave of Absence Policy
8. Narrative Assessment Policy
9. Non-Involvement of Providers of Student Services in Student Academic Evaluations Policy
10. Phase 1 & 2 Campus Transfer Policy
11. Phase 1 & 2 Remediation of a Course and Grade Designation following Remediation Policy
12. Phase 1 & 2 Work Hours Policy
13. Remediation Policy for Phase 1 and Phase 2
14. Separation of Academic Advising and Assessment Policy
15. Service Learning Policy
16. Student Promotions Committee Academic and Professionalism Policies and Procedures (Redbook)  
<http://www.augusta.edu/mcg/students/documents/studentpromotionscommitteeacademicprofessionalismoliciesproceduresrevised1102017b.pdf>
17. Technical Standards for Admission, Matriculation, Continuation, and Graduation Policy
18. MCG Technology Policy\*\* Review carefully as violations must be reported to the Student Promotions Committee and may result in disciplinary action or dismissal

## III. 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.

Students are required to pass each of the Basic Science Modules, ECM2 Physical Diagnosis, and ECM2 Foundations with an average of 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 a passing grade in ECM2 Problem Based Learning is to achieve an average of 70% of total possible points. Progress Testing is included in the Phase 2 curriculum with the grade reported for the Comprehensive Module. Both the ECM2 PBL course and the Comprehensive module are reported to the registrar as either Satisfactory or Unsatisfactory. For all Phase 2 courses, please refer to the respective syllabus for information regarding types of assessments and grading scheme.

**Note: Students are required to satisfactorily complete required coursework and/or assignments in order to sit for quizzes, module exams and/or the OSCE.**

## **IV. 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 or a score of Pass. 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:**

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 Chair, 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**

**Professionalism Jeopardy:** As an academic competency, professionalism also falls under the purview of the Student Promotions Committee. All medical students are expected to consistently conduct themselves in a professional manner. Physicians share a commitment to professionalism and govern themselves through peer reviews, hospital committees, and state medical boards. Physicians are also expected to practice in accord with a code of ethics. Therefore, medical students are expected to operate under similar guidelines throughout their academic careers. Faculty, staff, and students are required to report incidents of professional misconduct to the Associate Dean of Student and Multicultural Affairs within seven days of the occurrence.

Examples of professional misconduct that could lead to professional jeopardy include (but are not limited to):

- Engaging in activities that disrupt or obstruct teaching, research, or outreach programs.
- Habitually tardiness or leaving early; arriving late to a professional activities without permission.
- Failure to complete assignments, keep appointments, and other assigned duties including failure to download electronic quizzes or exams by the deadline.
- Approaching and treating faculty, staff, peers, or patients in a disrespectful and/or inconsiderate way. Failure to deal with professional staff or peer members of the health care team in a considerate manner and with a spirit of cooperation.
- Unprofessional dress (as outlined in program, class and/or clinical agency policies) during classes, clinical experiences, or when representing the Medical College of Georgia.
- Bringing family members, guests, or pets to the classroom or any professional academic activities without prior consent of the instructor.
- Lying, cheating on assignments or assessments, falsifying records or providing false information to MCG personnel prior to admission or while an active member of MCG's academic programs.
- Unauthorized accessing or revealing confidential information about MCG faculty, staff, or students. 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.augusta.edu/mcg/students/documents/studentpromotionscommitteeacademicprofessionalismoliciesproceduresrevised1102017b.pdf>

## C. Notification of Deficiencies and Performance Improvement Plans

**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 Chair, 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 2021 Promotions Subcommittee with a recommendation that the committee meets with the student.

## 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 Senior Associate Dean for Undergraduate Medical Education. 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, please see the Remediation Policy for Phase 1 and Phase 2 and the Phase 1 & 2 Remediation of a Course and Grade Designation following Remediation Policy at <http://www.augusta.edu/mcg/coffice/>.

Once the Student Promotions and Professional Conduct Committee has approved remediation, the student will be required to meet with the Sr. Director of the Phase 2 Curriculum to outline the steps in the remediation plan.

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

#### 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.augusta.edu/mcg/honor/honorcode.php>

#### F. Tutoring:

Students with a cumulative module grade below 75% will be advised to obtain tutorial assistance from the Student and Multicultural Affairs office. Students previously eligible for tutorial assistance who have attained a cumulative average in a 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 of 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.

## V. Additional Phase 2 Information

### A. Attendance Policy

Attendance is required for all of the following activities. Students must notify in writing the relevant Module Directors in advance if they have to be late or absent from a session. Absences for these sessions must be excused by the appropriate Faculty Directors. **Unexcused absences and tardiness for activities requiring attendance are considered Professional Misconduct.**

- **ECM2-Foundations of Clinical Practice (intersessions), ECM2-Physical Diagnosis, and ECM2-Problem Based Learning courses:** All sessions are required attendance.
- **Lecture:** Any lecture or class sessions that include real or simulated patients, panelists, invited speakers from within MCG/Augusta University, or off campus guests. Although attendance for routine class sessions is not part of the module grade calculation, attendance is still expected.
- **Small group and active learning sessions:** Including TBL activities, Problem Based Learning (PBL), Physical Diagnosis (PD), Pathology Student Presentations, Pharmacology Small Groups, and other small group activities as assigned are vital elements in developing critical analytical as well as clinical, professional, and communication skills. Points may be deducted if required attendance sessions are not attended (see section on **Phase 2 Activities that Include Module Points and/or Required Attendance**) **Note: PBL, PD, and make-up laboratory examinations are particularly difficult (and sometimes not possible) to arrange.**
- **Examination/Quizzes/Group Quizzes** will be administered on the dates and times indicated in the MCG Phase 2 exam schedule. It is the students' responsibility to be in the classroom with their computer plugged into the power, the cat5 cable connected, and the quiz/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.

**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.

## B. 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.

## C. Class Activities that Include Module Points and/or Required 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 1.0 point. The total quiz score is calculated from the Individual and Group quizzes using the following percentage:

Individual quizzes = Total points x 90%

Group quizzes = Total points earned x 10%

*Example:* Individual quiz, total questions right out of 30 = 28 questions (28 x .9 = 25.2 points)

Group quiz, total questions right out of 30 = 30 questions (30 x .1 = 3.0 points)

Total points for earned for quiz = 28.2 points

### 2. Pathology Student Presentations

#### ***Pathology Student Presentations Objectives:***

- Present the assigned disease state, with a focus on pathology, in a 15 minute presentation.
- Thoroughly analyze the disease to include pathogenesis and pathophysiology, morphologic features, interpretation and appropriateness of laboratory and diagnostic tests, and clinical manifestations.
- Create one to two clinical vignette multiple choice questions related to the disease state.
- Facilitate discussion with the small group.

Each student will be assigned a disease state. The student will present the most classic/common presentation of this disease. This must include the disease pathogenesis and pathophysiology, the gross and microscopic morphologic features the diagnostic tests used for diagnosis and how these tests are interpreted, and the clinical manifestations. Make sure to use images in your presentation and include a differential diagnosis.

Six groups of approximately thirty students have been created for the Pathology Student Presentations. These Pathology Student Presentations 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 disease states during the academic year. The disease states will be assigned by the Module Director, and students will receive their schedule at the beginning of the academic year. If desired, swapping of assigned dates must be arranged by mutual consent of the involved students, with final assignments communicated to Dr. Russell (via e-mail) no later than August 16.

Following the instructions above, each student should prepare a PowerPoint® presentation of the disease state. The presentation format should be approximately 15 minutes in duration and should have between 15-20 slides. Focus the talk on the most common presentation of the disease by presenting a thorough analysis, including additional 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. The grading sheet criteria/rubric is below. Presentations must include the following and should focus on these areas:

- Pathogenesis and pathophysiology
- Morphologic features (gross and microscopic)
- Interpretation and appropriateness of laboratory and other diagnostic tests
- Clinical manifestations

**Attendance:** Attendance is required at the Pathology Student 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 narrative pertaining to each of the disease states missed. Unexcused absences may not be made up. Students are required to make-up any presentations they are assigned to present (excused absences only). Students must contact the course director to obtain a new disease state and date to present.

## Pathology Student Presentation Grading Sheet Criteria

### Pathogenesis & Pathophysiology (Facilitator)

Needs Improvement - 3 points	Meets Expectations - 4 points	Exceeds Expectations - 5 points
Some key points omitted or incorrect Inadequate explanations	Contains most key points with adequate explanation of functional changes	Explained etiology and development of disease; key differential diagnoses Important functional changes

### Morphologic Features (Facilitator)

Needs Improvement - 3 points	Meets Expectations - 4 points	Exceeds Expectations - 5 points
Some key features omitted Poor explanation of findings No images are used	Contains most relevant gross and microscopic features with some explanation of findings Some Images are used	Clearly identified all key gross and microscopic features with thorough explanation of findings Many images are used to great effect

### Interpretation & Appropriateness of Diagnostic Tests (Facilitator)

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

### Clinical Manifestations (Facilitator)

Needs Improvement - 3 points	Meets Expectations - 4 points	Exceeds Expectations - 5 points
Incomplete with no focus to disease state	Recognizes and presents relevant information systematically	Complete, accurate information presented in well-organized manner beyond that expected

### Effectiveness of Oral Presentation (Facilitator)

Needs Improvement - 2 points	Meets Expectations – 2.5 points	Exceeds Expectations - 3 points
Disorganized Inadequate information with important omissions	Good organization No or rare omissions Presentation completed in time allotted	Excellent organization Flawless presentation Presentation completed in time allotted

### Effectiveness of Presenter to Promote Class Discussion (Facilitator)

Needs Improvement - 2 points	Meets Expectations – 2.5 points	Exceeds Expectations - 3 points
Little interaction between presenter and class Did not use questions	Good interaction between presenter and class Used 1-2 clinical vignette MCQ questions that tested recall of knowledge	Excellent interaction between presenter and class Used at least 2 clinical vignette MCQ questions that tested application of knowledge or problem solving

### Effectiveness of Written Presentation (Russell)

Needs Improvement - 2 points	Meets Expectations – 2.5points	Exceeds Expectations – 4 points
Disorganized No outside resources used and/or references cited	Presentation flows in logical sequence Presented in # PPT slides allotted Slides easy to read, well laid out, non-distracting background At least one relevant outside source cited	Excellent flow with summary slide Presented in # PPT slides allotted Slides easy to read with key points identified At least 3 relevant outside sources from recent literature cited

### 3. Clinical 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 Pharmacogenomics 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 the 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 copy must be e-mailed to Courtney Sahm on the date assigned. All students in the group must participate in the creating the question. This assignment is worth 6 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 of the questions (showing your group number) must also be emailed to Courtney Sahm 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.

**Clinical Vignette Presentations Attendance:** Attendance is required at the 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, 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.

Preparation (Pre-Class)	Readiness Assurance Diagnosis – Feedback	Application of Course Concepts (Group Application Exercises)
<p>All reading material will be given to students <u>one week in advance of sessions</u>, to allow time for reading.</p> <p>Recommendation: Pre-class reading materials typically do not exceed 30 pages per session</p>	<p>Readiness –</p> <ul style="list-style-type: none"> <li>• IRAT – 5-10 minutes</li> <li>• GRAT – 5-10 minutes</li> <li>• Discussion – 10-20 minutes</li> <li>• 20-40 minutes – Total time</li> </ul>	<p>Application –</p> <ul style="list-style-type: none"> <li>• 20-25minutes for Group work &amp; assessment</li> <li>• 20-25 minutes for class discussion</li> <li>• Wrap-up 5-10mins</li> <li>• 45-60 minutes – Total time</li> </ul>

### 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 syllabi 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 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. Winston 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. All students in the group must participate in the submission. This assignment is worth 6 points. The assignment must also be submitted electronically by email to Dr. Russell ([brussell@augusta.edu](mailto:brussell@augusta.edu)) and Courtney Sahn ([csahm@augusta.edu](mailto:csahm@augusta.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 one disease state within the current clinical module and describing the clinical presentation, diagnosis, and treatment. Four references from the current literature (articles and textbooks) must be cited. 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:**

All sessions of ECM2-Physical Diagnosis, ECM2-Problem Based Learning, and ECM2-Foundations of Clinical Practice (intersessions) are required attendance.

### **11. ECM2-Physical Diagnosis - Ultrasound Curriculum Activities:**

The ultrasound curriculum activities are a part of ECM2-Physical Diagnosis. 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 multiple-choice question review quiz for students to complete. Students will participate in specific ultrasound labs and be evaluated with a grading rubric. Following each ultrasound lab, there will be a post-lab clinical case physical diagnosis/ultrasound quiz. There will also be an ultrasound laboratory practical.

**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). Information/instructions for these activities will be available in D2L.

## **13. Interprofessional Education (IPE) Activity**

IPE activities are scheduled for this academic year.

## **14. 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.

## **D. Making up Missed Work**

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

1. TBL sessions may be made up by completing the IRAT assessment (for the individual points) and the Application Exercise (for the group points). Each of the Application Exercise questions must be answered explaining each answer choice (even the incorrect choices).
2. Clinical Vignette Presentations 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 Student Presentations may be made up by submitting a brief summary of each of the disease states 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 describing 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.

9. The excused absences for the ECM 2-Foundations of Clinical Practice sessions will be determined by the intersession director.

## E. Computer Requirement

Review the [MCG Laptop Requirements](#) to make sure your laptop meets the minimum requirements. Please contact the AU Service Desk at 706-721-4000 with any questions. All testing using Exemplify 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. Faculty use the ARS during class to encourage student participation, poll students, and assess students. **For graded activities using ARS, students must use a wired connection on their laptops. For these activities, students are required to bring a CAT 5 or CAT 6 network cable.**

**ExamSoft:** All written examinations/quizzes will be taken using Examsoft's Exemplify desktop application. The MCG Instructional Technology team will provide updated instructions at Orientation to make sure your computer is ready for the first quiz on Exemplify. You should download the quizzes/exams as soon as they become available. It is important to run all Microsoft updates prior to exam day.

## F. 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. 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.

## G. Clinical Dress Code Policy see <https://www.augusta.edu/mcg/coffice/index.php>

## H. 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.

**I. Testing Accommodations**

Augusta 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.augusta.edu/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 2

Curriculum and relevant Module and Component Directors prior to the start of each module to ensure accommodations. Academic Accommodations must be approved through TDS before each semester.

## **VI. Examination Rules and Regulations (These Guidelines Apply to All Quizzes and Exams)**

### **A. 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 quiz and exam question will be worth 1 point. Following each quiz will be a Group Quiz.** 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.

### **B. Exam Administration Guidelines:**

- All examinations/quizzes will be administered on the dates and times indicated in the MCG Phase 2 exam schedule. It is the students' responsibility to be in the classroom with their computer plugged into the power, the cat5 cable connected and the exam/quiz 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 obtaining approval from the module director to make up the quiz/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 Examssoft 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 examinations will be administered only on the dates and times documented in the Phase 2 examination schedule. If a student, regardless of the reason, does not take the examinations at the times designated, s/he will have to take the examinations at the time it can be rescheduled. The Curriculum Office will determine the date for the makeup examinations.
- To create a safe and non-distracting testing environment, no personal items are permitted in the classroom during an exam/quiz. Examples of personal items 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

#### C. 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.

#### D. 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.**

#### E. Examination Question Challenges:

There are **no** challenges of exam/quiz questions and/or 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.**

#### F. 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 Phase 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 items a student may bring to the exam/quiz review is one copy of his/her personal *printed* ExamSoft score report and their laptop computer. 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.**

#### G. 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-PD.

**PHASE 2**  
**Examination Schedule – 2018-2019 (Draft)**

**Fall Semester - 2018**

*Week*

<b>C &amp; S Disease States Fundamentals</b>				
1	Friday	August 10	Module 1-Quiz #1	8:00-10:00
2	Friday	August 17	Module 1-Quiz #2	8:00-10:00
3	Friday	August 24	Module 1-Quiz #3	8:00-10:00
4	Friday	August 31	Module 1- Quiz #4	8:00-10:00
5	Friday	September 7	Module 1- Quiz #5	8:00-10:00
6	Friday	September 14	Module 1-Comprehensive Final Exam	8:00-12:00

<b>C &amp; S Disease States Hematology/GI</b>				
8	Friday	September 28	Module 2-Quiz #1	8:00-10:00
9	Friday	October 5	Module 2-Quiz #2	8:00-10:00
10	Friday	October 12	Module 2-Quiz #3	8:00-10:00
12	Monday	October 22	Module 2-Comprehensive Final Exam	8:00-12:00

<b>C &amp; S Disease States CNS</b>				
13	Friday	November 2	Module 3-Quiz #1	8:00-10:00
14	Friday	November 9	Module 3-Quiz #2	8:00-10:00
15	Monday	November 19	Module 3-Comprehensive Final Exam	8:00-12:00

<b>C &amp; S Disease States MS/Skin</b>				
17	Friday	November 30	Module 4-Quiz #1	8:00-10:00
18	Friday	December 7	Module 4-Quiz #2	8:00-10:00
19	Friday	December 14	Module 4-Comprehensive Final Exam	8:00-12:00

**Spring Semester - 2019**

*Week*

21	Monday	January 7	NBME - Progress Exam	8:00-3:00
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<b>C &amp; S Disease States Cardiology/Pulmonary</b>				
21	Friday	January 11	Module 5-Quiz #1	8:00-10:00
22	Friday	January 18	Module 5-Quiz #2	8:00-10:00
23	Friday	January 25	Module 5-Quiz #3	8:00-10:00
24	Friday	February 1	Module 5-Quiz #4	8:00-10:00
26	Monday	February 11	Module 5-Comprehensive Final Exam	8:00-12:00

<b>Essentials of Clinical Medicine Intersession</b>				
27	Wednesday	February 20	Pediatrics Exam	8:00-12:00

<b>C &amp; S Disease States Renal</b>				
28	Friday	March 1	Module 6-Quiz #1	8:00-10:00

29	Friday	March 8	Module 6-Quiz #2	8:00-10:00
31	Monday	March 18	Module 6-Comprehensive Exam	8:00-12:00

**March 20-March 28, 2018      ECM2 OSCE      12:15-5:00-??**

***C & S Disease States Endocrine/Reproductive***

33	Friday	April 5	Module 7-Quiz #1	8:00-10:00
34	Friday	April 19	Module 7-Quiz #2	8:00-10:00
35	Thursday	April 25	Module 7-Comprehensive Exam	8:00-12:00

***Essentials of Clinical Medicine Intersession***

36	Wednesday	May 1	Women's Health Intersession Exam	8:00-12:00
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**Exam Week**

Phase 2 Comprehensive Module

37	Monday	May 6	NBME – Progress Exam	8:00-3:00
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*Note: ECM 2 – Geriatrics Intersession, Human Sexuality Intersession, Art of Doctoring Intersession, and Evidence Based Medicine Intersession may have online quizzes following the end of each respective intersession.*

***This schedule is subject to change.***

(5/21/18)

## **VIII. 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.