



OHIO
UNIVERSITY

College of Osteopathic Medicine

**Case Study Planning Checklist
Year 4 Health Care Management Clerkship (OCOM 895)
Academic Year 2006-2007**

To the Student: *Please submit this planning checklist to your CORE Assistant Dean (CAD) or clinical supervisor for approval approximately 5 days prior to your scheduled case presentation/discussion as assigned during the second week of the clerkship.*

Student Presenter(s): _____

Date of Presentation (refer to weekly HCMC schedule): _____

Case Description/Topic: _____

Indicate which student will be responsible for covering each theme:

Health Care Access: _____

Quality of Care/Improvement: _____

Improving Health Outcomes While Reducing Cost: _____

Describe project status as of checklist submission date; i.e., who will present in what order, resources utilized; note any obstacles, problems, etc.:

Approval

Yes

No

CORE Assistant Dean's Signature

Date

(S-CS)