Dean Seaberg Sees College of Medicine Growth

I would like to introduce Dr. Robert Fore as the new Associate Dean for Academic Affairs. Dr. Fore has an Doctor of Education degree and comes from Mercer University School of Medicine where he held a similar position. Dr. Fore will serve in the capacity of leading the graduate and medical student programs in terms of curriculum development and accreditation compliance. He will also serve as the Designated Institutional Official (DIO) at The University of Tennessee College of Medicine Chattanooga. Additionally, Dr. Fore has had significant experience in directing CME programs and will help expand our professional education and development on this campus and throughout the state.

The College of Medicine has developed an Office of Research which will help improve the infrastructure to increase our research and scholarly output. This Office will consist of the following elements:

• Research Advisory Committee
• Institutional Review Board
• Scientific Review Committee
• Research Compliance
• Research Director
• Grant writer
• Grant Manager/Research Assistant
• Statistical support
• Research grant and publication tracking
• Patient registry development

Lastly, the COMC, in conjunction with Erlanger Health System, will be developing a Human Patient Simulation Center, adjacent to the Skills Lab. This will allow for multi-disciplinary training in a high-fidelity simulated patient environment and places the College of Medicine and Erlanger at the cutting edge of educational curriculum design and methodology. Dr. Ben Dart has been appointed the Medical Director of the Skills and Simulation Center.

[continued, see Skills and Simulation Center, p 2].
Skills and Simulation Center (cont)

According to Dr. Dart, new technology has enhanced medical simulation training as a valuable teaching modality. “We plan to develop a multi-disciplinary state of the art facility with the latest simulation models. I feel that Dr. Seaberg and I share a common vision toward this goal. I am excited about the educational and training opportunities that the facility will provide residents and regional physicians as well as the impact that such a center will have on the advancement of medical and surgical care for the local community.”

Dr. Mukta Panda Receives ACGME 2008 Parker J. Palmer Teaching Award

Dr. Mukta Panda is one of ten program directors honored by The Accreditation Council for Graduate Medical Education for their dedication to teaching new physicians.

The award, given annually since 2001, is given to distinguished program directors, nominated by faculty and residents, in recognition of their commitment to teaching and development of innovative and effective residency programs. The award is named after Parker J. Palmer, PhD, a senior adviser at the Fetzer Institute and the author of *The Courage to Teach: Exploring the Inner Landscape of a Teacher’s Life*.

“Parker Palmer reports that we do not teach what we are, but instead teach who we are. It is especially important at this time that the teachers of medicine live the values of medicine,” noted David C. Leach, MD, CEO and executive director of the ACGME. “The ACGME is very pleased to be able to identify and honor program directors who “lived divided no more,” who demonstrate on the outside the deeply held and authentic truths on the inside.

The recipients, their specialties, and the institutions sponsoring their programs are:

- Robert Brown, MD, nephrology, Beth Israel Deaconess Medical Center, Boston, MA
- Steve Galetta, MD, neurology, University of Pennsylvania, Philadelphia, PA
- Kalpalatha Guntupalli, MD, pulmonary/critical care, Baylor College of Medicine, Houston, TX
- Karen Horvath, MD, general surgery, University of Washington, Seattle, WA
- Richard Lackman, MD, orthopaedic surgery, University of Pennsylvania, Philadelphia, PA
- John Jane, MD, neurosurgery, University of Virginia, Charlottesville, VA
- Mukta Panda, MD, transitional year, University of Tennessee College of Medicine, Chattanooga, TN
- Susan Promes, MD, emergency medicine, Duke University, Durham, NC
- Richard Shugarman, MD, pediatrics, University of Washington, Seattle, WA
- William Sonis, MD, child and adolescent psychiatry, Drexel University College of Medicine, Friends Hospital, Philadelphia, PA

Dr. Panda acknowledges that her career in medicine and teaching would not be possible without the leadership and generous support of her husband, Dr. Nil Panda, and her family. Dr. Nil Panda is also a clinical faculty member in the UT COMC Department of Medicine and practices in Dayton, TN. She states that she dedicates this award to Nil since he is the teacher she most tries to emulate.
Huffman Named Erlanger Health System Chief Medical Officer

Dr. R. Cyrus Huffman has been named Chief Medical Officer of Erlanger Health System. Dr. Huffman formerly served as Senior Vice President and Chief Quality Officer for Monroe Regional Health System in Ocala, FL. He will assume the executive leadership position at Erlanger early to mid-November.

In his role at Erlanger, Dr. Huffman will provide leadership in all areas of clinical service, including physician support and development, patient safety initiatives, best practices in patient care, and clinical performance improvement.

In announcing the CMO appointment, Erlanger President and CEO Jim Brexler said Dr. Huffman’s impressive credentials and background “make him the ideal person to take on this pivotal role at Erlanger.”

“To continue our position as the region’s leading healthcare provider, we needed a CMO with strong clinical, operational and business expertise,” Mr. Brexler added. “In Dr. Huffman, we have someone who is a first-class clinician and administrator, with a strong business sense and problem-solving mentality. He will not only influence how we provide care, but also be instrumental in how we train our residents and in providing support to the 946 physicians on Erlanger’s medical staff.”

Erlanger Chief of Staff, Dr. Nita Shumaker, said, “On behalf of the medical staff, I am delighted to welcome Dr. Huffman to Chattanooga and Erlanger’s medical staff. Dr. Huffman is well-qualified for his role as chief medical officer, and brings to us a wealth of experience and a contagious enthusiasm for excellence in patient care. We as a medical staff are very excited that he has agreed to join the Erlanger family and look forward to working with him as we all endeavor to deliver the best possible care to our patients.”

Internal Medicine Grand Rounds

After a summer break, Grand Rounds is back up and running on Thursday mornings, 8:15 AM in the Probasco Auditorium.

October 18, 2007 Carlos Estrada, MD Scholarship in Medical Education
October 25, 2007 BW. Ruffner, MD Healthcare Economics--Get Ready!
November 8, 2007 Robert Centor, MD Guidelines: A Skeptic’s Viewpoint
November 15, 2007 Richard Sprouse, MD TBA
November 29, 2007 John Greer, MD Revisiting the War on Cancer--Are We Winning?
December 6, 2007 James Sizemore, MD TBA
December 13, 2007 A. Kitabchi, MD Inpatient Glucose Management

Did you know ...
Student enrollment for The University of Tennessee System is up by 4.34 percent?
The Health Science Center has had a 10.97 percent increase over last year’s headcount.
**Transitions**

Some of you may know Elizabeth McGhee in her administrative role for Continuing Medical Education. Some of you may know her as Graduate Medical Education administrative assistant. And many of you may have attended events that she has planned and facilitated (like the Nuts and Bolts Symposium). Ms. McGhee will be moving to a new position, effective immediately, as Executive Assistant to Dean Seaberg and Dr. Fore. Best wishes to Liz in this new step in her career.

Special thanks to Stacey Hendricks who took on a second job over the past year as both IRB Administrator and Executive Assistant to Interim Dean BW. Ruffner and who, in spite of the double duty, never ceased to be pleasant and extremely competent. Ms. Hendricks will be relocating to a new IRB office in the Dean’s Suite of the Whitehall Building.

**Publications**


**Congratulations to ...**

Dr. Greg Heath, named to the Scientific Advisory Board of the President’s Council on Physical Fitness and Sports for 2007-2009.

*Used with author’s permission*
Note to PI

Research With Adults Who Have Impaired Decision-Making Capacity

The Secretary’s Advisory Committee on Human Research Protections (SACHRP) has asked for input on whether new regulations are needed for the protection of adults with impaired decision-making capacity in research and if so, what they should be. The language in the current code of federal regulations regarding vulnerable populations (45 CFR 46.111(b)) does not contain specific definitions and guidelines for this group (in contrast to other vulnerable populations such as children, pregnant women and prisoners).

IRBs and principle investigators are asked to comment on their current practices regarding several issues, including:

- How they conduct, review, and approve research involving decisionally-impaired adults;
- If the IRBs include one or more members or consultants who are familiar with conditions that may affect decision-making capacity;
- Are investigators proposing research targeting adult individuals with impaired decision-making capacity as subjects providing IRBs with a thorough justification for the proposed research design?
- How should the population of adults with impaired decision-making be defined for the purposes of guidance or regulation?

The complete Request for Information and Comments on Research That Involves Adult Individuals With Impaired Decision-making Capacity can be viewed at http://www.hhs.gov/ohrp/documents/20070905.pdf (or by contacting Sylvia Friedl in the Research Compliance Office, 778-3899). Deadline for comments is December 4.

Denise Pittenger, Service Coordinator with Chattanooga Area Brain Injury Association, will be addressing this topic at the Research Coordinator Forum, November 20, UT COMC conference room.

Revised Research Coordinator Forum Schedule:

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<th>Date</th>
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<tr>
<td>10/16/07</td>
<td>Who are Your Subjects? Issues in Local Cultural Diversity</td>
<td>Wally Leary, EHS</td>
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<tr>
<td>11/20/07</td>
<td>Brain Injury 101</td>
<td>Denise Pittenger, CABIA</td>
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<td>12/18/07</td>
<td>Meet the Dean: UT COMC Research</td>
<td>David Seaberg, MD</td>
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<td>1/15/08</td>
<td>Third Party Payors &amp; Clinical Trials</td>
<td>Rich Mathis, BCBST</td>
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<td>2/19/08</td>
<td>Riverbend Medicare Review</td>
<td>Deborah Coke, CPC</td>
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<td>3/18/08</td>
<td>EHS/UT Research Compliance Billing Initiative</td>
<td>Compliance Group</td>
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<tr>
<td>4/15/08</td>
<td>Stalking the Beast: Keeping up with Changing Regs</td>
<td>Sylvia Friedl, CIP</td>
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<tr>
<td>5/20/08</td>
<td>IRB News and Views</td>
<td>Stacey Hendricks, CIM</td>
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<tr>
<td>6/17/08</td>
<td>HIPAA/HIM Update</td>
<td>Rita Bowen, MA, RHIA</td>
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CALL FOR ABSTRACTS
The UT College of Medicine Chattanooga and the Erlanger Health System Announce the
26th Annual Research Week, Monday-Friday, April 21-25, 2008

Research week was created to provide residents with an opportunity to develop and present a research
project or scholarly case report. This year’s events will culminate with an Awards Banquet at The
Hunter Museum of American Art on Friday evening, April 25th. All residents, faculty and their guests
are invited to attend both the oral presentations and the dinner. Cash awards and plaques will be given
at the end of the evening. Please mark your calendar.

Research Project: A prospective or retrospective study accomplished while training in Chattanooga.
Case Report: A scholarly analysis of an uncommon disease or uncommon presentation of a common
disease encountered while training in Chattanooga.

• Each resident should check with the appropriate chair/program director to determine if an ab-
  stract submission is a required scholarly activity
• Abstract submission and IRB forms are attached (see pp 7-13), and will be available from depart-
  ment/programs, or at http://www.utcomchatt.org/Docs/F-RWAbs08.doc
• Indicate if the submission is for a poster and/or oral presentation
• Font should be Times New Roman, 12 pitch; proofread submissions for grammar and spelling
• Abstract narrative is limited to one page only in the space given. You do not have to fill the box,
  but you may not add additional pages.

The Research Abstract Selection Committee will review all abstracts and select those to be presented.
Exceptions to submissions encountered “while training in Chattanooga” will be considered on a case-by-
• 20-30 posters will be selected for display in the Erlanger Medical Mall Atrium.
• Posters must be 3’ x 7’ mounted on 4’ x 8’ poster board and displayed the entire week.
• Posters will be judged at a special Poster Rounds the morning of Friday, April 25th.
• The best 4-6 abstracts will be orally presented in the Probasco Auditorium during afternoon of
  Friday, April 25th.
• Oral presentations will be no longer than ten minutes each (including Q&A).
• The authors of abstracts selected for oral presentations will also need to prepare posters for
  display. These posters will not be judged during the Poster Rounds.

The deadline for abstract submissions assumes that data collection and statistical analysis is complete.
Be sure to fill out the appropriate form; there is one for a research topic and one for a case report. Your
abstract should include the following information in this order:

• Why did this work need to be done?
• State your hypothesis.
• What did you do?
• How did you do it?
• What were the findings?
• What do the data permit you to conclude?
2008 Annual Research Week Deadlines

Department/Program submission deadline:  Check with your Residency Coordinator.

Mon, 2/4/08:  Electronically submit a completed abstract form (see pp 11-13) and a paper copy of the IRB Form H (see pp 7-10) to department chair/program director.  Forms are also available on the UT COMC website (http://www.utcomchatt.org/Research/Research.asp?dpage=irb).

Mon, 2/11/08:  Department electronically submits the approved Abstract Form and a paper copy of Form H (both with Department/Program Chair signature) to Stacey.Hendricks@erlanger.org.  The IRB will then review the Form H (if not previously reviewed by the IRB).

Wed, 2/27/08:  All abstract forms given IRB approval or exemption will be electronically forwarded from the IRB office to GME@erlanger.org.

Fri, 2/29/08:  Blinded abstracts and score sheets will be distributed to the Research Abstract Selection Committee.

Mon, 3/10/08:  Selection Committee members return scored abstract spreadsheet to the GME Office for tabulation.

Thurs, 3/13/08:  Selection Committee meets at 5:30 PM to make final selections for posters and oral presentations.

Fri, 3/14/08:  Departments and presenters notified of the Selection Committee’s decisions.

Mon, 3/17/08:  Poster presenters meet with John Stroud and Dr. Heath regarding poster guidelines and appointment scheduling with Mr. Stroud for poster design and printing.

Mon, 3/17/08 through Mon, 3/24/08:  Presenters meet by appointment with Mr. Stroud to submit a Powerpoint file with all text and graphic images for poster.  Note:  The presenter must submit a Computer Graphics Request form (see http://www.utcomchatt.org/Docs/F-CGreq.pdf denoting the IRB exemption or approval number and signed by the chair/program director or designee.

Mon, 3/31/08:  Final proof approvals from authors/departments so printing can begin.

Fri, 4/18/08:  All poster authors and/or residency and research coordinators will take their posters and presentation boards to the Medical Mall at 1:30 PM to assist Mr. Stroud and the GME staff in setting up the poster displays.

Mon, 4/21 through Fri, 4/25/08:  Posters on display in the Medical Mall Atrium.

This Form Must Be typed

FORM H

UT College of Medicine Chattanooga IRB IRB
REQUEST FOR THE RESEARCH USE AND DISCLOSURE
OF PROTECTED HEALTH INFORMATION (PHI)
WITHOUT SUBJECT AUTHORIZATION

Date: __________

STUDY TITLE:

PRINCIPAL INVESTIGATOR:

DEPARTMENT________________PHONE #:_________ FAX #:_________

ADDRESS_____________________________________________________

E-MAIL ADDRESS_____________________________________________________

STUDY COORDINATOR________________PHONE #:_________ FAX #:_________

STATUS OF STUDY: NEW ____ PREVIOUSLY APPROVED ____

COMPLETE SECTION A AND EITHER SECTION B, C, D, E, OR F. PROVIDE APPROPRIATE SIGNATURES AT THE BOTTOM OF THE FORM. YOU MUST ALSO COMPLETE THE DATABASE QUERY REQUEST FORM (ATTACHED) IF MEDICAL RECORDS WILL BE NEEDED FROM ERLANGER HEALTH SYSTEM.

SECTION A: GENERAL INFORMATION ABOUT THE REQUEST

1. Check the regulatory category under which the request is being made to use PHI without subject authorization:(check only one).

   a. IRB waiver or alteration of authorization is being requested. (Complete only sections A and B of this form.)

   b. All PHI to be used is from deceased individuals. (Complete only sections A and C of this form.)

   c. PHI to be used in the study is a “limited data set”. (Complete only sections A and D of this form.)

   d. The health information to be used involves “de-identified data”. (Complete only sections A and E of this form.)

   e. The PHI will be used for a review preparatory to research. (Complete only sections A and F of this form.)
2. Describe the PHI to be used in the research activity.

3. If PHI will be disclosed to the investigator by another covered entity or entities, briefly describe these entities.

4. Explain who will receive and use the PHI and where it will be stored.

SECTION B: REQUEST FOR WAIVER OR ALTERATION OF SUBJECT AUTHORIZATION

1. Check the activity for which the waiver or alteration of subject authorization is being requested:
   Use of PHI for the conduct of the study itself ______
   Use of PHI to identify potential subjects for recruitment _______
   Use of PHI to contact potential subjects regarding study participation _______

2. If an alteration of authorization is being requested, describe the proposed alteration of the authorization and attach a copy of the altered authorization section of the consent form. If a waiver is being requested, skip to (3).

3. Explain how there is no more than minimal risk to the privacy interests of subjects whose PHI will be used by addressing each of the following points:
   a. Describe the plan to protect the identifiers from improper use and disclosure
   b. Describe the plan to destroy the identifiers at the earliest opportunity consistent with the conduct of the research. (If there is a health or research justification for retaining the identifiers or such retention is otherwise required by law, this should be explained.)
   c. Is it true that the PHI will not be reused or disclosed to any other person or entity, except as required by law, or for authorized oversight of the research study, or for other research for which the use or disclosure of the PHI is approved by the IRB? Yes____ No____

4. Explain why the research activity could not practicably be conducted without the waiver or alteration of the authorization requirements.

5. Explain why the research activity could not practicably be conducted without the access to and use of protected health information.
SECTION C: REQUEST TO USE PHI FROM DECEDEENTS IN RESEARCH

1. Are all subjects whose PHI will be used in the study deceased? Yes ___ No ___
2. Does adequate documentation exist that all subjects are deceased? Yes ___ No ___
3. Explain why the PHI being sought is necessary for the research study.

SECTION D: REQUEST TO USE A LIMITED DATA SET IN RESEARCH

1. Will the PHI used in the research study exclude the 16 categories of direct identifiers necessary for the creation of a limited data set? Yes ___ No ___
2. Has a data use agreement been reached with the covered entity for the use of the PHI in the research study? Yes ___ No ___
3. If a data use agreement has been completed, attach a copy. If not, it must be submitted prior to final IRB approval of the Form 8 request.

SECTION E: REQUEST TO USE DE-IDENTIFIED DATA IN RESEARCH

1. Check the basis on which the health information to be used has been determined to be de-identified?
   An appropriate expert has made the determination _____
   (Attach a copy of this determination.)
   The health information excludes all 18 categories of direct identifiers _____
2. Will the entity that maintains the health information utilize a code or other means to re-identify the records? Yes___No___ (If “yes”, then answer questions #3 and #4.)
3. Is it true that the code or other means used to re-identify the records is not derived from or related to the individuals, or otherwise capable of being translated to identify the individual subjects? Yes___No____
4. Is it true that the entity maintaining the records will not disclose the means for re-identifying the records? Yes___No____

SECTION F: REQUEST TO USE PHI PREPARATORY TO RESEARCH

1. Is the use or disclosure being sought solely to review PHI as necessary to prepare a research protocol or for similar purposes preparatory to research? Yes ___ No ___
2. Is it true that no PHI will be copied or removed from the entity maintaining the PHI by the investigator in the course of the review? Yes ___ No ___
3. Briefly explain why the use of the PHI is necessary for purposes preparatory to research:
SECTION G: SIGNATURES

Signature of Investigator ____________________________ Date _____________________

Signature of Department or Program Chair ____________________________ Date _____________________

DO NOT WRITE BELOW THIS LINE

IRB ACTION
Approved Exempt __ Approved Expedited __ Approved w/provision(s) __ Referred to Board Review ________________

Comments: _______________________________________________________________________________________

Signature of IRB Chair ______________________________________________________________
Date: ______________________________________________________________

Certification by IRB That Waiver or Alteration Has Been Granted
For Use Only with Section B.

The IRB is the University of Tennessee College of Medicine/Erlanger Medical Center IRB.
The application has been reviewed and approved by: Normal full board procedure___________ Expedited ___________
The PHI is described in Section A.2 above.
The IRB has determined that the alteration or waiver authorization, in whole or in part, satisfies the following three criteria:
1. The research could not practicably be conducted without the waiver or alteration. (Section B.4 above).
2. The research could not practicably be conducted without access to and use of the protected health information. (Section B.5 above).
3. The use or disclosure of protected health information involves no more than a minimal risk to the privacy of individuals, based on, at least, the presence of the following elements:
   A. An adequate plan to protect the identifiers from improper use and disclosure (Section B.3.a above).
   B. An adequate plan to destroy the identifiers at the earliest opportunity consistent with conduct of the research, unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law (Section B.3.b. above).
   C. Adequate written assurances that the protected health information will not be reused or disclosed to any other person or entity, except as required by law, for authorization oversight of the research project, or for other research for which the use or disclosure of protected health information would be permitted by this subpart (Section B.3.c. above).

Signature of IRB Chairman ____________________________ Date _____________________

1-07
Title: _____________________________________________________________________

_____________________________________________________________________

Resident(s) or _____________________________________________________________
Medical student(s)
Name ___________________________________________________________________

Department/Program Chair _________________________________________________

Dept Research Reviewer (if applicable) ________________________________________

Date submitted ____________________________________________________________

IRB Tracking # ____________________________________________________________

IRB Administrator approval _________________________________________________

___________________________________________________________________________

This section to be completed by Resident Research Committee

Date received by GME Office _________________________________________________

Score ______________________________________________________________________

____________________________________________________________________________

Instructions:
The deadline for abstract submissions assumes that data collection and statistical analysis is complete.

*Be sure to fill out the appropriate form; there is one for a research topic and one for a case report.*

Your abstract should include the following information in this order:

Why did this work need to be done?
State your hypothesis.
What did you do?
How did you do it?
What were the findings?
What do the data permit you to conclude?

Your submission is limited to one page only, the size of the box using 12 pitch Times New Roman font. You do not have to fill the box, but you may not add additional pages.
Title

Submission limited to the space below using Times New Roman 12 pitch font.
Title _________________________________________________________________________

Submission limited to the space below using Times New Roman 12 pitch font.
Abstract number \_
Title  ____________________________________________________________

**Complete the evaluation below using 5 as the highest rating and 0 as the lowest.**

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Maximum = 40, minimum = 0

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**TOTAL SCORE**

Maximum = 15, minimum = 0

Comments:

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