



**NOVA SOUTHEASTERN
UNIVERSITY**

**Dr. Kiran C. Patel College of
Osteopathic Medicine**

Clinical Training Manual

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NSU VISION, MISSION AND CORE VALUES

In pursuit of defining the Nova Southeastern University of tomorrow, President George L. Hanbury II, PhD collaborated with faculty members, deans, staff, alumni, student leaders, community members, and the board of trustees to create a single-shared vision based on eight core values. The Vision 2020, Mission, and Core Values will collectively guide NSU into the future.

Vision 2020

By 2020, through excellence and innovations in teaching, research, service, and learning, Nova Southeastern University will be recognized by accrediting agencies, the academic community, and the general public as a premier, private, not-for-profit university of quality and distinction that engages all students and produces alumni who serve with integrity in their lives, fields of study, and resulting careers.

Mission

The Mission of Nova Southeastern University, a private, not-for-profit institution, is to offer a diverse array of innovative academic programs that complement on-campus educational opportunities and resources with accessible distance learning programs to foster academic excellence, intellectual inquiry, leadership, research, and commitment to community through engagement of students and faculty members in a dynamic, life-long learning environment.

Core Values

The University's core values are:

- academic excellence,
- student centered,
- integrity,
- innovation,
- opportunity,
- scholarship/research,
- diversity,
- community



The mission of the Dr. Kiran C. Patel College of Osteopathic Medicine is to provide learner-centered education, both nationally and internationally, for osteopathic medical students, post-graduate trainees, physicians, and other professionals. Through its interprofessional programs, the College prepares competent and compassionate lifelong learners; supports research, scholarly activity, and community service; and advocates for the health and welfare of diverse populations including the medically underserved.

Doctor of Osteopathic Medicine Mission Statement

The Doctor of Osteopathic Medicine Program in the Dr. Kiran C. Patel College of Osteopathic Medicine is dedicated to student-centered osteopathic medical education to produce exemplary osteopathic physicians known for competent and compassionate care.

Accreditation Statements

Nova Southeastern University (NSU) is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award associate's, baccalaureate, master's, educational specialist, doctorate, and professional degrees. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call (404) 679-4500 for questions about the accreditation of Nova Southeastern University.

Nova Southeastern University Dr. Kiran C. Patel College of Osteopathic Medicine is accredited by the Commission on Osteopathic College Accreditation (COCA) of the American Osteopathic Association (AOA) which is recognized by the United States Department of Education (USDE) as the only accreditation agency for predoctoral osteopathic medical education in the United States.

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Nova Southeastern University
Dr. Kiran C. Patel College of Osteopathic Medicine
Clinical Training Manual

This manual provides the Nova Southeastern University Dr. Kiran C. Patel College of Osteopathic Medicine's policies and procedures applicable to the clinical rotations of the osteopathic medical students in their 3rd and 4th years of the program. The Dr. Kiran C. Patel College of Osteopathic Medicine reserves the right to make changes at any time with respect to its academic program, educational policies, clinical education rotation schedules, use of training sites, evaluation procedures, and any other aspect of the clinical training program when it is felt necessary to maintain educational requirements, standards, and quality of the program. Every effort will be made to ensure that students, clinical faculty/preceptors, and Core Campus DME's are notified in a timely manner when changes are implemented and new or revised policies are instituted.

The *Nova Southeastern University Dr. Kiran C. Patel College of Osteopathic Medicine Student Handbook (NSU-KPCOM Student Handbook)* found at osteopathic.nova.edu/publications/index.html is the primary handbook and this *Clinical Training Manual* is a supplement for utilization by students while on clinical rotations and their clinical instructors/preceptors.

I. General Policies

A. Student Responsibilities

NSU-KPCOM arranges for clinical training opportunities for the medical students in a variety of healthcare settings. All rotations provided are done as a courtesy to NSU-KPCOM.

Students are guests and should conduct themselves as courteous, responsible medical professionals at all times.

Dignity, respect, and gratitude are valuable virtues in the development of a physician's character.

The student on a rotation service will be responsible, at all times, to the personnel in charge of the unit involved. In addition, all students will be expected to comply with the general rules and medical ethics established by NSU-KPCOM, the hospital, clinic, or facility at which they are being trained.

Appropriate professional appearance and conduct is expected at all times.

All problems or difficulties should be communicated by students immediately to the preceptor, Clinical Assistant Dean, and the Assistant Dean or Director of the Office of Osteopathic Clinical Education.

B. Unprofessional Behavior

Students should expect to be treated as professionals by all clinical personnel at all times and students must in turn act professionally, ethically, and respectfully towards all healthcare personnel with whom they come in contact. Courtesy and a professional demeanor are essential traits for a physician.

The preceptor has the authority to dismiss a student from the rotation for violations of the student code of conduct, policies or procedures, causing threats to patient or public health or safety, or as deemed appropriate for the continued operation of the clinical site. Dismissal will constitute a failed or incomplete rotation, and at a minimum, the rotation must be repeated.

Any problems affecting students that are not easily or adequately resolved by the student at the site should be referred to the Assistant Dean of Osteopathic Clinical Education. All preceptors are also encouraged to contact the NSU-KPCOM Assistant Dean or Director of Osteopathic Clinical Education for any concerns regarding student behavior.

NSU has a “zero tolerance” policy on illicit drug and alcohol use by students. If a student is suspected of substance abuse, the preceptor should immediately report this situation to the Assistant Dean of Osteopathic Clinical Education for further action.

C. Contact Information Updates

Students are responsible for keeping their mailing address, phone numbers and emergency contact information up to date in WebSTAR. Please refer to *NSU-KPCOM Student Handbook* for details and disciplinary action for failure to comply.

The Office of Student and Alumni Affairs must be contacted whenever a name change is updated in WebSTAR.

D. Dress Code

Students must present themselves in professional attire and have on their person university ID at all times, specifically:

- For men, this means a lab coat, shirt and tie, dress pants and dress shoes that completely protect the foot.
- For women, this means a lab coat, a dress or slacks/skirt with a blouse, and shoes that completely protect the foot.

On some rotations, students may be permitted to wear scrubs. This is typically for rotations that require the students to be in the operating room or doing procedures that may otherwise soil one’s professional attire. This will be at the discretion of the preceptor and any violations will be reported to the Office of Osteopathic Clinical Education.

NSU-KPCOM policies governing dress code can be found in the *NSU-KPCOM Student Handbook* and should be reviewed prior to student participation in the following mandatory activities:

- End of Rotation Examinations

- M3 Come Home Days
- M3 NSU-COM Residency Fair
- M4 Senior Week

E. Title and Salutations

Students are referred to as “Student Doctor _____” in clinical settings. As a group, students are referred to as “Student Physicians.” If students have a doctorate in any field, they cannot use this title while in any clinical rotation settings related to their medical education, whether in a student environment or not.

F. Incidents of Exposure to Contagious Diseases

Students are to follow the NSU Post Exposure Policies and Procedures that are found at <http://www.nova.edu/smc/needlestick/index.html>. Also found on the web-link are the Hotline for the “National Clinician’s Post-Exposure Prophylaxis at (888) 448-4911”, the “Helpful Links” to the Centers for Disease Control Hepatitis Site, and the U.S. Public Health Service Guidelines for the Management of Occupational Exposures.

Students on clinical rotations exposed to contagious diseases should seek immediate medical care at either the nearest emergency room or the NSU-KPCOM Student Medical Center, whichever is most readily available. In addition to seeking medical care, the student should notify the Office of Osteopathic Clinical Education of the incident.

II. Attendance

Students are expected to be in attendance and ready to learn at **all** times as scheduled by the hospital and preceptor.

Students must attend clinical site conferences, meetings, lectures, and other educational programs at or near their rotation site. Any determinations for exemption must be made by the Clinical Assistant Dean for hospital rotations and the supervising preceptor. Students **must** notify the Office of Osteopathic Clinical Education when exceptions are granted. A schedule of the site’s educational programs may be obtained from the Clinical Assistant Dean.

A. Rotation Report Dates

1. CLASS OF 2018:

All OMS-4 students will move to the **4-week block schedule** despite the rotations at any particular site during the M3 academic year. The first day of the M4 rotations will be Monday, July 3, 2017. Each 4-week block rotation will begin on a Monday and end four (4) Sundays later. Specific dates are outlined below.

It is the responsibility of each student to contact the site in ample time prior to arrival to obtain instructions regarding the orientation session and the service. Elective and Selective rotations are discussed later in this manual.

Block	Class of <u>2018</u> - ONLY M4 Academic Year	Class of <u>2018</u> – ONLY M4 Rotations	COMAT or Rural Exam Date 7:00-10:00am
#1	July 3 – July 30	Core/Elective/Selective/IS	Friday, July 28
#2	July 31 – August 27	Core/Elective/Selective/IS	Friday, Aug 25
#3	August 28 – September 24	Core/Elective/Selective/IS	Friday, Sept 22
#4	September 25 – October 22	Core/Elective/Selective/IS	Friday, Oct 20
#5	October 23 – November 19	Core/Elective/Selective/IS	Friday, Nov 17
#6	November 20 – December 17	Core/Elective/Selective/IS	Friday, Dec 15
#7	December 18, 2017 – January 14	Core/Elective/Selective/IS	Friday, Jan 12
#8	January 15 – February 11	Core/Elective/Selective/IS	Friday, Feb 9
#9	February 12 – March 11	Core/Elective/Selective/IS	Friday, March 9
#10	March 12 – April 8	Core/Elective/Selective/IS	Friday, April 6
#11	April 9 – May 6	Core/Elective/Selective/IS	Friday, May 4
#12	May 7 – June 3	As Needed For Make-up	Friday, June 1
#13	June 4 – June 29	As Needed For Make-up	Friday, June 29

Class of 2018 – M4 Required 4-week block rotations (44 weeks):

- Core: Rural or Urban Underserved 1 – assigned by NSU-KPCOM
- Core: Rural or Urban Underserved 2 – assigned by NSU-KPCOM
- Core: Emergency Medicine – assigned by NSU-KPCOM
- Selective: Rural or Urban Underserved or International – must apply
- Elective #1 – must apply
- Elective #2 – must apply
- Elective #3 – must apply
- Elective #4 – must apply
- Elective #5 – must apply
- Elective #6 – must apply
- Independent Study – must apply (typically in Block #11 but may be another block; IS days also used for “gap” days between electives)

(Please note: all students must complete no less than 44 weeks of rotations in the M4 year)

2. CLASS OF 2019:

The Class of 2019 will be on the **4-week block** schedule for the entirety of the clinical training years. Student rotations begin on a Monday and end four (4) Sundays later. The first day of the M3 rotations will be Monday, July 3, 2017. It is the responsibility of each student to contact the site in ample time prior to arrival to obtain instructions regarding the orientation session and the service. M4 elective and selective rotations are discussed later in this manual.

The Class of 2019 will be the first class to move to eleven (11) 4-week core rotations and one (1) 4-week mandatory board study rotation in the OMS-3 academic year. The OMS-3 academic year will end June 3, 2018. The Class of 2019 will realize one additional selective

in the OMS-4 year. The OMS-4 year will begin June 4, 2018 and end following completion of all curricular requirements.

Block	Class of 2019 – ONLY M3 Academic Year 2017-18		M3 Rotations	COMAT Exam Date 7:00-10:00am	M3 COME HOME DAY 10:00am- 5:00pm
#1	July 3 – July 30		M3 Core	Friday, July 28	Friday, July 28
#2	July 31 – August 27		M3 Core	Friday, Aug 25	Friday, Aug 25
#3	August 28 – September 24		M3 Core	Friday, Sept 22	*Friday, Sept. 29
#4	September 25 – October 22		M3 Core	Friday, Oct 20	Friday, Oct 20
#5	October 23 – November 19		M3 Core	Friday, Nov 17	Friday, Nov 17
#6	November 20 – December 17		M3 Core	Friday, Dec 15	Friday, Dec 15
#7	December 18, 2017 – January 14		M3 Core	Friday, Jan 12	Friday, Jan 12
#8	January 15 – February 11		M3 Core	Friday, Feb 9	Friday, Feb 9
#9	February 12 – March 11		M3 Core	Friday, March 9	Friday, March 9
#10	March 12 – April 8		M3 Core	Friday, April 6	Friday, April 6
#11	April 9 – May 6	Group A = M3 Core Group B = Mandatory COMLEX Level 2 Board Study		Friday, May 4	NONE
#12	May 7 – June 3	Group B = M3 Core Group A = Mandatory COMLEX Level 2 Board Study		Friday, June 1	NONE

**Please Note: Block #3 Come Home Day is one week after the end of the block due to room availability*

Block	Class of 2019 – ONLY M4 Academic Year 2018-19		Rotation	COMAT Exam Date 7:00-10:00am
#1	June 4 – June 30		Elective/Selective/IS or M3 core make-up Only	Friday, June 29
#2	July 2 – July 29		Core/Elective/Selective or IS	Friday, July 27
#3	July 30 – August 26		Core/Elective/Selective or IS	Friday, Aug 24
#4	August 27 – September 23		Core/Elective/Selective or IS	Friday, Sept 21
#5	September 24 – October 21		Core/Elective/Selective or IS	Friday, Oct 19
#6	October 22 – November 18		Core/Elective/Selective or IS	Friday, Nov 16
#7	November 19 – December 16		Core/Elective/Selective or IS	Friday, Dec 14
#8	December 17, 2018 – January 13		Core/Elective/Selective or IS	Friday, Jan 11
#9	January 14 – February 10		Core/Elective/Selective or IS	Friday, Feb 8
#10	February 11 – March 10		Core/Elective/Selective or IS	Friday, March 8
#11	March 11 – April 7		Core/Elective/Selective or IS	Friday, April 5
#12	April 8 – May 5		Core/Elective/Selective or IS	Friday, May 3

<p>Class of 2019 M3 Requirements (48 weeks):</p> <ul style="list-style-type: none"> • Eleven core rotations • One board study rotation <p>All rotations are assigned and cannot be changed</p> <p>CORE X 11:</p> <ul style="list-style-type: none"> • Core: Family Medicine 1 • Core: Family Medicine 2 • Core: Geriatric Medicine • Core: Internal Medicine I • Core: Internal Medicine 2 • Core: OB/GYN • Core: Pediatric Hospital • Core: Pediatric Ambulatory • Core: Psychiatry • Core: Surgery 1 • Core: Surgery 2 <p>BOARD STUDY X 1: Board Study (BS): MANDATORY COMLEX Level 2CE Board Study (as assigned)</p>	<p>Class of 2019 M4 Requirements (48 weeks):</p> <ul style="list-style-type: none"> • Three core rotations • Two selective rotations • Six electives rotations • One independent study (IS) rotation <p>All cores are assigned and cannot be changed. Electives, Selectives and IS must be requested by student and approved by the Office of Osteopathic Clinical Education.</p> <p>CORE x 3:</p> <ul style="list-style-type: none"> • Rural or Urban Underserved 1 • Rural or Urban Underserved 2 • Emergency Medicine <p>SELECTIVES X 2:</p> <ul style="list-style-type: none"> • Selective: IM General, IM Sub-specialty, OR Neurology – must apply • Selective: Rural or Urban Underserved OR International – must apply <p>ELECTIVES x 6:</p> <ul style="list-style-type: none"> • Elective 1 – must apply • Elective 2 – must apply • Elective 3 – must apply • Elective 4 – must apply • Elective 5 – must apply • Elective 6 – must apply <p>INDEPENDENT STUDY X 1:</p> <ul style="list-style-type: none"> • Independent Study – must apply (may be taken anytime in the M4 year, to be used as study or gap days. if students use more than 1 of IS they will be required to do additional weeks of elective)
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B. Late Arrival to Rotation Site for Start of Rotation

In the event a student expects to be unavoidably late to begin the rotation on the scheduled date at an assigned site, the student must seek written advance approval from **ALL** of the following:

- The office of medical education at the site (as it pertains),
- The clinical preceptor at the rotation site, AND
- The NSU-KPCOM Office of Osteopathic Clinical Education.

Failure to do so may result in unexcused absences (see Absence from Rotation Policy, below).

C. Departure from Rotation Site

The student is not to leave his/her designated rotation prior to the scheduled end of the rotation. In the event a student has to travel extensively to a new rotation at a different location, it is up to the new site to allow the student appropriate travel time. Students may leave the current rotation site prior to the designated time or arrive at the new rotation site late only with the written advanced consent of ALL of the following:

- The Office of Medical Education and Clinical Assistant Dean at the hospital facilities, if applicable
- The supervising clinical preceptor at the rotation site where student will be absent, AND
- The NSU-KPCOM Office of Osteopathic Clinical Education.

Failure to do so may result in unexcused absences (see Absence from Rotation Policy, below).

D. Absence from Rotation

1. Total Allowable Absences per Rotation

Students are permitted no more than two (2) days of absence from one 4-week block of a given rotation. Similarly, one (1) day of approved absence is permitted from half rotations or 2-week block rotations (pertains to OMS-4 electives only).

If a student misses a total of three (3) or more days per block of any rotation for any reason, even if the three (3) absences were considered approved absences, the student may receive a failing grade and the entire rotation may have to be repeated. The same applies to an absence of two (2) or more days from a 2-week block rotation.

2. Planned Absences

All excused absences from an assigned rotation **MUST BE WRITTEN AND PRE-APPROVED** by all of the following:

- Preceptor of the rotation (Note: resident physicians are not eligible to approve student absences),
- Clinical Assistant Dean of the hospital core clinical campus (if applicable), AND
- The Office of Osteopathic Clinical Education.

3. Emergencies:

In the event of an emergency, sudden illness, or whenever prior approval cannot be obtained, the Office of Osteopathic Clinical Education must be notified immediately of the emergency situation. A written explanation from the student must be sent to the Office of Osteopathic Clinical Education, as well as the site's Clinical Assistant Dean, and preceptor, as soon as possible. When applicable, supporting documentation must be included with the explanation.

Students are not automatically allowed time off for any reason. Absences will be monitored by the Office of Osteopathic Clinical Education, the site preceptor and the Clinical Assistant Dean.

Any absence not reported to the Office of Osteopathic Clinical Education within one business day may result in disciplinary action.

Time spent away from the rotation site during regular duty hours for lectures, conferences, and other programs conducted at outside hospitals or universities must be approved, in advance, by the supervising physician of the rotation site.

4. Residency Interviews

OMS-4 students may be permitted up to four (4) excused absences from any one (1) 4-week block provided the student has proof of a residency interview (proof must be submitted to the Office of Osteopathic Clinical Education at time of absence request).

5. OMS-3 M3 Come Home Day

Students will be required to travel to the NSU Davie campus for their assigned “M3 Come Home” days. Assigned dates are presented in prior sections II, A, 1 and II,A, 2. Additional details regarding this program requirement to be on campus will be supplied by the Office of Osteopathic Clinical Education. This day does not count towards the two (2) days of absence allowable per rotation.

6. COMLEX Level 1 Study

There is no time allowed during the M3 year for study for COMLEX Level 1. The month of June following the M2 year is allotted for this purpose.

If a student finds he/she will require extra time to study for COMLEX Level 1, he/she should discuss any available options with the Assistant Dean of Medical Education or Assistant Dean of Osteopathic Clinical Education.

7. COMLEX Level 2CE Study:

CLASS OF 2018, only:

Block #13 of the M3 academic year, June 5 – July 2, 2017, is reserved as a mandatory Board Study block. There may be several exceptions to this rule at the discretion of the Office of Osteopathic Clinical Education, but each student will be allotted no less than 4-weeks for COMLEX Level 2CE preparation time during their M3 year.

CLASS OF 2019, only:

Blocks #11 and #12 are assigned to each student as either the mandatory COMLEX Level 2CE Board Study rotation or an M3 core rotation. The rotations are assigned by the Office of Osteopathic Clinical Education and cannot be changed. Students not adhering to this policy may face disciplinary action.

8. COMLEX Examination Travel:

Students are allowed only the day before and the day of any COMLEX-USA examination as excused absences from their clinical rotation site.

III. Leave of Absence during Clinical Years

A. One-Block Leave of Absence (LOA) Policy during M3 and M4 Years:

The Office of Student and Alumni Affairs, in cooperation with the Office of Osteopathic Clinical Education, will serve as the approving authority for one (1)-block leaves of absence taken by students during the clinical years. Requests are initiated when a student completes a Leave of Absence Form and the LOA advisory and submits the completed form and signed letter to the Assistant Dean or Director of the Office of Osteopathic Clinical Education for approval.

All requests for a one(1)-block leave of absence must be submitted to the Office of Osteopathic Clinical Education at least **30 days prior** to the date the leave of absence is to begin, unless due to a medical or other emergency. All requests are considered on a case-by-case basis and are subject to non-approval based upon the timeliness of submission and the circumstances surrounding the request.

Following approval from the Office of Osteopathic Clinical Education, the student must submit the signed form and advisory letter to the Assistant Dean of the Department of Student and Alumni Affairs who will review the request and submit a recommendation to the Associate Dean of Osteopathic Education.

Beginning July 2017, no LOAs will be granted for Block #1 of the M3 academic year. The earliest any student requesting LOA will be allowed to have a one-block leave will be Block #2 and, as per the NSU-KPCOM Student Handbook, all requests will continue to be submitted no later than 30-days PRIOR to the intended LOA.

Please refer to the *NSU-KPCOM Student Handbook*, Section Leave of Absence for further details.

B. Leave of Absence from Dr. Kiran C. Patel College of Osteopathic Medicine

(Refer to *NSU-KPCOM Student Handbook*, Section Academic Policies and Procedures, subsection for Leave of Absence)

IV. NBOME COMLEX Examinations

Please refer to the detailed policies governing the COMLEX examinations, deadlines, failures, etc., in the *NSU-KPCOM Student Handbook* “Academic and Curriculum Policies and Procedures” section for COMLEX Examinations. Included is information pertaining to:

- Mandatory first-time take deadlines and policies (both on-track students and “Course Retake Program” students)
- COMLEX failures policies
- Repeat COMLEX examinations policies and deadlines

It is also recommended that students have a clear understanding of the NBOME policies governing examinations. (Please go to www.nbome.org for details). Several significant policies include but are not limited to:

- The maximum number of opportunities on any one exam is six (6) and
- The maximum attempts on any one examination in a 12-month period is four (4).

Participation in the NSU-KPCOM Web-based board review is mandatory.

No NSU-KPCOM student will matriculate into the M4 academic year until he/she has passed COMLEX Level 1. Please refer to the “*NSU-KPCOM Student Handbook*” section on “*Academic Promotion*” for details. Any M4 core or elective rotation that was previously scheduled will be cancelled if a passing score is not provided to Clinical Education by May 31st of the M3 year. Students who participate in M4 rotations without a passing score on COMLEX Level 1 are subject to disciplinary action, including dismissal from COM.

V. Duty Hours

A typical workday will begin at 7:00 a.m. and end at 7:00 p.m. Deviation from these hours is at the discretion of the preceptor. Students are expected to follow the schedule of their preceptor. Under no circumstance, however, shall a student be required to work more than 12 consecutive hours, unless night duty is assigned.

Assignment of night and/or weekend duty must adhere to the following guidelines:

- A usual workweek is up to 60 hours per week. An acceptable minimum workweek is 40 hours. The workweek shall be limited to a maximum of 84 hours. Additional hours shall be on a volunteer basis only. The maximum duration of any work period will be 36 hours and must be followed by a minimum of 12 hours off duty.
- Students shall be given a minimum of two (2) consecutive days off every 14 days. This requirement may be met by giving a student every other weekend off. The preceptor or site’s Clinical Assistant Dean will make the decision as to the schedule.
- A student’s schedule shall be arranged such that his/her time off does not conflict with scheduled formal education programs developed for students. Students shall be assigned activities on, or related to, their current service rotation only.
- A physician licensed to practice osteopathic medicine or allopathic medicine in that state will supervise any duties assigned to students.
- Whether students receive a holiday off is determined by the assigned institution (i.e. the site’s Clinical Assistant Dean or preceptor). The school does not exempt students from working on holidays or weekends.

VI. Student Involvement on Clinical Rotations

A NSU-KPCOM medical student is not a licensed physician and, therefore, is not legally or ethically permitted to independently practice medicine. A student may assist in the care of a patient, but only under the direct supervision of a licensed physician. The attending physician is responsible for the medical care of the patient and for the content and countersigning of all orders, progress notes, and other notes written or entered into a computer by the student. A

student may not administer therapy, except under the direct supervision of a licensed physician to whom the student has been formally assigned.

To be eligible for any rotations or clinical experiences, the NSU-KPCOM student must adhere to all of the following requirements and provide proof of completion:

- Maintain current training in basic life support (BLS) (Please note: American Heart Association approved courses only, are acceptable),
- Maintain current training in advanced cardiac life support (ACLS) (Please note: American Heart Association approved courses only, are acceptable),
- Completed Occupational Safety and Health Administration (OSHA) training,
- Completed Health Information Privacy and Portability Act (HIPPA) training,
- Passed a urine drug screen,
- Passed a Level 1 background check and as required by a rotation site a Level 2 background check. NSU-KPCOM will reimburse students for Level 2 background check costs for OMS-3 and OMS-4 core rotations only. Background checks required for electives will not be reimbursed. All eligible reimbursements must be accompanied by a receipt.

All NSU-KPCOM students on clinical rotations must:

- Provide proof of a complete physical by a licensed physician within the previous 12-months
- Maintain health insurance
- Provide proof of all required immunizations and/or related testing

Documentation of this information must be on file with the Office of Student and Alumni Affairs **prior to leaving campus** for clinical rotations.

During flu season, typically October through March, students must have proof of the annual influenza vaccination. If students do not have proof or are excused from the influenza immunization for any reason, they will be required to wear a facemask in all hospitals the entire time they are in the hospital. Students who do not adhere to this policy will be subject to disciplinary action, including dismissal from a rotation, which constitutes a failed rotation.

STUDENTS SHOULD BE PREPARED TO PRESENT PROOF OF ANY OR ALL OF THE ABOVE REQUIREMENTS TO THEIR ROTATION SITE UPON REQUEST.

A. Policy on Taking Histories and Physicals

The administration of Nova Southeastern University Dr. Kiran C. Patel College of Osteopathic Medicine believes in the importance of an educationally sound, realistic policy pertaining to osteopathic medical students conducting history and physical examinations (H&Ps) in affiliated hospitals. The H&P is considered an essential component of every patient's evaluation, leading to further testing and diagnosis. Consequently, whenever possible, students should be assigned on-service H&Ps. The appropriate physicians should critique the H&Ps and provide constructive feedback to the student. The student should then be given the opportunity and time for patient follow-up.

B. Number of Patients

The number of patients seen by students will depend upon patient volume. However, there should be time provided for patient care, procedures, and follow up, all of which should be critiqued by the physicians, along with constructive feedback to the students. In addition to time designated for direct patient contact, the students should be allowed some time for studying and preparing case presentations.

C. Meals

Nova Southeastern University's Dr. Kiran C. Patel College of Osteopathic Medicine does not request provision of meals for any of its students. If a medical institution wishes to provide meals, it may do so, but this is strictly at the discretion of the medical institution.

D. Housing

Some rotation sites have made housing arrangements for students, either free-of-charge or at a reduced rate. Housing for core clinical rotations, electives and selective rotations is not the responsibility of NSU-KPCOM.

NSU-KPCOM has available housing for students in certain geographical locations for the required eight-week block rural or medically underserved rotations. The student is not required to utilize this housing during those rotations. Students may not utilize NSU-KPCOM provided housing for either elective or selective rotations. Students may not come early or stay late at the provided housing for the rural and urban underserved core rotations. Failure to comply with this policy could result in disciplinary action.

Information about the housing at the student's assigned rural or medically underserved rotations site can be found on Blackboard in the Clinical Education section in the folder labeled "Department of Rural and Urban Underserved Medicine". All management and scheduling of student housing will be carried out through the Department of Rural and Urban Underserved Medicine. Any and all inquiries, concerns, or questions should be directed to that office. No other faculty or staff representative of NSU-KPCOM shall have the responsibility or have the ability to make decisions concerning this area. All operational functions, location, procurement, maintenance inquiries, and related decisions will be directed to and controlled through the Department of Rural and Urban Underserved Medicine.

Please be aware that some housing sites require a student application form and/or a Level 2 background check to be completed. Students should respond to correspondence from the Department of Rural and Urban Underserved Medicine expeditiously as there may be forms to complete well in advance of the assigned rotation. Students will be reimbursed for a required Level 2 Background Check with receipt after submission to the Department of Rural and Urban Underserved Medicine.

It should be noted that, although not mandatory, at times, males and females might share a two-bedroom apartment. If for any reason students do not wish to share an apartment with another student of the opposite gender, that student is responsible for all his or her own housing expenses. Please note that every effort will be made to avoid housing assignments with a student of the opposite gender, however.

Students are expected to keep track of their own long-distance phone calls as well as internet/cable charges in excess of the basic package provided. Students will be responsible for charges in excess of the basic packages, accordingly. Property should be cared for as if it belonged to the student. The student will be responsible for any damages he or she incurs. NSU-KPCOM reserves the right to change housing assignments at any time and to charge students for damages, extra cleaning and/or internet/cable expenses determined to be that student's responsibility.

1. Pets

NO PETS are allowed in housing provided by NSU-KPCOM and students risk being evicted as well as risk NSU-KPCOM being evicted from the housing if they break this policy. Students who break this policy will face disciplinary action.

2. Non-Student Use of the NSU-KPCOM-Provided Housing

NSU-KPCOM provided housing is for **students only**. If students choose to have members of their family accompany them on their rotations, they must arrange for and assume all responsibility and costs associated with family housing and travel at a location other than the NSU-KPCOM provided housing. These arrangements for family housing must be made on the student's own time. This rule pertains to NSU-KPCOM students who are not presently assigned to the Rural or Urban Underserved rotation and therefore, should not be utilizing the housing.

3. Students Who Elect to Not Use the NSU-KPCOM Provided Housing

The student may elect to live elsewhere rather than in the NSU-KPCOM provided housing. Under no circumstances must the location of the housing interfere with the student's ability to arrive at assigned duties on time at the rotation site.

Please note: Any student who chooses to break the NSU-KPCOM housing policy risks disciplinary action for unprofessional behavior up to and including being reported to the Student Progress and Professional Behavior Committee and dismissal from the KPCOM.

VII. Student Performance

A. Student Evaluation by Rotation Site Personnel

Part of the student's rotation grade is based on the student evaluation by the preceptor and will be recorded on the Preceptor Evaluation of Student Form. These documents will be provided to or access made available by the Office of Osteopathic Clinical Education to each site and samples are included later in this manual. The Preceptor Evaluation of Student Form must be completed (electronically or paper) for each student on each rotation by the preceptor to whom the student has been assigned and submitted to the hospital's Clinical Assistant Dean for review and signature.

The hospital's Clinical Assistant Dean or preceptor must return the Preceptor Evaluation of Student form electronically as instructed by the program using the web-based program to the Office of Osteopathic Clinical Education.

VIII. Student Grading Policy

A. Grading System

Rotations are graded on a Pass/Fail basis. Pass with Honors (PH) can be granted for exceptional performance. The Assistant Dean of Osteopathic Clinical Education will submit a grade for each student for each rotation to the Office of Student and Alumni Affairs who then submits it to the NSU Registrar's Office. Each grade will be recorded by the Registrar's Office in the following manner: PH (Pass with Honors); P (Pass); F (Fail); IP (In Progress) or I (Incomplete). An IP grade is assigned prior to final determination of the course. When a failing grade "F" is recorded, the Assistant Dean of Osteopathic Clinical Education will notify both the student and the Student Progress and Professional Behavior Committee.

Grades will be determined on the basis of the items evaluated on the Preceptor Evaluation of Student Form as follows: (Note: see additional grading information for 2-week block rotations in that section of this handbook.)

To achieve a grade of **Pass with Honors (PH)** on a rotation, the student must achieve **ALL** of the following:

- Earn an average score of 4.5 or higher in each competency that was assessed on the Preceptor Evaluation of Student Form,
- Complete all assigned Web-based module(s) during the rotation,
- Earn a Standard Score of 111 or above on the first attempt on the COMAT end-of-discipline examination (*A grade of PH cannot be achieved if a student misses an assigned exam.*)
- Complete and submit to the Office of Osteopathic Clinical Education an electronic Student Evaluation of Clinical Rotation Form,
- Complete and submit to the Office of Osteopathic Clinical Education an electronic patient log form (when applicable),
- Have a case evaluation form submitted by the preceptor if required, and
- Be in attendance on the rotation for the required number of days.

To achieve a grade of **Pass (P)** on a rotation, the student must achieve all of the following:

- Earn an average score of 2 or higher in each competency that was assessed on the Preceptor Evaluation of Student Form,
- Earn a Standard Score of 80 or above on the first or second attempt on the COMAT end-of-discipline examination,
- Complete all assigned Web-based modules no later than 30 days after end of rotation,
- Complete and submit to the Office of Osteopathic Clinical Education an electronic Student Evaluation of Clinical Rotation Form,
- Complete and submit to the Office of Osteopathic Clinical Education an electronic service patient log form (when applicable),
- Have a case evaluation form submitted by the preceptor, and

- Be in attendance on the rotation for the required number of days.

To receive a grade of **Failure (F)** on a rotation, only **ONE (1)** of the following must apply to the student:

- Earn an average score **lower than 2** on at least **one** competency, **OR**
- Earn a Standard Score of 79 or lower on the second attempt on the COMAT end-of discipline examination, **OR**
- Fail to complete all assigned Web-based modules within 30 days of the end of rotation, **OR**
- Demonstrate immaturity and behavior inappropriate for his/her present level of training as noted on the Preceptor Evaluation of Student Form, **OR**
- Not have a case evaluation form submitted by the preceptor, **OR**
- Not be in attendance on the rotation for the required number of days, **OR**
- Be dismissed from the rotation by the preceptor for any cause.

B. COMAT End-of-Discipline Examination Grading Policy

Students must receive a grade of 80 or above Standard Score on the COMAT end-of-discipline examination to pass the examination. Students who fail to receive a grade of 80 or above on any end-of-discipline examination (upon the 2nd attempt) will receive a failing grade for the exam. All students who fail the initial offering of any end-of-discipline examination will be allowed to retake the examination. Students who successfully pass the retake examination will receive no greater than a passing grade (P) for all of the rotations in that discipline in question only if all other rotation requirements have been met for a P grade. Any student failing to pass the initial examination is not eligible to receive a Pass with Honors (PH) for all rotations in that discipline.

All students who fail a retake end-of-discipline examination will receive a failing grade (F) for the rotation. Students who receive a failing grade on their 2nd attempt of the COMAT end of discipline examination will have failed the rotation and will be referred to the Student Progress and Professional Behavior Committee as defined in the section on *“Failures, Reevaluation, Remediation, and Dismissal Appeal Process”* in this handbook.

C. Web-Based Modules

Students are required to complete Web-based modules for every rotation, including emergency medicine, electives, selectives, and the two months of assigned medically underserved core rotations in the M4 year. These modules are housed within the Blackboard system. All requirements of the Web-based modules must be completed within the four-week block that they are assigned.

Failure to complete module requirements within the assigned block will forfeit the student’s ability to earn a “PH” for that rotation. Failure to complete module requirements within 30 days following a rotation could result in a Failure “F” for that rotation.

D. Online Student Evaluation of Clinical Rotation Form

The online Student Evaluation of Clinical Rotation form must be completed within 21 days after the end of a rotation. Failure to do so will result in a grade of “incomplete” being recorded for the rotation. Students who fail to complete the online clinical rotation evaluation form may be

delayed in receiving their diploma and consequently, will be delayed in beginning residency training.

E. Rotation Failures

Students are automatically notified of rotation grade posting through the web-based evaluation programs in use for the rotation and are responsible to review their evaluations and grades promptly. All grades become final 30 business days after being recorded by the Office of Osteopathic Clinical Education. Any appeal or other consideration for grade adjustment must be initiated by the student or preceptor (if applicable) within 30 business days from the recording of the grade by the Office of Osteopathic Clinical Education. Delays could prohibit any appeals of grades or narrative comments if the appeal is not submitted within 30-days of the posting of the evaluation.

If a student fails a rotation, he/she will be referred to the Student Progress and Professional Behavioral Committee (SPC) and must, at a minimum remediate (repeat) the rotation. Additional requirements may be recommended to the Dean by the SPC. The final remediation determination is at the discretion of the Dean. Students will retain the right of appeal as outlined in the *NSU-KPCOM Student Handbook*. Students repeating a rotation are not eligible to earn a grade of PH on the repeated rotation.

The Dean reserves the right to review all grade assignments brought to her/his attention involving a violation by the student of the prescribed grading procedures after the grade has become final.

F. Failures, Reevaluation, Remediation, and Dismissal Appeal Process

In the event of failure in or dismissal from any rotation, the Dean of the Dr. Kiran C. Patel College of Osteopathic Medicine, in consultation with the chair of the relevant department and the Student Progress and Professional Behavior Committee, will review the situation and render a decision on the student's status.

Consistent with the *NSU-KPCOM Student Handbook*, a student who fails any of the following during the OMS-3 and OMS-4 years will be suspended and subject to dismissal:

- Two, 4-week rotations, **OR**
- Two, 2-week rotations, **OR**
- One single rotation, two times

Only one opportunity will be allowed to a student to remediate a failed rotation. As per the *KPCOM Student Handbook*, failure of a repeated rotation will result in the student being referred to the Student Progress and Professional Behavior Committee and will be subject to dismissal from the program. The Office of Osteopathic Clinical Education will work with the student to schedule the rotation. This may result in extending an academic year to accommodate for the necessary remediation time.

G. Incomplete Rotations Policy

Students who are delinquent in meeting all their rotation requirements may be given a grade of incomplete (I) for that rotation. Students who receive an "Incomplete" grade are no longer eligible to achieve a Pass with Honors for that rotation.

Students who receive an “I” grade for a rotation will either be required to complete the delinquent requirements or receive an “F” for the rotation.

Those receiving a failure will work with the Office of Osteopathic Clinical Education to schedule remediation of the failed rotation. The final assignment for all core rotations will be at the purview of the Office of Osteopathic Clinical Education. This may result in extending an academic year to accommodate for the necessary remediation time.

Incomplete grades can be appealed to the Assistant Dean of Osteopathic Clinical Education in writing within 10 business days from the date that the grade was recorded by the Office of Osteopathic Clinical Education. After 10 days, the grade will be considered posted to the transcript. The Dean serves as the final approving authority for the rendering of the “I” grade. Please see the *NSU-KPCOM Student Handbook* (Section: Academic Curricular Policies and Procedures, subsection on Academic Promotion and Incomplete Grades) regarding the policy for “I” grades after they are posted to the transcript.

H. Appeals Policy for Non-Failing Grade Disputes

Matters pertaining to clinical rotation disputes shall include all concerns related to specific grades received or the processes by which grades are determined including written comments made on the Preceptor Evaluation of Student Form. The following process is the only appeal available to a student contesting a non-failing clinical rotation grade.

Students seeking to appeal a decision regarding a non-failing rotation grade received or comment written during the OMS-3 or OMS-4 academic year should seek solutions through the following administrative channels by entering at the appropriate level and proceeding in the order stated below:

1. Clinical Assistant Dean (if a hospital-based rotation)
2. Chair of the department of that discipline
3. Assistant Dean of Osteopathic Clinical Education
4. Senior Associate Dean for Osteopathic Education
5. Dean

Students seeking to resolve a problem or complaint through the administrative channels above must initiate such action in writing within 30 business days from the date that the grades or comments were recorded by the Office of Osteopathic Clinical Education and made available for the student’s review. Review of a student complaint at each administrative level will be carried out as expeditiously as possible. If a student is not satisfied with the decision, he or she may appeal to the next administrative level. If the student chooses to continue the appeal this must be done in writing within five (5) business days of the date the student is notified by the previous appeal level. The decision of the Dean is final.

IX. Requirements for the Completion of Clinical Training

A. Class of 2018, M3 and M4 Requirements (24 x 4-week block rotations or 96 weeks):

A total of 26 x 4-week block rotations (104 weeks) is required for completion of the clinical curriculum and to be eligible for graduation.

OMS-3 Academic Requirements (13 rotations over 52 weeks):

- 12 x core rotations
- 1 x board study rotation

OMS-4 Academic Requirements (11 rotations over 44 weeks):

- 3 x core rotations
- 1 x rural or urban underserved selective rotation
- 6 x elective rotations in the OMS-4 academic year (a minimum of 24 weeks of electives must be completed)
- 1 x Independent Study rotation (IS may be forfeited in order to make-up core rotations or may be used to conduct extra elective rotations)

Every day must be accounted for in your paperwork.

The curriculum requires no less than 24 weeks of elective rotations. If a student uses excessive amounts of “IS” as “gap days” between elective rotations, the student may not be capable of completing the full 24 weeks. Should this occur, the student may be required to perform an additional 2-week elective in order to meet the curriculum requirements. In total, each student must complete a total of 44 weeks of rotation in the M4 curriculum.

A passing grade (PH or P) must be received for all rotations and clinical rotation examinations in order to fulfill the requirements for graduation. In addition, students must submit all required case logs and evaluation forms prior to graduation. All other requirements must be fulfilled as outlined in the *NSU-KPCOM Student Handbook* (section Academic Curricular Policies and Procedures, subsection “Graduation Requirements”).

All students who are projected to complete their academic curriculum before the end of the calendar year are eligible to participate in the mandatory commencement exercises in May of that year.

B. Class of 2019 M3 and M4 Requirements (24 x 4-week block rotations or 96 weeks):

OMS-3 Academic Requirements (12 rotations over 48 weeks):

- 11 x core rotations
- 1 x board study rotation

OMS-4 Academic Requirements (12 rotations over 48 weeks):

- 3 x core rotations
- 2 x selective rotations
- 6 x elective rotations in the OMS-4 academic year (a minimum of 24 weeks of electives must be completed)
- 1 x Independent Study rotation (IS may be forfeited in order to make-up core rotations or may be used to conduct extra elective rotations)

Every day must be accounted for in your paperwork.

The Curriculum requires no less than 24 weeks of elective rotations. If a student uses excessive amounts of “IS” as “gap days” between elective rotations, the student may not be capable of completing the full 24 weeks. Should this occur, the student may be required to perform an additional 2-week elective in order to meet the curriculum requirements. In total, each student must complete a total of 44 weeks of rotation in the M4 curriculum.

A passing grade (PH or P) must be received for all rotations and clinical rotation examinations in order to fulfill the requirements for graduation. In addition, students must submit all required case logs and evaluation forms prior to graduation. All other requirements must be fulfilled as outlined in the *NSU-KPCOM Student Handbook* (section Academic Curricular Policies and Procedures, subsection “Graduation Requirements”).

All students who are projected to complete their academic curriculum before the end of the calendar year are eligible to participate in the mandatory commencement exercises in May of that year.

C. Medical Outreach Trip Policy

The Office of Osteopathic Clinical Education supports the NSU-KPCOM’s efforts to expose medical students to the practice of medicine in underserved nations. During their clinical training years, students may utilize elective, selective, and Independent Study time to participate in the many medical outreach trips that NSU-KPCOM supports.

However, scheduling of assigned core rotations will not be altered or rearranged to allow students to participate in medical outreach trips. This is due to the many complex components involved in the scheduling of core rotations, as well as, the essential relationships that must be maintained with our clinical training partners.

In keeping with the minimum 2-weeks of rotation, the medical outreach trip must be 2-weeks in length or if less than 2-weeks, the student must use independent study for the “gap days” to total a minimum of a 2-week rotation.

X. Clinical Rotations

Each OMS-3 student will be assigned to a core clinical campus where the majority of his or her core clinical work will be performed. Clinical rotations will begin on Monday, July 3, 2017 for both OMS-3 and OMS-4 students. Participation in a Preclinical Seminar, prior to clinical rotations, is required to prepare the student for the clinical settings.

It is the policy of Nova Southeastern University Dr. Kiran C. Patel College of Osteopathic Medicine that students are not permitted to change any core clinical rotation, including the two-block rural and urban underserved core assignment. Any student requesting such a change must do so in writing with specific reasons before any determination will be made by the college. At times, additional documentation may be necessary. The student making such a request must

contact and direct his or her written request to the Director or Assistant Dean of the Office of Osteopathic Clinical Education, not the clinical site.

If the student fails to follow this policy or calls the clinical site in an attempt to change his/her core rotation assignment, disciplinary action may be taken, up to and including dismissal from the college.

The long-term effect of the continuing educational process on present and future students must always be taken into consideration when assigning or changing core rotation sites. There may be as many as 500 students on rotations at any one time, and these clinical rotations involve many different sites, people, hospitals, clinics, physicians, and clinical assistant deans from all over the country and involve a complex scheduling process. The college has affiliation agreements with the institutions involving bilateral commitments and obligations that must be honored. It is necessary to monitor and improve existing training and to find new sites for maintaining and improving the quality of clinical education. To that effect, the college reserves the right to change its rotation sites, subjects, and schedule at any time. Those students affected will be notified of any changes and students are encouraged to review their electronic schedule regularly for changes.

A. M3 and M4 Core Rotations:

The following rotations are scheduled to be completed during the clinical years and will be scheduled in 4-week block rotations:

Class of 2018:

M4 Academic Year:

- 1 core block in Emergency Medicine - assigned
- 2 core blocks at a rural or urban medically underserved affiliated site - assigned
- 1 selective block in the medically underserved setting which may be conducted in the International setting with proper application process – student must apply
- 6 elective blocks or minimum of 24 weeks of electives – student must apply
- 1 Independent Study (IS) block – student must apply and may take days or weeks at a time but a maximum of 4-weeks of IS may be used in the OMS-4 year
- An additional two weeks Independent Study is given prior to senior seminar week.

Class of 2019:

M3 Academic Year – all core rotations are assigned and may not be changed:

- 1 block in Geriatric Medicine
- 2 blocks in Internal Medicine
- 1 block in Obstetrics and/or Gynecology
- 2 blocks in Pediatrics, one in the ambulatory and in the hospital setting (Peds ER may be used for either the ambulatory or the hospital setting requirement)
- 2 blocks in Surgery, may be scheduled consecutively
- 1 block in Psychiatric Medicine
- 1 block as a mandatory COMPLEX LEVEL 2CE Board Study

M4 Academic Year – all core rotations are assigned and may not be changed:

The following rotations are generally scheduled to be completed over 12 x four-week rotations during the M4 year. The order in which the rotations are scheduled will vary. The OMS-4 academic year will commence the first Monday of June following completion of the OMS-3 academic year.

Core Rotations as assigned by Office of Osteopathic Clinical Education and may not be changed:

- 2 core blocks in the rural or urban medically underserved setting
- 1 core block in the Emergency Medicine Department

Selective Rotations must be done in one of the disciplines listed and students must apply for the rotation site and dates. The application needs to be submitted to the Office of Osteopathic Clinical Education at least 60 days in advance. The disciplines are

- 1 selective block in the rural or urban medically underserved setting
- 1 selective block in General Internal Medicine OR Subspecialty Internal Medicine OR Neurology

Elective Rotations may be conducted in any site of the students' choosing, however the designated preceptor MUST be board certified in the discipline indicated and the student must apply for the rotation site and dates. Students must complete the following:

- 6 blocks or 24 weeks of elective rotations

Independent Study – student must apply for days or weeks of IS rotation:

- 1 block or 4 weeks of Independent study may be taken consecutively or may be taken as days or weeks to fill-in “gap days” between elective rotations. Students must apply for each IS day needed and all days must be accounted for.
- An additional two weeks Independent Study is given prior to senior seminar week

B. M4 Elective Rotations:

1. Application for Electives:

Students are responsible for setting up their own elective rotations. The Office of Osteopathic Clinical Education must review and approve the elective rotation at least 60 days in advance of the desired rotation start date in order for students to receive credit for the rotation. No elective may conflict with the assigned core rotations and assigned core rotations may not be changed to accommodate the elective rotations. More information regarding M4 elective rotation application process will be discussed during the M3 Residency Fair event, during annual clinical core site campus site visits, and via e-mail announcements in January – March of the M3 year.

2. “Two Discipline Rule”:

Electives can be in any of the recognized disciplines of medicine as identified in the HPD Catalog listing of clinical rotations in the KPCOM Course of Study section. However, a student may not set up more than two blocks of elective time in the same exact discipline of medicine or surgery (the subspecialties of a core specialty of medicine or surgery are considered different disciplines). Students may utilize elective time to pursue patient care, research, public health, academic medicine or international opportunities.

The Selective rotations are not subject to the “two-discipline rule” and may be used in any specialty or sub-specialty of the student’s choosing as long as the request adheres to the requirements for that selective. The request is to be submitted at least 60 days prior to the beginning of the rotation, and the preceptor indicated must be board certified in the field indicated.

3. Independent Study Weeks:

If a student chooses to set up an elective rotation during his/her Independent Study (IS) block, this rotation can be in any discipline that the student chooses even if two rotations have already been completed in this area of medicine. This will be considered an “extra” elective. However, no student will be able to extend his/her training past May of the M4 year for any extra rotations. All IS time (weeks or days) must be requested on the elective application form with the specific dates requested and must be done so in a timely manner, typically 60 days prior to the time requested. If IS days are utilized to account for “gaps” between rotations, the student may be required to do an extra 2-week rotation late in the M4 year in order to meet the 24-week requirement.

4. Two-Week Elective Rotations:

Students are allowed to take up to 4 x 2-week elective rotations subject to the approval of the preceptor and the Director or Assistant Dean of the Office of Osteopathic Clinical Education. Two-week rotations must be for a minimum of 2 consecutive weeks or 10-consecutive weekdays. No elective requests for less than a period of 2-weeks will be allowed.

5. Scheduling of Elective Rotations including Visiting Student Application System:

a. “VSAS-Visiting Student Application Service” participating programs:

- Student access to VSAS is granted by the NSU-KPCOM Department of Clinical Education, generally in January of your OMS-3 year. Once granted access, you will receive a “*VSAS: New User Instructions*” email containing login instructions.
- If you have questions or concerns about VSAS access, please contact the NSU-KPCOM Department of Osteopathic Clinical Education.
- The VSAS website can be found at: <https://students-residents.aamc.org/attendingmedical-school/electives-and-make-courses/applying-away-electives-vsas/>

b. Non-VSAS applications:

- AOA accredited residency programs,
- ACGME accredited residency programs not using VSAS,
- Independent physician offices or clinics, and
- NSU-KPCOM rotations.

Application Process:

- Identify the desired elective rotation: Call the hospital, healthcare facility or preceptor and request an elective rotation at their site for specific dates.

Recognize that the hospital, clinic, residency program or preceptor may have their own application form to be completed. Find the form on their institutional website or ask for the form to be sent to you. Complete the institutional specific form, if they have one, AND complete the **NSU-KPCOM Application for Elective Rotation Form** found on the Blackboard Clinical Education course as well as at the following link: <http://osteopathic.nova.edu/resources/clinical/forms/rotationchange.pdf>

- Be certain to fill out the form completely including:
 - specific days and dates of rotation,
 - the preceptor and his/her credentials, and
 - the site contact information.
- If there are “**gap days**” between elective rotations, please be certain to complete the “Application for Elective Rotation Form” found on Blackboard and at the following link; <http://osteopathic.nova.edu/resources/clinical/forms/rotationchange.pdf> and indicate “COM 9500 Independent Study Course” dates.
- Submit all completed forms via fax, email, or hand delivery to the Office of Osteopathic Clinical Education for consideration no less than 60-days prior to the desired rotation.
- Applications not submitted 60-days prior to the start of the intended rotation may not receive approval. Students in this situation may be placed at an alternative site at the discretion of the Assistant Dean of Osteopathic Clinical Education and will only be approved as long as all student-required paperwork for previous rotations is up-to-date and complete.

6. Elective Application and Approval

- Upon receipt of the Application for Elective Rotation Form, the Office of Osteopathic Clinical Education will send credentialing paperwork to the site, including:
- Credentialing Letter or “Letter of Good Standing” (Note: do not contact the dean for this letter. The Director of the Office of Osteopathic Clinical Education completes the application process.)
- Before the start of the rotation, the student must call the site to verify rotation approval, necessary housing arrangements, and confirm the rotation starting time and location.

7. Elective Application Denial:

- If the rotation is denied or the site informs the Office of Osteopathic Clinical Education that the rotation is unavailable, the student will be notified.

8. Cancellation of Elective Rotations:

- If any circumstances change with the rotation and/or preceptor, students must contact the Office of Osteopathic Clinical Education within 48 hours.
- The student will be required to submit a “Cancellation of Elective Form” immediately and submit to the Office of Osteopathic Clinical Education.

C. M4 Selective Rotations - Application and Approval Process:

Students are responsible for setting up their own Selective rotations. The Office of Osteopathic Clinical Education must review and approve the selective rotation at least two months in advance in order for students to receive credit for the rotation. No selective may conflict with the assigned core rotations and assigned core rotations may not be changed to accommodate the selective rotations. More information regarding M4 selective rotation application process will be discussed during the M3 Residency Fair event, during annual clinical core site campus site visits, and via e-mail announcements NSU-KPCOM Students are required to do the following selective rotations:

- a. Selective in Rural or Urban Underserved Community OR International rotations **AND**
- b. Selective in Internal Medicine including General Internal Medicine, Subspecialty Internal Medicine OR Neurology. This requirement begins with the **Class of 2019** and forward.

Refer to the “elective application process” above for identifying desired selective sites. Selectives may be used as “residency audition” rotations but are limited to the required disciplines. Required forms for the specific selective rotations are found on the online rotations tracking service, in this manual and on the Blackboard Course for Clinical Curriculum. Please refer to the course syllabus found on the Blackboard Course for Clinical Curriculum for details.

D. M4 - Rural and Urban Underserved Community Core Rotations:

All OMS-4 students will participate in three (3) four-week blocks of medically underserved community rotation experience. All students will be assigned for two of the three rotation experiences to NSU-KPCOM affiliated locations. There will be no exceptions to these assignments. In most cases, housing will be provided by NSU-KPCOM for both of the core rotations. All students will receive a financial stipend during each of the two assigned core rotation to defray expenses, no matter where their assignment is located. If the training site is proximal to the campus, housing is not provided.

The medically underserved end-of-rotation examination will be given after the two assigned core rotations. The examination will be available on the Blackboard system and may be taken either at the rotation site or at the NSU-KPCOM main campus as determined by the site preceptor or Clinical Assistant Dean on the designated testing date only. No earlier or later testing dates will be allowable. Students should review the testing date prior to making travel arrangements. If the student must take the test on any other date other than the official testing date and this exception has been approved by the Office of Osteopathic Clinical Education, the student will forfeit the ability to receive a “PH” for the two core rural rotations.

The end-of-discipline rural and urban underserved examination taken at remote sites will require a password to access the test. Students must verify that the clinic personnel where they will be testing have received the access password(s) the day before the examination is to be administered.

As part of the two (2) core Rural and Urban Underserved Medicine Rotations, each student is required to utilize a brief motivational intervention related to tobacco cessation with a minimum

of eight patients who use tobacco. This intervention includes asking patients about their tobacco use, advising them to quit, and referring them to cessation services. These patient encounters are to be documented and recorded in the Tobacco Patient Encounter Log included in the Rural and Urban Underserved Medicine Log. Students rotating at the Department of Corrections cannot count patient interactions toward fulfilling this requirement because inmates are not permitted to smoke cigarettes.

E. Rural and Urban Underserved Community Selective Rotation:

The third rural or urban underserved rotation experience will be taken as a Selective. No stipend or housing expense costs are provided to students for the selective experience.

Students must register for and complete one of the two selective options:

- COM 7153 – Domestic Rural or Urban Underserved Medicine **OR**
- COM 7154 – International Rural or Urban Underserved Medicine

Students may seek out rural or urban medically underserved experiences throughout the United States and abroad for the selective. Strict criteria for selective approval must be met for the rotation to be sanctioned by NSU-KPCOM. Previously approved selective rotation sites are provided on Blackboard in the Clinical Education section and Department of Rural and Urban Underserved Medicine folder or directly from the Department of Rural and Urban Underserved Medicine. NSU-KPCOM reserves the right, in its sole discretion, to deny rotations currently on the pre-approved list if determined that the experience does not fit the mission of the underserved selective rotation.

Students may seek an underserved selective experience at an NSU-KPCOM affiliated site. The Office of Osteopathic Clinical Education reserves the right to deny selective requests at NSU-KPCOM affiliated sites if necessary. Students on core rotations at affiliated sites are given preference.

1. Approval Criteria for COM 7153 - Domestic

The selective approval process must be initiated a minimum of two months prior to the anticipated selective start date. Submission of an *Application for Rural and Urban Underserved Medicine Rotation Form*, can be found at:

http://osteopathic.nova.edu/resources/clinical/forms/application_rural_med.pdf.

The completed *Application for Rural and Urban Underserved Medicine Rotations Form*, along with any supporting documentation, will be submitted to the Office of Osteopathic Clinical Education to initiate the approval process. The Office of Osteopathic Clinical Education reserves the right to assign the medically underserved selective rotation when the approval process is not started at least two (2) months prior to the selective start date.

- If a non-NSU-KPCOM site is sought, the student must:
 - contact the site directly
 - apply to the chair of the Department of Rural and Urban Underserved Medicine and the Office of Osteopathic Clinical Education utilizing the *Application for Rural and Urban Underserved Medicine Rotation form*, found at:

http://osteopathic.nova.edu/resources/clinical/forms/application_rural_med.pdf

When considering sites for approval, the following criteria are considered:

- The site is an active medical education training site affiliated with a D.O. or M.D. Medical school.
- The physician supervising the NSU-KPCOM student has an active faculty appointment at a COCA-accredited osteopathic medical school or LCME-accredited medical and is an experienced medical educator.
- Priority will be given to sites that are designated community health centers, health departments, or Area Health Education Center (AHEC) sites.

One resource for community health centers across the USA can be found at the Health Resources and Services Administration's website: <https://findahealthcenter.hrsa.gov/>

2. Approval Criteria for COM 7154 - International

The international selective approval process must be initiated a minimum of two (2) months prior to the anticipated selective start date, but six (6) months prior is recommended. Both of the following documents must be received prior to a student being considered for the international selective rotations:

- *An Application for Rural and Urban Underserved Medicine Rotation Form*, AND
 - *An International Selective, Elective and Service Hours Application Form* found in the Blackboard course for Clinical Education and in the international rotations folder.
- Student's must be first approved for this rotation by the Department of International Affairs for the NSU Health Professions Division (HPD) and must complete all pre-travel requirements.

E. M.P.H. Candidate Field Experience

M.P.H. candidates may utilize any of the following rotations during their M4 year to complete their field experience:

- elective rotations,
- medically underserved selective rotations,
- Independent Study month/block, OR
- May/June of the M4 year.

Joint utilization of the medically underserved selective rotation towards the M.P.H. field experience is at the discretion of the Chair of the Department of Rural and Urban Underserved Medicine in cooperation with the Director of the M.P.H. Program. If students choose to use their selective rotation to fulfill their M.P.H. field experience, the project/research that is conducted must benefit a medically underserved population and a significant portion of the rotation must include clinical patient care.

M.P.H. students must submit the *Application for Rural and Urban Underserved Medicine Selective Rotation Form* to the chair of the Department of Rural and Urban Underserved Medicine for approval in order to receive credit for the rural and urban underserved medicine selective.

All students will utilize the standard operating procedure for "approval of an elective/selective rotation" as outlined in this manual to seek NSU-KPCOM approval of their M.P.H. field experience. Similarly, all approval requirements, as outlined by the Director of the M.P.H. degree program must be followed to have the experience approved by this entity.

F. Clinical Rotations Requirements:

In addition to the rotation application forms described previously, the Office of Osteopathic Clinical Education will provide access to all required forms for each clinical rotation on the Blackboard Clinical Rotations Course and printable paper copies included in this manual. All forms are also available on the online tracking system, eMedley, as well as Blackboard.

1. Preceptor Evaluation of Student Form

For every rotation, the student must have one completed evaluation form from the preceptor. On many rotations, the evaluation of the student will be a compilation of information from residents and multiple attendings that will be communicated to the preceptor who will complete the form. It is preferable for student evaluations to be completed on the online rotations tracking system, however many preceptors continue to prefer paper copies which are provided in this manual. When a paper copy of the evaluation of a student is provided to the Office of Clinical Education, it will be entered into the online tracking system and the student will automatically be notified that the evaluation is available for review. It is recommended that the preceptor or his/her designee discuss the evaluation with the student for educational purposes.

2. Preceptor Evaluation of Student Case Presentation Form

For every core rotation, the student must have one completed case presentation form submitted to the Office of Clinical Education or, preferentially, completed on the online rotations tracking system by the rotation preceptor or his/her designee. The information used in assessing the student's performance may be longitudinal case presentations over the course of the rotation or may be from a formal case presentation and is preceptor dependent.

3. Patient Case Log

For every rotation, the student must fill out the relevant case log requested by the specific college department chair and supplied by the Office of Osteopathic Clinical Education. The log must be completed on the online tracking system within 30 days of completion of a rotation. Rotation requirements are found in the syllabus for that specific rotation located on the Blackboard Clinical Curriculum course.

4. OMM Case Log

All OMS-4 students will be required to keep a log of their utilization of OMM on patients. A minimum of 20 separate patients managed with OMM must be documented during the M4 year. Failure to document 20 separate patients will result in the student's required attendance at an OMM workshop during Senior Week at the end of the M4 year. The OMM case log may be found on the online rotations tracking system and in this manual.

5. Student Evaluation of Rotation

Student Evaluation of Clinical Rotation is required for every M3 and M4 core rotation. This form can be found on the online rotations tracking system and in this manual.

6. Elective Application Form and Independent Study Application Form

The student must fill out an *Application for Elective Form* for Independent Study as well as elective rotations. These forms are found in the online rotations tracking system and in this manual.

7. Cancellation of Elective Form

The student must complete the Cancellation of Elective Form within 48 hours of an elective rotation being changed for any reason. A new elective application form for that block may be required at the same time.

8. Student Evaluation of Core Campus

A global evaluation of the assigned core campus is required each student and is to be completed during the summer semester between the M3 and M4 academic years. The Student Evaluation of Core Campus Form reflects students' opinions and observations regarding the quality of training experienced on each service. This form can be found on the online rotations tracking system and must be completed before the student is eligible to graduate from the KPCOM.

G. Forms, Evaluations and Examinations Required per Clinical Rotation:

1. Internal Medicine core rotations:

- *Class of 2018 = Three required block rotations*
Class of 2019 = Two required block rotations
- One Preceptor Evaluation of Student per rotation
- One preceptor "case presentation" evaluation of student per rotation
- One student case log per rotation
- One Student Evaluation of Clinical Rotation Form by student
- One web-based module for each rotation
- Internal Medicine COMAT examination following the final IM core rotation

1. Pediatrics – Two required block rotations

- One preceptor evaluation of student per rotation
- One preceptor "case presentation" evaluation of student per rotation
- One student case log per rotations
- One site evaluation for each rotation by student
- One Web-based module for each rotation
- Pediatric COMAT examination following the final Pediatric core rotation

2. Family Medicine – Two required block rotations

- One preceptor evaluation of student per rotation
- One preceptor "case presentation" evaluation of student per rotation
- One student case log per rotations
- One site evaluation for each rotation by the student
- One web-based module for each rotation – assigned per the course syllabus
- Family Medicine COMAT examination following the final FM core rotation

- 3. Surgical Medicine – Two required block rotations**
 - One preceptor evaluation of student per rotation
 - One preceptor “case presentation” evaluation of student per rotation
 - One student case log per rotations
 - One site evaluation for each rotation by student
 - One Web-based module for each rotation
 - Surgery COMAT examination following the final Surgery core rotation

- 4. Geriatric Medicine – One required block rotation**
 - One preceptor evaluation of student
 - One preceptor “case presentation” evaluation of student
 - One student case log
 - One Student Evaluation of Clinical Rotation form
 - One Web-based module for
 - NOTE: There is no end of rotation examination for Geriatric Medicine

- 5. Obstetrics/Gynecological Medicine or Women’s Health – One required block rotation**
 - One Preceptor Evaluation of Student Form
 - One preceptor “case presentation” evaluation of student
 - One student case log
 - One Student Evaluation of Clinical Rotation form
 - One Web-based module
 - OB/GYN COMAT examination at the end of the rotation

- 6. Psychiatric Medicine – One required block rotation**
 - One preceptor evaluation of student per rotation
 - One preceptor “case presentation” evaluation of student per rotation
 - One student case log per rotations
 - One site evaluation for each rotation by student
 - One Web-based module for each rotation
 - Psychiatric Medicine COMAT examination at the end of the rotation

- 7. Emergency Medicine – One required block rotation**
 - One preceptor evaluation of student per rotation
 - One preceptor “case presentation” evaluation of student per rotation
 - One student case log per rotations
 - One site evaluation for each rotation by student
 - One Web-based module for each rotation
 - Emergency Medicine COMAT examination at the end of the rotation

- 8. Rural and Urban Underserved Medicine Core – Two required block rotations**
 - One preceptor evaluation of student per rotation - two separate evaluations or one evaluation by preceptor covering the appropriate two rotation block
 - One preceptor “case presentation” evaluation of student per rotation – total of two
 - One student case log per rotations – total of two
 - One site evaluation for each rotation by student – total of two

- One Web-based module for each rotation - total of two modules required
- End of rotation examination after the 2nd rotation

9. Rural and Urban Underserved Selective (Domestic or International Underserved Rotation) – One required block rotation

- One preceptor evaluation of student per rotation
 - One student case log per rotation
 - One site evaluation for each rotation by student
 - One Web-based module for each rotation as assigned in the course syllabus
- NOTE: No end of rotation examination or case presentation evaluations by the preceptor are required for selective rotations

10. Internal Medicine Selective (General IM, Subspecialty IM OR Neurology) – beginning Class of 2019 – 1 required block rotation

- One preceptor evaluation of student per rotation
 - One student case log per rotation
 - One site evaluation for each rotation by student
 - One Web-based module as assigned in the course syllabus
- NOTE: No end of rotation examination or case presentation evaluations by the preceptor are required for selective rotations

11. Electives Rotations Requirements – 6 required block rotations (total of 24 weeks required)

- One preceptor evaluation of student per rotation
 - One student case log per rotation
 - One student site evaluation for each rotation
 - One Web-based module for each rotation as indicated in the specific elective syllabus found on Blackboard. Most elective rotations will allow the student to choose the on-line module.
- NOTE: No end of rotation examination or case presentation evaluations by the preceptor are required for elective rotations.

12. 2-week Elective Requirements – up to four rotations may be conducted in 2-week blocks and each 2-week rotation is considered as “one block” for purposes of required paperwork and logs

- One Preceptor Evaluation of Student per rotation
 - One student case log per rotation
 - One Student Evaluation of Clinical Rotation Form
 - One Web-based module for each rotation as indicated in the specific elective syllabus found on Blackboard. Most elective rotations will allow the student to choose the on-line module.
- NOTE: No end of rotation examination or case presentation evaluations by the preceptor are required for elective rotations

13. Extra Electives during Independent Study Block:

- One Preceptor Evaluation of Student Form
- One Student Evaluation of Clinical Rotation Form

NOTE: Case presentation evaluations, on-line module requirements, patient case logs and end of rotation examinations are not required for “extra” electives.



**Dr. Kiran C. Patel College of
Osteopathic Medicine**

Clinical Training Manual

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I. General Policies

A. Unprofessional Behavior

The preceptor has the authority to dismiss a student from the rotation for violations of the student code of conduct, policies or procedures, threat to public health or safety, or as deemed appropriate for the continued operation of the clinical site. This will constitute a failed or incomplete rotation, and the rotation must be repeated.

Any problems affecting students that are not easily or adequately resolved at the site should be referred to the Assistant Dean of Osteopathic Clinical Education. All preceptors are also encouraged to contact the NSU-KPCOM Assistant Dean or Director of Clinical Education for any concerns regarding student behavior.

B. Title and Salutations

Students are referred to as “Student Doctor _____” in clinical settings. As a group, students are referred to as “Student Physicians.” If students have a doctorate in any field, they cannot use this title while in any clinical settings related to their education whether in a student environment or not.

Students should expect to be treated as professionals by all clinical personnel at all times and students must in turn act professionally, ethically, and respectfully towards all clinic and hospital personnel with whom they come in contact. Courtesy and a professional demeanor are essential traits for a physician.

C. Incidents of Exposure to Contagious Diseases

Students are to follow the NSU Post Exposure Policies and Procedures which are found at <http://www.nova.edu/smc/needlestick/index.html>. Also found on the web-link are the Hotline for the “*National Clinician’s Post-Exposure Prophylaxis at (888) 448-4911*” and the “*Helpful Links*” to the *Centers for Disease Control Hepatitis Site* and the *U.S. Public Health Service Guidelines for the Management of Occupational Exposures*.

In short, students on clinical rotations should seek immediate medical care at either the nearest emergency room or the NSU-KPCOM Student Medical Center, whichever is most readily available.

II. Attendance

Students are expected to be in attendance and ready to learn at **all** times as scheduled by the hospital and preceptor.

Students must attend clinical site conferences, meetings, lectures, and other educational programs at or near their rotation site. Any determinations for exemption must be made by the Clinical Assistant Dean for hospital rotations and the supervising preceptor. Students must notify the Office of Osteopathic Clinical Education when exceptions are granted.

A. Absence from Rotation

1. Total “Allowable” Absences per Rotation

Students are permitted up to **two** days of excused absence from any one rotation. Similarly, one day of approved absence is permitted from two-week rotations

If a student misses a total of three (3) or more days of any rotation for any reason, even if the three absences were considered approved absences, the student may receive a failing grade and the entire rotation may have to be repeated. The same applies to an absence of two (2) or more days from a 2-week block rotation.

2. Planned Absences

Students are permitted to have one day off of their rotation to take the COMLEX I and COMLEX II CE examinations. Students are permitted to have off for two days of their rotation to take their COMLEX II PE examination, which includes the day prior to the exam, and the day of the exam. All absences from an assigned rotation **MUST BE WRITTEN, AND PRE-APPROVED** by all of the following:

- The rotation preceptor
- The Clinical Assistant Dean of the hospital core clinical campus (if applicable)
AND
- The NSU-KPCOM Office of Osteopathic Clinical Education.

3. Emergencies:

In the event of an emergency, sudden illness, or whenever prior approval cannot be obtained, the college’s Office of Osteopathic Clinical Education must be notified immediately of the emergency situation. A written explanation from the student must be sent to the college’s Office of Osteopathic Clinical Education, as well as the site’s Clinical Assistant Dean, and preceptor, as soon as possible. When applicable, supporting documentation must be included with the explanation.

Students are not automatically allowed time off for any reason. Absences will be monitored by the Office of Osteopathic Clinical Education, the site preceptor and the Clinical Assistant Dean.

Any absence not reported to the Office of Osteopathic Clinical Education within one business day may result in disciplinary action.

Time spent away from the rotation site during regular duty hours for lectures, conferences, and other programs conducted at outside hospitals or universities must be approved, in advance, by the supervising physician of the rotation site.

4. Residency Interviews

The detailed attendance policy is found in the *NSU-KPCOM Student Handbook*, however the following is true:

The only exception to the above attendance policy of no more than 2-days per rotation allowed for excused absences is during the OMS-4 academic year and for purposes of residency interviews. All OMS-4 students may be permitted up to four (4) excused absences from any one 4-week block rotation for purposes of residency interview only and provided:

- The student has proof of a residency interviews (proof must be submitted at time of absence request), and
- The interview is scheduled between September 1 and January 31 of the OMS-4 year.

5. OMS-3 “M3 Come Home Day”

Students will be required to travel to the NSU Davie campus for their assigned OMS-3 “M3 Come Home” days. Assigned dates and additional details regarding this program will be supplied by the Office of Osteopathic Clinical Education. This day does not count towards the two days of excused absence allowable per rotation.

III. Duty Hours

A typical workday will begin at 7:00 a.m. and end at 7:00 p.m. Deviation from these hours is at the discretion of the preceptor. Under no circumstance, however, shall a student be required to work more than 12 consecutive hours, unless night duty is assigned.

Assignment of night and/or weekend duty must adhere to the following guidelines:

- A usual workweek is up to 60 hours per week. An acceptable minimum workweek is 40 hours. The workweek shall be limited to a maximum of 84 hours. Additional hours shall be on a volunteer basis only. The maximum duration of any work period will be 36 hours and must be followed by a minimum of 12 hours off duty.
- Students shall be given a minimum of 2 consecutive days off every 14 days. This requirement may be met by giving a student every other weekend off. The preceptor or site’s Clinical Assistant Dean will make the decision as to the schedule.
- A student’s schedule shall be arranged such that his/her time off does not conflict with scheduled formal education programs developed for students. Students shall be assigned activities on, or related to, their current service rotation only.
- A physician licensed to practice medicine or osteopathic medicine in that state will supervise any duties assigned to students.
- Whether students receive a holiday off is determined by the assigned institution (i.e. the site’s Clinical Assistant Dean or preceptor). The school does not exempt students from working on holidays or weekends.

IV. Student Involvement on Clinical Rotations

An NSU-KPCOM osteopathic medical student is not a licensed physician and, therefore, is not legally or ethically permitted to practice medicine. A student may assist in the care of a patient, but only under the direct supervision of a licensed physician. The attending physician is responsible for the medical care of the patient and for the content and countersigning of all orders, progress notes, and other notes written or entered into a computer by the student. A

student may not administer therapy or medical treatment, except under the direct supervision of a licensed physician to whom the student has been formally assigned.

A. Policy on Taking Histories and Physicals

The administration of Nova Southeastern University Dr. Kiran C. Patel College of Osteopathic Medicine believes in the importance of an educationally sound, realistic policy pertaining to osteopathic medical students conducting history and physical examinations (H&Ps) in affiliated hospitals. The H&P is considered an essential component of every patient's evaluation, leading to further testing and diagnosis. Consequently, if possible, students should be assigned on-service H&Ps. The appropriate physicians should critique the H&Ps and provide feedback to the student. The student should then be given the opportunity and time for patient follow-up.

B. Number of Patients

The number of patients seen by students will depend upon patient volume. However, there should be time provided for patient care, procedures, and follow up, all of which should be critiqued by the physicians, along with feedback to the students. In addition to time designated for direct patient contact, the students should be allowed some time for studying and preparing case presentations.

V. Student Performance

Student Evaluation by Rotation Site Personnel

Student evaluation by the preceptor will be recorded on the Preceptor Evaluation of Student Form and accessed by the preceptor in charge of completing the evaluation (or his/her designee) on the online rotations tracking system, eMedley. The online rotations tracking system will automatically generate an email to the preceptor that a student evaluation is due. This evaluation is a significant portion of the student's grade, and students cannot graduate without one preceptor evaluation per rotation.

The student evaluation forms are found in this manual and at:

<http://osteopathic.nova.edu/resources/clinical/index.html>. However it is recommended that all Preceptor Evaluation of Student Forms are completed on the online tracking system.

Student evaluations completed on the online tracking system are accessible by the Clinical Assistant Dean for review. If a preceptor completes a paper copy of the evaluation, he/she should provide the evaluation to the Clinical Assistant Dean who reviews and signs the form and who must then forward the form to the Office of Osteopathic Clinical Education.

If there is more than one supervising physician, either a designated preceptor or the Clinical Assistant Dean is responsible for combining evaluations and forwarding one overall composite evaluation of the student to the Office of Osteopathic Clinical Education. In a circumstance where the Clinical Assistant Dean is unable to produce a cumulative evaluation for a student, the appropriate NSU-KPCOM department chair will assume the responsibility. If no department chair exists for that discipline, then the Assistant Dean for Osteopathic Clinical Education will compile the evaluations and produce a cumulative evaluation. All comments will be uploaded from each evaluator for purposes of the composite evaluation of the student's performance. The

Clinical Assistant Dean, in addition to the supervising preceptor, must sign all hospital evaluations.

Specific comments about students are encouraged. When recording unsatisfactory performance, written comments, or other supporting documentation **must** accompany the evaluation, or it may be returned to the site for clarification. Mid-rotation meetings between a student and supervising physician(s) are encouraged. Perceived weaknesses, as well as strengths, in student performance should be identified. Direction should be given to the student as to how to improve in areas of deficiency.

V. Student Grading Policy

A. Grading System

Rotations are graded on a PH – Pass with Honors, P – Pass or F - Fail basis. Pass with Honors (PH) is granted for exceptional performance only. The grading system is outlined below:

To be eligible to receive a grade of **Pass with Honors (PH)** on a rotation, the student must:

- Earn an average score of 4.5 or higher **in each competency that was assessed** on the Preceptor Evaluation of Student Form, and
- Have a case evaluation form submitted by the preceptor, and
- Be in attendance on the rotation for the required number of days.
- Further criteria for PH includes end of rotation examination score, student submission of required paperwork and online modules by designated dates.

To achieve a grade of **Pass (P)** on a rotation, the student must:

- Earn an average score of **2 or higher in each competency that was assessed** on the Preceptor Evaluation of Student Form, and
- Have a case evaluation form submitted by the preceptor, and
- Be in attendance on the rotation for the required number of days.
- Further criteria for P includes end of rotation examination scores and student submission of required paperwork and online modules by designated dates.

To receive a grade of **Failure (F)** on a rotation, the student will:

- Earn an average **score lower than 2 on at least one competency, OR**
- Not have a case evaluation form submitted by the preceptor **OR**
- Not be in attendance on the rotation for the required number of days **OR**
- Be dismissed from the rotation for any reason.
- Further criteria for F includes end of rotation examination score, student's failure to submit required paperwork or failure to complete the online modules by designated dates.

B. Forms, Evaluations and Examinations Required per Clinical Rotation:

Internal Medicine core rotations:

Class of 2018 = Three required block rotations

Class of 2019 = Two required block rotations

- One preceptor evaluation of student per rotation
- One preceptor “case presentation” evaluation of student per rotation
- One student case log per rotations
- One site evaluation for each rotation by student
- One web-based module for each rotation
- Internal Medicine COMAT examination following the final IM core rotation

Pediatrics – Two required block rotations

- One preceptor evaluation of student per rotation
- One preceptor “case presentation” evaluation of student per rotation
- One student case log per rotations
- One site evaluation for each rotation by student
- One Web-based module for each rotation
- Pediatric COMAT examination following the final Pediatric core rotation

Family Medicine – Two required block rotations

- One preceptor evaluation of student per rotation
- One preceptor “case presentation” evaluation of student per rotation
- One student case log per rotations
- One site evaluation for each rotation by the student
- One web-based module for each rotation – assigned per the course syllabus
- Family Medicine COMAT examination following the final FM core rotation

Surgical Medicine – Two required block rotations

- One preceptor evaluation of student per rotation
- One preceptor “case presentation” evaluation of student per rotation
- One student case log per rotations
- One site evaluation for each rotation by student
- One Web-based module for each rotation
- Surgery COMAT examination following the final Surgery core rotation

Geriatric Medicine – One required block rotation

- One preceptor evaluation of student per rotation
- One preceptor “case presentation” evaluation of student per rotation
- One student case log per rotations
- One site evaluation for each rotation by student
- One Web-based module for each rotation
- NOTE: There is no end of rotation examination for Geriatric Medicine

Obstetrics/Gynecological Medicine or Women’s Health – One required block rotation

- One preceptor evaluation of student per rotation
- One preceptor “case presentation” evaluation of student per rotation
- One student case log per rotations
- One site evaluation for each rotation by student
- One Web-based module for each rotation
- OB/GYN COMAT examination at the end of the rotation

Psychiatric Medicine – One required block rotation

- One preceptor evaluation of student per rotation
- One preceptor “case presentation” evaluation of student per rotation
- One student case log per rotations
- One site evaluation for each rotation by student
- One Web-based module for each rotation
- Psychiatric Medicine COMAT examination at the end of the rotation

Emergency Medicine – One required block rotation

- One preceptor evaluation of student per rotation
- One preceptor “case presentation” evaluation of student per rotation
- One student case log per rotations
- One site evaluation for each rotation by student
- One Web-based module for each rotation
- Emergency Medicine COMAT examination at the end of the rotation

Rural and Urban Underserved Medicine Core – Two required block rotations

- One preceptor evaluation of student per rotation - two separate evaluations or one evaluation by preceptor covering the appropriate two rotation block
- One preceptor “case presentation” evaluation of student per rotation – total of two
- One student case log per rotations – total of two
- One site evaluation for each rotation by student – total of two
- One Web-based module for each rotation - total of two modules required
- End of rotation examination after the 2nd rotation

Rural and Urban Underserved Selective (Domestic or International Underserved Rotation) – One required block rotation

- One preceptor evaluation of student per rotation
- One student case log per rotation
- One site evaluation for each rotation by student
- One Web-based module for each rotation as assigned in the course syllabus
- NOTE: No end of rotation examination or case presentation evaluations by the preceptor are required for selective rotations

Internal Medicine Selective (General IM, Subspecialty IM OR Neurology)– beginning Class of 2019 – 1 required block rotation

- One preceptor evaluation of student per rotation
- One student case log per rotation
- One site evaluation for each rotation by student
- One Web-based module for each rotation as assigned in the course syllabus
- NOTE: No end of rotation examination or case presentation evaluations by the preceptor are required for selective rotations

Electives Rotations Requirements – 6 required block rotations (total of 24 weeks required)

- One preceptor evaluation of student per rotation
- One student case log per rotation

- One student site evaluation for each rotation
- One Web-based module for each rotation as indicated in the specific elective syllabus found on Blackboard. Most elective rotations will allow the student to choose the on-line module.

NOTE: No end of rotation examination or case presentation evaluations by the preceptor are required for elective rotations.

2-week Elective Requirements – up to four rotations may be conducted in 2-week blocks and each 2-week rotation is considered as “one block” for purposes of required paperwork and logs

- One preceptor evaluation of student per rotation
- One student case log per rotation
- One student site evaluation for each rotation
- One Web-based module for each rotation as indicated in the specific elective syllabus found on Blackboard. Most elective rotations will allow the student to choose the on-line module.

NOTE: No end of rotation examination or case presentation evaluations by the preceptor are required for elective rotations

Extra Electives during Independent Study Block:

- One preceptor evaluation of the student per rotation
- One student evaluation of the site for each rotation

NOTE: Case presentation evaluations, on-line module requirements and patient case logs and end of rotation examinations are not required for “extra” electives.

**Class of 2018 Calendar for 2017 – 2018 Academic Year:
Blocks, Rotation Dates, Examination Dates**

Block	Class of 2018 - ONLY M4 Academic Year	Class of 2018 – ONLY M4 Rotations	COMAT or Rural Exam Date 7:00-10:00am
#1	July 3 – July 30	Core/Elective/Selective/IS	Friday, July 28
#2	July 31 – August 27	Core/Elective/Selective/IS	Friday, Aug 25
#3	August 28 – September 24	Core/Elective/Selective/IS	Friday, Sept 22
#4	September 25 – October 22	Core/Elective/Selective/IS	Friday, Oct 20
#5	October 23 – November 19	Core/Elective/Selective/IS	Friday, Nov 17
#6	November 20 – December 17	Core/Elective/Selective/IS	Friday, Dec 15
#7	December 18, 2017 – January 14	Core/Elective/Selective/IS	Friday, Jan 12
#8	January 15 – February 11	Core/Elective/Selective/IS	Friday, Feb 9
#9	February 12 – March 11	Core/Elective/Selective/IS	Friday, March 9
#10	March 12 – April 8	Core/Elective/Selective/IS	Friday, April 6
#11	April 9 – May 6	Core/Elective/Selective/IS	Friday, May 4
#12	May 7 – June 3	As Needed For Make-up	Friday, June 1
#13	June 4 – June 29	As Needed For Make-up	Friday, June 29

Class of 2018 – M4 Requirements Include:

- Core: Rural or Urban Underserved 1 – assigned by NSU-KPCOM
- Core: Rural or Urban Underserved 2 – assigned by NSU-KPCOM
- Core: Emergency Medicine – assigned by NSU-KPCOM
- Selective: Rural or Urban Underserved or International – must apply
- Elective #1 – must apply
- Elective #2 – must apply
- Elective #3 – must apply
- Elective #4 – must apply
- Elective #5 – must apply
- Elective #6 – must apply
- Independent Study – must apply (typically in Block #11 but may be another block; IS days also used for “gap” days between electives)

**Class of 2019 Calendar for 2017 – 2019 Academic Years:
Blocks, Rotation Dates, Examination Dates and M3 Come Home Dates**

Block	Class of 2019 – ONLY M3 Academic Year 2017-18		M3 Rotations	COMAT Exam Date 7:00-10:00am	M3 COME HOME DAY 10:00am- 5:00pm
#1	July 3 – July 30		M3 Core	Friday, July 28	Friday, July 28
#2	July 31 – August 27		M3 Core	Friday, Aug 25	Friday, Aug 25
#3	August 28 – September 24		M3 Core	Friday, Sept 22	*Friday, Sept. 29
#4	September 25 – October 22		M3 Core	Friday, Oct 20	Friday, Oct 20
#5	October 23 – November 19		M3 Core	Friday, Nov 17	Friday, Nov 17
#6	November 20 – December 17		M3 Core	Friday, Dec 15	Friday, Dec 15
#7	December 18, 2017 – January 14		M3 Core	Friday, Jan 12	Friday, Jan 12
#8	January 15 – February 11		M3 Core	Friday, Feb 9	Friday, Feb 9
#9	February 12 – March 11		M3 Core	Friday, March 9	Friday, March 9
#10	March 12 – April 8		M3 Core	Friday, April 6	Friday, April 6
#11	April 9 – May 6	Group A = M3 Core Group B = Mandatory COMLEX Level 2 Board Study		Friday, May 4	NONE
#12	May 7 – June 3	Group B = M3 Core Group A = Mandatory COMLEX Level 2 Board Study		Friday, June 1	NONE

**Please Note: Block #3 Come Home Day is one week after the end of the block due to room availability*

Block	Class of 2019 – ONLY M4 Academic Year 2018-19		Rotation	COMAT Exam Date 7:00-10:00am
#1	June 4 – June 30		Elective/Selective/IS or M3 core make-up Only	Friday, June 29
#2	July 2 – July 29		Core/Elective/Selective or IS	Friday, July 27
#3	July 30 – August 26		Core/Elective/Selective or IS	Friday, Aug 24
#4	August 27 – September 23		Core/Elective/Selective or IS	Friday, Sept 21
#5	September 24 – October 21		Core/Elective/Selective or IS	Friday, Oct 19
#6	October 22 – November 18		Core/Elective/Selective or IS	Friday, Nov 16
#7	November 19 – December 16		Core/Elective/Selective or IS	Friday, Dec 14
#8	December 17, 2018 – January 13		Core/Elective/Selective or IS	Friday, Jan 11
#9	January 14 – February 10		Core/Elective/Selective or IS	Friday, Feb 8
#10	February 11 – March 10		Core/Elective/Selective or IS	Friday, March 8
#11	March 11 – April 7		Core/Elective/Selective or IS	Friday, April 5
#12	April 8 – May 5		Core/Elective/Selective or IS	Friday, May 3

Class of 2019 – M3 Requirements Include: (All rotations are assigned and cannot be changed)

- Core: Family Medicine 1
- Core: Family Medicine 2
- Core: Geriatric Medicine
- Core: Internal Medicine I
- Core: Internal Medicine 2
- Core: OB/GYN
- Core: Pediatric Hospital
- Core: Pediatric Ambulatory
- Core: Psychiatry
- Core: Surgery 1
- Core: Surgery 2
- Board Study (BS): MANDATORY COMLEX Level 2CE Board Study (as assigned)

Class of 2019 – M4 Requirements: (All cores are assigned and cannot be changed. Electives, Selectives and IS must be requested by student and approved by Clinical Education Office.)

- Core: Rural or Urban Underserved 1
- Core: Rural or Urban Underserved 2
- Core: Emergency Medicine
- Selective: IM General, IM Sub-specialty, OR Neurology – must apply
- Selective: Rural or Urban Underserved OR International – must apply
- Elective 1 – must apply
- Elective 2 – must apply
- Elective 3 – must apply
- Elective 4 – must apply
- Elective 5 – must apply
- Elective 6 – must apply
- Independent Study



**Dr. Kiran C. Patel College of
Osteopathic Medicine**

Clinical Training Manual

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**Nova Southeastern University College of Osteopathic Medicine
Preceptor Evaluation of Student**

Student Name	Period/Dates	Site
Preceptor Name	D.O. or M.D. Circle	Rotation

PLEASE EVALUATE THE STUDENT ON EACH OF THE SEVEN AOA CORE COMPETENCIES AS THEY PERTAIN TO YOUR PRACTICE

<u>Pass with Honors</u>	<u>Grading Key</u> <u>Pass</u>	<u>Fail</u>
<ul style="list-style-type: none"> • earn an average score of 4.5 or higher in each competency that was assessed • AND earn 111 Total Standard Score or above on end of rotation examination on <u>first</u> administration • AND complete Web module during rotation 	<ul style="list-style-type: none"> • earn an average score of 2 or higher in each competency that was assessed • AND earn 80 or above Total Standard Score on the end of rotation examination • AND complete Web module within 30 days after end of rotation 	<ul style="list-style-type: none"> • earn an average score lower than 2 for <u>at least one</u> competency • OR earn 79 or lower Total Standard Score on the end of rotation examination • OR not complete Web module within 30 days after end of rotation

Please Circle 5 – 1 or NA (not assessed this rotation)

1. Osteopathic Principles

	Always	Almost Half the time	Seldom		
Applies osteopathic principles and philosophy in patient-centered care	5	4	3	2	1 NA
Performs appropriate osteopathic structural exams as indicated	5	4	3	2	1 NA
Employs osteopathic manipulative treatment as indicated	5	4	3	2	1 NA

2. Medical Knowledge

Demonstrates an adequate knowledge base for specialty and level	5	4	3	2	1 NA
Applies knowledge base appropriately to clinical decision making	5	4	3	2	1 NA
Performs skills appropriate to level of training	5	4	3	2	1 NA
Identifies potential etiologies for patient problems (common/important diseases/disorders)	5	4	3	2	1 NA
Demonstrates use of investigative and analytical thinking in clinical situations	5	4	3	2	1 NA

3. Patient Care

Performs appropriate history and physical exams on assigned patients	5	4	3	2	1 NA
Evaluates assigned patients in a timely fashion	5	4	3	2	1 NA
Participates in development of effective management plans	5	4	3	2	1 NA
Participates in implementation of effective management plans	5	4	3	2	1 NA
Applies health promotion/disease prevention approach in patient care	5	4	3	2	1 NA

4. Professionalism

Applies ethical standards to patient care	5	4	3	2	1 NA
Demonstrates respect and sensitivity for all patients	5	4	3	2	1 NA
Interacts appropriately on a health care team	5	4	3	2	1 NA
Demonstrates compassion and concern for others	5	4	3	2	1 NA
Is dependable, conscientious, and self-directed in completing tasks	5	4	3	2	1 NA

5. Interpersonal and Communication Skills

Communicates effectively (listening and speaking) with patients and families	5	4	3	2	1 NA
Communicates effectively with preceptors, staff, and peers	5	4	3	2	1 NA
Provides complete and legible documentation in the medical record as appropriate	5	4	3	2	1 NA

6. Practice-Based Learning and Improvement

Applies current evidence to patient management	5	4	3	2	1 NA
Uses electronic resources in patient care	5	4	3	2	1 NA
Provides feedback as appropriate (to peers, interns, residents, preceptors)	5	4	3	2	1 NA

7. Systems-Based Practice

Identifies cost-effective patient care (appropriate labs, radiology, treatment, etc.)	5	4	3	2	1 NA
Participates in the efficient use of community resources in patient care	5	4	3	2	1 NA
Collaborates in the delivery of quality patient care within the health care system	5	4	3	2	1 NA

For NSU-COM Clinical Education Administration Use ONLY

Circle Grade: PH P F

Please Provide Comments and Signatures on Back of Form

PLEASE COMPLETE FRONT OF FORM

Strengths:

Areas in Need of Improvement:

Additional Comments:

Number of Days Absent: _____

Signature(s) of those completing form (Note - form must be signed by preceptor to be accepted):

_____	_____	_____	_____
Preceptor Signature	Date	Resident Signature	Date
		<i>(Only if participated in student evaluation)</i>	

_____	_____
Student Signature	Date

_____	_____	_____
Clinical Assistant Dean Print Name	Clinical Assistant Dean Signature	Date

****Students must either mail or hand deliver this evaluation****

Clinical Assistant Deans and preceptors may turn in this evaluation form via one of the following:

Mail:
Nova Southeastern University
College of Osteopathic Medicine
Office of Clinical Education
3200 South University Drive
Fort Lauderdale, FL 33328

Fax:
Office of Clinical Education
(954) 262-3874

Email:
elaine1@nova.edu
wbrooks1@nova.edu
debrchas@nova.edu
eg642@nova.edu

NOVA SOUTHEASTERN UNIVERSITY COLLEGE OF OSTEOPATHIC MEDICINE ORAL CASE PRESENTATION EVALUATION

To The Student: Please legibly print the following information in this box:

Student Doctor: _____ Student ID: _____

Clinical Rotation: _____

Rotation Site: _____

City/State: _____

Reviewer: _____

TO THE REVIEWER: Place a check in the box to the right that most accurately describes the student's performance.

NO.	COMPONENT	Area for Improvement	Satisfactory	Excellent
1	Chief Complaint: One sentence description using the patient's words to indicate what brought the patient to the hospital/physician's office. Include patient's name, age, gender, cultural background, and occupation.			
2	History of illness: Chronological presentation of the positive and negative historical findings. Possible inclusions are character and duration of complaint and evolution of illness: If pain is present – severity, things that make pain better or worse.			
3	Past History Relevant to Present Illness and Other Significant past History: Important positive and negative findings pertinent <i>only</i> to the present problem not mentioned in the "History of illness." Possible inclusions are family history, travel history, lifestyle factors, allergies, current and previous medications, previous illness, surgeries, and injuries.			
4	Review of Systems: Pertinent historical findings not mentioned previously, or a statement "Review of Systems reveals no other significant findings."			
5	Physical Examination: Concise statement of patient's appearance and general assessment of severity of illness and vital signs, as well as pertinent positive and negative physical findings; exclude unimportant findings.			
6	Laboratory, Imaging, Electrocardiogram, and Special Test: Brief description of pertinent laboratory data without a complete listing of every test value unless requested for that presentation.			
7	Presumptive or Working Diagnosis: Diagnosis; if diagnosis has not yet been determined, give general description, e.g., "Chest pain of undetermined etiology; do not use 'rule out' as a primary diagnosis." Be prepared to provide differential diagnosis if requested at this time.			
8	Management Plan: Concise statement of pertinent therapies, medications, surgery, supportive measures, further investigations and/or consultations that constitute proposed patient care management.			
9	Assessment Match: Degree of consistency between reviewer assessment of student's performance and student's assessment of own performance.			
10	SOAP Note: Corresponding SOAP note evaluation.			

Things student did that made the presentation effective/professional:

Case Presentation would be more effective/professional:

Signature of Reviewer: _____

Signature of Student: _____

Date: _____

****Students must either mail or hand deliver this case presentation****

Clinical Assistant Deans and preceptors may turn in this case presentation form via one of the following:

Mail:

Nova Southeastern University
College of Osteopathic Medicine
Office of Clinical Education
3200 South University Drive
Fort Lauderdale, FL 33328

Fax:

Office of Clinical Education
(954) 262-3874

Email:

elainel@nova.edu
kb1143@nova.edu
debrchas@nova.edu
eg642@nova.edu

The purpose of this evaluation is to assess the quality of each clinical core campus and provide data for improving the overall clinical program at NSU. All responses are confidential, so please be honest!

Complete Evaluation for Rubric "Student Evaluation of Clinical Rotations"

	Strongly Agree (5)	Agree (4)	Undecided (3)	Disagree (2)	Strongly Disagree (1)	N/A
I was given an orientation on this rotation (1 point)	<input type="radio"/>					
Learning objectives were discussed with me at the beginning of the rotation (1 point)	<input type="radio"/>					
The criteria for which I was to be evaluated was discussed with me at the beginning of the rotation (1 point)	<input type="radio"/>					
My role in managing patients was clearly defined at the beginning of the rotation (1 point)	<input type="radio"/>					
I was given support and positive reinforcement (1 point)	<input type="radio"/>					
I was given feedback in a positive manner (1 point)	<input type="radio"/>					
I was given support by nursing and ancillary staff (1 point)	<input type="radio"/>					
I was given the opportunity to discuss cases and ask questions (1 point)	<input type="radio"/>					
Textbooks, literature resources, and reading assignments were recommended to me (1 point)	<input type="radio"/>					
The clinical experience allowed for the learning objectives to be met (1 point)	<input type="radio"/>					
My primary preceptor was a skilled clinical teacher and excellent role model (1 point)	<input type="radio"/>					
This rotation was educationally beneficial (1 point)	<input type="radio"/>					

Overall I would rate this clinical rotation:

Excellent Very Good Good Fair Poor

Describe the strongest educational areas of the clinical rotation

Describe the weakest educational areas of this clinical rotation

10/12/2017

Student Evaluation of Clinical Rotations

List where improvements can be made for future students

Would you recommend this rotation to other students?

Yes

No

The purpose of this evaluation is to assess the quality of each clinical core campus and provide data for improving the overall clinical program at NSU. All responses are confidential, so please be honest!

Complete Evaluation for Rubric "Student Evaluation of Clinical Core Campus"

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	N/A
I was given an orientation on this campus	<input type="radio"/>					
Learning objectives were discussed with me at the beginning of the rotation	<input type="radio"/>					
The criteria for which I was to be evaluated was discussed with me at the beginning of the rotation	<input type="radio"/>					
My role in managing patients was clearly defined at the beginning of the rotation	<input type="radio"/>					
I was given support and positive reinforcement by campus faculty	<input type="radio"/>					
I was given feedback in a positive manner	<input type="radio"/>					
I was given support by nursing and ancillary staff	<input type="radio"/>					
I was given the opportunity to discuss cases and ask questions	<input type="radio"/>					
Textbooks, literature resources, and reading assignments were recommended to me	<input type="radio"/>					
The clinical experience allowed for the learning objectives to be met	<input type="radio"/>					
My primary preceptor was a skilled clinical teacher and excellent role model	<input type="radio"/>					
The clinical campus provided me with an educationally sound experience	<input type="radio"/>					

Overall I would rate this clinical campus as

Excellent Very Good Good Fair Poor

Please Describe the strongest educational areas of this clinical campus

Please describe the weakest educational areas of this clinical campus

10/12/2017

Student Evaluation of Clinical Core Campus

Please list where improvements can be made for future students

Would you recommend this campus to other students?

Yes

No

If yes, why? If no, why not?

Overall Comment

APPLICATION FOR ELECTIVE ROTATION

Office of Clinical Education
3200 S. University Dr.
Ft. Lauderdale, FL 33328
Fax: 954/262-3874

THIS APPLICATION MUST BE **COMPLETED AND RECEIVED** TWO MONTHS PRIOR TO THE PROPOSED STARTING DATE OF THE ROTATION. *(Failure to meet deadline may result in an assigned rotation or other option by the Office of Clinical Education.)*

IF NOT COMPLETED PROPERLY WILL BE RETURNED FOR CORRECTION

Name: _____

Today's Date: _____

Daytime Telephone Number: _____

Address: _____

City, State, Zip code: _____

Email: _____

Proposed Rotation Date (including year): _____

Submitted through VSAS?

(Please circle or check one)

YES

NO

Please circle the requested specialty or subspecialty:

COM 8103 Allergy and Immunology

Clinical and Laboratory Immunology

COM 8104 Anesthesiology

Critical Care Medicine

Pain Medicine

Pediatric Anesthesiology

COM 8105 Colon and Rectal Surgery

COM 8108 Dermatology

COM 8009 Emergency Medicine

Medical Toxicology

Pediatric Emergency Medicine

Sports Medicine

COM 8012 Family Medicine

Sports Medicine

COM 8015 Geriatric Medicine

COM 8018 Internal Medicine

Cardiovascular Disease

Clinical Cardiac Electrophysiology

Critical Care Medicine

Endocrinology, Diabetes, and Metabolism

Gastroenterology

Hematology

Hematology and Oncology

Infectious Disease

Interventional Cardiology

Nephrology

Oncology

Pulmonary Disease

Pulmonary Disease and Critical Care

Medicine

Rheumatology

Sports Medicine

COM 8021 Medical Genetics

COM 8024 Neurological Surgery

Endovascular Surgical Neuroradiology

COM 8023 Neurology

Child Neurology

Clinical Neurophysiology

Neuromuscular Medicine

Pain Medicine

COM 8022 Nuclear Medicine

COM 8025 Obstetrics & Gynecology

Women's Health

Reproductive endocrinology

Maternal/Fetal Med

Gyn/Oncology

COM 8027 OPP Medicine

COM 8028 Ophthalmology

Retina

Cornea

COM 8029 Orthopaedic Surgery

Adult Reconstructive Orthopaedics

Foot and Ankle Orthopaedics

Hand Surgery

Musculoskeletal Oncology

Orthopaedic Sports Medicine

Orthopaedic Surgery of the Spine

Orthopaedic Trauma

Pediatric Orthopaedics

COM 8011 Otolaryngology

Otology-Neurotology

Pediatric Otolaryngology

COM 8031 Pathology-Anatomic & Clinical

Blood Banking/Transfusion Medicine

Chemical Pathology

Cytopathology

Forensic Pathology

Hematology

COM 8031 Pathology-Anatomic & Clinical

Medical Microbiology
Neuropathology
Pediatric Pathology
Selective Pathology
Dermopathology

COM 8032 Pediatrics

Adolescent Medicine
Neonatal-Perinatal Medicine
Pediatric Cardiology
Pediatric Critical Care Medicine
Pediatric Emergency Medicine
Pediatric Endocrinology
Pediatric Gastroenterology
Pediatric Hematology/Oncology
Pediatric Infectious Diseases
Pediatric Nephrology
Pediatric Ophthalmology
Pediatric Pulmonology
Pediatric Rheumatology
Pediatric Sports Medicine

COM 8038 Physical Medicine and Rehabilitation

Pain Medicine
Spinal Cord Injury Medicine

COM 8035 Plastic Surgery

Craniofacial Surgery
Hand Surgery

COM 8030 Preventive Medicine

Aerospace Medicine
Medical Toxicology
Occupational Medicine
Public Health Medicine

Medical Toxicology

COM 8036 Psychiatry

Addiction Psychiatry
Child and Adolescent Psychiatry
Forensic Psychiatry
Geriatric Psychiatry
Pain Medicine

COM 8020 Radiation Oncology

COM 8037 Radiology-Diagnostic

Abdominal Radiology
Cardiothoracic Radiology
Endovascular Surgical Neuroradiology
Musculoskeletal Radiology
Neuroradiology
Nuclear Radiology
Pediatric Radiology
Vascular and Interventional Radiology

COM 8040 Rural/International Medicine

COM 8014 Surgery-General

Hand Surgery
Pediatric Surgery
Surgical Critical Care
Vascular Surgery
Vascular Surgery-Integrated

COM 8042 Thoracic Surgery

COM 8044 Urology

Pediatric Urology

COM 9600 Research

COM 8001 Academic Medicine

COM 9500 Independent Study

Board Study Month

Name of Site (Hospital/ Clinic/ Drs. Office) _____

Name of DME (If Institutional): _____

Name of supervising physician/preceptor: _____

Address: _____

City, State, Zip: _____ Fax: () _____

Site Coordinator Contact Person

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: () _____ Fax: () _____

**Application for Rural and Urban Underserved Medicine Selective Rotation
COM 8040**

This application must be **COMPLETED & RECEIVED TWO MONTHS *prior*** to the proposed starting date of the rotation. Failure to meet the deadline may result in an assigned rotation or other option by the Office of Clinical Education. If this form is not completed properly, it will be returned for correction.

****Please be sure to print legibly****

Student Information

Name: _____
N#: _____
PHONE: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
EMAIL: _____
PROPOSED ROTATION DATE (MO/YR): _____

Rotation Information

NAME OF SITE: _____
NAME OF DME: _____
SUPERVISING PHYSICIAN/PRECEPTOR: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
COORDINATOR/CONTACT PERSON: _____
ADDRESS: _____
PHONE: _____
FAX: _____
EMAIL: _____

Reason(s) for requesting this site:

Rotation Objectives:

Please send completed form via mail or fax to:

NSU-Office of Clinical Education: 3200 S. University Drive, Ft. Lauderdale, FL 33328 / Fax: 954-262-3874



**Dr. Kiran C. Patel College of
Osteopathic Medicine**

International Selective, Elective or Service Hours Application Form

Application Checklist

1. Completed application
2. Color-scanned photocopy of your passport (must be a **COLOR** copy and **VALID FOR 6 MONTHS UPON ENTRY INTO THE HOST COUNTRY**)
3. Photocopy of insurance card, front and back of card (if you have insurance)
4. Signed Waiver of Liability
5. Obtain visa if applicable
6. Register with AON and the State Department prior to approval to depart - <http://www.aon.com/>
<http://www.state.gov/>
7. Check immunization recommendations at CDC site and be sure you are current
<http://www.cdc.gov/travel/>
8. Meet with Clinical Education to complete form for all electives and selectives for course number and approval

General Information

Student Name:

Mailing Address:

NSU Email:

Personal Email:

(NSU email is the only email utilized during your rotation)

Cell phone:

International phone:

Passport Number:

Country of issue:

Passport date of issue:

Passport date of expiration:

Is your passport still valid 6 months prior to departure? Yes No

Proposed Travel dates:

Proposed Destination: City

Country

Name of Organization or Clinic:

Is site an approved clinical site? Yes No

What is the AON risk rating number? 1 2 3 4 5

Rev. 6/17/16

Preceptor/Supervisor contact information: (May be completed after interview)

Name:

Email:

Phone:

Mailing Address:

USA Emergency Contact Information:

Name of emergency contact:

Relationship:

Contact mailing address:

Contact phone(s):

Contact email:

Pre-travel checklist: (student must initial each box before rotation may be approved)

- Is the student in good academic standing? Yes No
- Pre-travel interview completed on / /
- Pre-travel interview completed with Dr. Silvagni or Designee
- I have reviewed NSU's international travel policies on the following website
<http://www.nova.edu/internationalaffairs/travelreg/index.html> (click on "Individual student")
 - Reviewed the instructions for registering with the Aon WorldAware
<http://www.aon.com/>
 - Reviewed the country's AON risk posting
[https://forms.riskconsole.com/PerfectForms/PresentationServer/\(S\(xvxadccr0aleamianvy|2o5w\)\)/Form.aspx/Play/SmAggAAj?f=SmAggAAj](https://forms.riskconsole.com/PerfectForms/PresentationServer/(S(xvxadccr0aleamianvy|2o5w))/Form.aspx/Play/SmAggAAj?f=SmAggAAj)
 - Reviewed the instructions for registering with the U.S. Department of State Smart Traveler Program (if U.S. citizen)
<http://www.state.gov/>
 - I have reviewed NSU-COM for international travel policies on the following website
http://osteopathic.nova.edu/community/medical_outreach.html
- I have completed the Clinical Education Election application form (on Blackboard)
 Yes No
Bring a copy of the form with you or a copy of your New Innovation schedule

Rev. 6/17/16

To be completed prior to departure

- I have obtained all required visas Yes No N/A
- I have purchased medical evacuation and travel cancellation insurance: Yes No
<http://www.internationalstudentinsurance.com/schools/nova-southeastern-university.php>
- I have reviewed the CDC health travel information necessary for my destination on the following website: <http://www.cdc.gov/travel/> Yes No
- I have registered with AON and the State Department Yes No
<http://www.aon.com/>
<http://www.state.gov/>
- I have interviewed with Dr. Silvagni or Designee Date: / /

Signed: _____
Anthony J. Silvagni or Designee

I understand that in order to receive course credit I must:

- Completed a pre-travel interview with Dr. Silvagni or Designee Yes No
- Return a completed preceptor evaluation for selective and elective rotations
 Yes No
- Turn in a journal or project report within 1 month of my return (1 page minimum): Yes No
- Post-travel interview completed on: / /
- Post-travel interview completed with: Dr. Silvagni or Designee Yes No

Grade: _____ Date: / /

Student Signature

Approved – Dr. Silvagni or Designee

Copy sent to Clinical Education Date: / /

CANCELLATION OF CLINICAL ROTATION SAMPLE LETTER



COLLEGE OF OSTEOPATHIC MEDICINE

Office of Clinical Education

To: Mrs. Elaine Lefkowitz

From: _____

Re: Letter of Cancellation

Date: _____

Dear Mrs. Lefkowitz:

I would like to cancel my rotation scheduled for _____ at

_____ During the month of _____.

I have spoken to _____ at this phone number _____

to confirm my cancellation.

Thanks for your time.

Sincerely,



**NOVA SOUTHEASTERN
UNIVERSITY**

**Dr. Kiran C. Patel College of
Osteopathic Medicine**

Clinical Training Manual

Clinical Rotation Objectives

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Overview

The rotation objectives listed on the following pages reflect a minimal knowledge base that students are expected to develop during the course of their clinical training years. Students should not anticipate that they will be exposed to all of the listed objective topics through the patients that they encounter in their various rotations, since each student's case management exposure will obviously vary. It is anticipated that those objectives that are not specifically accomplished through interactive patient experiences can be achieved through selected readings or through the seminars, conferences, and lectures that are provided throughout the clinical training years. In this manner, it is anticipated that students should be able to self-direct their own educational progress so that they do not rely only on their patient exposures to accomplish the listed objectives.

Emergency Medicine

Course Description:

The goal of the emergency medicine rotation is to introduce students to the myriad medical and surgical conditions encountered in the practice of emergency medicine. Student will have the opportunity to acquire the knowledge and practice the skills necessary to evaluate and treat any patient who presents to the emergency department.

Core Competency

NSU-KPCOM has adopted the AACOM Osteopathic Core Competencies for Medical Students.

This course addresses the applicable core competencies as follows:

- I. Osteopathic Principles and Practices – 1.a.
- II. Medical Knowledge – 1.a-j,2.a-d,3. a-g,
- III. Patient Care – all competencies
- IV. Interpersonal and Communication Skills – all competencies
- V. Professionalism - all competencies
- VI. Practice-Based Learning and Improvement - 3.a-f, 4.a-d,
- VII. Systems-Based Practice - 1.a,1.f,2.a,4.a-f,5.a-f
- XIV. Interprofessional Collaboration - 1-7

Course Goals

Upon completion of the emergency medicine rotation, the student will be able to:

- 1) obtain a brief and accurate history from the patient, family, and rescue personnel
- 2) perform an appropriate physical examination, based on the patient complaint, with emphasis on ruling out all potential emergency conditions
- 3) use the emergency medicine literature as a tool for strengthening and reinforcing the learning experience derived from clinical encounters in the emergency department
- 4) be prepared to discuss one topic in emergency medicine to the department staff
- 5) present the elements of each patient's work up to the emergency department physician, including the history, pertinent past medical history (PMH), pertinent physical findings, differential diagnosis, and anticipated tests and studies to be ordered to aid in the differential diagnosis
- 6) discuss the appropriate disposition of patients with regard to admission, discharge, and referral
- 7) recognize life-and-limb-threatening conditions

- 8) demonstrate knowledge of and ability to interpret laboratory and other ancillary tests commonly used in the evaluation of emergency department patients
- 9) demonstrate knowledge of the indications, dosages, and side effects of commonly used drugs in the emergency department
- 10) develop competency in all of the skills used in the emergency department including, but not limited to
 - a) advanced airway support
 - b) vascular access
 - c) wound care
 - d) splinting
 - e) suturing
 - f) point of care ultrasound
- 11) demonstrate ability to read and interpret basic electrocardiographic and radiographic studies in the emergency department
 - a) demonstrate knowledge of and indications for imaging modalities for emergency department use, including non-invasive vascular studies cardiac, abdominal, and pelvic ultrasound CT, MRI, and radionuclide imaging
- 12) demonstrate a basic understanding of pre-hospital EMS systems
- 13) provide a differential diagnosis and workup of common presenting signs and symptoms including
 - a) chest pain
 - b) dyspnea
 - c) shock
 - d) anaphylaxis
 - e) GI bleeding
 - f) syncope
 - g) cyanosis
 - h) abdominal pain
 - i) paralysis
 - j) coma and altered mental state
 - k) headache
 - l) seizures
- 14) demonstrate knowledge of the pathogenesis, diagnosis, and management of infectious diseases that present to the emergency department, such as
 - a) sexually transmitted diseases
 - b) toxic shock and toxic shock-like syndromes
 - c) meningitis
 - d) HIV and AIDS
 - e) tick-borne diseases
 - f) tuberculosis

15) demonstrate knowledge of the pathophysiology, diagnosis, and management of the following emergency medical conditions such as

- cardiopulmonary arrest
- stroke
- acute CHF and pulmonary edema
- drug O.D.
- hypertensive emergencies
- acute asthma
- incarcerated hernia
- deep vein thrombosis
- acute jaundice
- acute electrolyte abnormalities
- ovarian torsion
- high altitude sickness
- burns
- carbon monoxide poisoning
- electrical and lightning injuries
- exposure to toxic agents
- hyperosmolar non-ketotic coma
- myxedema coma
- bleeding emergencies
- acute narrow angle glaucoma
- complications of malignancies
- chalazion
- acute nasal septal hematoma
- acute visual loss
- chemical eye burns
- epiglottitis
- retropharyngeal abscess
- epistaxis
- conjunctivitis
- penetrating trauma
- fractures and dislocations
- felon
- sexual abuse
- acute pulmonary embolus
- acute M I
- tension pneumothorax
- simple pneumothorax
- cardiac tamponade
- aortic dissection
- pneumonia
- acute abdomen
- acute diverticulitis

- acute renal colic
- ectopic pregnancy
- testicular torsion
- heat-related injuries
- near drowning
- smoke inhalation
- hypoglycemia
- alcoholic ketoacidosis
- diabetic ketoacidosis
- thyroid storm
- adrenal crisis
- acute hyphema
- hordeolum
- corneal abrasions
- ocular foreign bodies
- blow out fractures
- ENT foreign bodies
- peritonsillar abscess
- airway obstruction
- PID
- sickle cell crisis
- blunt trauma
- behavioral conditions
- child abuse
- abdominal and thoracic aortic aneurysms

16) maintain confidentiality in all matters pertaining to the care of a patient

17) demonstrate professionalism in interactions with patients, peers, preceptors, and other health care personnel encountered in the emergency department

Students must also demonstrate commitment by completing all assigned responsibilities. This includes starting shifts on time and staying until clinical responsibilities are completed, as well as completing additional assigned tasks such as outside readings, presentations, and lectures.

Family Medicine

Course Description

Family medicine is a primary care medical specialty that provides continuous and comprehensive health care for the individual and the family. It integrates the biological, clinical, and behavioral sciences with a broad understanding of all health care disciplines. The scope of family medicine encompasses all ages, sexes, and organ systems. It deals with every disease entity and, includes an understanding and application of the principles of osteopathic medicine. It places in the forefront of medical care the advancement of wellness, the prevention of disease and promotes advocacy for the benefit of its patients. Family physicians possess unique attitudes, skills and knowledge that qualify them to provide continual and comprehensive medical care within the context of social, economic, cultural, psychological and environmental factors. The family practitioner may be involved in all aspects of medical care both in and out of the hospital setting. The family practitioner must know and uses community resources to benefit the patient and the family. Most often family medicine is practiced within the ambulatory setting, which includes outpatient clinics and private physician offices.

Core Competency

This course addresses the applicable core competencies as follows:

- I. Osteopathic Principles and Practices – I.1.a-f.; I.2.a-i.; I.3.a-c., d-j.; I.4.a-i.; I.7.a-d.; I.8.a-b., I.8.d-e.
- II. Medical Knowledge – all competencies
- III. Patient Care –III.1. a-k.; III.2.a-c.; III.3.a-c., III.3.k-n.; III.4.a-l; II.5.a-g.; III.6.a-i.
- IV. Interpersonal and Communication Skills – all competencies
- V. Professionalism - all competencies
- VI. Practice-Based Learning and Improvement - all competencies
- VII. Systems-Based Practice – VII.1.a-b., VII.2.a-b.; VII.3.a-e.; VII.4.a-g.; VII.5.a., VII.5.c-f.

Course Goals

Upon completion of the emergency medicine rotation, the student will be able to:

By the end of each family medicine rotation, the student should be able to demonstrate, as each of the following relates to specific problems typically encountered in each service, the skills and art of delivery of health care in an ambulatory setting that include but are not limited to the following:

1. Diagnosis and management of the following health issues:

- abdominal pain
- acute sprain or strain
- allergies
- asthma
- behavioral disorders
- bronchitis
- cardiac arrhythmias

- cerebral vascular disease
- chest pain, angina
- chronic obstructive pulmonary disease
- chronic pain
- congestive heart failure
- constipation/diarrhea
- contraception
- cystitis/UTI
- dementia
- depression, anxiety
- diabetes
- GERD
- headaches
- hepatic dysfunction
- HTN
- hyperlipidemia
- infectious disease
- inflammatory bowel disease
- joint inflammation/pain
- lacerations/wound care
- lower back pain
- menstrual irregularities
- nausea/vomiting
- obesity
- osteoarthritis diseases
- otitis-media/externa/serous
- peripheral vascular disease
- pharyngitis
- pneumonias
- prenatal care
- prophylactic immunization
- prostatitis, orchitis, and urethritis
- rhinitis/sinusitis
- sexual dysfunction
- skin lesions
- somatic dysfunction
- STIs and complications in males and females
- thyroid dysfunction
- ulcer disease
- upper respiratory infection
- visceral-somatic reflexes

2. Assist in the performance of the following invasive procedures:

- colonoscopy
- colposcopy
- esophagogastroduodenoscopy (EGD)
- hemorrhoidectomy

- intubations
- laryngoscopy
- lumbar punctures
- placement of central lines
- sigmoidoscopy
- vasectomy

3. **Perform under supervision the following invasive and non-invasive office procedures:**

- 12-lead EKGs
- arterial blood gases
- biopsies
 - skin
 - endometrial
- ear lavage
- excision of ingrown toenail
- foreign body removal
 - cornea
 - skin
 - subcutaneous tissue
- genitalia exams
- holter monitoring and event monitors
- incision and drainage of abscesses
 - cysts
 - hematomas
- injections
 - intradermal
 - subcutaneous
 - nerve blocks
 - joint
 - trigger point
- joint aspiration
- joint immobilization and stabilizations with splints, casts and braces
- laceration repairs, simple to complex
- rectal exams including proctoscopic examination
- slide preps
 - pap smear
 - wet mounts
 - KOH
 - Guaiac
- slit lamp exams of the eye
- spirometry and peak-flow meters
- stress testing
- treatment of dislocations
- ultrasonography
- utilization and indications for diagnostic testing of cardiac, arterial and obstetrical abnormalities
- (echocardiogram, ultrasound, doppler flow studies)

- venipuncture
4. **Ability to apply osteopathic principles and manipulative treatment appropriately for the treatment of acute and chronic abnormalities and pathology**
 - describe and perform the expected viscerosomatic reflex associated with common diagnoses (such as described in *(1. Diagnosis and management of the following health issues)*)
 - describe and perform related areas of somatic dysfunction and soft tissue changes associated with common diagnoses
 - describe and perform appropriate osteopathic manipulation treatment techniques based on expected patient presentation and diagnosis
 - describe and perform appropriate autonomic techniques based on expected patient presentation and diagnosis
 - describe and perform appropriate lymphatic techniques based on patient presentation and diagnosis
 5. **Ability to manage patient care in terms of**
 - determination of the findings and conditions that warrant referral of a patient from a primary care setting to an acute care facility for consultation or management by another specialist
 - determination of the findings and conditions that warrant referral of a patient from a primary care setting to an acute care facility while maintaining direct responsibility for the management of the patient
 - understanding of the indications for and the use of complex diagnostic and therapeutic modalities commonly found in an institutional setting when indicated for the care of a patient
 6. **Demonstrate ability to provide advice, counseling, health education, and instruction to the patient and/or family**
 7. **Demonstrated willingness to function within the setting of a hospital or ambulatory care setting to provide patient care**
 - effective management of a normal caseload during a scheduled day
 - ability to describe fundamental medical practice management skills that influence patient care in a given setting

Geriatrics

Geriatric Medicine is the primary care medical specialty that addresses the unique health care issues of the elderly. The clinical rotation in geriatrics provides students the opportunity to understand the special needs of the geriatric patient and unique disease presentation and progression in the elderly. It also enables students to identify psychosocial needs and functional disabilities of the elderly and their impact on developing appropriate care planning and medical management. The focus is on an inter-professional approach, functional and neuropsychological assessment, and treatment of the geriatric patient as directed by patient needs and wishes. The objectives of this course incorporate evidence-based geriatric competencies for medical students recommended by the American Association for Colleges of Osteopathic Medicine (AACOM), Association of American Medical Colleges (AAMC), American Geriatrics Society (AGS), Directors of Geriatric Academic Programs (ADGAP), and the Association for Gerontology in Higher Education (AGHE).

Core Competency

This course addresses the applicable core competencies as follows:

- I. Osteopathic Principles and Practices – all competencies
- II. Medical Knowledge – all competencies
- III. Patient Care – all competencies
- IV. Interpersonal and Communication Skills – all competencies
- V. Professionalism - all competencies
- VI. Practice-Based Learning and Improvement - all competencies
- VII. Systems-Based Practice - all competencies

Course Goals

Upon successful completion of the geriatric rotation, for each core content area, the student will be able to perform the following tasks:

MEDICATION MANAGEMENT

1. explain impact of age-related changes on drug selection and dose based on knowledge of age-related changes in renal and hepatic function, body composition, and CNS sensitivity
2. identify medications, including anticholinergic, psychoactive, anticoagulant, analgesic, hypoglycemic, and cardiovascular drugs that should be avoided or used with caution in older adults
3. document a patient's complete medication list, including prescribed, herbal, and over-the-counter medications
4. for each medication, provide the dose, frequency, indication, benefit, side effects, and an assessment of adherence

COGNITIVE AND BEHAVIORAL DISORDERS

1. define and distinguish among the clinical presentations of delirium, dementia, and depression
2. formulate a differential diagnosis and implement initial evaluation in a patient who exhibits dementia, delirium, or depression
3. in an older patient with delirium, initiate a diagnostic workup to determine the root cause (etiology)
4. perform and interpret a cognitive assessment in older patients for whom there are concerns regarding memory or function (e.g., Confusion Assessment Method, Mini Mental Status Examination, Mini Cog, Montreal Test)
5. develop an evaluation and non-pharmacologic management plan for agitated, demented, or delirious patients

SELF-CARE CAPACITY

1. assess and describe baseline and current functional abilities (instrumental activities of daily living, activities of daily living, and special senses) in an older patient by collecting historical data from multiple sources and performing a confirmatory physical examination
2. develop a preliminary management plan for patients presenting with functional deficits, including adaptive interventions and involvement of interdisciplinary team members from appropriate disciplines, such as social work, nursing, rehabilitation, nutrition, and pharmacy
3. identify and assess safety risks in the home environment, when possible, and make recommendations to mitigate these

FALLS, BALANCE, AND GAIT DISORDERS

1. ask all patients over 65 years and those with special conditions, including stroke, rheumatoid arthritis, Parkinson's disease, and their caregivers, about falls in the last year, watch the patient rise from a chair and walk (or transfer), then record and interpret the findings
2. in a patient who has fallen, construct a differential diagnosis and evaluation plan that addresses the multiple etiologies identified by history, physical examination, and functional assessment

HEALTH CARE PLANNING AND PROMOTION

1. define and differentiate among types of code status, health care proxies, and advanced directives in the state where one is practicing
2. describe evidence-based recommendations for promoting health and health maintenance through immunizations, screening, preventive care, early diagnosis, including the assessment of risk factors
3. accurately identify clinical situations where life expectancy, functional status, patient preference, or goals of care should override standard recommendations for screening tests in older adults
4. accurately identify clinical situations where life expectancy, functional status, patient preference, or goals of care should override standard recommendations for treatment in older adults

ATYPICAL PRESENTATION OF DISEASE

1. identify at least three physiologic changes of aging for each organ system and their impact on the patient, including their contribution to homeostenosis (age-related narrowing of homeostatic reserve mechanisms)
2. generate a differential diagnosis based on recognition of the unique presentations of common conditions in older adults, including acute coronary syndrome, dehydration, urinary tract infection, acute abdomen, pneumonia, diabetes, thyroid disorders, and arthralgias and myalgias

PALLIATIVE CARE

1. identify the psychological, social, and spiritual needs of patients with advanced illness and their family members and link these identified needs with the appropriate interprofessional team members
2. discuss palliative care (including hospice) as a positive, active treatment option for a patient with advanced disease

HOSPITAL CARE FOR ELDERLY

1. identify potential hazards of hospitalization for all older adult patients (including immobility, delirium, medication side effects, undernutrition, pressure ulcers, procedures, peri- and post- operative period, and hospital-acquired infections)
2. explain the risks, indications, alternatives, and contraindications for indwelling (Foley) catheter use in the older adult patient
3. explain the risks, indications, alternatives, and contraindications for physical and pharmacological restraint use
4. communicate the key components of a safe discharge plan (e.g., accurate medication list, plan for follow-up), including evaluation of potential sites for discharge
5. conduct a surveillance examination of areas of the skin at high risk for pressure ulcers and describe existing ulcers

PROFESSIONALISM

1. demonstrate professionalism by being punctual, appropriate dress, grooming, and interpersonal relationships and demonstrating the maturity to resolve tensions and function under pressure
2. participate as a member of the professional team, accepting input from interprofessional team members of all levels who have intimate and valuable knowledge of the patient and related aspects of patient's care
3. demonstrate through his/her interpersonal interactions with patients, family members, and other health care professionals the importance of the physician's positive attitudes toward aging, disability, and death
4. exercise minimal interference by placing appropriate limitation on investigations and selecting those treatments that benefit the patient
5. demonstrate acceptance of responsibility for the care of his/her patients by being continually accessible and accountable for the decisions made in the care of the patient
6. demonstrate awareness of the importance of cost containment in conjunction with patient care
7. incorporate osteopathic principles and practice into patient care

8. document in a clear and comprehensive manner reasons for adopting or not adopting certain strategies in the management of the patient, including values, preferences, and critical dilemmas
9. interact with patients in ways that promote respect, dignity, and privacy
10. accept responsibility for actions and decisions
11. set priorities, follow through on tasks, and balance learning as well as personal needs
12. recognize medicine is a science and an art and accept responsibility for own ongoing education

Geriatrics OMM Objectives

1. demonstrate competency in the understanding and application of OMT appropriate to geriatric patients
2. integrate osteopathic concepts and OMT into the medical care provided to geriatric patients as appropriate
3. understand and integrate osteopathic principles and philosophy into all clinical and patient care activities
4. utilize osteopathic concepts and OMT in the geriatric patient to preserve musculoskeletal function and maintain/improve quality of life
5. Perform an appropriate osteopathic structural exam on geriatric patients

Internal Medicine

Internal medicine is a broad-based, content-driven medical specialty that places a premium on the cognitive work and interpersonal skills necessary to providing well patient care and in caring for medical problems seen on clinical service. Emphasis is placed on determining normal from abnormal history and physical findings, using diagnostic tests, logical selection and defense of hypotheses (preliminary problem list), accurate reporting and recording of data and problems, and beginning development of management plans, including health education to patients and families as well as referral.

For each clinical rotation, the preceptor and student can anticipate a minimum of three structured assessment readings.

On the first day of the rotation, the preceptor should set guidelines for the student and orient the student to the service. During this meeting, the student should communicate personal strengths and weaknesses and indicate expectations for the service.

Halfway through the rotation, the preceptor and student should review the student's progress. At the end of the rotation, the preceptor should review the Clinical Evaluation found on New Innovations with the student. Further goals for the student's professional growth should be discussed.

On each clinical rotation, students should interview and examine patients independently and then present orally to preceptors their findings, develop a working diagnosis, and plan for further assessment and management. Every patient seen by a student will also be seen by a preceptor before diagnosis and comprehensive management plans are initiated.

While full case management is not an undergraduate expectation, NSU-KPCOM expects that the student, with guidance from the preceptor, will receive the practice necessary to begin to develop clinical problem-solving abilities and to draw conclusion. Each preceptor should use written records, student self- assessments, and early observations to determine the skill level of the student at the beginning of the rotation and plan appropriate learning experiences which ensure movement toward full accomplishment of NSU-KPCOM exit objectives.

The following course goals represent the spectrum of internal medicine. It is not expected that a student will master or even have exposure to all of these within any one rotation; but rather, these clinical rotations serve as an introduction to the disciplines encompassed by the broad field of internal medicine.

Core Competency

This course addresses the applicable core competencies as follows:

- I. Osteopathic Principles and Practices – I.1.a-f.; I.2.a-i.; I.3.a-b.; I.7.a-d.
- II. Medical Knowledge – II.1.a-i.; II.2.-d.; II.3.a-g.
- III. Patient Care – III.1.a-k.; III.2.a-c.; III.3.a-e., g-i., k., m-o., q.; III.4.a-l.; III.5.a-g.; III.6.a-i.
- IV. Interpersonal and Communication Skills – all competencies
- V. Professionalism - all competencies

- VI. Practice-Based Learning and Improvement - all competencies
- VII. Systems-Based Practice - all competencies (except VII.2.d.)

Course Goals

Upon successful completion of the rotation, the student will be able to:

- 1. Obtain an appropriate focused history/complete history in a timely manner.**
- 2. Perform a well-organized physical examination, including structural analysis.**
- 3. Perform a specific physical examination pertinent to the presenting complaint.**
- 4. Demonstrate interpersonal skills to include but not be limited to:**
 - a) explaining examination procedures and physical findings to the patient/parent
 - b) attending to the comfort of patient
 - c) responding to emotional concerns of patient
 - d) attending to the family dynamics and utilizing family member(s) as appropriate throughout interactions
 - e) responding to communication challenges such as a patient who is confused, hostile, withdrawn, impaired, and ethnically different.
 - f) structuring interview by the effective use of transitions, questions, and summaries
- 5. Differentiate normal from abnormal findings as verified by the preceptor.**
- 6. Orally present each patient seen to preceptor, including:**
 - a) psychosocial profile as identifying information
 - b) chief complaint
 - c) history of present illness
 - d) pertinent history and physical examination
 - e) list of active problems (biomedical, psychosocial, patient concerns)
 - f) tentative assessment relevant to the problem list
 - g) diagnostic plan (any further data collection, lab work, etc.)
 - h) management plan (in conjunction with preceptor)
 - i) therapeutic plan
 - j) education plan pertinent to health problems
 - k) referral and follow-up
- 7. Develop a cost-effective plan for further investigation of the working diagnoses (if necessary) that considers the following in relationship to the service-specific items listed in numbers 8 and 9 below:**
 - a) justification of the plan in light of therapeutic goals
 - b) availability of the requested tests or procedures

- c) time interval required to obtain results
- d) risk
- e) discomfort and inconvenience for the patients
- f) reliability of the test method, its sensitivity and specificity
- g) the patient's wishes and values
- h) cost and its impact on the patient and family

8. Select, request, and interpret, verbally and in writing, appropriate laboratory and radiological data with guidance from the preceptor, to include, but not limited to the following:

Laboratory Tests

- a) Arterial blood gases
- b) Serologic testing
- c) Microbiologic studies including cultures and sensitivities

Imaging Interpretation:

- a) CT scans for head, chest, and abdomen
- b) MRI scans
- c) chest X-ray
- d) plain abdomen
- e) nuclear cardiology studies

Diagnostic Testing:

- electrocardiography
- echocardiography
- stress testing
- pulmonary function testing
- bronchoscopy
- colonoscopy
- esophagogastroduodenoscopy

9. Demonstrate evidence of experience with specific problems/conditions and procedures specified but which should be observed, demonstrated, and/or performed by the end of the rotation, such as:

Problems and Conditions:

- acute upper/lower airway infections
- acute kidney injury and chronic kidney disease
- AIDS
- anemia
- arthritis
- cancer
- cardiac dysrhythmia
- cardiomyopathy

- cellulitis and skin infections
- common dermatologic problems
- COPD
- congestive heart failure
- coronary artery disease
- decubitus lesions
- dementia
- diabetes mellitus
- gastroenteritis, inflammatory bowel disease, diverticulitis
- headache
- hepatitis
- HIV infection and AIDS
- hyperlipidemia
- hypertension
- immunologically mediated disease
- ischemic heart disease
- infections of various organs and tissues
- peptic ulcer disease
- peripheral vascular disease, arterial and venous
- pulmonary embolism
- sexually transmitted infections
- stroke
- upper and lower respiratory tract infections
- upper and lower urinary tract infections
- thyroid disease
- valvular heart disease
- venous thrombosis, thrombophlebitis

Procedures:

- arterial puncture for arterial blood gas determinations
- bladder catheterization
- CPR
- echocardiography
- electrocardiography
- endotracheal intubation
- height, weight, and body habitus
- injections/subcutaneous/intramuscular
- insert IV line
- lumbar puncture
- nasogastric tube insertion
- venipuncture
- vital signs to include blood pressure, heart rate, and respiratory rate

10. Perform health maintenance and laboratory procedures deemed appropriate by the preceptor and design an appropriate comprehensive management plan for the patient (plans may include management options that may not necessarily be initiated or carried out by the student). Management plan for the diagnosis(es) entertained should take into consideration the following:

- therapeutic goals
- the expected course of the problem(s)
- the patient's goals and expectations
- risk
- discomfort and inconvenience to the patient
- resources available
- effectiveness and cost
- the probability of patient compliance
- the patient's values and needs
- osteopathic principles

11. Arrange for and monitor follow-up on all problems identified.

12. Identify persons at risk for common and important health problems and carry out risk assessment procedures appropriate to the patient's: age, sex, genetic predisposition, health status, occupation, exposure to risk factors, and lifestyle.

13. Conduct and document patient education, make educational diagnosis, select goals, choose and implement teaching methods, evaluation to include but not be limited to the specific illnesses and problems listed below:

- weight loss
- dietary and exercise control of hypertension
- tobacco use and abuse
- substance abuse, including alcohol
- hyperlipidemia
- diabetes education
- safe sexual practice
- stress reduction
- HIV prevention
- birth control

14. Recognize with guidance from the preceptor the actions, indications, contraindications, and appropriate dosages of pharmacologic agents commonly used in a patient encounter for this service, including but not limited to those specified:

- antibiotics
- antihypertensives
- antiarrhythmics

- antidepressants
- antiulcer medicines
- benzodiazepine and anxiolytics
- antipsychotics
- antihistamines and decongestants
- analgesics and antipyretics
- topical steroids
- bronchodilators
- corticosteroid

15. Demonstrate responsibility for self-assessment regarding own personal and professional growth including clinical knowledge and skills and especially feelings, biases, and reactions to patients and to professional issues which affect the student's ability to deliver quality health care

Analyze and evaluate a clinical research report in terms of:

- reliability
- validity
- accuracy
- cost-effectiveness
- timeliness of information
- subject method employed
- subject population
- research method employed
- statistical procedures used
- conclusions

16. Demonstrate a professional manner by reporting to the site at the expected time, project a professional image through dress, grooming, and interpersonal relationships that are consistent with the standards in the community, and demonstrate the maturity to resolve tensions and function under pressure.

17. Utilize the expertise of other professionals and work cooperatively with other professionals as members of a team in patient care.

18. Given a community health problem, consider the following factors for any hypotheses entertained:

- economic
- epidemiologic
- political
- preventive
- social

19. Understand the role of osteopathic manipulative treatment in today's society and understand the benefits of using OMM either as treatment alone or as an adjunct to conventional medical treatments.

20. Recognize the role of the autonomic nervous system and how dysfunction of the sympathetics and parasympathetics can lead to various disorders; be able to treat the sympathetics and parasympathetics using appropriate OMM techniques.

21. Perform appropriate OMT techniques for commonly encountered medical conditions in the internal medicine setting for both inpatient and outpatient care.

Obstetrics and Gynecology

Course Description

Obstetrics and gynecology is the medical specialty that provides care for those problems unique to women dealing with diseases of the reproductive tract and pregnancy. The rotation acquaints the student with the concepts and practices utilized in this care. It is intended that the student become familiar with techniques and procedures used in this specialty as well as with diagnosis and management of commonly encountered obstetrical and gynecological problems.

Core Competency

This course addresses the applicable core competencies as follows:

- I. Osteopathic Principles and Practices – all competencies
- II. Medical Knowledge – all competencies
- III. Patient Care – 1.a-k; 2.a-c; 3.a-l; 3.n-r, 4.a-l; 5.a-g; 6.a-l. (NOTE: all except III.3.m.)
- IV. Interpersonal and Communication Skills – all competencies
- V. Professionalism - all competencies
- VI. Practice-Based Learning and Improvement - all competencies
- VII. Systems-Based Practice - all competencies

Course Goals

Upon successful completion of this rotation, the student will be able to:

1. Discuss

- a. the physiology of menstruation
- b. adolescent gynecology
- c. family planning and contraception
- d. domestic violence and sexual assault
- e. preconceptual counseling

2. Discuss the diagnosis, pathophysiology, and treatment of

- a. breast disease
- b. dysfunctional uterine bleeding
- c. ectopic pregnancy
- d. adnexal mass
- e. vaginitis
- f. sexually transmitted disease
- g. pelvic inflammatory disease
- h. endometriosis
- i. female genital tract malignancy
- j. pelvic relaxation/urinary incontinence
- k. chronic pelvic pain

3. Describe the management of

- a. menopause
- b. prenatal care
- c. uncomplicated labor, including basic interpretation of the fetal heart rate monitor
- d. high-risk obstetrical patients
- e. obstetrical hemorrhage
- f. post-term pregnancy
- g. shoulder dystocia
- h. HIV in pregnancy
- i. hypertensive disorders of pregnancy
- j. PROM/pre-term labor/post-term gestation
- k. diabetes in pregnancy

4. Document experience or instruction in

- a. techniques used to scrub, gown, and glove, alone and with assistance, and proper sterile technique
- b. uncomplicated vaginal delivery, including simple episiotomy/repair and management
- c. pelvic exam and pap smears
- d. evaluation of progress of normal and abnormal labor
- e. interpretation of fetal heart rate monitor strips
- f. routine ultrasound

5. Display the following affective behaviors and professionalism

- a. demonstrate professionalism by being punctual, appropriate dress, grooming, interpersonal relationships, and demonstrating the maturity to resolve tensions and function under pressure
- b. participate as a member of the professional team and accepting input from interdisciplinary team members of all professional levels who have intimate and valuable knowledge of the patient and related aspects of patient's care
- c. demonstrate through his/her interpersonal interactions with patients, family members, and other health care professionals the importance of the physician's positive attitudes toward women's health care
- d. exercise minimal interference by placing appropriate limitation on investigations and selecting those treatments that benefit the patient
- e. demonstrate acceptance of responsibility for the care of his/her patients by being continually accessible and accountable for the decisions made in the care of the patient
- f. demonstrate the importance of cost containment in conjunction with patient care
- g. document in a clear and comprehensive manner reasons for adopting or not adopting certain strategies in the management of the patient, including values, preferences, and critical dilemmas
- h. interact with patients in ways that promote respect, dignity, and privacy
- i. accept responsibility for actions and decisions
- j. recognize medicine is a science and an art and accept responsibility for own ongoing education

- k. work as a member of a team, which includes physicians, midwives, and nurses
- l. accept peer review and constructive input regarding performance as a student physician
- m. set priorities and follow through on tasks
- n. respect for the patient's privacy and dignity
- o. an appreciation of the uniqueness of the osteopathic medical profession and its integration into women's health issues

6. Display an attitude of

- a. self-assurance and security, but be open and honest about lack of knowledge and skills
- b. willingness to share knowledge and to learn from all other health care professionals
- c. willingness to educate patients to assume responsibility for their own health care
- d. willingness to seek out and hear constructive criticism and to become skilled at self-evaluation
- e. willingness to maintain and demonstrate ethical and professional behavior
- f. willingness to maintain high moral values
- g. willingness to accept responsibility for patient care appropriate to his/her level of knowledge and skills
- h. willingness to provide feedback to teachers and trainers in order to improve the educational process
- i. willingness to attempt new learning strategies that evolve because of new teaching/learning technologies
- j. pride in osteopathic profession

7. Apply

- a. the techniques and didactic knowledge of osteopathic principles and practice acquired in the first two years of instruction to both the diagnosis and treatment of patients encountered on core and elective rotations dealing with women's health

8. Learn Procedures

The following procedures, common clinical conditions, and topics in obstetrics and gynecology are provided to give direction to students in orienting their mentored study and clinical observations while on their obstetrics and gynecology rotation. The list is designed to assist students in developing a knowledge base that will aid them in more effectively understanding the management and treatment of obstetrical and gynecological patients.

Obstetrical Procedures

- a. history and physical exam
- b. determination of cervical dilation, effacement, and fetal presentation, position, and station
- c. amniotomy
- d. FHR monitor interpretation and management
- e. pain relief in labor and surgery
- f. placement of scalp electrode and intrauterine pressure catheter for internal monitoring
- g. obstetrical anesthesia
- h. local infiltration

- i. pudendal block
- j. epidural block
- k. general
- l. induction of labor
- m. management of multi-fetal gestation
- n. operative vaginal delivery
- o. VBAC
- p. amnioinfusion
- q. pre-term labor
- r. newborn evaluation
- s. nasopharyngeal aspiration via deLee trap
- t. resuscitation
- u. intubation
- v. criteria for NICU admission and management
- w. cesarean birth
- x. amniocentesis
- y. postpartum care
- z. breast feeding

Gynecological Procedures

- a. history and physical exam
- b. pelvic exam
- c. pap smear
- d. wet mount
- e. colposcopy
- f. LEEP
- g. cryotherapy
- h. fitting for contraceptive diaphragm
- i. insertion of intrauterine contraceptive device (IUCD)
- j. hysterosalpingography
- k. surgical sterilization
 - l. via laparoscope
 - m. via laparotomy
 - n. via ESSURE hysteroscopic sterilization
- o. diagnostic and operative laparoscopy and hysteroscopy
- p. pre- and post-operative care
- q. preventive medicine
- r. hysterectomy
- s. advanced pelvic surgery/robotic surgery

9. Required Assignment

The student will be required to submit a log of his/her activities during the block/month rotation on New Innovations website. It is expected that there be a reasonable number of entries in the three categories (i.e., “procedures performed,” “procedures observed,” and “lecture or discussion”).

In addition to the log, each student shall submit a case report. The case shall be one in which he/she participated during the rotation and is therefore included in the log. The report shall include case number, patient’s initials, history, physical exam, lab findings including X-ray and ultrasonography findings if performed, case management and outcome followed by brief discussion of the condition involved, including its diagnosis, differential diagnosis, alternative management, and prognosis. If the rotation requires a formal case presentation that is evaluated by a preceptor, a satisfactory evaluation will be accepted in place of a case report.

Pediatrics

Course Description:

Pediatrics is the study of the comprehensive care of the growing child. This includes screening for proper growth and development, preventive health care, and the recognition and management of illnesses in infants, children, and adolescents.

The emphasis in pediatrics is on learning to perceive the child as a dynamic, growing, and developing patient. All aspects of the child's health are based upon the foundation formed during previous periods of growth. As pediatricians, it is vital for us to be cognizant of these changes, and to assist in maximizing health in each of these stages through health screening, anticipatory guidance, and preventative medicine techniques. In this way, we can assure the best future for our maturing young patients.

Core Competencies Pediatric Ambulatory Rotation:

This course addresses the applicable core competencies as follows:

This course addresses the applicable core competencies as follows:

- I. Osteopathic Principles and Practices – I.1.a-f.; I.2.a-i.; I.3.a-c.; I.3.d-j.; I.4.a-i.; I.7.a-d.; I.8.a-e.
- II. Medical Knowledge – all competencies
- III. Patient Care – III.1.a-k.; III.2.a-c.; III.3.a-c.; III.3.k-n.; III.4.a-l.; III.5.a-g.; III.6.a-i.
- IV. Interpersonal and Communication Skills – all competencies
- V. Professionalism - all competencies
- VI. Practice-Based Learning and Improvement - all competencies
- VII. Systems-Based Practice – VII.1.a-b.; VII.1.f.; VII.2.1-b.; VII.3.a-e.; VII.4.a-g.; VII.5.a.; VII.5.c-f.

Core Competencies – Pediatric Hospital-based Rotation:

This course addresses the applicable core competencies as follows:

- I. Osteopathic Principles and Practices – I.1.a-f.; I.2.a-i.; I.3.a-c.; I.3.d-j.; I.4.a-i.; I.7.a-d.; I.8.a-e.
- II. Medical Knowledge – all competencies
- III. Patient Care – III.1.a-k.; III.2.a-c.; III.3.a-c.; III.3.f-r.; III.4.a-l.; III.5.a-g.; III.6.a-i.
- IV. Interpersonal and Communication Skills – all competencies
- V. Professionalism - all competencies
- VI. Practice-Based Learning and Improvement - all competencies
- VII. Systems-Based Practice – VII.1.a-b.; VII.1.f.; VII.2.1-b.; VII.3.a-e.; VII.4.a-g.; VII.5.a.; VII.5.c-f.

Course Goals

The students are expected to achieve certain levels of knowledge and skill in caring for pediatric patients during their pediatric training program. Educational goals include:

1. understanding of the normal growth and development of children from birth through adolescence
2. skill in examining pediatric patients thoroughly and safely
3. competency in the administration of nutritional guidance, illness prevention, periodic health screening, and immunizations used in pediatric health care
4. familiarity with anticipatory guidance and injury prevention techniques used by childhood health care providers at each health-screening encounter
5. recognition of both normal and abnormal findings in the pediatric physical exam
6. skill in the proper technique of case presentation of a child to other health care professionals
7. the proper method of forming a differential diagnosis of abnormalities found in a pediatric patient
8. determining the appropriate studies to perform on a child with a possible illness the proper approach to interpreting lab and X-ray studies performed on children
9. calculating and prescribing appropriate outpatient medications for treating common pediatric illnesses
10. developing the proper techniques for writing inpatient hospital orders
11. skill in the correct method of written documentation of patient findings
12. becoming skillful in working with the team of professionals necessary to provide children with acute and chronic care
13. understanding of the special needs of the growing population of children with chronic illnesses
14. appreciation of the special role of the pediatrician as the child's advocate
15. being familiar with the developmental changes in form and function of a child's musculoskeletal system
16. Recognizing the viscerosomatic relationship presented in various common pediatric illnesses
17. Recognizing the specific relationships and therapeutic impact of the autonomic nervous system in pediatric disorders
18. Describing the relationship of plagiocephaly and cervical torticollis
19. Understanding the utilization of manipulative procedures and assisting lymphatic drainage in respiratory diseases

Pediatrics Education

In order for the student physician to succeed in his/her career as a health care provider, self-directed learning must become a routine practice during clinical rotations. It is strongly recommended that students obtain a good basic core text of pediatrics and read the entire text during their pediatric rotations. Through the *educated eyes* of a well-read student, the cases seen during clinical experiences will be far more meaningful. Recommended texts include:

1. *Fundamentals of Pediatrics* by Rudolph & Kamei, published by Appleton and Lange
2. *Nelson Essentials of Pediatrics* by Behrman and Kliegman, published by Saunders
3. *First Exposure Pediatrics* by Joseph Gigante, M.D., published by McGraw-Hill

Case Studies

Students should become familiar with cases seen during the clinical service by reviewing current literature regarding the specific disorder. Sources for recent reading material should include medical library searches and Internet medical articles. Staying current in regard to knowledge is a habit that is formed during the student years of training. Researching current literature relating to the pathology on your service is the best way to establish the practice of being an up-to-date and informed physician.

Lectures

Students are expected to attend seminars, conferences, and lectures involving pediatric issues while participating in the clinical pediatrics portion of training. It is recommended that students actually present lectures while on the pediatric service (often in the form of a case presentation).

Clinical Rotations

Clinical rotations will include ambulatory and hospital care. Hospital care will include sick children as well as ill neonatal patients. It is important to remember that both the inpatient and outpatient settings represent part of the continuum of pediatric patient care. All of the basic pediatric principles apply to children in both a hospital as well as an ambulatory setting. Students should bring a pocket calculator to determine drug doses and a copy of *The Harriet Lane Handbook* by Siberry and Iannone, published by Mosby, for laboratory and drug references.

While students are on a clinical internal medicine service, they should always:

- be cognizant that a student physician is a guest on the clinical service. Student physicians should be respectful of the office and hospital equipment and staff. This practice will help assure that students will continue to be welcome in clinical rotations
- honor patient confidentiality at all times
- observe universal precautions during any patient exposure
- keep records in a professional manner, and remember that many other individuals will read charted entries made by students during clinical rotations
- have an attending be present during any procedure performed by the student

Procedures

Students should observe, and when possible, participate in procedures. Students are expected to be familiar with the correct technique for spinal taps, venipuncture, bladder catheterization, endotracheal intubation, umbilical line placement, and circumcision.

Core Pediatric Topics

Pediatric students are expected to become familiar with the material included in the following outline:

I. Growth and Development

A. Growth

1. Growth Charts
2. Head Circumference
3. Fontanel Closure (anterior and posterior)

- 4. Normal Growth
 - a. Tanner Staging
 - b. Failure to Thrive
 - c. Short Stature
- B. Development
 - 1. Denver Developmental
 - 2. Abnormalities
 - a. Colic
 - b. Developmental Delay
 - c. Attention Deficit Disorder
 - d. Mental Illness
 - e. Autism
 - f. Hearing Loss
 - g. Vision Loss
- C. Child Abuse/Neglect
- D. Periodic Health Screening
- E. Anticipatory Guidance

II. Nutrition

- A. Breast Milk
- B. Infant Formula
 - 1. Denatured Cow Protein
 - 2. Soy Protein
 - 3. Semisynthetic Formulas (casein hydrolysate)
- C. Solid Food Introduction
- D. Cow's Milk Introduction and Risks
- E. Iron Deficiency Anemia
- F. Lead Poisoning

III. Genetic Disorders

- A. Trisomy's
 - 1. Down
 - 2. 18 (midline)
 - 3. 13
- B. Dominant
 - 1. Neurofibromatosis
 - 2. Marfan Syndrome
 - 3. Hunting Disease
- C. Recessive
 - 1. Phenylketonuria
 - 2. Sickle Cell
 - 3. Cystic Fibrosis
- D. X-Linked
 - 1. Duchene Muscular Dystrophy

- 2. Color Blindness
- 3. Hemophilia A+B
- 4. Fragile X Syndrome
- E. Turner Syndrome (XO, no secondary changes, short stature)
- F. Associations
 - 1. VATER
 - 2. VATERL

IV. Neonatology

- A. Apgar Score (color, cry, heart, tone, cough)
- B. Newborn Exam
 - 1. Developmental Assessment
 - 2. Size for Gestational Age (AGA, etc.)
 - 3. Moro Reflex, Tonic Neck
- C. Abnormalities
 - 1. Cyanosis
 - a. Cardiac Disease
 - b. Lung Disease (hyaline membrane, transient tachypnea, pneumonia)
 - 2. Congenital Deformities (vs. anomalies)
 - 3. Infant of Diabetic Mother
 - 4. Sepsis
 - a. Group B Strep
 - b. E. coli
 - c. Staph
 - d. Listeria
 - 5. TORCH Syndrome (hepatitis B and HIV)
 - 6. Hyperbilirubinemia (indirect vs. direct)
 - a. Physiological Hyperbilirubinemia
 - b. Hemolytic Disease of the Newborn
 - c. Biliary Atresia
 - 7. Vitamin K
 - 8. Drug Addicted Mothers
 - a. Fetal Alcohol Syndrome (SGA, thin lips, facies, developmental delay)
 - b. Fetal Cocaine Syndrome

V. Infectious Disease

- A. Immunizations
 - 1. DTaP (2 mos., 4 mos., 6 mos., 15 mos., and 5 yrs.)
 - 2. IPV (2 mos., 4 mos., 6 mos., and 5 yrs.)
 - 3. Hib (2 mos., 6 mos., and 15 mos.)
 - 4. MMR (12 mos. and 5 yrs.)
 - 5. Hep B (Birth, 2 mos., and 5 yrs.)
 - 6. Varicella (12 mos., > 13 yrs., 2 doses)
 - 7. Conjugate Pneumococcal (2 mos., 4 mos., 6 mos., and 15 mos.)
 - 8. Hep A (12 mos. and 18 mos.)

- 9. Rotavirus (2 mos., 4 mos., 6 mos.)
- 10. HPV 3 doses starting at 11 years in females
- B. Diarrhea
 - 1. Viral-Secretory
 - a. Rotavirus
 - b. Norwalk Virus
 - c. Corona Virus
 - 2. Bacterial-Invasive
 - a. Shigella
 - b. Salmonella
 - c. Campylobacter
 - d. Enterohemorrhagic E. coli (Hemolytic-Uremic Syndrome)
 - 3. Parasitic
 - a. Giardia
 - b. Cryptosporidium
- C. Meningitis
 - 1. Bacterial
 - a. Influenza
 - b. Pneumonia
 - c. Meningitides
 - 2. Viral (usually enterovirus)
- D. Otis Media
- E. Croup
 - 1. Viral – subglottic
 - 2. Bacterial – Epiglottis
 - 3. Spasmodic
- F. Bones and Joints
 - 1. Osteomyelitis
 - 2. Arthritis
 - a. Septic
 - b. Aseptic
- G. Pneumonia
 - 1. Bacterial
 - a. S. Pneumonia
 - b. H. Influenza
 - c. S. Aureus
 - 2. Viral
 - a. RSV (bronchiolitis)
 - b. Adenovirus
 - c. Influenza
 - d. Parainfluenza
 - 3. Atypical
 - a. Mycoplasma

b. Legionella

c. Chlamydia

H. Strep

1. Pharyngitis
2. Scarlet Fever
3. Rheumatic Fever (Jones criteria)
4. Acute Glomerulonephritis
5. Invasive Fasciitis

I. Influenza

1. Bacterial Meningitis
2. Epiglottitis
3. Periorbital Cellulitis
4. Buccal Cellulitis
5. Septic Arthritis
6. Bacterial Pneumonia

J. Exanthema

1. Rubeola
2. Rubella
3. Roseola
4. Fifth's Disease

K. Miscellaneous

1. Pertussis
2. Meningococemia
3. Toxic Shock Syndrome
4. Encephalitis

L. TB

M. Varicella

N. Pinworms

O. EB Virus

P. Rocky Mountain Spotted Fever

Q. Lyme Disease

VI. Gastrointestinal Disorders

A. Acute Appendicitis

B. Intussusception

C. Congenital Abnormalities

1. Hirsch sprung Disease
2. Malrotation
3. Tracheo-Esophageal Fistulas
4. Meckel Diverticulum
5. Cleft Lip/Palate

- 6. Omphalocele/Gastroschisis
- D. Developmental Disorders
 - 1. Pyloric Stenosis
 - 2. Gastroesophageal Reflux (Sandifer Syndrome)
- E. Acquired
 - 1. Ulcerative colitis
 - 2. Crohn's Disease
 - 3. Peptic Ulcer
 - 4. C. difficile
- F. Hepatitis
 - 1. A
 - 2. B
 - 3. C

VII. Respiratory Disorders

- A. Asthma
- B. Aspiration
- C. Cystic Fibrosis
- D. Apnea
 - 1. Obstructive
 - 2. Central
 - a. Sudden Infant Death Syndrome
 - b. Sleep Apnea
 - c. Breath Holding Spells
- E. Croup
- F. Pneumonia

VIII. Cardiovascular Diseases

- A. Functional Murmurs
- B. Cyanotic Heart Disease
 - 1. Normal Pulmonary Blood Flow
 - a. Transposition of the Great Vessels
 - b. Total Anomalous Pulmonary Venous Return
 - 2. Decreased Pulmonary Blood Flow
 - a. Pulmonic Stenosis/Atresia/Truncus Arteriosus
 - b. Tetralogy of Fallot
 - c. Tricuspid Atresia
- C. A cyanotic Heart Disease

XIV. Rheumatologic

- A. JRA
 - 1. Morning Stiffness
 - 2. Large Joints Common

- 3. Still Disease
- 4. Uveitis
- B. Kawasaki Disease
- C. Henoch-Schönlein Purpura

XV. Fluids and Electrolytes

- A. Evaluation of Type of Dehydration
- B. IV Orders
 - 1. Water Maintenance and Replacement
 - 2. Salts
 - a. Hyponatremia
 - b. Isotonic
 - c. Hypernatremia

XVI. Oncology

- A. A. Leukemia
- B. Neuroblastoma
- C. Retinoblastoma
- D. Wilms Tumor

XVII. Dermatology

- A. Eczema
- B. Infantile and Juvenile Seborrhea
- C. Urticaria
- D. Lice
- E. Cutaneous Manifestation of Congenital Disorders
 - 1. Neurofibromatosis
 - 2. Sturge-Weber Syndrome
 - 3. Tuberous Sclerosis

XVIII. Miscellaneous

- A. Reye Syndrome
- B. Burns
- C. Poisoning
 - 1. Tylenol
 - 2. Aspirin
 - 3. Iron

Students are required to complete case logs and evaluations on each rotation.

Psychiatry

Course Description

The rotation in general psychiatry is designed for students to learn and practice the rapport-building skills necessary for working with patients in a mental health setting. The focus is on developing awareness of the impact of the patients' biological, developmental, sociological, ethnic, and economic background on their presenting problems. Students are expected to establish professional working relationships with members of a multidisciplinary mental health treatment team. Students will develop the ability to communicate effectively with other professionals, support an atmosphere of collegiality, and expand both their medical education as well as personal growth.

Core Competency

This course addresses the applicable core competencies as follows:

- I. Osteopathic Principles and Practices – none
- II. Medical Knowledge – II.1.c
- III. Patient Care –III.3.a.
- IV. Interpersonal and Communication Skills – all competencies
- V. Professionalism - all competencies
- VI. Practice-Based Learning and Improvement - all competencies
- VII. Systems-Based Practice - all competencies

Learning Objectives

Upon successful completion of this rotation, the student will be able to:

- perform a complete psychiatric evaluation, including history and mental status examination
- prepare a written report based on a patient evaluation
- make a verbal case presentation on a patient evaluation
- perform a psychiatric differential diagnosis based on the DSM-IV multiaxial diagnostic system
- identify the relevant elements of the Biopsychosocial Model of Mental Illness that impact on individual psychiatric case formulations
- identify the appropriate psychological tests and assessment instruments useful to the clinician in a mental health practice
- describe the role of the psychiatrist as consultant and liaison in the general medical setting
- produce an outline of non-pharmacological (the psychotherapies) approaches to treatment, including milieu, group, family, couple, and individual therapies
- describe the appropriate pharmacological approaches to treatment including antipsychotics, antidepressants, anxiolytics, and mood stabilizers
- recognize and manage the behaviorally disturbed patient, including the safe use of seclusion and restraint
- describe the indications and use of electroconvulsive therapy (ECT)

- describe the etiology, pathophysiology, clinical presentation, and management of the following psychiatric disorders:
 - delirium, dementia, and other diseases of cognitive impairments
 - schizophrenia and other psychotic disorders
 - personality disorders
 - mood disorders
 - anxiety disorders
 - adjustment disorders
 - somatoform and factitious disorders
 - alcoholism and substance abuse
 - eating disorders
 - dissociative disorders
 - paraphilias
 - geriatric disorders
 - disorders of childhood and adolescence
 - sleep disorders
 - principles of pain management

Rural and Urban Underserved Medicine

Course Description

This course addresses the applicable core competencies of patient care, interpersonal and communication skills, professionalism, OPP, medical knowledge, and systems-based practice.

Core Competency

This course addresses the applicable core competencies as follows:

- I. Osteopathic Principles and Practices – all competencies
- II. Medical Knowledge – all competencies
- III. Patient Care – III.1.a-k.; III.2.a-c.; III.3.a-c., g., k.–n., p.; III.4.a-l.; III.5.a-g.; III.6.a-i.
- IV. Interpersonal and Communication Skills – all competencies
- V. Professionalism – V.1.a-e.; V.2.a-f.; V.3.a-m.; V.4.c-k.; V.5.a-e.; V.6.a-g, i-j.; V.7.a-d.; V.8.b., V.8.e-h.
- VI. Practice-Based Learning and Improvement – VI.1.d.; VI.1.f.; VI.2.a-b.; VI.3.d., f.; VI.4.a-c.; VI.5.a-e.
- VII. Systems-Based Practice – VII.1.a-e.; VII.2.a-c., e., g.; VII.3.a-e.; VII.4.a-g.; VII.5.a-f.

Course Goals

Upon completion of the rural and urban underserved medicine rotation, the student will be able to:

1. Demonstrate the prevention, diagnosis, and management of common diseases and disorders frequently seen in primary care settings, including

1. diagnosis, management, treatment, and identification of preventative measures for cardiovascular disease, with emphasis on hypertension and hyperlipidemia
2. diagnosis, management, treatment, and identification of preventative measures for acute respiratory infections and chronic pulmonary diseases
3. diagnosis, management, treatment, and identification of preventative measures for endocrine diseases with emphasis placed upon diabetes and thyroid diseases

2. Recognize causes, prevention, and standard of care for infectious diseases that are frequently encountered in the rural setting and in underserved populations, including.

1. identify factors that allow the spread of infectious diseases such as tuberculosis and sexually transmitted diseases, identify and treat the diseases, and improve public health follow-up for family and disease contacts
2. demonstrate sensitivity and understanding of HIV and AIDS to both the patient and family, relate and be knowledgeable of the present treatment and legal issues involved
3. acquire up-to-date knowledge of childhood and adult immunizations

3. Demonstrate knowledge for commonly used office-prescribed pharmaceuticals to include indications, contraindications, mechanism of resistance, common reasons for noncompliance, and the cost-effective utilization of these commonly used drugs in the rural and urban underserved setting.

4. Develop health education skills, such as:

1. identify cultural, educational, and financial restraints that affect the ability of patients to comply with medical care
2. provide educational opportunities for patients and/or family members regarding preventive medicine issues pertinent to their individual needs and abilities to assimilate
3. demonstrate use of educational material for disease prevention and health promotion

5. Demonstrate multicultural factors to enhance medical practice.

1. integrate psychosocial, familial, community, and cultural data into patient care
2. identify the unique community issues and needs of migrant farm workers, rural populations, and medically underserved populations
3. compare and contrast similarities and or differences among various ethnic groups concerning their beliefs about health care, family issues, and the reaction of stress on their lives

6. Apply and strengthen OMM diagnostic and therapeutic skills to commonly encountered neuromuscular disorders associated with rural and urban underserved patients.

7. Use OMT for chronic diseases that have high prevalence in rural and urban underserved populations (e.g., asthma, hypertension)

8. Educate and demonstrate OMM skills in international rural and urban underserved selective rotations.

Required Reading

Medical Management of Vulnerable and Underserved Populations: Principles, Practice and Populations by King and Wheeler; McGraw-Hill 2007.

Additional readings may be added at any point in the course.

Surgery

Knowledge of surgery, surgical indications, and surgical contraindications is essential for the competent practice of osteopathic medicine. The Department of Surgery closely partners with all areas of clinical instruction of all academic courses and programs of a clinical nature in the Dr. Kiran C. Patel College of Osteopathic Medicine.

During this two-block clinical course, the student will be exposed to a variety of clinical problems routinely seen on the surgical service. Emphasis will be placed on preoperative, intraoperative, and postoperative management of the patient. In the operating room, the student will practice aseptic techniques, operating room principles, and assisting in surgery.

Core Competency

This course addresses the applicable core competencies as follows:

- I. Osteopathic Principles and Practices – all competencies
- II. Medical Knowledge – all competencies
- III. Patient Care – all competences
- IV. Interpersonal and Communication Skills – all competencies
- V. Professionalism - all competencies
- VI. Practice-Based Learning and Improvement - all competencies
- VII. Systems-Based Practice - all competencies

Learning Objectives

The student is expected to:

- perform duties as assigned by the preceptor including on-call, grand rounds, and presentations
- obtain an appropriate medical history and perform appropriate physical exams on all assigned patients during the rotation
- learn to assess patient's surgical risk factors and devise care plan based on that assessment
- write preoperative and postoperative orders
- write daily progress notes on all assigned patients
- prepare admission and discharge summaries
- scrub for surgery
- assist with outpatient surgery as scheduled
- recognize the viscerosomatic relationship presented in various common surgical illnesses
- recognize the specific relationships and therapeutic impact of the autonomic nervous system in surgical disorders
- describe and perform the manipulative procedures and assist lymphatic drainage in post-operative respiratory disorders
- describe and perform related areas of somatic dysfunction and soft-tissue changes associated with surgical procedures and wound healing
- The student will learn
- the principles of routine preoperative and postoperative care
- the principles and application of asepsis/sterile technique

- the process of wound healing
- the management of fluid and electrolyte therapy
- indications and principles of hyperalimentation
- oxygen therapy indications and administration

It is essential that the student have an excellent command of the process of wound healing:

- definition of a wound
- knowledge of the factors that promote or impair wound healing
- knowledge of suture materials and the benefits of different types and the problems with different types of suture materials
- the signs and symptoms that precede wound dehiscence and the emergency steps necessary
- knowledge of the types of incisions and the advantages and disadvantages of each

For potential surgical problems, the student should be able to obtain an appropriate history, perform a pertinent physical exam, formulate necessary lab studies to be ordered, and develop a differential diagnosis for the following problems:

- Abdominal Pain
- Jaundice - painless and painful
- Diarrhea
- Constipation
- Rectal Bleeding
- Headache
- Head Trauma
- Altered Mental State
- Shock
- Syncope
- Shortness of Breath
- Chest Pain
- Chest Trauma
- Hoarseness
- Calf Pain
- Dysphagia
- Breast Mass
- Hematemesis
- Hematuria
- Flank Pain
- Hemoptysis
- Scrotal Mass
- Peripheral edema
- Burns
- Understand Burn Classifications

- Understand Management of Burns (including fluid replacement)
- Understand Treatment of Burns
- Understand Complications of Burn
- Acute Abdomen

The student should be able to list classifications of shock, describe the four different types of etiology of shock, be able to differentiate the types of shock by physical exam by monitoring data, and develop a management plan

The student will be able to discuss the special problems and management of the surgical patient with the following chronic diseases:

- | | |
|--------------------------|----------------------------|
| ◆ Sickle Cell Anemia | ◆ Diabetes Mellitus |
| ◆ Hypertension | ◆ COPD |
| ◆ Alcoholism | ◆ CVA |
| ◆ Organic Brain Syndrome | ◆ Congestive Heart Failure |
| ◆ AIDS | |

The student will be able to explain the presentation and management of the following postoperative complications:

- Fever
- Abdominal Ileus
 - explain the basic fluid and electrolyte changes in this condition
 - management and treatment
 - etiologies
- Wound Infection
 - identify signs and symptoms of wound infection
 - describe treatment for both early and late postoperative periods
 - discuss prophylaxis
- Nutrition
 - discuss the importance of nutrition for the surgeon
 - know the basic nutritional requirements of your patients
 - understand when you would need to replace them
 - understand the basic concepts of total parenteral nutrition
 - know how to write orders for monitoring patients on nutritional support
- Urinary Retention
- Thrombophlebitis
- Constipation
- Pneumonia
- Renal Failure
- Pneumothorax
- Adhesions
- Arrhythmias

- Urinary Tract Infection
- Pulmonary Embolus
- Evisceration
- Atelectasis

The student will become generally familiar with the following surgical entities:

General Surgery

- Breast Cancer
- Hyperparathyroidism
- Pulmonary Embolus
- Hyperthyroidism
- Pneumothorax
- Thyroiditis
- Pleural Effusion
- Thyroid Cancer
- Lung Cancer
- Cholecystitis/Cholelithiasis
- Common Gallstones
- Pathophysiology of Their Formation
- Murphy's Sign
- Gall Stone Ileus
- Lung Abscess
- Appendicitis
- Renal Carcinoma
- Diverticulosis/Diverticulitis
- Renal Ureteral Calculi
- Colon Cancer
- Urethral Structure
- Intestinal Polyps
- Vesicoureteral Reflux
- Crohn's Disease
- Hydronephrosis
- Ulcerative Colitis
- Pheochromocytoma
- Inguinal Hernia
- End Stage Renal Disease
- Fecal Impaction
- Benign Prostatic Hypertrophy
- Anal Fissure
- Cryptorchidism
- Peptic Ulcer Disease
- Prostatic Cancer

- Esophagitis
- Testicular Mass
- Hiatal Hernia
- Herniated Disc
- Gastritis
- Aortic Aneurysm
- Pancreatitis
- Common Etiologies
- Symptoms and Complications of Acute Pancreatitis
- Surgical Treatment of Complications
- Thrombophlebitis
- Pancreatic Pseudocyst
- Venous Insufficiency
- Bowel Obstruction
- Carotid Atherosclerotic Disease
- Esophageal Varices
- Peripheral Atherosclerotic Occlusive Disease
- Cervical Strain
- Epidural Hematoma/Subdural Hematoma
- Hemorrhoids

Textbooks

Required

Lawrence, Peter F., *Essentials of General Surgery*, Current (Third) Edition

Lippincott, Williams, and Wilkins

Recommended

Schwartz, S., *Principles of Surgery*

Sabiston, D.C., *Essentials of Surgery*

Way, L.W., *Lange Current Surgical Diagnosis and Treatment*, Current Edition

Surgery Clinical Rotation Study Guide

- Signs and Symptoms of Esophageal Carcinoma
- Signs and Symptoms of Mitral Stenosis
- Signs and Symptoms of Intestinal Obstruction
- Causes of Hematuria
- Cardiac Tamponade
- Differential Diagnose of Upper Right Quadrant Acute Pain – Acute Cholecystitis
- Coronary Artery Vein Graft Occlusion Signs, Symptoms and History
- What is the Whipple Procedure?
- Parietal Antibodies, Gastritis, and Ulcers

- Local Anesthetic Uses and Precautions
- Types of Pacemakers and Uses
- Diagnosis and Treatment of Testicular Masses, Benign Seminoma Terato-Carcinoma, Chorionic Carcinoma, Embryonal Cell Carcinoma
- Causes of Congenital Heart Diseases
- Surgical Treatment of Duodenal Ulcers
- Signs and Symptoms of Acute or Chronic Pancreatitis and Their Complications
- Indications of Vagotomy, Antrectomy, Pyloroplasty
- Treatment for Paronychia
- Raynaud's Phenomenon
- Presentation of Small Bowel Benign Tumors
- Differential Diagnosis of Appendicitis, Function of the Appendix
- Diagnostic Procedures for Lung Cancer Detection Signs and Symptoms
- Radiographic Features of Crohn's Disease
- Hepatic Metastasis Sites
- Signs and Symptoms of Indirect Inguinal Hernia
- Preoperative Evaluation of Thoracotomy Patients
- All Marks of Coronary Artery Disease
- Treatment of Infantile Glaucoma
- Diagnosis of Waldenstrom's Macroglobulinemia
- Causes of Uterine Prolapse
- Signs of Hodgkin's Disease
- Development Factors in Thyroid Carcinoma, Symptoms and Treatment
- Causes of Right Flank Pain and its Radiation-making Diagnosis
- Characteristics of Breast Cancer
- Characteristics of Catgut and Comma Catgut
- Reason for Turn Over Prostatectomy
- Airway Management
- Indications for Surgery in Duodenal Ulcers
- Occurrence of Gram Negative Bacteremia
- Cyanosis and Great Vessel Transposition
- The Pancreatic Carcinoma
- Treatment of Femoral Popliteal Occlusive Disease
- Indications for Total Hip Replacement
- Coronary Artery Bypass Graph Sources
- Indication for Hospitalization for Burn Victims and Burn Treatment
- Pathogenesis of Acute Appendicitis
- Consequences of Myocardial Ischemia
- Causes of Cystocele Repair Failure
- Treatment of the Squamous Cell Carcinoma of the Lung
- Treatment of Squamous Cell Carcinoma of the Skin
- Diagnosis of Acute Pancreatitis
- Lower Extremely Paresthesia and Type of Shock Responsible for Paresthesia
- Ulcer and Stomach Cancer

- Treatment for Colitis
- Blunt Trauma to the Chest
- Complications of Septic Shock
- The Surgical Management of Ulcerative Colitis
- Primary Malignant Neoplasm Metastasizing to the Brain
- Differential Diagnosis of Lower Left Quadrant Pain
- Causes of Small Intestine Obstruction
- Indirect Inguinal Hernia, Direct Hernia
- Complication of the Diaphragmatic Hernia
- Symptoms of Supraspinatus Tendinitis
- Melena
- Symptoms of Gastric Carcinoma
- Secondary Causes of Krukenberg's Tumor
- Symptoms of Ventricular Septal Defect
- Physical Methods of Diagnosing Thoracic Outlet Syndrome
- Significance of Supraclavicular Node
- Difference Between Full and Split Thickness Skin Grafts
- Diagnosis and Treatment of Prostatic Nodule
- Treatment of Hepatic Abscess
- Murmur of Patent Ductus Arteriosus
- Pathophysiology of the Venous Valves
- Signs and Symptoms of Breast Cancer
- Controlling Bleeding
- Pathogenesis of Arterial Emboli
- Treatment of Malignant Melanoma
- Treatment of Esophageal Achalasia

General Surgery Clinical Rotation Study Guide

At the end of the general surgery rotation, the student will be able to demonstrate on a written examination the ability to evaluate clinical data and diagnose patients presenting with the clinical problems listed below, as well as develop a plan for managing patients presenting with:

- | | |
|--|--------------------------------|
| ◆ The Acute Abdomen | ◆ GI Bleeding |
| ◆ Pancreatic Disease | ◆ Intestinal Obstruction |
| ◆ Diseases of Stomach and Duodenum | ◆ Intestinal Disease |
| ◆ Biliary Tract Disease | ◆ Surgical Disease of chest |
| ◆ Peripheral Artery Disease and Injury | ◆ Burns |
| ◆ Preoperative and Postoperative Care | ◆ Hand Injuries and Infections |

◆ Fluid and Electrolytes Problems in Surgical Patients

Study Questions

1. Discuss the differential diagnosis, clinical evaluation, and management of the following:

• Pneumothorax	• Lung Cancer	• Esophageal Cancer
• Appendicitis	• Cholecystitis	• GI Bleeding
• Pancreatic Cancer	• Intestinal Obstruction	• Duodenal Ulcer
• Stomach Ulcer	• Zollinger-Ellison Syndrome	• Meckel's Diverticulum
• Crohn's Disease	• Ulcerative Colitis	• Colon Cancer
• Diverticulitis	• Intestinal Polyps	• Pancreatitis

2. Define dumping syndrome, third-day surgical fever, golden period, paronychia, felon, and erysipelas.

3. Discuss the preoperative assessment of patients for surgical risk. What types of surgery and what preexisting conditions are associated with an increased incidence of postoperative mortality?

4. Discuss the differential diagnosis of postoperative wound infection (with respect to etiologic agents).

5. Discuss the management of postoperative wound infections. What role do antibiotics play?

6. Discuss the monitoring and evaluation of the postoperative patient. What are some common post-op complications? How are they diagnosed and managed?

Surgical Electives – Objectives:

At the end of the corresponding elective rotation, the student will have facility with:

Cardiac Surgery Elective

- coarctation of the aorta
- tetralogy of fallot - total correction
- closure of VSD
- mitral valve repair and replacement
- patent ductus arteriosus
- aneurysms
- valve prosthesis
- cardiac catheterization
- vascular grafts
- angioplasty
- cardiac pacemaker implantation
- revascularization of ischemic myocardium
- aortic valve procedures

Ophthalmology Elective

- management of the red eye
- use of the slit lamp
- removal of superficial foreign bodies
- critical evaluation of the optic nerve
- critical evaluation of the retina
- The student will have observed microsurgical procedures of the eye

Orthopedic Elective

- fractures and dislocations of the spine with and without neurologic deficit
- septic arthritis of the hip
- congenital dysplasia of the hip
- fractures and dislocations of the pelvis
- fractures and dislocations of the knee joint
- rotator cuff tears
- shoulder replacement and arthroplasty
- total knee replacement
- subluxation and dislocation of elbow joint
- painful syndromes
- calcific tendonitis
- adhesive capsulitis
- wrist injuries
- colle's fracture
- fracture and dislocation of the radius and ulna
- fracture of the shaft of the humerus
- humeral epicondylitis

- olecranon bursitis
- avascular necrosis of the femoral head
- bone tumors
- acute compartment syndrome
- osteotomy
- arthrodesis
- fractures and dislocations of the hip

Plastic Surgery Elective

- types of skin grafts
- hemifacial microsomia
- flaps
- microtia
- excision and primary closure
- pressure sores and soft tissue injury
- z-plasty
- aesthetic surgery: rhytidectomy (face)
- disorders of scarring, hypertrophic scars
- lift
- keloids and contractures
- blepharoplasty and mammoplasty
- indications for types of tissue coverage
- skin tumors: seborrheic keratosis
- Crouzon syndrome
- verrucae, epidermal inclusion
- cleft lip & cleft palate
- cysts, nevi, actinic keratosis,
- nasal, mandibular, zygomatic, orbital
- Bowen's disease
- maxillary fractures
- basal cell carcinoma
- hemangioma

Urology Elective

- the management of urinary obstruction
- accepted urological techniques for relieving urinary obstruction
- various techniques of diagnosing nephrolithiasis
- critical evaluation of urine microscopically
- critical evaluation of urine chemically
- The student will have observed transurethral surgical procedures.



**Dr. Kiran C. Patel College of
Osteopathic Medicine**

Clinical Training Manual

**Contact Information for Clinical Sites
can be found on-line at:**

**This information is updated regularly by the
Office of Osteopathic Clinical Education**