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MISSION, VISION AND GOALS

Mission: To provide Mercer medical students a foundation in the basic medical sciences relevant to the practice of medicine.

Vision: Each student will leave the Patient Based Curriculum competent in medical practice essentials, biomedical sciences, and community health with knowledge, skills, attitudes and behaviors that will support their clinical development and benefit the health of their patients.

Goals:

1. The curriculum will support competencies of medical knowledge, interpersonal and communication skills, professionalism, patient care, practice-based learning & improvement, and systems based practice relevant to the practice of medicine.

2. The program curriculum will incorporate analysis of multiple disease conditions to promote higher cognitive skills by integrating information and concepts from individual disciplines into an overall understanding of medical sciences applicable to patient care.

3. Curricular elements will emphasize the importance of both oral communication skills and independent study skills with articulate and thoughtful analysis, appraisal, and assimilation of the scientific issues, concepts and major mechanisms necessary for understanding the pathophysiology of underlying medical sciences applicable to patient care.

4. The curriculum will provide an environment and resources necessary to promote the development of professional attitudes, skills and behaviors.

5. Curricular components will include evaluation requirements to promote evaluation skills that facilitate individual, group and program improvement.

6. The program components will base their learning objectives on the overall competencies of the curriculum.

(Approved CIC 2016)
I. CURRICULAR FACULTY AND STAFF

A. FACULTY FACILITATORS (Tutors)

1. The facilitator will be either a basic Scientist or Clinician.

2. The faculty facilitate:
   a. the creation and maintenance of a learning environment in which focused, efficient, scientific and patient-centered discussions can occur, and during which each group member can participate.
   b. the generation and prioritization of learning issues.
   c. discussion of learning issues at an intellectual depth consistent with the progression of the curriculum.
   d. the general development during group discussions of each group member's Independent Learning Skills, Higher Cognitive Skills, Oral Communication Skills and Evaluation Skills consistent with the MUSM competencies.
   e. the group's definition and location of adequate learning resources, including faculty members.
   f. group evaluation of its process skills in the areas of:

       Knowledge Learning Skills
       Oral Communication Skills
       Evaluation Skills
       Professional Behavior

   g. the defining of group problems, both cognitive and interpersonal, and the resolution of the problems.

3. Faculty shall evaluate each student group member, give verbal formative assessment in an ongoing manner, and give a written summative evaluation at end of the module in the following areas:

       Oral Communication Skills
       Interpersonal Skills
       Professionalism

4. Faculty shall give a student in the group written/verbal notice at any point in time when his or her group performance becomes Unacceptable (see Evaluation section).
B. BLOCK COMMITTEES

The Block Committees are comprised of broadly experienced members of the faculty who shall be knowledgeable in many of the content areas of the Block, and who shall be responsible for the academic excellence of the Block.

1. Are responsible for overall quality of the Block including:
   a. Module Syllabus
      The Committee will evaluate the appropriateness of all discipline material in the Block. This evaluation will include the content as well as volume of topics, objectives, resources and references.
      The Committee seeks the guidance of any faculty member with a significant knowledge of Block content, including the active involvement of Module tutors and discipline faculty.
   b. Patient Based Cases
      The Committee recommends and implements improvements in the cases used for group discussion, both in small and large groups. These improvements will be based in part on the suggestions of students and faculty.
   c. Examinations
      The Committee:
      1) Coordinates the creation of the knowledge assessments, both summative and formative, from submitted materials from the disciplines, and subsequent revisions.
      2) Sets the passing score for each assessment using the modified Angoff method.
      3) Reviews student performance and item statistics for each assessment and will determine whether questions need to be rekeyed and/or removed from the exam.
      4) Coordinates the creation of the Medical Practice Reasoning Assessment (MPRA) with the assistance of the MPRA assessment team and the Block faculty in Medical Practice.
   d. Scheduled Contact Hours
      1) Oversees apportionment of materials to small group sessions. Apportions scheduled contact hours, including large groups and laboratory sessions.
   e. Learning Resources
      1) The Committee will oversee and manage the ancillary resource materials supplied to the class, and shall be responsible for their availability, appropriateness, and evaluation by the students. These materials may include textbook references, monographs, PowerPoint files, practice questions, and computer-aided instructional materials.
      2) The Co-Chairs of the Block Committee will communicate Block information needs and materials to the library and other areas as needed by the Block.
3) The Co-Chairs of the Block Committee will manage the content posted to the Block web site (University’s learning management system).

4) The Co-Chairs of the Block Committee are responsible for resolving problems in group sessions that arise during the Block which individual Faculty are unable to resolve.

2. The Committee reviews faculty and student evaluations with recommendations for Block improvements and makes appropriate recommendations.
   a. Encourages student and faculty feedback during the Block, and acts upon it as appropriate
   b. Assists in the evaluation of the Block by students and faculty
   c. Prepares an end-of-Block summary report that incorporates Block evaluations, assessment results, and other feedback.
   d. Utilizes these evaluations to improve the Block

3. The Block Committees have the following co-chairs for the 2016-2017 academic year:

<table>
<thead>
<tr>
<th>Block</th>
<th>Co-Chairs</th>
<th>Campus</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dr. E. Klatt</td>
<td>SAV</td>
</tr>
<tr>
<td>1</td>
<td>Dr. R. McCann</td>
<td>MAC</td>
</tr>
<tr>
<td>2</td>
<td>Dr. T. Thompson</td>
<td>SAV</td>
</tr>
<tr>
<td>2</td>
<td>Dr. T. Hope</td>
<td>MAC</td>
</tr>
<tr>
<td>3</td>
<td>Dr. R. Dent</td>
<td>SAV</td>
</tr>
<tr>
<td>3</td>
<td>Dr. E. Prakash</td>
<td>MAC</td>
</tr>
<tr>
<td>4</td>
<td>Dr. J. Ignatoff</td>
<td>SAV</td>
</tr>
<tr>
<td>4</td>
<td>Dr. J. Thomas</td>
<td>MAC</td>
</tr>
<tr>
<td>PGD</td>
<td>Dr. M. Dent</td>
<td>SAV</td>
</tr>
</tbody>
</table>
C. LEARNING RESOURCE FACULTY

Learning resource faculty are located on both the Macon and Savannah campus. Students may contact faculty at either campus.

A. Macon Campus

Off Campus: (478) 301 + last 4 digits
On Campus: 4 digit extension only

1. Medical Practice
   Dr. Blanca Lopez ..................................Sports Medicine [4123]
   Dr. Steve Williams....Macon 1st FL, next to Dean Suite [2209]

1. Department of Pathology
   Dr. Robert Donner (Chair)............W94 MUSM [2560]
   Dr. Larry Nichols ..............................W96 MUSM [2405]
   Dr. Anna Walker ................................W90 MUSM [4067]

2. Division of Basic Medical Science

   Anatomy and Embryology
   Dr. Henry Young .............................W104 MSUM [4034]
   Dr. Francis Kirera ..............................E54 MUSM [4043]
   Dr. Janine Chalk ..............................E60 MUSM [4027]

   Histology/Cell Biology
   Dr. Balint Kacsoh..........................W92 MUSM [2225]
   Dr. Rudy Zalups ...............................W84 MUSM [2559]
   Dr. Christy Bridges ..........................W84 MUSM [2559]

   Biochemistry
   Dr. Susan Cline ............................E59 MUSM [2231]
   Dr. Rick McCann ..............................W98 MUSM [4066]
   Dr. Thomas Selby ..............................E57 MUSM [2558]

   Genetics
   Dr. Ed Perkins (Savannah)............Hoskins Bldg 2nd FL [8204]

   Immunology
   Dr. Rob McKallip (Interim Chair)......W106 MUSM [2779]

   Microbiology (bacteriology, mycology, virology)
   Dr. Doris Baker ........................ W90 MUSM [2088]
   Dr. Gretchen Bentz ........................E55 MUSM [4103]
   Dr. Laura Silo-Suh ........................E51 MUSM [5128]

   Neuroscience
   Dr. Ananda Weerasuriya ..................W86 MUSM [2403]
   Dr. Andon Placzek .........................W91 MUSM [4035]

   Pharmacology
   Dr. Roy Russ ................................E46 MUSM [2390]
   Dr. Jim Thomas ............................W85 MUSM [4177]
   Dr. Ashley Horner ........................W100 MUSM [4050]

   Physiology
   Dr. E.S. Prakash ..........................Dean’s Suite MUSM [5507]
   Dr. Sandra Leeper-Woodford ............W102 MUSM [2555]
   Dr. Clay Pandorf ..........................W97 MUSM [4060]
3. **Behavioral Science**
   Dr. Kerry Coburn .......................... 655 First Street [2444]
   Dr. Sam Shillcutt.......................... 655 First Street [2330]

4. **Community Medicine**
   Dr. David Parish............................. CM [4094]
   Dr. Randolph Devereaux ......................CM [4081]
   Dr. Yudan Wei.................................CM [4179]
   Dr. Jacob Warren ...............................CM [2884]

5. **Ethics**
   Dr. Richard Elliott.........................E62 MUSM [478-960-3694]

6. **Family Systems**
   Dr. Bowden Templeton ....................... 655 First Street [4077]
   Dr. Morgan Stinson .......................... 655 First Street [2208]

7. **Clinical Departments** - Various faculty from the departments of Internal Medicine, Family Medicine, Pediatrics, Surgery, Obstetrics and Gynecology, and Psychiatry participate in the PBL curriculum. – Please consult faculty directories and curriculum faculty rosters for contact information.

B. **Savannah Campus**
   **Off Campus:** (912) 721 + last 4 digits
   **On Campus:** 4 digit extension only

1. **Medical Practice**
   Dr. Natalie Hogan .......................... Hoskins Bldg 1st FL [8192]

2. **Department of Biomedical Sciences**
   Dr. Robert Visalli (Chair) ............Hoskins Bldg 2nd FL [8209]
   **Anatomy, Gross and Embryology**
   Dr. Kristjan Thompson ..................Hoskins Bldg 2nd FL [8207]
   **Biochemistry**
   Dr. Himangshu Bose ......................Hoskins Bldg 2nd FL [8187]
   Dr. James Knapp ..........................Hoskins Bldg 2nd FL [8210]
   **Genetics**
   Dr. Shi-Wen Jiang .......................Hoskins Bldg 2nd FL [8188]
   Dr. Ed Perkins ............................Hoskins Bldg 2nd FL [8204]
   **Histology**
   Dr. Jinping Li ..............................Hoskins Bldg 2nd FL [8189]
   **Immunology**
   Dr. Ron Garner .........................Hoskins Bldg 2nd FL [8206]
   **Microbiology**
   Dr. Robert Visalli ..........................Hoskins Bldg 2nd FL [8209]
Neuroscience
Dr. Tina Thompson..................Hoskins Bldg 1st FL [8184]

Pathology
Dr. Edward Klatt......................Hoskins Bldg 1st FL [8183]

Pharmacology
Dr. Wayne Glasgow...................Hoskins Bldg 2nd FL [8201]

Physiology
Dr. Wei-Hsiung Yang................Hoskins Bldg 2nd FL [8203]
Dr. Zhi-Qing Zhao...............Hoskins Bldg 2nd FL [8208]

3. Community Medicine
Dr. Eric Shaw...........................Hoskins Bldg 2nd FL [8205]
Dr. Michael Arrington ............Hoskins Bldg 2nd FL [8199]

4. Ethics
Dr. Martin Greenberg...............Hoskins Bldg 1st FL [8223]

5. Research and Clinical Departments - Various faculty from the clinical departments as well as community faculty participate in the Patient Based Learning Curriculum. – Please consult faculty directories and phase tutor rosters for contact information.

D. ACADEMIC RECORDS

Academic Records personnel support the PBL Curriculum. Duties include: recording and tracking records of academic performance, maintenance of student academic records, collation and distribution of curriculum materials, including syllabi and examinations, and proctoring of examinations. Absences for required curricular activities are also reported through Academic Records.

Academic Records Personnel interacting with students include:
Kara Ballard…Macon 1st FL, next to Dean Suite [478-301-4108]
Jan Basile……..Savannah Hoskins Bldg 1st FL [912-721-8140]
II. CURRICULUM GOALS

The overall goals of the Patient Based Learning Curriculum direct each student to:

1. Identify and define health problems of both individual patients and communities.
2. Apply information management skills to acquire knowledge for understanding and treating health problems.
3. Examine the underlying pathophysiologic and behavioral mechanisms of illness
4. Develop and apply the medical practice skills required to define and manage the health problems of patients.
5. Develop and maintain personal characteristics and attitudes required for professional life.
6. Critically assess professional activity related to patient care, health care delivery, and medical research.
7. Develop the skills to work as a productive members of a diverse health care team in a variety of health care settings.

A. LEARNING SKILLS NECESSARY TO BE SUCCESSFUL

1. Independent, Self-Directed, Lifelong Learning Skills
   a. The ability to identify areas of biomedical science strengths and weaknesses from the analysis of biomedical problems and to learn the material required for the analysis.
   b. The ability to search for, to choose, and to retrieve information relevant to a biomedical problem from a variety of sources.

2. Group Learning Skills
   a. The ability to both contribute by oneself and to incorporate unfamiliar, novel information contributed by others during group discussions into an expanding knowledge base.
   b. Group members may promote active learning through sharing of experiences, abstract conceptualization, experimentation, and reflective observation.

3. Higher Cognitive Skills

The ability to analyze biomedical problems and to integrate information and concepts from the individual disciplines into an overall understanding of medical science, including the ability to:
a. Apply scientific information and concepts to disease conditions in multiple contexts with clinical reasoning.
b. Integrate information from different disciplines.
c. Collate information and evaluate its relevance to biomedical problems applicable to patient care.
d. Evaluate scientific accuracy and applicability of information read and/or presented by others.
e. Synthesize new information from existing information.
f. Explain the scientific basis of a medical problem, its various manifestations and potential treatments.
g. Apply creative problem solving to learning issues.
h. Discriminate between cause and effect.
i. Use the hypothetical-deductive and the hierarchical-inductive styles of reasoning to achieve pattern recognition.
j. Be objective regarding data, open-minded toward new concepts, skeptical when necessary, and willing to suspend making a judgment if there is insufficient evidence.

4. Oral Communication Skills

The ability to appropriately communicate with others to obtain and disseminate knowledge, including the ability to:

a. Identify and articulate knowledge thoughtfully and clearly, emphasizing the scientific issues, concepts, and major mechanisms underlying medical problems.
b. Summarize biomedical problems succinctly and adequately.
c. Get others to understand what you know, not just tell them what you know.
d. Work effectively within a group and to communicate with others in group learning tasks.

5. Evaluation Skills

The ability to appropriately evaluate others as well as apply metacognition to self-assess for ongoing adjustments to the learning process, including the ability to:

a. Evaluate others and to provide feedback with constructive criticism.
b. Evaluate the group and its functioning.
c. Realistically assess one's own deficiencies so that appropriate corrective measures can be sought and implemented.

III. EVALUATIONS
A. **SMALL GROUP SESSIONS**

1. The module faculty evaluate each student in each module. The student behaviors listed below may be considered as minimal in faculty evaluation of students, with the recognition that faculty expectations increase as the student progresses through the curriculum:

   a. **Group and Interpersonal Skills:** e.g., the student is actively involved in group process by initiating and contributing to discussions; actively collaborates and works effectively with others in group learning tasks; exhibits a positive attitude toward tutorial process. Is an effective leader. Accurately assesses and develops appropriate personal learning issues. Contributes to the learning of others. Encourages group members. Listens well and is flexible. Is able to resolve conflicts with peers. Acknowledges the contributions of others.

   b. **Communication/Presentation Skills:** e.g., summarizes and paraphrases biomedical concepts and information; offers a well-structured discussion and uses appropriate terminology. Explains thoughts/reasons/positions effectively. Conveys information truthfully and tactfully. Listens well and asks suitable questions. Uses technologies appropriately. Nonverbal communication (e.g., body movement, posture, eye contact, facial expression) is appropriate and not distracting. Presentations are organized and clear.

   c. **Professional Behavior:** e.g., demonstrates responsibility by punctuality, preparation, and attentiveness, shows respect and integrity when working with others, has a positive attitude with self-awareness to accept feedback, maintains professional boundaries, and conducts oneself in an ethical and professional manner.

2. Faculty shall keep individual students informed of deficiencies in group participation as the tutorials progress, and the tutors shall make suggestions for student improvement based upon observation BEFORE the module ends, giving the student an opportunity to demonstrate improvement. Deficiencies in an individual student’s group participation at the end of a given module shall be so noted in faculty evaluation of the student. **FACULTY SHALL GIVE A STUDENT WRITTEN NOTICE AT THE POINT IN TIME WHEN HIS OR HER GROUP PERFORMANCE BECOMES UNSATISFACTORY**

3. The regularly assigned tutor will determine the OVERALL performance evaluation of Exemplary, Meets Expectations, Needs Improvement, and
Unacceptable using the form: Tutor Evaluation of Student. These evaluations will be available to the student and the student’s academic advisor. For the end-of-module evaluation, Academic Records will record a numerical grade according to the following scale:

<table>
<thead>
<tr>
<th>Module Grade</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exemplary</td>
<td>3</td>
</tr>
<tr>
<td>Meets Expectations</td>
<td>2</td>
</tr>
<tr>
<td>Needs Improvement</td>
<td>1</td>
</tr>
<tr>
<td>Unacceptable</td>
<td>0</td>
</tr>
</tbody>
</table>

4. The expectation for satisfactory performance in group increases over time. A student must have a minimum cumulative Block tutorial score of:
   18 or greater in Block 1
   20 or greater in Block 2
   16 or greater in Block 3 (3 modules)
   24 or greater in Block 4
A student who fails to obtain the minimum score will be considered UNSATISFACTORY IN PBL.

Four end-of-module evaluations will be worth a maximum of 9 points each, 36 points total for each block. A perfect score of 36 would represent 100% “exemplary” ratings.

B. MEDICAL PRACTICE REASONING ASSESSMENT (MPRA)

1. Purpose: The primary purpose of this examination is to assess the student’s ability to effectively communicate a critical analysis of a patient case through the application and integration of knowledge learned and applied during the Block.
   a. The MPRA will be conducted at the end of each Block. The format is proscribed.
   b. A student must obtain a SATISFACTORY score in the MPRA at the end of each Block.
   c. If a student has failed a Block MRPA, that student shall be given a grade of UNSATISFACTORY but given the opportunity to remediate once at the end of the Block. A student who fails the attempted remediation will be UNSATISFACTORY in the PBL.
   d. As a student progresses through the Curriculum, the MPRA process will evolve. Students will be expected to advance their skills in case
analysis over two years. Expectations for a satisfactory performance will be determined by the Block faculty prior to the administration of the exam and will be consistent with the curriculum’s educational level.

C. KNOWLEDGE ASSESSMENTS

1. Format
   a. Each Block has both formative and summative, including end-of-Block comprehensive written examinations. Questions are based on written material from module objectives, including practical application of material (projected images, electronic images, microscopic slides, radiologic images, cadavers, specimens, models, etc.) USMLE style single-best-answer multiple choice formatted examination questions will be used.

   b. The multiple-choice questions will count one point each.

   c. Questions may be multidisciplinary.

   d. Summative assessments in a Block include:
      i. mid-module exam-25 questions
      ii. end of module exam-100 questions
      iii. end of block comprehensive questions-50 questions

   f. Formative assessments in a Block include:
      i. bi-monthly quizzes (approx.. 10 questions)
      ii. individual (IRAT) and group (GRAT) readiness assurance quizzes associated with Team-based learning (TBL) sessions

   e. Questions are based on learning objectives in each module syllabus and are answerable from the reference material cited therein, as well as in required contact hours (small groups, large groups, and required laboratories). (Material in learning resources is not testable when it expands beyond the objectives.).

   Exam review is incorporated as a learning opportunity for all written assessments.

2. Time
a. Time for each examination is approximately 1.5 minutes per question. Additional time will be added to allow for short breaks.

b. Preliminary results will usually be released by 5:00 pm on the day of the exam. Final grades will not be released until after Block Committee review.

3. Computerized Examination Delivery

   a. It is the student’s responsibility to have a laptop computer that meets minimum standards of performance for computerized exam delivery.

   b. It is the student’s responsibility to download, install, and keep updated the examination software, accessed via the MUSM custom home page at http://www.examsoft.com/mercermed

   c. It is the student’s responsibility to practice using the software to be facile with its use during each examination.

   d. It is the student’s responsibility to download the posted examination prior to the start of the exam. Students may not start the exam until told to do so when given the exam password by the exam proctor.

   e. Each student will acknowledge the MUSM Honor Code by signing the form at the beginning of each Block.
IV. EVALUATION STANDARDS

A. STANDARDS FOR THE PBL CURRICULUM

Please see the MUSM MD Program Handbook for Academic Performance Standards in Years I and II. The portions that are applicable to the Patient Based Learning Curriculum will serve as the Standards for the PBL Curriculum.

Each Block has 4 elements with defined standards required for passing the Block:

1. Knowledge assessments: (mid-module, end-of-module, end-of-Block) with a single cumulative passing score set by the Block Committee.

2. Medical Practice Practicums: passing score set by the Medical Practice faculty, are remediable during the Block.

3. Small Group Tutorials: faculty assessments of students for each module, with cumulative passing standard for the Block.

4. Medical Practice Reasoning Assessment (MPRA): passing standard set by the MPRA assigned faculty. May be remediate once at the end of the Block.

B. REPETITION OF A BLOCK / YEAR

1. When a student repeats a total year, the grades awarded during the repeated year shall replace the grades awarded during the unsuccessful year.
V. POLICY ON ATTENDANCE

Group attendance, both large and small, is a vital component of the learning process and is mandatory: However, an occasional absence may be unavoidable. All absences must be reported to Academic Records. **Students who exceed the allowable number of unexcused absences will receive a failing grade for the Block in which the policy is exceeded.** Abuse of the absence policy will be reported to the Associate Dean for Student Affairs as a possible professionalism violation.

A. ATTENDANCE POLICY:

1. Students are allowed one unexcused absence during each Block.

2. Students are not allowed to carry over unused unexcused absences to the next Block. Therefore, students would be allowed a maximum of two unexcused absences for an entire academic year.

3. **No student will be permitted more than one unexcused absence during any Block.**

B. PROCEDURES

1. Prior to known absence  
   a. Notification and consultation with the Block Co-Chairs for Savannah Campus and for Macon Campus is required. Such notification may be done by email, telephone, or in person.
   
   b. Notification of faculty facilitator and small group is strongly recommended.

2. Unexpected absence (e.g. illness)  
   a. Academic Records (Macon: 478-301-4109; Savannah: 912-721-8140) should be contacted to give notice of absence.
   
   b. Students will automatically receive a notification by email that they have 1 week to provide an excuse with one of the Block Co-chairs. Failure to respond will result in an automatic unexcused absence. Repeated requests for unexcused absences related to medical issues may result in a requirement for a doctor’s excuse.

3. Students are responsible for all missed academic work. It is the responsibility of the student to contact relevant faculty and student group for issues, assignments, and other information.

4. Decisions on excusing absences are made by the Block co-chairs on
respective campuses, and each will be consulted as necessary. The Associate Dean for Academic Affairs will serve as a consultant to the Block Co-Chairs. Appeals of decisions should be made in writing and will be forwarded to the Associate Dean for Academic Affairs.

5. **Absences from examinations are to be avoided.** Students are expected to notify the Block Co-chairs as soon as a problem is recognized and prior to the exam.

6. **Illness on the day of the exam must be reported to Academic Records** (Macon: 478-301-4109; Savannah: 912-721-8140) and will require documentation and verification from a physician.

7. Students needing extended leave because of illness should consult the MUSM Medical leave policy in the MUSM MD Program Handbook and the Associate Dean of Academic Affairs.
VI. PATIENT BASED LEARNING CURRICULUM

A. ORGANIZATION

1. Blocks: The PBL Curriculum is divided into 4 major Blocks of 16 to 18 weeks
   a. Block 1 – Foundations of Medical Science: includes introductory material supporting general mechanisms of disease, introduction to medical practice history and physical examination, gross anatomy, family systems, and community medicine.
   b. Block 2 – Organ systems including neurology, behavioral science, musculoskeletal, and dermatology.
   c. Block 3 – Organ systems including cardiology, pulmonary, and renal.
   d. Block 4 – Organ systems including gastrointestinal, endocrine, reproductive, and hematology-oncology
   e. Following each Block is a Professional Growth & Development (PGD) Block of 3 weeks. PGD Blocks 2 and 3 are community visits. PGD Blocks 1 and 4 are reserved for student projects.

2. Curricular Components: Much of the content in the phases is provided by faculty in departments.
   - Basic Sciences (Macon)
   - Biomedical Sciences (Savannah)
   - Community Medicine
   - Clinical Departments (supporting the 3rd and 4th years)
   - Family Medicine
   - Internal Medicine
   - Obstetrics & Gynecology
   - Pediatrics
   - Psychiatry and Behavioral Sciences
   - Surgery

B. SMALL GROUP TUTORIALS (Discussion Groups)

1. Constituents
   a. There will be 7-9 students in each group.
   b. Students will be assigned randomly. Exceptions require permission of the Block Co-Chairs.
c. Students will be reassigned to a new group for each Block.

2. Meetings
   a. Groups meet twice each week, regularly scheduled on Monday and Wednesday, in designated tutorial rooms.
   b. Groups must start by 8:45 A.M.
   c. Group discussions proceed for three hours with a short break of 15 minutes.
   e. Groups may not cancel sessions or shorten the meeting time.
   f. The meeting day and time may only be altered to accommodate another regularly scheduled curricular activity.

3. Group Process – Students
   a. Prepare with self-directed learning from the module syllabus objectives and case task lists.
   b. Develop learning issues from the cases.
   c. Discuss information obtained by independent study that pertains to issues and objectives and participate in group learning activities.
   d. Refine learning objectives and discuss new information.
   e. Wrap up the case; summarize the knowledge necessary to sufficiently analyze the clinical case.
   f. Evaluate their group’s process and progress. Resolve group problems.
   g. Professionalism is expected in all group activities.
   h. See a detailed description of Group Process in Appendix A.

4. Evaluations
   a. Formal summative evaluations are completed electronically at the end of each module with the goal of providing feedback to the student, tutor, or phase/program about areas of strengths and weaknesses.
   b. Students evaluate: Faculty, and Program
   c. Faculty evaluate: Students and Program.
   d. Formal Block de-briefing sessions are held at the end of each Block. Students are randomly assigned to one session over 2 years. These assignments are made at the start of the academic year. Attendance is required. These sessions are conducted by the Block Committee Co-Chairs or designee.

C. SYLLABUS

1. Purpose: To assist the student in meeting the learning goals of the PBL curriculum by:
   a. identifying the specific learning objectives for each module
   b. clarifying the breadths and depth of understanding expected for module objectives
c. specifying source material for the knowledge examinations.

2. Format
   a. Each syllabus contains learning objectives identified by topic areas.
   b. Primary references and page numbers are given for each topic area to cover each learning objective.
   c. Representative learning resource material may be identified as source material for examinations.
   d. Additional learning materials may be identified to provide an alternative view of the material or for enrichment, but not testable on the examinations.

D. LARGE GROUP SESSIONS

1. Weekly large group sessions are learning activities that incorporate active learning elements. **Attendance is required at all scheduled large group sessions.**
   a. Each Block Committee in cooperation with discipline / departmental / clinical faculty shall be responsible for their content, appropriateness for the Block, and evaluation by the students.
   b. Team-Based Learning (TBL) will comprise a majority of the large group sessions. Each TBL fills a 2 hour large group time block.
      i. There will be 5-6 students in each group.
      ii. Students will be assigned randomly. Where possible, groupings will be the same as for Medical Practice sessions.
      iii. Students will be reassigned to a new group for each Block.

2. Faculty
   a. The disciplines / programs / departments have designated faculty to handle large group sessions in certain areas of their discipline

3. Library
   a. References materials for each Syllabus are placed on reserve per Library in accordance with University policies.
   b. Library personnel will aid in searches for other material.

4. Gross Anatomy Dissection/Prosection Program
   a. Cadaver dissection and review of prosected specimens is **required** as assigned laboratory sessions. Students will be assigned to laboratory session as groups on each campus.
   b. Anatomy dissection and prosection exercises will be integrated as much as possible within each module.
   c. Policies for the Anatomy Lab
1) **Authorized Use.** Only students, faculty and other authorized MUSM personnel are allowed in the gross anatomy lab. Under no circumstances may a student bring an unauthorized visitor into the lab.

2) **Anatomy Lab Access.** Access to the gross anatomy lab may be restricted at certain times. However, for the most part students will have access to the Anatomy Lab 24 hours a day, seven days a week. Students may be required to access the Anatomy Lab with their University Bearcard (Macon) or their Memorial ID badge (Savannah). Such access is recorded in the respective access databases. After hours, students are encouraged to use the Lab only in the presence of another student; for security and safety. Working alone in the Lab, particularly at night, is strongly discouraged.

3) **Anatomy Lab Attire.** In keeping with the General Laboratory Safety Requirements of Mercer University, open-toed or perforated shoes are not allowed in the anatomy lab. In addition, although protective, disposable gowns are provided by MUSM, it is recommended that students wear clothing that can be damaged without concern.

4) **Anatomy Lab Accidents.** In the case of an injury in the anatomy lab, students are required to notify a faculty member immediately. If such an injury occurs in the anatomy lab after hours, students should seek appropriate medical care and must contact Mercer Police to file an accident report. The student should subsequently report the incident to either Dr. Henry Young (Macon) or Dr. Kristjan Thompson (Savannah) in Anatomy.

5) **Pregnancy and Access to the Anatomy Lab.** Medical students who are pregnant or who are preparing for pregnancy are advised to consult with their primary care provider before beginning or continuing the sequence of anatomy laboratory exercises of the PBL Curriculum. If a student expects to be pregnant during lab rotations, she is to inform the Anatomy lab director (either Dr. Francis Kirera (Macon) or Dr. Kristjan Thompson (Savannah). At that time, the student will be referred to the University Director of Environmental Health and Safety, who will inform her of the potential risks of exposure to formaldehyde and phenol as used in the Anatomy Lab. The student will also be instructed on potential filter devices that can be used to remove these chemicals from the air and that can be fitted to the student. A filtration device and its correct fitting may be provided at the School’s expense. However, the student
must provide written recommendation from her physician that (a) the wearing of a specific filtration unit is recommended for her/his patient and that (b) the student is physically fit to respire through that filtration unit.

VII. PROGRAM EVALUATION

A. CONTINUAL EVALUATION – Students and faculty are encouraged to give feedback whenever possible. This may be done either informally or formally, but always in a professional manner.

B. EVALUATIONS BY STUDENTS

1. Students are required to evaluate their small group faculty facilitator at the end of each module.
2. Students are required to evaluate their large group faculty presenters but not every student will be asked to evaluate each session.
3. Students are required to evaluate their MPRA examiner at the end of the Block.
4. Students evaluate their large group team members twice a year. These evaluations are formative.
5. Students are required to complete a Block evaluation
6. A cohort of students will participate in a structured, facilitated debriefing/discussion of the Block. Attendance is required. A summary of this discussion will be included in Block review.
7. All evaluations are completed on-line (One45) and students will be notified when an evaluation is to be completed. Final grades will not be released until all outstanding evaluations are completed.
8. A summary of the on-line Block evaluation and the Block review discussion is made available to the entire student body and faculty in Academic Records.
# Tutor Evaluation Form

Please comment on the following sections regarding the tutor you had this phase. This information will be provided to your tutor (anonymously) and will be used to facilitate tutor development. Please note that comments are required for each section.

## I. Tutor Evaluation:

1. I would choose to have this tutor again.
   - No
   - Yes

*Comments (Please provide the reason(s) for your choice):*

## II. Attitude:

The MUSM guide to Being an Effective Tutor emphasizes the importance of tutor attitude, and lists the following attributes of good tutor attitude: positive; interested; enthusiastic; humble; respectful; accessible; and idealistic. Further definition can be found below. Please comment on your tutor's attitude with regard to these attributes.

*Comments (Please be specific)*

## III. Medical Knowledge:

The MUSM guide to Being an Effective Tutor emphasizes the importance of the tutor's knowledge base, and lists the following attributes of good tutor knowledge base: prepared; understands goals and objectives of phase; understands role of basic science foundation; aware of psychosocial, patient care and ethical aspects of phase material; and is cognizant of personal limitations. Further definition can be found in the drop down box. Please comment on your tutor's knowledge with regard to these attributes.

*Comments (Please be specific)*

## IV. Professionalism:

The MUSM guide to Being an Effective Tutor emphasizes the importance of tutor professionalism, and lists the following attributes of good tutor professionalism: commitment to the pursuit of knowledge and academic excellence; positive attitude and behavior toward all colleagues; respectful behavior when addressing all curricular or extracurricular issues; willingness to address both appropriate and inappropriate behaviors of an individual student or the group in a timely and constructive manner; and adherence to BMP Program policies and guidelines. Further definition can be found below. Please comment on your tutor's professionalism with regard to these attributes.

*Comments (Please be specific)*
Peer Evaluation for Active Learning Sessions

Thinking back over the active learning learning sessions for the Block, rate your team member's overall performance on each of the following areas:

### Preparation

<table>
<thead>
<tr>
<th></th>
<th>Unacceptable 0</th>
<th>Needs Improvement 1</th>
<th>Satisfactory 2</th>
<th>Exemplary 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>The team member was prepared before the session, and was ready to make substantive contributions</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

### Contribution

<table>
<thead>
<tr>
<th></th>
<th>Unacceptable 0</th>
<th>Needs Improvement 1</th>
<th>Satisfactory 2</th>
<th>Exemplary 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>The team member participated fully, and made substantive contributions to today's session.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

### Professionalism

<table>
<thead>
<tr>
<th></th>
<th>Unacceptable 0</th>
<th>Needs Improvement 1</th>
<th>Satisfactory 2</th>
<th>Exemplary 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>The team member was respectful to peers, and demonstrated a positive attitude for the learning process.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

### Interpersonal

<table>
<thead>
<tr>
<th></th>
<th>Unacceptable 0</th>
<th>Needs Improvement 1</th>
<th>Satisfactory 2</th>
<th>Exemplary 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Either as a leader or active participant, the team member contributed to positive attitude for the learning process.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

### Communication

<table>
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<tr>
<th></th>
<th>Unacceptable 0</th>
<th>Needs Improvement 1</th>
<th>Satisfactory 2</th>
<th>Exemplary 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>The team member listened well and communicated ideas clearly.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

* Indicates a mandatory response

---

The following will be displayed on forms where feedback is enabled...
(for the evaluator to answer...)

* Did you have an opportunity to meet with this trainee to discuss their performance?
  - Yes
  - No
Student Evaluation of Large Group Active Learning Sessions

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparatory assignments were appropriate.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Stated learning objectives were addressed.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Resources (e.g. PPTs, visuals, videos, handouts) adequately supported learning.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>This session facilitated my ability to understand complex concepts.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The format of the session was appropriate for the topic(s) addressed.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The presenter communicated effectively.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The presenter maintained control of learning activities.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Comments:

The following will be displayed on forms where feedback is enabled...
(for the evaluator to answer...)

*Did you have an opportunity to meet with this trainee to discuss their performance?
☐ Yes
☐ No

(for the evaluatee to answer...)

*Did you have an opportunity to discuss your performance with your preceptor/supervisor?
☐ Yes
☐ No
Evaluations by Tutors:

End of Module Evaluation Form of Student

* Have you had a therapeutic relationship with this student?
  - [ ] No
  - [x] Yes

Professionalism: The student acts with integrity and honesty; is present, on time, prepared, and actively participates for the benefit of the group; is courteous, kind, and polite to group members; appropriately gives and receives constructive criticism; demonstrates a positive attitude; demonstrates the willingness to consult faculty and peers when needed; maintains proper boundaries (physical, sexual, financial, emotional, confidentiality, and personal appearance).

<table>
<thead>
<tr>
<th><em>Professionalism:</em></th>
<th>Unacceptable</th>
<th>Needs Improvement</th>
<th>Meets Expectations</th>
<th>Exemplary</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

*Identify at least one strength from the characteristics listed above:

Feedback: How might this strength help a student's growth and development in becoming a physician?

*Identify at least one growth opportunity from the characteristics listed above:

Feedback: How might the failure to address this opportunity hinder a student's growth and development in becoming a physician?

Interpersonal: The student works effectively and confidently with others; is an effective leader; initiates, leads, and/or actively participates in educational activities; accurately assesses and develops appropriate personal learning issues; contributes to the learning of others; encourages group members; listens well; makes other people feel at ease; is flexible; is able to resolve conflicts with peers; acknowledges the contributions of others.

<table>
<thead>
<tr>
<th><em>Interpersonal:</em></th>
<th>Unacceptable</th>
<th>Need Improvement</th>
<th>Meets Expectations</th>
<th>Exemplary</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tr>
</tbody>
</table>

*Identify at least one strength from the characteristics listed above:

Feedback: How might this strength help a student's growth and development in becoming a physician?

*Identify at least one growth opportunity from the characteristics listed above:

Feedback: How might the failure to address this opportunity hinder a student's growth and development in becoming a physician?
Communication: The student speaks clearly; explains thoughts/reasons/positions effectively; conveys information truthfully and tactfully; listens well; asks good questions; use technologies appropriately; nonverbal communication (e.g. body movement, posture, eye contact, facial expression) is appropriate and not distracting; presentations are organized and clear.

<table>
<thead>
<tr>
<th></th>
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<th>Needs Improvement 1</th>
<th>Meets Expectations 2</th>
<th>Exemplary 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Communication</em></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

*Identify at least one strength from the characteristics above:

*Feedback: How might this strength help a student’s growth and development in becoming a physician?

*Identify at least one growth opportunity from the characteristics listed above:

*Feedback: How might the failure to address this opportunity hinder a student’s growth and development in becoming a physician?

*Overall assessment point total (Please add Professionalism, Interpersonal and Communication Scores)

[0. or positive number only, no decimals]

The following will be displayed on forms where feedback is enabled...
(for the evaluator to answer...)

*Did you have an opportunity to meet with this trainee to discuss their performance?
  ☐ Yes
  ☐ No

(for the evaluator to answer...)

*Did you have an opportunity to discuss your performance with your preceptor/supervisor?
  ☐ Yes
  ☐ No
VIII. STUDENT ACADEMIC ADVISING

A. SCHEDULE

1. Students are required to meet with their assigned Advisor 1 time each Block (early in the Block) and 1 time at the end of Block 4 during the Professional Growth and Development session. Schedule as follows:

   a. Orientation Week: Introduction to MUSM’s Preclinical Advising
   b. Early in Foundations Block (Block 1)
   c. Early in Block 2 (reflecting on Block 1)
   d. Early in Block 3 (reflecting on Year 1)
   e. Early in Block 4 (reflecting on Block 3)
   f. PG&D (reflecting on Year 1 & Year 2)

B. AGENDA

1. Assess performance
2. Examine Evaluations
3. Share Reflections
   i. Students will submit a Reflection Paper to their Advisor at least 24 hours prior to scheduled advising appointment.
4. Discuss other concerns as raised by Students
5. Develop action plan
APPENDIX A: GROUP PROCESS

These are the components of group process in the PBL Curriculum.

1. READING THE CASE AND GENERATION OF LEARNING ISSUES
   Students are expected to have read the assigned case(s) prior to arriving in group. Each case may include:

   - Chief Complaint or Initial Finding
   - History of Present Illness
   - Past Medical History
   - Medications
   - Social History
   - Family History
   - Review of Systems
   - Physical Examination Findings
   - Laboratory Data
   - Ancillary Studies
   - Clinical Course
   - Task List for Discussion

   Students are expected to have identified and addressed personal, case focused learning issues prior arriving in group. The purpose of generating learning issues is for the student: to identify weaknesses or gaps in their medical science knowledge necessary to understand and discuss the case at multiple levels.

   To help focus and prioritize independent study of the material. An issue is a question or problem raised about a specific aspect of a case. It focuses on a concept, not a single fact. Learning issues should be used:
   a. To guide appropriate self-directed study by the students in seeking relevant answers or solutions.
   b. To insure focused, productive group discussions of the biomedical science concepts relevant to the case under consideration.
   c. While it is important for the group to raise all pertinent issues, it is understood that not all issues which satisfy these purposes will be a part of the list of issues finalized and prioritized by the group.

2. DISCUSSION OF TASKS WITH LEARNING ISSUES

   a. Purposes of Discussion
      1) To bring each group member to an adequate understanding of the medical science information and concepts involved in
answering or addressing the issues. To accomplish this through the exchange of information derived from the group's collective knowledge and deliberation.

2) To identify weaknesses in knowledge or understanding which require new or modified issues.

3) To bring each member to an understanding of the scientific basis of the medical problem, its manifestations and treatment through the groups' discussion of all the issues.

b. Nature of the Discussion

1) Throughout its course, the discussion will involve all group members. For individual group members, this will cycle between active and passive involvement.

2) Discussion by group members will exhibit Higher Cognitive Skills and Oral Communication Skills elucidated in the Program Goals. It will be at a scientific level commensurate with contemporary medical education, the phase of the curriculum and the progress within the Phase.

3) The discussion should be focused, productive, and efficient, while adhering to the plan, which was determined by the group.

4) Reading from written material as a means of presenting scientific information is not in keeping with the intent of the PBL Curriculum. Appropriate use of written material in discussions would be to refer occasionally to such material as one would when giving a speech. Reading verbatim from texts or notes is appropriate if done to clarify a point of confusion or disagreement.

c. Case Wrap-up

1) Purpose: To integrate the discussions of the various issues into an explanation of the scientific basis of the case.

b. Nature of the wrap-up

1) The group will demonstrate an understanding of the medical science of the case as an integrated whole rather than as a series of parts (e.g., epidemiology, physical findings, treatment, prognosis, etc.) and will reach appropriate conclusions.

The wrap-up will take the form of a summary of the information and concepts from each task, as well as pertinent relationships among learning issues identified in discussion. The information presented at this time will not be at the same level as during the issue discussion but will be alluded to specifically; e.g., "this is where we detailed the metabolic pathway"; or, "This is where we went over the histology slides of the…"