

COURSE SYLLABUS

College of Osteopathic Medicine Academic Year 2025-26

Faculty <i>Name:</i> Heather Klatt, DO <i>Role:</i> Course Director <i>Pronouns:</i> <i>Phone:</i> 417-208-0763 <i>Email:</i> HKlatt@kansascity.edu <i>Name:</i> <i>Role:</i> <i>Pronouns:</i> <i>Phone:</i> <i>Email:</i> Additional Faculty	Course Identification <i>Course Code:</i> IMED 301/302 <i>Course Name:</i> Internal Medicine 301/302 <i>Term:</i> <i>Block:</i> <i>Track:</i> <i>Instructional Delivery Mode:</i> <i>Instructional Format:</i> Clinical Course Description This required clerkship provides students with clinical exposure, observation and training to better understand principles and practices of general internal medicine. Students focus on active participation in the care and management of patients to prepare for more advanced study of the discipline Days/Time/Location Engagement <i>Credit Hours:</i> 8 <i>Contact Hours:</i> Required Resources	Program <input type="checkbox"/> Anesthesiologist Assistant <input type="checkbox"/> Bioethics <input type="checkbox"/> Biomedical Sciences <input type="checkbox"/> Biomedical Sciences Research <input type="checkbox"/> Clinical Psychology <input type="checkbox"/> Dental Medicine <input checked="" type="checkbox"/> Osteopathic Medicine <i>Curricular Course Type:</i> Core Requirement
---	---	--

Syllabus content and language are subject to change.

Required Textbooks

- [Harrison's Principles of Internal Medicine, 22nd edition](#), online version available through D'Angelo Library.
- [Current Medical Diagnosis and Treatment 2025](#) (current edition, updated yearly, online access for students through D'Angelo Library)

Recommended Resources

- MKSAP IM Essentials
- U.S. Department of Health and Human Services: Agency for Healthcare Research and Quality (AHRQ) – National Guideline Clearinghouse.
- The [United States Preventive Services Task Force](#) is a suggested reference source for evidence-based health promotion/disease prevention plans.
- [Centers for Disease Control and Prevention](#).

Grading Scale

H (Honors) are reported when all the following are met (Core clerkships only):	<ul style="list-style-type: none"> • Student achieves honors score on the first attempt COMAT Exam (Core Clerkships) • Clinical Competency Assessment receives a “meets expectations” or “exceeds expectations” in all areas of the evaluation including comments • Enrollment Verification, Clerkship Reflection, Evaluation of Preceptor are completed • CANVAS requirements are successfully met (Core Clerkships)
P (Pass) is reported when:	<ul style="list-style-type: none"> • Student achieves a passing score on the COMAT Exam on first attempt (Core Clerkships) • Clinical Competency Assessment receives a “meets expectations” or “exceeds expectations” • Enrollment Verification, Clerkship Reflection, Evaluation of Preceptor are completed • CANVAS requirements are successfully met • Student achieves a Pass after remediating a failed clerkship
F/P (Fail/Pass of Course) is reported when the student received an F (Failure of the Course) but then passes the course upon remediation:	<ul style="list-style-type: none"> • Student fails COMAT once, then successfully remediates <ul style="list-style-type: none"> ◦ This includes if you honor second attempt • Clinical Competency Assessment receives a recommended fail on first attempt of the

	clerkship, then successfully remediates the clerkship <ul style="list-style-type: none"> • Student fails same COMAT Exam twice and successfully passes the remediation of the clerkship and COMAT • Student achieves honors score on COMAT Exam, but fails the clerkship, then successfully repeats clerkship
F (Failure of Course) is reported when student fails both the course and remediation:	<ul style="list-style-type: none"> • Student fails clerkship remediation • Student fails the same COMAT Exam twice, then fails remediation of clerkship and/or COMAT Exam

Course Goals

Students learn the fundamentals of an approach to the evaluation and management of frequently occurring, complex, concurrent, and ill-defined problems across a wide variety of acute and chronic presentations. The expectation for this required clerkship *includes progressive competency in performance of:*

- Application of basic sciences **Medical Knowledge (MK)**, including anatomy, microbiology, pharmacology, physiology, biochemistry as well as **Osteopathic Principles and Practices (OPP)** into the diagnosis and intervention of common medical conditions in the course of **Patient Care. (PC)**
- Effective **Interpersonal and Communication Skills (ICS)** incorporating knowledge, behaviors, critical thinking and decision-making skills related to:
 - Historical assessment
 - Physical examination
 - Osteopathic structural exam
 - Application of osteopathic manipulative medicine when clinically indicated
 - Outlining a differential diagnosis for presenting complaints
 - Devising an evidence-based, cost-effective diagnostic approach
 - Appropriate interpretation of diagnostic studies
 - Discriminating between available therapeutic modalities
- Understanding **Practice-Based Learning and Improvement (PBLI)** and the impact of epidemiology, evidenced based medicine, best clinical practices, clinical guidelines, and the delivery of quality health care on **PBLI**.
- Appropriate use of technology (e.g., web-based, handheld computer) to support patient education and disease prevention activities.
- Demonstrating **Professionalism (P)** in upholding the highest moral and ethical standards in interactions with members of the health care team and with patients.
- Awareness of and responsiveness to **Systems-Based Practices (SBP)** in the context of the health care systems, including the critical role of Internal medicine physicians within the health care system, and identifying system resources to maximize the health of the individual and the community.

Learning Objectives

Please reference the [Clinical Education Guidelines](#) for:

- AOA Core Competencies
- EPA's (Core Entrustable Professional Activities)

Learning objectives and common conditions are tied to one of three types of patient encounters - patients presenting for **acute, chronic, or preventive care**. By the end of the clerkship, students will be able to demonstrate an understanding or ability to perform the essential items for undergraduate medical education in Osteopathic Internal Medicine.

Student Learning Objectives for Acute Presentations		
Objective	AOA Core Competency	AAMC Entrustable Professional Activity
Differentiate among common etiologies based on the presenting symptom.	III: 1, 2, 6 IV: 1, 2 V: 1, 2,	1, 2, 3
Elicit a focused history and perform a focused physical examination.	III: 1 IV: 1, 2 V: 2, 3, 6, 7 IX: 2, 4, 9	1
Recognize “don’t miss” conditions that may present with a particular symptom.	II: 1, 2, 3 III: 1, 2, 3, 4, 5, 6	2, 10
Discuss the importance of a cost-effective approach to the diagnostic work-up.	I: 3, 4, 8 VII: 1, 2, 3, 4, 5,	3, 6, 7
Describe the initial management of common and dangerous diagnoses that present with a particular symptom.	I: 5, 6 III: 3, 4 IV: 3, 4	4, 6, 7, 9, 10, 12
Document an acute care visit.	I: 4 III: 2, 4, 6	1, 2, 5
Obtain and interpret basic laboratory and imaging results.	I: 3, 4 III: 1, 2	3, 11

Student Learning Objectives for Chronic Presentations		
Objective	AOA Core Competency	AAMC Entrustable Professional Activity
Elicit a focused history that includes information about adherence, self-management, and barriers to care.	III: 1 IV: 1, 2 V: 2, 3, 6, 7 IX: 2, 4, 9	1
Assess improvement or progression of the chronic disease.	I: 3, 4, 5 III: 1, 4 VII: 4	3, 10, 12

Student Learning Objectives for Chronic Presentations		
Objective	AOA Core Competency	AAMC Entrustable Professional Activity
Communicate respectfully with patients who do not fully adhere to their treatment plan.	IV: 1, 2, 4 V: 1, 2, 7	3
Perform a focused physical examination that includes identification of complications. Describe major treatment modalities.	III: 1 IV: 1, 2 V: 2, 3, 6, 7 IX: 2, 4, 9	1, 6, 12
Propose an evidence-based management plan that includes pharmacologic and non-pharmacologic treatments and appropriate surveillance and tertiary prevention.	I: 8 II: 3 III: 5 VI: 1	4, 7
Document a chronic care visit.	III: 1, 2, 4, 5, 6	1, 5
Communicate appropriately with other health professionals (e.g., physical therapists, nutritionists, counselors).	I: 6, 7 IV: 1, 4 XIV: 3, 4, 5, 6, 7	6, 7, 8, 9

Student Learning Objectives for Preventive Care Presentations		
Objective	AOA Core Competency	AAMC Entrustable Professional Activity
Define wellness as a concept that is more than “not being sick.”	III: 4,5 VI: 3, 4, 5 VII: 5 VIII: 5, 6, 9	3, 7, 13
Define primary, secondary, and tertiary prevention.	III: 5 VI: 1, 2, 3, 4, 5 VIII: 2, 4, 5, 6, 7, 8, 9	7
Identify risks for specific illnesses that affect screening and treatment strategies.	VII: 2, 3, 4, 5 VIII: 5, 6, 7, 8, 9, 10 IX: 2, 3, 4, 5, 6, 7, 8, 9, 11 XII: 1, 2, 3, 4, 6, 7, 8	1, 7, 13
For women: elicit a full menstrual, gynecological, and obstetric history.	II: 1 III: 1, 3, 6 IV: 1, 2, 3	1

Student Learning Objectives for Preventive Care Presentations		
Objective	AOA Core Competency	AAMC Entrustable Professional Activity
For men: identify issues and risks related to sexual function and prostate health.	II: 1 III: 1, 3, 6 IV: 1, 2, 3	1, 7
Encourage lifestyle changes to support wellness (weight loss, smoking cessation, safe sexual practices, exercise, activity, nutrition, diet).	II: 2, 3 III: 4, 5, 6 IV: 1, 2, 3, 4 VII: 1, 2, 5 VIII: 5, 6, 7, 8, 9, 10	1, 7, 13
Find and apply the current guidelines for adult immunizations.	VIII: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10	7, 13
Develop evidence-based health promotion/disease prevention plans for patients of any age or gender.	II: 2, 3 III: 4, 5, 6 IV: 1, 2, 3, 4 VII: 1, 2, 5 VIII: 5, 6, 7, 8, 9, 10	9, 13

Suggested Topics for Coverage During the Clerkship

Where possible, the preceptor is encouraged to include common concepts for management of patients with acute and chronic conditions outlined below. Additionally, discussions of preventive strategies regarding these conditions are encouraged. It is understood that not all conditions listed below will fit the educational construct.

<u>GI</u>	<ul style="list-style-type: none"> • Gastrointestinal bleeding • Acute pancreatitis • Dysphagia/Odynophagia • Inflammatory Bowel Disease • Antibiotic associated colitis (C.Diff colitis) • Cirrhosis • Hepatitis (Viral, autoimmune, genetic, drug induced, etc.) • Acute abdomen, Peritonitis, Perforated viscus, Appendicitis etc • Diverticulitis 	<u>Heme/Onc</u>	<ul style="list-style-type: none"> • Breast Cancer • Prostate Cancer • Lung Cancer • Colorectal Cancer • Anemias • Lymphomas • Coagulopathies • Transfusion Medicine • Cancer Prevention • Cancer Screening

<u>Hospice/Palliative Medicine</u>	<ul style="list-style-type: none"> • Prognostication • Goals of Care • Common Symptom Management • End-of-Life Management • Pain Management • Physician-Assisted Suicide/Death • Withholding/Withdrawing Support • Medical Futility • The Medicare Hospice Benefit structure 	<u>Cardiovascular</u>	<ul style="list-style-type: none"> • Cardiovascular disease (CVD); recognize risks associated with hyperlipidemia, hypertension, DM, smoking, alcohol, family history, sedentary activity, obesity, aging • CAD • Heart Failure • Valvular Heart Disease and Classification of systolic/diastolic murmurs • ECG: common findings, common arrhythmias, differential diagnoses, etc. • Infections-Pericarditis, Endocarditis, Myocarditis • Cardiomyopathies-signs/symptoms
<u>Pulmonary</u>	<ul style="list-style-type: none"> • PFT interpretation • Cough and Dyspnea • Pleural effusions • Asthma • COPD • Obstructive sleep apnea • Diffuse parenchymal lung disease • Pulmonary vascular disease • Pneumonia (CAP and HCAP) • TB and atypical infections 	<u>Renal</u>	<ul style="list-style-type: none"> • Acute kidney injury • Chronic kidney disease • Hypertension • Nephritic and nephrotic syndromes • Acid/base disorders • Electrolyte disorders • Glomerular disorders • Tubulointerstitial disease • Dosing adjustments in renal insufficiency • Urinary tract infections • Contrast nephropathy
<u>Endocrine</u>	<ul style="list-style-type: none"> • Hypothalamic and pituitary disorders • Thyroid disease • Adrenal disease • DM • DKA and Hyperosmolar syndrome • Osteoporosis 	<u>Rheumatology</u>	<ul style="list-style-type: none"> • Joint pain evaluation/management • Osteoarthritis • Crystal arthropathies • Infectious arthritis • RA • SLE • Spondyloarthropathies • Vasculitis

<u>ID</u>	<ul style="list-style-type: none"> • Evaluation of fever • Common URI • UTI • STD/STI • HIV • Osteomyelitis • Sepsis/SIRS • Healthcare-associated infections (pneumonia covered in pulmonary) • Occupation-related infections/prevention 	<u>Neurology</u>	<ul style="list-style-type: none"> • Headache • Meningitis/encephalitis • Stroke/TIA • Altered mental status/dementia/delirium • Peripheral neuropathy • Movement disorders • Seizure • Syncope
<u>General IM</u>	<ul style="list-style-type: none"> • Diagnostic decision making • Therapeutic decision making • Health promotion/screening/smoking cessation/Diet and nutrition • Hyperlipidemia • Obesity • Low back pain • Cutaneous manifestations of systemic disease • Lymphadenopathy • Geriatric assessment • Communication skills • Billing/business of medicine • Discharge criteria planning • Pre-operative evaluation • Use of ancillary staff 	<u>Psych</u>	<ul style="list-style-type: none"> • Depression • Anxiety • Substance abuse • Anorexia nervosa • Bulimia • Bipolar disorders • ADHD

Core Presentations for Preventive Care

Each patient will have a unique combination of primary, secondary, and possibly tertiary prevention recommendations based on his/her risk factors and current diseases. In addition, patient preferences, time constraints, and variability in insurance coverage limit the ability to provide all recommended clinical prevention services for every patient. Creating an individualized health promotion plan requires a preventive medicine knowledge base and skills in negotiation and patient education. Internal medicine physicians are skilled in prioritization and must partner with patients to determine which preventive services are appropriate, important, and affordable. It should be stressed that clinical prevention can be included in every office visit. Learning to “juggle,” i.e., prioritize or co-manage, acute, chronic, and prevention agendas, is an advanced skill.

Health Promotion (PBLI/SBP)	Recommended Assignment
Diabetes Education/Management (PBLII)	CDC diabetes

<u>Difficult conversations (PBLII, SBP)</u> End of Life Care (SBP)	<u>Tough Talk Toolbox</u>
---	----------------------------------

Additional preventive care measures that may be encountered can be found in course syllabi FMED 301/302, PEDS 301, OBGY 301, SURG 301/302, and PSYC 301.

Assessments

The final grade Pass/Fail/Honors for the core clerkship is derived from the following components:

Component	Evaluation Tool	Minimum Score Required
Standardized Case Log	Case Log via CANVAS	Upon completion of this clerkship, student is responsible for completing the case checklist in CANVAS with preceptor confirmation.
Standardized Assessment	COMAT Exam	Scaled Score of 95 or greater Honor's Score is 113 or greater
Clinical Competency Assessment from Preceptor	Clinical Clerkship Evaluation via eValue	Upon completion of this clerkship students should perform the behaviors outlined within the "expected" level of each competency rated on the clinical clerkship evaluation and the AACOM Osteopathic Core Competencies for Medical Students. Student evaluations with ratings of below expected for any competency may result in failure.
End of Clerkship Evaluations from the Student	Evaluation of Clerkship Evaluation of Preceptor Via eValue	Upon completion of this clerkship student is responsible for completing evaluations of clerkship and preceptor via eValue.

All of above items are mandatory for successful course completion. Professionalism and work habits are a significant portion of the clinical assessment. These include the student's demonstration of respectful behavior towards others, respect for patient privacy, accountability, and integrity. Please note that professional behaviors which are below expectations, at the discretion of the clerkship director, may result in failure of rotation for non-professional student conduct. Be punctual, be prepared, and represent KCU well.

Course Schedule

Based on the individual core-site location.

Didactic Conferences and Reading Assignments

While the focus of the clinical years is hands-on experience, didactic conferences and reading assignments are often provided as an aide to this learning process. Completion of reading assignments and attendance at didactic conferences scheduled by KCU, the Regional Assistant Deans, DMEs, the core site hospital, clerkship service or preceptor are required without exception.

Case Log

In order to reasonably standardize the internal medicine experience for all KCU students across many sites, **students will be required to complete a case checklist of common acute and chronic problems, and health maintenance visits.** If a student has been unable to see a patient with a particular problem, the student can supplement their experience with content from AMBOSS or receive case-based instruction about that problem or visit type from their preceptor. The preceptor will sign off the list, acknowledging that the student has completed the expected encounters, and understands the principles presented.

COMAT Exam (End of Clerkship)

Students must pass a National Board of Osteopathic Medical Examiners (NBOME) Comprehensive Osteopathic Medical Achievement Test (COMAT) upon completion of each 3rd year core discipline.

Students are expected to study for these exams with similar rigor as all other high stakes examinations.

Exam Blueprint

Students are awarded a grade of Fail, Pass or Honors for COMAT Exams based on academic year norms established by the NBOME in combination with minimum standards set by KCU. Exam scores and Examinee Performance Profiles (EPP) are made available to students within 10 business days following the Exam date through www.nbome.org/. [NBOME Percentile Scores](#) provide normative information about the relative rank of test takers' performance in comparison to others who took the Examination.

When a student does not achieve a passing score on a COMAT Exam, a retake is required. The exact date and time of the remediation Exam will be communicated by the Assessment Department and students are expected to retake the Exam as scheduled.

The COMAT is not a requirement for IMED 301. Upon successful completion of IMED 301, you will receive a grade of "P" on Workday. If a grade of "H", "F", or "F/P" is achieved for IMED 302, Clinical Education will send a grade change form to the Registrar's office so that your IMED 301 & 302 grades both reflect the IMED 302 grade.

End of Clerkship Reflections

Students are responsible to complete End of Clerkship Reflections through eValue at the end of every clinical experience to include:

- Evaluation of the Clerkship
- Evaluation of the Preceptor

Completion of these reflections are required prior to receiving a final grade or credit for any clerkship. Students are encouraged to provide accurate comments regarding the preceptor/clerkship experience. All information submitted in the reflections is anonymous and will be de-identified for anonymity before being released to the site or preceptor the following academic year.

POLICIES

Program policies are available in the University Catalog & Student Handbook:

- [College of Osteopathic Medicine](#)

Additional course policies may be displayed below:

Class Attendance and Absences

Please refer and adhere to the following sections in the Clinical Education Guidelines.

- Clinical and Educational Work Hours
- Absence from Clerkships

Assistance

Course	Technical	Comprehension	Health and Wellness
<p>Your instructor is the first line of support for course-related questions.</p> <p>Contact them by KCU email, KCU phone, or Canvas Inbox messaging.</p>	<p>IT Helpdesk helpdesk@kansascity.edu 816-654-7700</p> <p>Library Services (KC) library@kansascity.edu 816-654-7260</p> <p>Library Services (Joplin) dawsonlibrary@kansascity.edu 417-208-0686</p>	<p>Learning Enhancement https://bit.ly/KCU-AcademicSupport</p> <p>Tutoring Services Student.Success@kansascity.edu</p> <p>Academic Accommodations accommodations@kansascity.edu</p>	<p>Counseling Services https://bit.ly/KCU-CounselingResources</p> <p>Counseling Services (Distance Education) https://timelycare.com/KCU New Users Click "Get Registered"</p> <p>Student Affairs (KC) KCStuAffairs@kansascity.edu</p> <p>Student Affairs (Joplin) JoplinStuAffairs@kansascity.edu</p>

UNIVERSITY POLICIES

All KCU courses adhere to policies and procedures within KCU's University Catalog & Student Handbook for the respective academic year, available online at <https://catalog.kansascity.edu/>. References to a selection of these policies are found below:

Health and Wellness

KCU is committed to student wellness. Through student leadership and support from the University's administration, programming on and off campus is designed to encourage self-care, resilience, and personal growth to address the health of the body, mind, and spirit. Reference: [Student Health & Wellness](#)

Academic Integrity, Honesty, and Plagiarism

The University holds its students to the highest intellectual and professional integrity standards. Therefore, the attempt of any student to pass an assessment by improper means, present work that the student has not performed, or aid and abet a student in any dishonest act will result in disciplinary action, which may include dismissal. Reference: [Academic Dishonesty](#)

Grievances

KCU is committed to treating all university community members fairly regarding their personal and professional concerns. The student grievance policy ensures that concerns are promptly dealt with and resolutions are reached fairly and justly. The University's grievance procedure enables students to bring complaints and problems to the attention of the University's administration. KCU forbids retaliatory action against students presenting concerns and complaints in good faith. Reference: [Student Grievances](#)

Accommodations

KCU is committed to non-discrimination based on disability and allowing equal access to programs, services, and activities following applicable federal, state, and local laws. Reference: [Student Disability Services & Resources](#)

Equity, Diversity, and Inclusion

KCU is deeply committed to cultivating diversity and inclusion on its campuses and challenging our students to embrace cultural proficiency and adeptness. Reference: [Diversity & Inclusion](#)

Emergency Procedures

KCU has instituted certain security measures for student safety. To reach the Office of Safety & Emergency Management, call 816.654.7911 (Kansas City) or 417-208-0800 (Joplin). Reference: [Campus Security & Facilities](#)

ADDENDUMS

Addendum B

DO not complete Curriculum B unless notified by a member of the Clinical Education Department.

Curriculum B provides both an in-person and online component. It is given when a clerkship is shortened due to unforeseen circumstances. This scenario will include two-weeks of online curriculum and two-weeks of an in-person clerkship.

In the event a student is assigned to Curriculum B, the following are the additional clerkship requirements:

ADDITIONAL CURRICULUM B REQUIREMENTS

- *Students will be required to complete the additional components listed below*
 - *Completion of Case Presentation 1*
 - *Completion of Case Presentation 2*
 - *Completion of PowerPoint Presentation*

Completion of Case Presentation 1

The student shall develop **one [1] case** considering a given scenario. The student will record themselves doing the presentation and submit in Canvas for faculty review. Accepted file types include .mov, .mp4, pptx, and .wmv. Other file types may not be accepted if they cannot be opened by the grader. Professional dress and white coat is required.

A **complete** history and physical exam will be prepared in the Power Point presentation (as it would be documented in the patient's medical record, including the osteopathic structural exam). The students should record themselves presenting the case as they would present the case to their attending physician.

Presentation must include the History and Physical, the clinical, laboratory, and diagnostic findings. A differential diagnosis and a plan for workup and treatment. Discharge and/or follow-up planning will be presented as well as preventive and long-term goals. The student will select one of the following cases:

Student Last Name Begins with A-I:

1. Congestive Heart failure
2. Syncope and Headache

Student Last Name Begins with J-P:

1. Chronic Abdominal Pain
2. Progressive Memory Loss – discussion with patient and family

Student Last Name Begins with Q-Z:

1. How to approach Advanced Directive discussion
2. Delivery of Bad News – new onset cancer, death of a loved one, chronic disease diagnosis

Completion of Case Presentation 2

The student shall develop **one [1] case** considering a given scenario. The student will record themselves doing the presentation and submit in Canvas for faculty review. Accepted file types include .mov, .mp4, pptx, and

.wmv. Other file types may not be accepted if they cannot be opened by the grader. Professional dress and white coat is required.

A **complete** history and physical exam will be prepared in the Power Point presentation (as it would be documented in the patient's medical record, including the osteopathic structural exam). The students should record themselves presenting the case as they would present the case to their attending physician.

Presentation must include the History and Physical, the clinical, laboratory, and diagnostic findings. A differential diagnosis and a plan for workup and treatment. Discharge and/or follow-up planning will be presented as well as preventive and long-term goals. The student will select one of the following cases:

Student Last Name Begins with Q-Z:

3. Congestive Heart failure
4. Syncope and Headache

Student Last Name Begins with A-I:

3. Chronic Abdominal Pain
4. Progressive Memory Loss – discussion with patient and family

Student Last Name Begins with J-P:

3. How to approach Advanced Directive discussion
4. Delivery of Bad News – new onset cancer, death of a loved one, chronic disease diagnosis

Completion of PowerPoint Presentation

The student shall develop **one [1] PowerPoint** presentation on one of the following Internal Medicine topic:

1. Acute Febrile Illness – fall or winter months (Pneumonia vs Influenza vs COVID 19)

Presentation must be a minimum of 10 slides and submitted in canvas course.

Evaluation & Grading for Curriculum B

To be successful in Curriculum B the student must complete the additional components listed below.

Component	Evaluation Tool	Minimum Score Required
Case Presentation 1	Canvas – Curriculum B	Completion of presentation
Case Presentation 2	Canvas – Curriculum B	Completion of presentation
PowerPoint Presentation	Canvas – Curriculum B	Completion of PowerPoint