The Ohio State University College of Medicine
Executive Curriculum Committee
Meeting Minutes
Date: 10/22/13  Location: 150 Meiling

Presiding Chair: Stanley Martin, MD
Minutes recorded by: Angela Miles

Call to order: 4:05PM
Adjourned: 5:15PM

Member attendance

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stanley Martin</td>
<td>Chair, Faculty member</td>
<td>Y</td>
</tr>
<tr>
<td>Daniel Clinchot</td>
<td>Faculty member</td>
<td>Y</td>
</tr>
<tr>
<td>John Davis</td>
<td>Associate Dean for Medical Education</td>
<td>Y</td>
</tr>
<tr>
<td>Sam Colachis</td>
<td>Faculty member</td>
<td>Y</td>
</tr>
<tr>
<td>Nicholas Kman</td>
<td>Faculty member</td>
<td>Y</td>
</tr>
<tr>
<td>Thomas Mauger</td>
<td>Clinical science chair</td>
<td>N</td>
</tr>
<tr>
<td>Amy Lovett-Racke</td>
<td>Chair, Academic Review Board</td>
<td>Y</td>
</tr>
<tr>
<td>Daniel Wozniak</td>
<td>Faculty member</td>
<td>N</td>
</tr>
<tr>
<td>Pat Ecklar</td>
<td>Assistant Dean, Affiliated program</td>
<td>Y</td>
</tr>
<tr>
<td>Doug Knutson/Nanette Lacuesta</td>
<td>Assistant Dean, Affiliated program</td>
<td>N / N</td>
</tr>
<tr>
<td>Curtis Gingrich</td>
<td>Assistant Dean, Affiliated program</td>
<td>N</td>
</tr>
<tr>
<td>Mary McIlroy</td>
<td>Academic Program Director, Assistant Dean, Aff Prog</td>
<td>Y</td>
</tr>
<tr>
<td>Larry Schlesinger</td>
<td>Chair, Basic Science Department</td>
<td>N</td>
</tr>
<tr>
<td>Douglas Post</td>
<td>Assistant Dean, Med Ed</td>
<td>Y</td>
</tr>
<tr>
<td>Douglas Danforth</td>
<td>Academic Program Director, LSI Part One</td>
<td>Y</td>
</tr>
<tr>
<td>Leon McDougle</td>
<td>Academic Program Director, Associate Dean Diversity</td>
<td>Y</td>
</tr>
<tr>
<td>Cynthia Ledford</td>
<td>Assistant Dean, Med Ed</td>
<td>Y</td>
</tr>
<tr>
<td>Judith Westman</td>
<td>Assistant Dean</td>
<td>N</td>
</tr>
<tr>
<td>Kim Tartaglia</td>
<td>Academic Program Director, LSI Part Two</td>
<td>N</td>
</tr>
<tr>
<td>Sorabh Khandelwal</td>
<td>Assistant Dean, Med Ed</td>
<td>Y</td>
</tr>
<tr>
<td>Courtney Gilliam</td>
<td>Med student representative</td>
<td>Y</td>
</tr>
<tr>
<td>Thomas Feehan</td>
<td>Med student representative</td>
<td>N</td>
</tr>
</tbody>
</table>

Additional attendees
Larry Kirschner
Carla Granger

Agenda items
Item 1, Approval of minutes
Item 2, IPEC Competencies
Item 3, CAPS Report
Item 4, Graduate Questionnaire Report
Item 1, Approval of last meeting’s minutes
Presenter: Dr. Stanley Martin

Discussion

1. The meeting minutes from September 24, 2013 were reviewed by the committee and approved.

Item 2, IPEC Competencies
Presenter: Dr. Daniel Clinchot

Discussion

1. Based on likely upcoming new accreditation standards, there is a need to propose and create interprofessional health education to help promote collaboration for medical students among other health care providers in a team setting.

Action Items

1. CITL will review IPEC Competencies and make a recommendation to ECC regarding how to teach and assess collaborative care.

Item 3, CAPS Report
Presenter: Dr. Doug Post, Assistant Dean for Medical Education

Discussion

1. Dr. Post presented the CAPS program report for 2012-2013.
2. Please see attached report. Discussion was had about moving forward with the new LSI curriculum, transitioning from CAPS to the Longitudinal Group and Practice settings

Action Items

1. The ECC approved the report and recommendations by Dr. Post with moving forward to the LSI curriculum.
Item 4, Graduate Questionnaire Report
Presenter: Dr. Cynthia Ledford, Assistant Dean for Medical Education

Discussion

1. Dr. Ledford presented the Graduate Questionnaire Results from the graduating class of 2013. The data were collected late spring of their senior year and just recently started to be analyzed.

Action Items

1. Further discussion regarding the GQ report focused on student mistreatment was to be focused on December’s ECC meeting.
Clinical Assessment and Problem Solving (CAPS)
2012-2013 Report to ECC

1) Students
   a) Numbers: 262 Med 2 students were enrolled in the course.
   b) Progress Report: Overall scores ranged from 83.64% to 98.44% in CAPS 2.

<table>
<thead>
<tr>
<th></th>
<th>Med 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honors</td>
<td>27</td>
</tr>
<tr>
<td>Letters</td>
<td>38</td>
</tr>
<tr>
<td>Satisfactory</td>
<td>197</td>
</tr>
<tr>
<td>Fail</td>
<td>0</td>
</tr>
<tr>
<td>Total students</td>
<td>262</td>
</tr>
<tr>
<td>Average Score</td>
<td>93.19%</td>
</tr>
<tr>
<td>OSCE Remediation</td>
<td>0</td>
</tr>
<tr>
<td>LOA</td>
<td>1</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>1</td>
</tr>
<tr>
<td>Dismissal</td>
<td>0</td>
</tr>
</tbody>
</table>

c) Student Review Committee (SRC) Report: Three students were seen by the CAPS Student Review Committee during the 2012-13 academic year. Two referrals were due to professionalism issues related to numerous late assignments and/or incomplete work. One referral was due to failure of the CAPS preceptorship and stated concerns from the preceptor. One student was referred to the Academic Behavioral Review Committee, and two students performed remedial work (additional preceptorship sessions).

2) Evaluations and Summary:
   a) Student Evaluations of CAPS 2:

<table>
<thead>
<tr>
<th>CAPS 2 Small Group Content</th>
<th>Average</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>The content was well organized.</td>
<td>4.02</td>
<td>0 - 5</td>
</tr>
<tr>
<td>The content was sufficiently integrated.</td>
<td>3.98</td>
<td>0 - 5</td>
</tr>
<tr>
<td>The content had sufficient illustrations of clinical relevance.</td>
<td>4.19</td>
<td>0 - 5</td>
</tr>
<tr>
<td>Teaching with standardized patients contributed to my learning (if applicable).</td>
<td>4.1</td>
<td>0 - 5</td>
</tr>
<tr>
<td>The physical exam component in small group sessions helped improve my physical exam skills (if applicable).</td>
<td>3.9</td>
<td>0 - 5</td>
</tr>
<tr>
<td>Student EMR is an effective way to learn documentation of a clinical encounter (if applicable).</td>
<td>3.82</td>
<td>0 - 5</td>
</tr>
<tr>
<td>CAPS 2 Facilitator Evaluation</td>
<td>Average</td>
<td>Range</td>
</tr>
<tr>
<td>------------------------------------------------------------------</td>
<td>---------</td>
<td>--------</td>
</tr>
<tr>
<td>This teacher was enthusiastic.</td>
<td>4.59</td>
<td>0 - 5</td>
</tr>
<tr>
<td>This teacher encouraged students to participate in discussions.</td>
<td>4.58</td>
<td>0 - 5</td>
</tr>
<tr>
<td>This teacher made effective use of teaching time.</td>
<td>4.41</td>
<td>0 - 5</td>
</tr>
<tr>
<td>This teacher stated goals clearly and concisely.</td>
<td>4.47</td>
<td>0 - 5</td>
</tr>
<tr>
<td>This teacher was knowledgeable about the subject matter taught in CAPS.</td>
<td>4.59</td>
<td>0 - 5</td>
</tr>
<tr>
<td>This teacher was well prepared.</td>
<td>4.59</td>
<td>0 - 5</td>
</tr>
<tr>
<td>How would you rate this teacher's overall teaching effectiveness?</td>
<td>4.45</td>
<td>0 - 5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CAPS 2 Large Group Evaluation</th>
<th>Average</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objectives were covered adequately in the large group session.</td>
<td>4.28</td>
<td>0 - 5</td>
</tr>
<tr>
<td>Lecturer was knowledgeable about the subject.</td>
<td>4.37</td>
<td>0 - 5</td>
</tr>
<tr>
<td>Lecturer was well organized.</td>
<td>4.34</td>
<td>0 - 5</td>
</tr>
<tr>
<td>Lecturer communicated the subject matter well.</td>
<td>4.33</td>
<td>0 - 5</td>
</tr>
<tr>
<td>This large group session improved my knowledge of this topic and its application to clinical practice</td>
<td>4.2</td>
<td>0 - 5</td>
</tr>
</tbody>
</table>

3) Curriculum Issues and Changes:

a) Leadership: Dr. Doug Post served as Program Director and Drs. Allison Macerollo and Gail Grever served as Associate Program Directors for the CAPS 2 course.

b) Staff: Lisa Feldhaus coordinated the Med 2 CAPS curriculum. Bradley Watkins, Program Assistant for LSI ePortfolio, and Dawn Ryan, Program Assistant for LSI Longitudinal Group and Practice, assisted with the Med 2 CAPS program.

c) Longitudinal Preceptorship: Explicit instructions, including goals/milestones for this experience, were provided to both preceptors and students. Goals/milestones focused on skill development over time in interviewing, physical examination and early clinical reasoning. Students completed four half-day sessions once/month from September-December, 2012.

d) Male & Female GU: Prior to the male GU workshop, students completed independent study of physical exam material for both the prostate and testicular examination and pre-module preparation via watching a video demonstration of the prostate exam. During the workshop, students participated in an observation of a male GU examination performed by a
faculty member on a standardized patient. Following this experience, each student participated in a faculty-facilitated station to practice prostate and rectal examination (under supervision of urology or colorectal surgical fellows/attendings). The students were given defined objectives for this module. Dr. Allison Macerollo directed the male GU experience. For female GU, students read chapters on physical exam of the breast and pelvis in advance. They were assigned to attend one of four one-hour afternoon sessions in the Clinical Skills Center. The session featured three stations: one breast model, one vaginal model for teaching of speculum exam, and one pelvic model for teaching of the bimanual exam. Students rotated through each station for twenty minutes, were precepted by the faculty member who demonstrated the model, and then students worked in teams of 2-3 to practice. At the same time, Dr. DePhilip had an anatomy prosection of the pelvis so students could correlate the exam with anatomy. There was no formal assessment for female GU, but feedback was given by the faculty preceptor. Students had to sign in to receive credit for attending. Dr. Jonathan Schaffir directed the female GU experience.

e) CAPS in Med 3: CAPS continued to be incorporated into the Med 3 curriculum. In October, 2012, students focused on reviewing and discussing with their Med 2 CAPS facilitators the Med 3 clerkship performance data they had received up to this point (i.e., clerkship comments, direct observation feedback, grades, USMLE shelf exam results). In April, 2013, students performed a formative OSCE that was directly observed by their Med 2 CAPS facilitator. Students received immediate feedback regarding their OSCE performance. In addition, they discussed their Med 3 performance since the October meeting. Students prepared for these meetings by performing a self-assessment of their strengths and challenges. With feedback and coaching from their CAPS facilitators, they developed goals for their remaining time in medical school along with plans for successful completion of those goals. Dr. Sorabh Khandelwal played a valuable role, in collaboration with CAPS and Med 3/4 leadership, in the implementation of this longitudinal mentorship program for our students.

f) Hospital-Based Preceptorship: This program was modified to accommodate faculty staffing restrictions. Students interviewed and examined one hospitalized patient while participating in the ICM experience. They used this opportunity to write up an H/P. In addition, small groups composed of six students were formed. Multiple paper case vignettes were created by Drs. Macerollo and Grever for students to review as a group with faculty. During this experience, each student was expected to deliver an oral presentation and write a note on the case. Students received formative evaluation on their performance in each of these activities.

g) Faculty Development: We continued the CAPS one-on-one faculty development sessions, in which a trained medical educator directly observed facilitators’ teaching performance and provided feedback. A cohort of medical educators performed this faculty development role. Due to workload and attendance issues, we replaced to faculty development small group sessions with the online faculty development resource, FD4ME. Faculty were sent
instructions on how to access this resource along with the titles of specific modules most relevant to small group teaching.

h) SAB: Student Advisory Board (SAB): Due to the fact that CAPS was taught to only Med 2 students in 2012-13, discussion between SAB students and CAPS leadership was moved to the APC meetings. SAB members obtained student evaluation data in advance of the APC meeting and at each APC meeting summarized and presented the data for discussion. Despite the fact that this was the last year of CAPS, the SAB worked with CAPS leadership on applying student evaluation data to enhance the quality of small group teaching/learning in LSI.

i) Since CAPS was offered to only Med 2 students, CAPS APC meetings were held every other month rather than monthly.

4) Goals for the 2013-14 Academic Year

The major goal for the 2013-14 year will be to effectively transition from the CAPS 2 course to the second year of LSI. This will be the second year for the LSI curriculum. Transitions include:

1) CAPS 2 Small Group sessions to LSI 2 Longitudinal Group Sessions
2) CAPS 2 Longitudinal Preceptorship to LSI 2 Longitudinal Practice

5) Scholarship

Grants


Presentations


Allison Macerollo A. Adherence, Medication Counseling and Prescription Writing; Medical and Pharmacy Students Learning Together. Poster Presentation. STFM Medical Student Conference, San Antonio, January, 2013.

6) Recognition
Based on receiving the highest average scores on student evaluations for the academic year, Dr. Anthony Casey was selected as the 2012-13 CAPS Facilitator of the Year.

7) Acknowledgements:
We greatly appreciate the many individuals (faculty, staff, and students) who contributed to CAPS over its six-year history. Their hard work, positive attitude, and enthusiasm for early education of our students on clinical skills and behavioral/social sciences helped make the CAPS course a success.
AAMC Graduate Questionnaire
Results: Grads of 2013

For questions or clarification: Call or email
David Way, Evaluation, Curriculum Research & Development
way.11@osu.edu
292-2997
Overall, I am satisfied with the quality of my medical education.
Basic Science Content Ratings-2013

Objectives were made clear

Content was sufficiently integrated

Objectives closely matched examination content

Content had sufficient illustrations of clinical relevance

Content provided relevant preparation for clerkships

B. Sci was integrated in required clinical experience

Average All School Sum of Strongly Agree and Agree Responses

Updated 8/2/13
Basic Science Subject Ratings-2013

- Behavioral Science
- Biochemistry
- Biostat & Epidemiology
- Genetics
- Gross Anatomy
- Immunology
- ICM
- MicroAnatomy/Histology
- Microbiology
- Neuroscience
- Pathology
- Pathophysiology of Disease
- Pharmacology
- Physiology

0 10 20 30 40 50 60 70 80 90 100

Average All School Sum of Excellent & Good Responses

Updated 8/2/13
Family Medicine Clerkship Ratings-2013

- Learning Objectives were Clear
- Performance was assessed against Learning Objectives
- Opportunity to follow a variety of patients
- Faculty Observed Patient History
- Faculty Observed Physical Examination
- Faculty Members Provided Sufficient Feedback
- Residents & Fellows Provided Effective Teaching

Goal Line

Average All School Sum of Strongly Agree and Agree Responses
Internal Medicine Clerkship Ratings-2013

- Learning Objectives were Clear
- Performance was assessed against Learning Objectives
- Opportunity to follow a variety of patients
- Faculty Observed Patient History
- Faculty Observed Physical Examination
- Faculty Members Provided Sufficient Feedback
- Residents & Fellows Provided Effective Teaching

Goal Line

Average All School Sum of Strongly Agree and Agree Responses
OB-Gyn Clerkship Ratings-2013

- Learning Objectives were Clear
- Performance was assessed against Learning Objectives
- Opportunity to follow a variety of patients
- Faculty Observed Patient History
- Faculty Observed Physical Examination
- Faculty Members Provided Sufficient Feedback
- Residents & Fellows Provided Effective Teaching

- Strongly Agree
- Agree

Goal Line

Updated 8/2/13

Average All School Sum of Strongly Agree and Agree Responses
Pediatrics Clerkship Ratings-2013

Average All School Sum of Strongly Agree and Agree Responses

- Learning Objectives were Clear
- Performance was assessed against Learning Objectives
- Opportunity to follow a variety of patients
- Faculty Observed Patient History
- Faculty Observed Physical Examination
- Faculty Members Provided Sufficient Feedback
- Residents & Fellows Provided Effective Teaching

Strongly Agree | Agree
---|---
0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100

Goal Line

Updated 8/2/13
Psychiatry Clerkship Ratings-2013

- Learning Objectives were Clear
- Performance was assessed against Learning Objectives
- Opportunity to follow a variety of patients
- Faculty Observed Patient History
- Faculty Observed Mental Health Exam
- Faculty Members Provided Sufficient Feedback
- Residents & Fellows Provided Effective Teaching

0 10 20 30 40 50 60 70 80 90 100

Strongly Agree Agree

Average All School Sum of Strongly Agree and Agree Responses

Updated 8/2/13
Surgery Clerkship Ratings-2013

Average All School Sum of Strongly Agree and Agree Responses

- Learning Objectives were Clear
- Performance was assessed against Learning Objectives
- Opportunity to follow a variety of patients
- Faculty Observed Patient History
- Faculty Observed Physical Examination
- Faculty Members Provided Sufficient Feedback
- Residents & Fellows Provided Effective Teaching

Goal Line

Updated 8/2/13
Which evaluation methods were used as part of your final evaluation/grade for the clerkships?

- Learning Portfolio
- Computerized or Written Knowledge Exams
- Computerized Case Simulations
- Objective Structured Clinical Examination
- Case Simulation using Standardized Patient(s)
- Assessment by Residents
- Assessment by Faculty Member
- Oral Exam

Percentage who said “Yes”

Updated 8/2/13
Topics that were rated as having inadequate instruction by more than 20% of OSU Graduates

- Occupational Medicine
- Environmental Health
- Medical Licensure/Regulation
- Medical Economics
- Health Policy
- Global Health Issues
- Bio, Chem & Natural Disaster Mngmnt
- Health Care Quality Improvement
- Practice Management
- Law & Medicine
- Managed Care
- Health Care Systems

Percentage who said "Yes"
Topics perceived as having inadequate time devoted to instruction ranked by difference (OSU Pct > National Pct)*

- Law and medicine (58.9 > 52.7%)
- Health policy (41.8 > 39.9%)

* Only topics for which OSU’s percentage was higher than the national percentage are listed.
Topics perceived as having excessive time devoted to instruction ranked by difference (OSU Pct > National Pct)

- Professionalism (22.2 > 15.6%)
- Conduct systematic literature review (9.2 > 5.2%)
- Medical record-keeping (1.6 > 1.5%)

* Only topics for which OSU’s percentage was higher than the national percentage are listed.
Confidence with knowledge and skills: Communication Skills

- Assess the health practices of a patient using alternative therapies
- Negotiate with a patient who is requesting unnecessary tests or procedures
- Discuss DNR orders with a patient or family member
- Discuss treatment options with a patient with terminal illness
- Provide safe sex counseling to a patient whose sexual orientation differs from mine
- Discuss a prescription error I made with the patient

Strongly Agree

Agree

Average All School Sum of Strongly Agree and Agree Responses

Updated 8/2/13
Confidence with knowledge and skills: Technology Skills

- Use point of care technology for clinical purposes
- Use telemedicine
- Use computers for record keeping
- Critically review published research
- Perform sophisticated database searches

Average All School Sum of Strongly Agree and Agree Responses

Updated 8/2/13
The Senior (M4) Year-2013

- The final year was important for enhancing my clinical education.
- The final year was helpful in my preparation for residency.
- Additional required activities or selectives should be added to the final year.
- At my school, elective time was adequate.

I received appropriate guidance in the selection of electives.

- The final year was important for enhancing my clinical education.

At my school, elective time was adequate.

- The final year was helpful in my preparation for residency.

Additional required activities or selectives should be added to the final year.

The final year was helpful in my preparation for residency.

The final year was important for enhancing my clinical education.

- I received appropriate guidance in the selection of electives.

At my school, elective time was adequate.

Additional required activities or selectives should be added to the final year.

The final year was helpful in my preparation for residency.

The final year was important for enhancing my clinical education.
Satisfaction with Dean of Education-2013

- **Accessibility**
- **Awareness of student concerns**
- **Responsiveness to student problems.**
- **Participation of students on key committees**

**Average All School Sum of Very Satisfied & Satisfied Responses**

Updated 8/2/13
Satisfaction with Student Services-2013

- Faculty mentoring
- Senior loan exit interview
- Debt management counseling
- Financial aid administrative services
- Personal Counseling

Goal Line

Legend:
- Very Satisfied
- Satisfied

Average All School Sum of Very Satisfied & Satisfied Responses
Student Confidence: Prep for Residency-2013

- Clinical skills required to begin residency
- Understanding of common conditions and their management
- Communication skills necessary to interact w/ pt & health professionals
- Basic skills in clinical decision making and application of EBM
- Understanding of issues in social sciences of medicine
- Understand ethical and professional values expected
- Prepared to care for patients from diverse backgrounds

Average All School Sum of Strongly Agree and Agree Responses

Updated 8/2/13
## Summary of All Ratings

<table>
<thead>
<tr>
<th>A: OSU Compared to Nat. Avg.</th>
<th>B: OSU Compared to self over past 5 years</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Above the National Avg</strong></td>
<td><strong>Highest Mean in 5 years</strong></td>
</tr>
<tr>
<td>+</td>
<td>180 (87.4%)</td>
</tr>
<tr>
<td></td>
<td>95 (46.1%)</td>
</tr>
<tr>
<td><strong>Same as the National Avg</strong></td>
<td><strong>Same as Highest Mean</strong></td>
</tr>
<tr>
<td>0</td>
<td>7 (3.4%)</td>
</tr>
<tr>
<td></td>
<td>32 (15.5%)</td>
</tr>
<tr>
<td><strong>Below the National Avg</strong></td>
<td><strong>Lower than Highest Mean</strong></td>
</tr>
<tr>
<td>-</td>
<td>19 (9.2%)</td>
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<tr>
<td></td>
<td>79 (38.4%)</td>
</tr>
<tr>
<td></td>
<td>206 (100%)</td>
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<tr>
<td></td>
<td>206 (100%)</td>
</tr>
</tbody>
</table>

How to read this table:

- There were 206 total items on the GQ Survey
- The frequency in the cells tell how many items fall into this category
- The percentage is the number items in that category of 206 total items

- Column A compares OSU Graduate ratings to those of “All Other Schools”
- Column B compares OSU Graduate ratings in 2013 to OSU Graduate Ratings from 2009-2012
I was educated about professional relationships with industry.

![Bar chart showing the percentage of responses for different levels of agreement with the statement. The categories are Strongly Disagree, Disagree, Neutral, Agree, and Strongly Agree. The chart compares national and OSU responses.](chart_image)
Are you aware that your school has policies regarding mistreatment of medical students?
Do you know the procedures at your school for reporting mistreatment of medical students?

OSU: 75.5% "YES"
National: 71.7% "YES"

Updated 8/2/13
Mistreatment A: Please indicate with what frequency you personally experienced any of the following behaviors:

- Publicly embarrassed
- Publicly humiliated
- Threat of physical harm
- Physically harmed
- Required to perform personal services
- Subjected to offensive sexist remarks
- Denied opportunities based on gender
- Received lower grades due to gender
- Subjected to unwanted sexual advances
- Asked to exchange sexual favors for rewards

Updated 8/2/13
Mistreatment B: Please indicate with what frequency you personally experienced any of the following behaviors:

1. Denied opportunities based on race/ethnicity
2. Subjected to racially offensive remarks
3. Received lower evaluations based on race/ethnicity
4. Denied opportunities based on sexual orientation
5. Subjected to offensive remarks related to sexual orientation
6. Received lower evaluations based on sexual orientation

[Bar chart showing the percentage of individuals who experienced the behaviors at different frequencies.]