



OHIO
UNIVERSITY

College of Osteopathic Medicine

**Case Study Planning Checklist – Addendum to Appendix L
Year 4 Health Care Management Clerkship (OCOM 895)
Academic Year 2007-2008**

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

Date of Presentation (refer to weekly HCMC schedule): _____
Case Description/Topic: _____

Student Presenter(s): 1) _____
 2) _____
 3) _____

Indicate which student will be responsible for covering each theme and in what order:

Theme	Student Presenting	Presentation Order
Health Care Access:		
Quality of Care/Improvement:		
Improving Health Outcomes While Reducing Cost:		

Describe project status as of checklist submission date; i.e., resources utilized, obstacles, problems, etc.

Approval Yes No

CORE Assistant Dean's Signature _____ Date (S-CS)