DOCTOR OF MEDICINE, M.D.

The **OU-TU School of Community Medicine** is among the nation's leaders in the growing field of community medicine, which focuses on population-based health outcomes. Our curriculum emphasizes the promotion of public health through education, early diagnosis, disease prevention, and recognition of social, environmental and occupational components of health. Our graduates are skilled in caring for individual patients and analyzing the fundamental causes of disease in the communities in which they practice. Upon graduation, medical students match into primary care and specialty residencies. Recent students have been successful matching in many highly competitive residency programs.

It is the student's responsibility to ensure they are enrolled in the prescribed courses and to pay tuition and fees at the time designated by the Bursar's Office. Details regarding tuition/fee charges and collection are available from the Bursar's Office.

Application Procedure

The University of Oklahoma College of Medicine participates in the American Medical College Application Service (AMCAS) (https://students-residents.aamc.org/applying-medical-school-amcas/applying-medical-school-amcas/). Persons applying to the MD program should begin the application process during the summer a year in advance of the time they wish to be admitted.

All applicants are required to take the Medical College Admission Test (MCAT) (https://students-residents.aamc.org/register-mcat-exam/register-mcat-exam/). We will use an applicant's most recent MCAT® score which must be taken no later than the fall of the year in which the application is filed.

The AAMC PREview™ (https://students-residents.aamc.org/aamc-preview/aamc-preview-professional-readiness-exam/) will be ***recommended***, not required, starting in the 2021-2022 cycle. We will hold these scores separately to be used for research purposes, but they will **not** be used for evaluation.

Letters of recommendation are required to complete an application. These may either be a premedical committee letter and one faculty letter, or three faculty letters. Our definition of a faculty letter is one written by a college/university faculty member who has instructed you at the college/university level. These letters should be submitted through AMCAS Letters as part of the AMCAS application. Additional letters of recommendation may also be submitted by the applicant but are not required.

A link to our supplemental application is emailed to all applicants by the College of Medicine Admissions Office after the preliminary application material has been received from AMCAS. A non-resident of Oklahoma applicant who has close ties to Oklahoma should carefully document these ties on the supplemental application. A nonrefundable application fee of $85.00 is required to be submitted electronically with the submission of the supplemental application. Applicants receiving an AMCAS fee waiver will receive a College of Medicine application fee waiver.

The University of Oklahoma College of Medicine has two educational tracks; the OU Health Sciences Center (https://www.ouhsc.edu/) (OUHSC) in Oklahoma City and the OU School of Community Medicine (https://www.ou.edu/tulsa/community_medicine/) (OUSCM) in Tulsa. Applicants interested in applying to the OUSCM track will be required to complete additional questions specific to the OUSCM on the supplemental application.

Applicants currently enrolled in a graduate degree program are required to submit a letter from the program director or chair of the department which states the applicant is in good standing and that they are supportive of the application.

Applicants applying to the joint MD/PhD program (https://mdphd.ouhsc.edu/) will be contacted separately and provided with information regarding the MD/PhD supplemental application.

All successful applicants will be interviewed by the Admissions Board in Oklahoma City and offered a position in the Oklahoma City educational track. Successful OUSCM applicants will receive an additional interview with the OUSCM and if offered a position in both educational tracks, the final track selection will be made by the applicant.

Basis of Selection

Admissions decisions are based on an applicant's indications and probabilities of successfully completing medical school, intellectual ability, academic achievement, character, motivation, and maturity. The assessment utilizes college grades, MCAT scores, letters of recommendation, personal statements, and results of the required interview.

Intellectual ability and academic achievement alone are not sufficient to assure the professional development and commitment required of a physician. Traits of personality, maturity, interesting or diverse backgrounds, and character are necessary to communicate warmth and compassion and to work effectively in a profession dependent upon interpersonal relationships, cross cultural appreciation, and high ethical behavior. To accomplish the required objectives, candidates for the M.D. degree must have specific abilities and skills.

Students admitted to the freshman class, entering in 2023, had a grade point average of 3.86 and an average total MCAT of 509.

Interview

Interview requirements are based on the competitiveness of the current applicant pool. All applicants selected for final consideration will be interviewed **virtually** between August and December by members of the Admissions Board. The College of Medicine endeavors to have a class selected by March 1st. It should be emphasized that an invitation for an interview does not signify acceptance for admission.

Useful document for your interview:

Prerequisite Course List (https://medicine.ouhsc.edu/Portals/1365/Assets/Documents/Prospective%20Students/Admissions/prerequisite-course-list.pdf?ver=2020-03-19-142712-227)

Educational Tracks

The University of Oklahoma College of Medicine offers students two different educational tracks (i.e., paths) that lead to the Doctor of Medicine Degree: the OU Health Sciences Center (OUHSC) in Oklahoma City and the OU School of Community Medicine (OUSCM) in Tulsa. Both Tracks provide students with the knowledge and skills necessary to serve as a well-rounded physician. Each track offers unique opportunities as indicated below.

Comprehensive Academic Health Center. The Oklahoma City campus includes seven professional colleges and is part of the Oklahoma Health Center, a 200-acre complex that includes OU Medical Center, VA Medical Center, Dean McGee Eye Institute, The Children's Hospital at OU Medical Center, Stephenson Cancer Center, University Research Park, and Oklahoma's only Level One Trauma Center.

140 students per class creates an enriching environment with students from a wide range of different educational backgrounds and experiences.

Specialty experience is easily accessible with the opportunity to interact with a broad range of residency programs including 53 ACGME accredited specialty and sub-specialty programs with 571 residents and fellows in training.

The Oklahoma City Campus has 884 faculty members in 18 Clinical Departments and 4 Basic Sciences Departments

Community Setting. The School of Community Medicine utilizes large community hospitals, OU physicians clinics, and community physicians for training students and residents for primary care and sub-specialties in medicine and surgery.

Only 30-35 students per class creates a tight-knit student community, small rotation teams and individual attention from both academic and community faculty.

The concepts of community medicine are woven into all learning and environments at the School of Community Medicine. For example, the **Summer Institute** brings students and faculty from many disciplines together for an immersion in community medicine.

Public Health Education is available for all School of Community Medicine Track medical students. Students have the option of completing a certificate in public health or taking an extra year to complete a MPH degree. Public health course tuition is funded through generous philanthropic support.

Community-Based Research. Students can participate in research while tackling tough problems and creating solutions to improve the health of entire communities.

Focus on improving health disparities in Tulsa, Oklahoma and the US in both urban and rural settings. The health status of Oklahoma is remarkably low and huge health disparities exist in our state. The School of Community Medicine is addressing these issues aggressively involving students, staff, residents and faculty.

Bedlam Clinics. Bedlam E-Free, student-led, evening walk-in clinic; provides care to the uninsured. Bedlam L-Free, student-led, longitudinal chronic care clinic where each medical student manages their own panel of patients with multiple chronic diseases.

Code	Title	Hours
Year One (Total clock hours = 850.5)		
INDT 8162	Lifestyle Medicine and Health Promotion I	37
INDT 8124	The Human Structure	130
INDT 8125	Foundations of Medicine	136-151
INDT 8122	Clinical Medicine I	115
INDT 8244	Patients, Physicians and Society I	75-87
INDT 9101	School of Community Medicine Prologue Course	40
INDT 8110	Design and Analysis of Clinical Research	16
INDT 8132	Immunology, Microbiology, and Integument	77
INDT 8140	Gastrointestinal and Hepatobiliary	85
INDT 8148	Endocrinology, Metabolism and Nutritional Biochemistry	85
INDT 8156	Blood, Hematopoiesis, & Lymphatics	68
Year Two (Total clock hours = 688)		
INDT 8264	Cardiovascular, Respiratory and Renal Systems I	152-164
INDT 8272	Neurosciences	151-166
INDT 8275	Clinical Medicine II	99
INDT 8266	Patients, Physicians, and Society II: Clinical Ethics	30-35
INDT 8163	Lifestyle Medicine and Health Promotion II	32
INDT 8301	Enrichment Program: Humanities	16
INDT 8280	Reproduction	98
INDT 9200	MS2 Capstone	70
INDT 9201	Joint, Skin, and Bone	40
Year 3 (Total clock hours = 2048)		
INDT 9301	Clinical Transitions	40
MED 9250	Medicine Clerkship	298-320
SURG 9760	Surgery Clerkship	298-320
OBGY 9210	Obstetrics and Gynecology Clerkship	226-240
PEDI 9650	Pediatric Clerkship	226-240
PSBS 9520	Psychiatry Clerkship	226-240
FM 9540	Family Medicine Clerkship	155-160
NEUR 9370	Neurology Clerkship	155-160
INDT 9050	Health Systems Sciences in Practice	184
Students must take 3, two-week rotations chosen from the available specialty disciplines. OKC and SCM options vary.		
Year Four (Total clock hours = 1360)		
GERI 9250	Geriatrics and Community Medicine	160
INDT 9300	Capstone	160
Various electives (26 weeks – including a 4-week sub-internship)		

MD Program Prerequisites

All applicants must be U.S. citizens or hold a permanent visa at the time of application. Minimum requirements to the College of Medicine are 90 semester hours with a cumulative grade point average of 3.0 and a Medical College Admissions Test (MCAT) score of 21. These are minimum requirements and are not competitive for an interview. We use the most recent MCAT score when selecting applicants for interviews.

A candidate for the M.D. degree must have the following abilities and skills: Observation; communication; motor; conceptual, integrative and quantitative; and behavioral and social.

All applicants must have verification of the following prerequisite courses (to be completed by matriculation):

- General Zoology/Biology (including lab) - 1 semester
- General Chemistry - 2 semesters
- Organic Chemistry - 2 semesters
- Physics - 2 semesters
- English - 2 semesters
- Genetics OR Cell Biology OR Molecular Biology - 1 semester
- Psychology, Sociology, Philosophy, or Humanities - 3 semesters

Recommended Courses:

- Biochemistry - 1 semester
- Writing Intensive English Course - 1 semester

Objectives

See also: Section 400 of the College of Medicine Policies and Procedures Handbook

The following competency-based Educational Program Objectives guide the planning, delivery, and evaluation of the College of Medicine core undergraduate medical education program. Students are expected to demonstrate competency in each of these areas prior to graduation.

1. **Medical Knowledge**
   Students will demonstrate knowledge of the…
   a. Basic scientific principles fundamental to the practice of medicine
   b. Normal structure, function, and embryology of organ systems
   c. Pathogenesis and manifestations of clinical disorders
   d. Utility, mechanisms of action, and adverse effects of commonly used drugs
   e. Physical, cognitive, emotional, social, and behavioral aspects of human development
2. **Patient Care**
   Students will be able to…
   a. Elicit a medical history and perform a physical examination
   b. Interpret common diagnostic and screening tests
   c. Create, prioritize, and justify a differential diagnosis
   d. Evaluate and manage common clinical conditions
   e. Perform general procedures of a physician
   f. Apply principles of health promotion and disease prevention to patient care
   g. Describe and address common societal problems adversely affecting health in Oklahoma
   h. Provide general care to diverse patient populations
3. **Communication**
   Students will be able to…
   a. Use effective listening, observational, and communication techniques with patients and families
   b. Deliver clear and accurate oral presentations using standard formats tailored to the needs of the listener
   c. Provide accurate and context-specific documentation of clinical encounters in written and electronic formats
4. **Professionalism**
   Students will be able to…
   a. Demonstrate altruism, honesty, compassion, and responsiveness to patient needs
   b. Demonstrate integrity, respect, reliability, and accountability in professional endeavors
   c. Demonstrate commitment to ethical principles by respecting patient autonomy and seeking the patient's best interest
   d. Demonstrate cultural sensitivity, recognize personal and systemic healthcare biases, identify demographic influences on healthcare quality and outcomes, and suggest strategies to reduce health disparities
5. **Practice-Based Learning**
   Students will be able to…
   a. Use biostatistics and the scientific method, describe principles of clinical and translational research, appraise scientific studies, and engage in evidence-based clinical practice
   b. Identify and address personal strengths and weaknesses, respond appropriately to feedback, and seek help and advice when needed
   c. Engage in self-directed learning as a foundation of life-long learning
6. **Systems-Based Practice**
   Students will be able to…
   a. Integrate the unique and complementary abilities of other healthcare professionals and collaborate as a member of an interprofessional team
   b. Explain the principles of health systems science and contribute to a culture that promotes patient safety
   c. Describe and apply the fundamental principles of community medicine[1]

[1] ***Supplemental SCM Track Objective. Objectives are assigned to EPO 6c for students on the Tulsa Campus Only***

The following competency-based School of Community Medicine (SCM) Track Objectives guide the planning, delivery, and evaluation of the community medicine-specific programming. Students participating in the Tulsa campus SCM track are expected to demonstrate competency in each of these areas prior to graduation.

- **SCM A**. Describe the characteristics of community
  - A1. Define community
  - A2. Discuss the role of community in health
  - A3. Define a meaningful population for health improvement purposes
- **SCM B**. Identify the principal determinants of population health
  - B1. Describe population-level determinants of health
  - B2. Discuss how these factors influence health status and healthcare delivery
- **SCM C**. Assess the health status, needs, and resources of a community
  - C1. Evaluate available statistics to identify health problems or areas of concern
  - C2. Identify existing community-based assets and resources to improve population health
- **SCM D**. Use community engagement to promote population health
  - D1. Refer individual patients to resources that can assist in meeting their health needs
  - D2. Participate in community engagement to understand community needs
- **SCM E**. Use principles of evidence-based practice to promote population health
  - E1. Analyze the literature applicable to problems identified among patients and populations
  - E2. Apply the scientific literature to patient care taking into account patient values, resources, and preferences
- **SCM F**. Apply principles of quality improvement to promote population health
  - F1. Utilize patient data and a quality improvement model to improve the health of a patient population

- F2. Describe the role of evaluation in program improvement and advocacy
- F3. Describe how quality improvement principles can be applied to improving team functioning

- **SCM G**. Apply principles of population health to daily practice
  - G1. Describe how social determinants of health impact an individual's health
  - G2. Describe how inter-professional collaborations can help meet individual patients needs and affect population health
  - G3. Apply knowledge of social determinants of health in treatment planning and delivery

End of Phase Competencies

MD program students are expected to demonstrate competency in the following areas at the conclusion of the preclinical and clinical curriculum phases (i.e., segments). Student competency is assessed throughout each phase via outcome measures identified by the faculty.

Competency 1: Medical Knowledge

Objective 1a

To demonstrate knowledge of basic science principles fundamental to the practice of medicine

At the end of the preclinical phase, students should be able to:

1. Demonstrate knowledge of the basic principles of genetics, biochemistry, and cellular biology
2. Demonstrate knowledge of the basic principles human anatomy
3. Demonstrate knowledge of the basic principles of physiology, pharmacology, and pathology
4. Demonstrate knowledge of the basic principles of microbiology and immunology

By graduation, students should be able to:

5. Apply knowledge of genetics, biochemistry, and cellular biology to clinical medicine
6. Apply knowledge of human anatomy to clinical medicine
7. Apply knowledge of the pathophysiology and pathology to clinical medicine
8. Apply knowledge of basic pharmacology to clinical medicine
9. Apply knowledge of microbiology and immunology to clinical medicine

Objective 1b

To demonstrate knowledge of the normal structure, function, and embryology of organ systems

At the end of the preclinical phase, students should be able to:

1. Describe the structure, function, and embryologic development of the hematologic and lymphatic systems
2. Describe the structure, function, and embryologic development of the gastrointestinal and hepatobiliary systems
3. Describe the structure, function, and embryologic development of the endocrine system
4. Describe the basic principles of metabolism and nutrition
5. Describe the structure, function, and embryologic development of the cardiovascular, pulmonary, and renal systems
6. Describe the structure, function, and embryologic development of the nervous system
7. Describe the basic principles of human behavior
8. Describe the structure, function, and embryologic development of the male and female reproductive systems
9. Describe the structure, function, and embryologic development of the integumentary and musculoskeletal systems

By graduation, students should be able to:

10. Apply knowledge of the basic structure and function of organ systems to clinical medicine
11. Apply knowledge of basic embryology to clinical medicine

Objective 1c

To demonstrate knowledge of the pathogenesis and manifestations of clinical disorders

At the end of the preclinical phase, students should be able to:

1. Identify the principal causes of disease: genetic, developmental, infectious, inflammatory, immunologic, traumatic, toxic, environmental, metabolic, degenerative, and neoplastic
2. Describe the principal manifestations of common medical conditions

By graduation, students should be able to:

3. Apply knowledge of the principal pathogenic mechanisms to patient care
4. Apply knowledge of the clinical, laboratory, radiographic, and electrocardiographic manifestations of disease to patient care

Objective 1d

To demonstrate knowledge of the utility, mechanisms of action, and adverse effects of commonly used drugs

At the end of the preclinical phase, students should be able to:

1. Describe the utility, mechanisms of action, and adverse effects of commonly used drugs

By graduation, students should be able to:

2. Apply knowledge of pharmacology to patient care

Objective 1e

To demonstrate knowledge of physical, cognitive, emotional, and social aspects of human development

At the end of the preclinical phase, students should be able to:

1. Describe the physical, cognitive, emotional, and social dimensions of human development

By graduation, students should be able to:

2. Apply knowledge of human development to the care of patients

Competency 2: Patient Care

Objective 2a

To elicit a medical history and perform a physical examination

At the end of the preclinical phase, students should be able to:

1. Elicit a comprehensive and focused medical history
2. Perform a comprehensive and focused physical examination

By graduation, students should be able to:

3. Elicit a medical history, including a psychiatric and obstetric history, from an adult patient in the hospital or clinic setting
4. Perform a physical exam, including mental status, neurologic, breast, and pelvic exam, on an adult patient in the hospital or clinic setting
5. Perform an infant hip exam and a pediatric eye, ear/nose/throat, lymphatic, and male genitourinary exam

Objective 2b
To interpret common diagnostic and screening tests

At the end of the preclinical phase, students should be able to:

1. Interpret common laboratory, radiographic, electrocardiographic, and interventional tests

By graduation, students should be able to:

2. Use the results of common laboratory, radiographic, electrocardiographic, and interventional tests for diagnostic and screening purposes

Objective 2c
To create, prioritize, and justify a differential diagnosis

At the end of the preclinical phase, students should be able to:

1. Identify the chief presenting symptom in a standardized patient
2. Establish a short, prioritized differential diagnosis based on information obtained from the medical history and physical examination
3. Identify elements in the medical history and physical examination that support each item in the differential diagnosis

By graduation, students should be able to:

4. Identify all major symptoms experienced by a patient in the hospital or clinic setting
5. Establish a detailed differential diagnosis for each symptom based on information obtained from the medical history, physical examination, and diagnostic tests
6. Identify elements in the medical history, physical examination, and laboratory tests that support or detract from each item in the differential diagnosis

Objective 2d
To evaluate and manage common clinical conditions

At the end of the preclinical phase, students should be able to:

1. Evaluate a set of common clinical presentations in case vignettes and standardized patients

By graduation, students should be able to:

2. Evaluate a wide array of clinical presentations in hospitalized and clinic patients
3. Diagnose and manage common clinical conditions seen in the inpatient and outpatient settings

Objective 2e
To perform general procedures of a physician

At the end of the preclinical phase, students should be able to:

- N/A

By graduation, students should be able to:

1. Gown and glove
2. Suture and tie knots in a simulated environment
3. Catheterize the urinary bladder in a simulated environment
4. Insert intravenous catheter in a simulated environment
5. Intubate and ventilate in a simulated environment
6. Perform Pap test
7. Insert a urinary bladder catheter in a patient
8. Perform suturing and knot-tying on a patient
9. Assist in placement of a nasogastric tube
10. Assist in placement of an intravenous line
11. Assist in surgical wound care

Objective 2f
To apply principles of health promotion and disease prevention to patient care

At the end of the preclinical phase, students should be able to:

1. Describe the utility of each of the following in health promotion and disease prevention: risk assessment, behavioral modification, health screening, nutrition, exercise, weight management, family planning, and immunization

By graduation, students should be able to:

2. Apply the tools of health promotion and disease prevention to the care of children, adults, pregnant women, and the elderly

Objective 2g
To describe and address common societal problems adversely affecting heath in Oklahoma

At the end of the preclinical phase, students should be able to:

1. Describe strategies for preventing, diagnosing, and treating substance use disorder
2. Describe strategies for preventing, diagnosing, and treating obesity
3. Describe strategies for preventing, detecting, and addressing child abuse
4. Describe strategies for preventing, detecting, and addressing elder abuse
5. Describe strategies for preventing and addressing teen pregnancy

By graduation, students should be able to:

6. Provide care to patients with substance use disorder
7. Provide care to patients with obesity
8. Provide care to victims of child abuse
9. Provide care to victims of elder abuse
10. Provide care to pregnant teens

Objective 2h
To provide general care to diverse populations

By graduation, students should be able to:

1. Provide general care to inpatients and outpatients
2. Provide general care to patients of diverse socioeconomic and cultural backgrounds
3. Provide general care to patients with urgent and non-urgent presentations

Competency 3: Communication

Objective 3a
To use effective listening, observational, and communication techniques with patients and families in routine and cross-cultural settings

At the end of the preclinical phase, students should be able to:

1. Greet and establish rapport with patients
2. Pose open-ended questions
3. Use verbal and non-verbal facilitative behavior
4. Summarize details of a patient's medical history
5. Properly transition from section to section of a patient's medical history
6. Listen actively
7. Encourage patient participation
8. Elicit patient's perspective regarding symptoms and problems
9. Demonstrate patient-centered approach to care, including shared decision-making
10. Demonstrate empathy
11. Explore and validate patient's emotions
12. Avoid medical jargon
13. Allow patient to speak without interruption
14. Provide uncomplicated explanations and instructions
15. Assess patient comprehension

By graduation, students should be able to:

16. Demonstrate all skills listed above in the care of hospitalized and clinic patients
17. Engage in age-appropriate communication with children
18. Address victims of domestic violence properly
19. Interact with individuals who have cognitive or behavioral problems
20. Communicate with victims of elder abuse
21. Deliver "bad news"

Objective 3b
To deliver clear and accurate oral presentations

At the end of the preclinical phase, students should be able to:

1. Orally present a comprehensive history and physical (H&P)
2. Orally present an abbreviated SOAP report

By graduation, students should be able to:

3. Present an accurate H&P and SOAP note on hospitalized and clinic patients
4. Conduct an effective handover using the SBAR method of communication

Objective 3c
To provide accurate and context-specific documentation of clinical encounters

At the end of the preclinical phase, students should be able to:

1. Write a comprehensive H&P
2. Write a SOAP progress note

By graduation, students should be able to:

3. Write an admission H&P and a SOAP-format progress note on a hospitalized and clinic patient
4. Write a patient handover note in SBAR format
5. Write a discharge summary
6. Write a pre-operative, operative, and post-operative note on a hospitalized patient

Competency 4: Professionalism

Objective 4a
To demonstrate honesty, compassion, and responsiveness to patient needs

At the end of the preclinical phase, students should be able to:

1. Identify the following attributes on the College of Medicine's list of approved attributes: honesty and integrity; care and compassion; courtesy and respect; and cultural sensitivity and humility
2. Demonstrate these attributes with standardized and "real" patients

By graduation, students should be able to:

3. Demonstrate the attributes listed in 4.1.1 when caring for patients in all professional settings

Objective 4b
To demonstrate integrity, reliability, and accountability in professional endeavors

At the end of the preclinical phase, students should be able to:

1. Identify the College of Medicine's list of approved attributes including accountability and responsibility; punctuality; professional appearance; attentiveness and participation; accuracy of representation of clinical findings; commitment to self-improvement and accepting feedback; and admission of mistakes and error
2. Demonstrate these attributes with standardized and "real" patients

By graduation, students should be able to:

3. Demonstrate the attributes listed in 4.2.1 in all professional settings

Objective 4c
To demonstrate commitment to ethical principles by respecting patient autonomy and seeking the patient's best interest

At the end of the preclinical phase, students should be able to:

1. Identify the following principles of medical ethics: privacy and confidentiality involving patients and medical records; patient

autonomy; recognition and avoidance of conflicts of interest; admission of mistakes and errors
2. Uphold these principles when caring for standardized and "real" patients

By graduation, students should be able to:
3. Uphold the principles listed in 4.3.1 when caring for patients in all professional settings

Objective 4d
To demonstrate cultural sensitivity, recognize personal biases, identify demographic influences on health care quality, and suggest strategies to reduce health disparities

At the end of the preclinical phase, students should be able to:

1. Explain the role of cultural humility in health care
2. Describe the consequences of bias, discrimination, racism, and stereotyping
3. Elicit a social and cultural history
4. Demonstrate cultural sensitivity

By graduation, students should be able to:
5. Engage in cross-cultural communication and negotiation
6. Identify demographic influences on health care quality
7. Suggest strategies to reduce health disparities
8. Recognize personal biases

Competency 5: Practice-based Learning

Objective 5a
To demonstrate the ability to evaluate the medical literature and apply information to the diagnosis, treatment, and prevention of disease

At the end of the preclinical phase, students should be able to:

1. Describe the basic principles of biostatistics
2. Describe the basic principles of study design
3. Apply principles of evidence-based medicine to scientific or clinical questions

By graduation, students should be able to:
4. Write a well-built clinical question pertaining to an assigned patient, conduct a literature search, find an appropriate article, appraise the article, and use the appraisal to answer the clinical question

Objective 5b
To identify and address personal strengths and weaknesses, respond appropriately to feedback, and seek help and advice when needed

At the end of the preclinical phase, students should be able to:

1. Demonstrate understanding that everyone has shortcomings in one or more spheres – cognitive, physical, behavioral, emotional, and moral – and that deficiencies in any sphere may impact the provision of healthcare
2. Demonstrate understanding that constructive criticism and feedback are beneficial and not punitive
3. Demonstrate understanding that self-analysis with an eye toward identifying and correcting weaknesses is an essential skill for physicians-in-training

By graduation, students should be able to:
4. Ask peers and instructors questions about patient care
5. Request feedback on one's own clinical performance
6. If feedback is too general, ask about performance on specific tasks
7. Use feedback to improve performance
8. If unsure how to improve performance, ask for recommendations

Objective 5c
To engage in self-directed learning as a foundation for life-long learning

At the end of the preclinical phase, students should be able to:

1. Self-assess learning needs; identify, analyze, and synthesize relevant information; appraise the credibility of information sources

By graduation, students should be able to:
2. Engage in self-directed learning as a routine part of evaluating patients

Competency 6: Systems-based Practice

Objective 6a
To integrate the unique and complementary abilities of other health professionals and collaborate as a member of an interprofessional team

At the end of the preclinical phase, students should be able to:

1. Identify the four collaborative practice competency domains established by the Interprofessional Education Collaborative: values and ethics; roles and responsibilities; communication; and teamwork
2. Communicate with peers from other healthcare disciplines about their educational background, their reasons for choosing a particular discipline, their daily responsibilities, and the role their discipline plays in the overall provision of healthcare
3. Engage with peers from other healthcare disciplines in shared patient-centered problemsolving

By graduation, students should be able to:
4. Describe the roles and responsibilities of non-physician health professionals on the healthcare team
5. Contribute to a climate of mutual respect when interacting with non-physician health professionals
6. Include team members in relevant information exchange
7. Collaborate as a member of an interprofessional team

Objective 6b
To explain the principles of quality improvement and contribute to a culture that promotes patient safety

At the end of the preclinical phase, students should be able to:

1. Describe the principles of quality improvement
2. Identify factors that contribute to "danger" in the healthcare setting
3. Identify common types of medical error and strategies to reduce errors
4. Describe the relationship between complexity and error, and explain the role of standardization and simplification in patient safety

By graduation, students should be able to:

5. Routinely engage in practices that promote patient safety, including handwashing and adherence to standard and transmission-based precautions
6. Describe the role of the hospital's Quality Improvement Committee (or equivalent) in advancing patient safety
7. Notify the attending physician or other appropriate authority when an event that compromises patient safety is witnessed