



Dr. Kiran C. Patel College  
of Osteopathic Medicine  
**NOVA SOUTHEASTERN  
UNIVERSITY**

Clinical Training Manual  
2019-2020



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of Osteopathic Medicine  
**NOVA SOUTHEASTERN**  
**UNIVERSITY**

## NSU KPCOM 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



## **NSU-KPCOM DO Program Mission and Accreditation**

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 NSU-KPCOM is dedicated to student-centered osteopathic medical education to produce exemplary osteopathic physicians known for competent and compassionate care.

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 pre-doctoral osteopathic medical education in the United States.

### **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.

# **Table of Contents – Policies for OMS-3 and OMS-4 Students**

<b>Office of Osteopathic Clinical Education Contacts</b>	<b>7</b>
<b>I. General Policies</b>	
A. Student Responsibilities and Duties	8
B. Unprofessional Behavior	9
C. Contact Information Updates	9
D. Dress Code	9
E. Title and Salutations	10
F. Incidents of Exposure to Contagious Diseases	10
<b>II. Attendance</b>	
A. Rotation Report Dates	10
1. M3 Class	10-11
2. M4 Class	11-12
B. Late Arrival to Rotation Site for Start of Rotation	11
C. Departure from Rotation Site	11
D. Absence from Rotation	11
1. Total Allowable Absences per Rotation	11
2. Emergencies	12
3. Failure in Reporting	12
4. Residency Interviews	12
5. COMLEX Level 1 Study	12
6. COMLEX Level 2CE Study	12
7. COMLEX Examination Travel	12
<b>III. Medical Leave of Absence during Clinical Years</b>	
A. Leave of Absence from KPCOM	13
<b>IV. NBOME COMLEX Examinations</b>	13
<b>V. Matriculation into M4 Year</b>	13
<b>VI. Duty Hours</b>	13
<b>VII. Student Involvement on Clinical Rotations</b>	14-15
A. Policy on Taking Histories and Physicals	15
B. Number of Patients	15
C. Meals	15
D. Housing	15
1. Pets	16
2. Non-Student Use of the NSU-KPCOM Provided Housing	16
3. Students who elect to not use the provided housing	16

<b>VIII. Student Performance</b>	
A. Student Evaluation by Rotation Site Personnel	16-17
B. Student Grading Policy	
1. Grading System	17
2. COMAT End-of-Discipline Examination Grading Policy	18
3. Web-Based Modules	18
4. Online Clinical Rotation Evaluation Form	18
5. Rotation Failures	18
6. Failures, Reevaluation, Remediation, and Dismissal Appeal Process	19
7. Incomplete Rotations Policy	20
8. Appeals Policy for Non-Failing Grade Disputes	20
<b>IX. Requirements for the Completion of Clinical Training</b>	
A. M3 and M4 Requirements (24 x 4-week block rotations or 96 weeks)	20
B. OMS-4 Academic Requirements (12 rotations over 48 weeks)	20
C. Medical Outreach Trip Policy	21
<b>X. Clinical Rotations</b>	21
A. M3 and M4 Core Rotations	22
Class of 2019	23
M-4 Academic Year	23
Class of 2020	23
M-3 Academic Year	23
M-4 Academic Year	23
B. M4 Elective Rotations	23
1. Application for Electives	23
2. “Three Discipline Rule”	23
3. Independent Study Weeks	24
4. Two-Week Elective Rotations	24
5. Scheduling Elective Rotations incl. Visiting Student Learning Opportunities (VSLO)	24
a. VSAS-Visiting Student Application Service participating programs	24
b. Non-VSAS applications	24
6. Elective Application and Approval Process	25
7. Elective Application Denial	25
8. Cancellation of Elective Rotations	25
C. M4 Selective Rotations- Application and Approval Process	25-26
D. M4 Rural and Urban Underserved Community Core Rotations	26
E. Rural and Urban Underserved Community Selective Rotation	27
1. Approval Criteria for COM 7153 - Domestic	27
2. Approval Criteria for COM 7153 - International	27-28
F. M.P.H. Candidate Field Experience	28
G. Clinical Rotations Requirements	28
1. Preceptor Evaluation of Student’s Form	28
2. Preceptor Evaluation of Student Case Presentation Form	29
3. Patient Case Log	29
4. OMM Case Log	29

5.	Student Evaluation of Rotation	29
6.	COMAT Examination	29
7.	Elective Application Form and Independent Study Application Form	29
8.	Cancellation of Elective Form	29-30
9.	Student Evaluation of Core Campus	30
 H. Forms, Evaluations and Examinations Required per Clinical Rotation		 30
1.	Internal Medicine	30
2.	Pediatrics	30
3.	Family Medicine	30
4.	Surgical Medicine	30
5.	Geriatric Medicine	31
6.	Obstetric and Gynecological Medicine	31
7.	Psychiatric Medicine	31
8.	Emergency Medicine	31
9.	Rural and Urban Underserved Medicine Core	31
10.	Rural and Urban Underserved Selective	31-32
11.	Internal Medicine Selective	32
12.	Elective Rotations	32
13.	2-week Elective Rotations	32
14.	Extra Electives during Independent Study Block	32

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**Nova Southeastern University**

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

**Clinical Training Manual**

This manual provides the NSU-KPCOM policies and procedures applicable to the clinical rotations of the osteopathic medical students in their 3<sup>rd</sup> and 4<sup>th</sup> years of the program. The KPCOM 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 DMEs/CADs 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) 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. The online version is always the most current version of this manual found at [osteopathic.nova.edu/publications/index.html](http://osteopathic.nova.edu/publications/index.html)

## **I. General Policies**

### **A. Student Responsibilities**

NSU-KPCOM arranges for clinical training opportunities for the medical students in a variety of healthcare settings.

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

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

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/Director of Medical Education, and the Assistant Dean or Director of the Office of Osteopathic Clinical Education.

## **B. Unprofessional Behavior**

Courtesy and a professional demeanor are essential traits for a physician. 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.

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 (determined by the SPC).

Any problems affecting students that are not easily or adequately resolved by the student at the site should be reported 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 addresses, phone numbers and emergency contact information up to date in Sharklink. Please refer to *NSU-KPCOM Student Handbook* for details and disciplinary action for failure to comply.

The Office of Student and Alumni Affairs and the Office of Osteopathic Clinical Education must be contacted whenever a name change is updated in Sharklink.

## **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 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 students are required to return to campus for events in M3/M4 year. NSU-KPCOM policies governing dress code can be found in the *NSU-KPCOM Student Handbook* and should be reviewed before student participation in the following mandatory activities:

- End of Rotation Examinations
- Come Home Days
- NSU-KPCOM Residency Fair
- M4 Senior Week

#### **E. Title and Salutations**

Students are referred to as “Student Doctor \_\_\_\_\_” in clinical settings. If a student a doctorate in any field, he/she may not use this title while in any clinical rotation settings.

#### **F. Incidents of Exposure to Contagious Diseases**

Students on clinical rotations exposed to contagious diseases should seek immediate medical care at either the nearest emergency room (using the student health insurance), 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 within 48 hours.

Students are to follow the NSU Post Exposure Policies and Procedures that are found at <http://www.nova.edu/smcc/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*.

\*NSU is not responsible for any medical fees incurred for emergency room visits; student health insurance is required. If students have private health insurance, it should be reviewed for benefit coverage of exposure incidents prior to matriculation into clinical rotation years.

## **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 as directed by their preceptor or Clinical Assistant Dean or KPCOM administration.

#### **A. Rotation Report Dates**

##### **1. M3 Class – Core Rotations**

The Class of 2020 will be on a **4-week block** schedule. Student rotations begin on a Monday and end four (4) Sundays later. The first day of the M3 rotations will be Monday, July 2, 2018. It is the responsibility of each student to know the start time, the rotation location, the rotation contact, and any special instructions prior to the start of the rotation. This information may be found on eMedley schedules. If it is not available on eMedley, it is the responsibility of the student to contact the rotation site one week prior to the start of the rotation to obtain all necessary information.

The OMS-3 academic year will end June 2, 2019. The OMS-4 year will begin June 3, 2019 and end following completion of all curricular requirements.

## **2. M4 Class**

The Class of 2019 will be on a **4-week block** schedule. Student rotations begin on a Monday and end four (4) Sundays later. The first day of the M4 rotations will be Monday, June 4, 2018. It is the responsibility of each student to contact the site in ample time before arrival to obtain instructions regarding the orientation session and the service. M4 elective and selective rotations are discussed later in this manual.

## **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 the following:

- The NSU-KPCOM Office of Osteopathic Clinical Education.

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

## **C. Early Departure from a Clinical Rotation**

Students may not leave his/her designated rotation before the scheduled end of the rotation without the permission of the Director of Clinical Education.

## **D. Absence from Rotation**

### **1. Total Allowable Absences per Rotation**

Students are expected to attend all assigned days of a clinical rotation. A student may receive up to two days of excused absence from one 4-week block of a given rotation for extenuating circumstances. A student may receive one day of excused absence for extenuating circumstances from half rotations or 2-week block rotations (pertains to OMS-4 electives only). A student **must** request approval of excused absence from his/her preceptor and the NSU-KPCOM Office of Clinical Education. Students must be able to provide supporting documents for excused absences when necessary, for example, confirmation of scheduled board examination, etc.

If a student misses a total of three or more days per block 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 or more days from a 2-week block rotation.

Students are not automatically allowed time off for any reason. The Office of Osteopathic Clinical Education, the site preceptor, and the Clinical Assistant Dean will monitor all absences.

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.

**2. Emergencies:**

In the event of an emergency, students should take care of the emergency first and then contact the Office of Clinical Education as soon as possible.

**3. Failure in Reporting:**

Any absence not reported to the Office of Clinical Education within one business day will result in referral to the Student Progress Committee.

**4. Residency Interviews**

OMS-4 students may be permitted two (2) additional days of excused absence during one core Rural & Urban Underserved rotation for the purpose of residency interviews. All requirements listed above apply, and, requests for these two additional days off must be accompanied by proof of residency interview(s). These additional two days off will not be counted against the 20 days of allotted Independent Study time.

**5. 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.

**6. COMLEX Level 2CE Study:**

Blocks #12 and #13 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. This policy does not refer to students who are on course re-take programs or on a medical leave of absence.

**7. 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. Absence for travel time and scheduled COMLEX examination must be submitted to the NSU - KPCOM Office of Clinical Education for approval in advance. Please note that the United States Medical Licensing Examination (USMLE) is not a graduation requirement for NSU; therefore, excused absences will not be approved for this examination.

### **III. Medical Leave of Absence during Clinical Years**

#### **A. 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 COMPLEX examinations, deadlines, failures, etc., in the *NSU-KPCOM Student Handbook* “Academic and Curriculum Policies and Procedures” section for COMPLEX Examinations. Included is information pertaining to:

- Mandatory first-time take deadlines and policies (both on-track students and “Course Retake Program” students)
- COMPLEX failures policies
- Repeat COMPLEX examinations policies and deadlines
- The maximum number of opportunities on any one exam is three (3)

It is also recommended that students have a clear understanding of the NBOME policies governing examinations.

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

### **V. Matriculation into M4 Year**

No NSU-KPCOM student will matriculate into the M4 academic year until he/she has passed all M3 core rotations and COMPLEX 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 31 the M3 year. Students who participate in M4 rotations without a passing score on COMPLEX Level 1 are subject to disciplinary action, including dismissal from KPCOM.

### **VI. Duty Hours**

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

- A physician licensed to practice osteopathic medicine or allopathic medicine in that state will supervise any duties assigned to students.
- 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.
- It is optimal for students to have one day off every week of 12 hours shifts.
- 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.
- 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.
- Students must be given one (1) day off after ten (10) days of consecutive work of 12 hours shifts.

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.

## **VII. Student Involvement on Clinical Rotations**

An 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) and Pediatric Advanced Life Support (PALS). Please note: American Heart Association approved courses only are acceptable.
- Completed mask fit process.
- Maintain current training in Advanced Cardiac Life Support (ACLS). Please note: American Heart Association approved courses only are acceptable.
- Complete Occupational Safety and Health Administration (OSHA) training.
- Complete Health Insurance Portability and Accountability Act (HIPAA) training.
- Pass a urine drug screen.
- Pass a Level 1 background check, if required by a rotation site pass a Level 2 background check. NSU-KPCOM will provide a payment code or reimburse students for Level 2 background check costs for OMS-3 and OMS-4 core rotations only. A receipt must accompany all eligible reimbursements. Background checks required for electives will not be reimbursed.

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, many hospitals require the influenza vaccination. It is the student's responsibility to have the 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 during the flu season. Students are responsible to upload their proof of the annual influenza vaccination to eMedley. 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.

**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 at the discretion of the medical institution.

**D. Housing**

Housing for core clinical rotations (with the exceptions for some rural sites) is not provided by NSU-KPCOM. 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 come early or stay late at the provided housing for the rural and urban underserved core rotations.

Information about the housing at the student's assigned rural or medically underserved rotations site can be found on Canvas in the Clinical Education section in the folder labeled "Rural and Urban Underserved Core/Selective...". All management and scheduling of student housing will be carried out through the Department of Rural and Urban Underserved Medicine. 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.

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.

It should be noted that students might share a two-bedroom apartment. If for any reason a student does not wish to share an apartment with another student, it is the responsibility of the student not accepting the housing assignment to make their own housing arrangements at his/her own expense.

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. 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.

### **1. Pets**

Pets are not allowed in housing provided by NSU-KPCOM and students risk being evicted as well as risk NSU-KPCOM from being evicted from the housing if they break this policy.

### **2. Non-Student use of 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.

### **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.

## **VIII. 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.

## B. Student Grading Policy

### 1. Grading System

The following grades may be used for a clinical rotation:

- Pass with honors (PH)
- Pass (P)
- In Progress (IP)
- Fail (F)

Rotations are graded on a Pass/Fail basis. 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.

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 Canvas 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 through eMedley,
- Complete and submit to the Office of Osteopathic Clinical Education an electronic patient log form through eMedley, with the exception of research rotations.
- Have a case evaluation form submitted by the preceptor if required, through eMedley
- Attend 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 Canvas 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, through eMedley
- Complete and submit to the Office of Osteopathic Clinical Education an electronic service patient log form through eMedley, with the exception of research rotations.
- Have a case evaluation form submitted by the preceptor, through eMedley
- Attend 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 Canvas modules within 30 days of the end of rotation, **OR**
- Demonstrate behavior inappropriate for his/her present level of training, **OR**
- Not have a case evaluation form submitted by the preceptor through eMedley, **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.

## **2. 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. All students who fail the initial offering of any end-of-discipline examination will be allowed to retake the examination. Students who fail to receive a grade of 80 or above upon the second attempt will receive a failing grade for the exam. Any student failing to pass the initial examination is not eligible to receive a Pass with Honors (PH) for all rotations in that discipline.

Students who receive a failing grade on their second attempt of the COMAT end of discipline examination will have failed the second block of that discipline 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. Unexcused absences from scheduled COMAT examination will be referred to the Student Progress and Professional Behavior Committee, and, the student may fail the rotation.

## **3. Web-Based Modules (Canvas Modules)**

Students are required to complete Canvas 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 Canvas system. All requirements of the Canvas modules must be completed by the end of the corresponding rotation block that they are assigned to.

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.

## **4. Online Student Evaluation of Clinical Rotation Form**

The online Student Evaluation of Clinical Rotation form must be completed within 30 days after the end of a rotation through eMedley. Failure to do so will result in a grade of “incomplete” being recorded for the rotation.

## **5. Rotation Failures**

All rotation grades are posted through eMedley for the rotation and students 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. All appeals 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 can 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-KPCM Student Handbook*. Students repeating a rotation are not eligible to earn a grade of PH on the repeated rotation. The timing of the repeated rotation is at the discretion of the Office of Osteopathic Clinical Education. Repeated M3 core rotations will take place after the other core rotations are complete, and prior to progressing to the M4 curriculum, when possible.

In the event that a student fails a COMAT twice of a discipline that is a 2-block core (i.e., Family Medicine, Internal Medicine, Surgery, or Pediatrics), leading to a rotation failure, the retake of the failed rotation will be one four-week block in that discipline, including passing of the COMAT and other necessary documentation. In this instance, an IP will be given for the first block, and an F will be given for the second block. If the student successfully completes the retake and the COMAT examination, they will receive a Passing grade for that repeated rotation, and the IP will be changed to a P.

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.

## **6. 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-KPCM Student Handbook*, a student who fails any of the following during the OMS-3 and OMS-4 years may 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 KPCM 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, which may lead to a delay in graduation.

## **7. In Progress Rotations Policy**

Students who are delinquent in meeting all their rotation requirements may be given a grade of In Progress (IP) for that rotation.

## **8. 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:

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

### **B. 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)

*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 a minimum of a 2-week elective, depending on the amount of time missed, 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 to receive academic credit. Any medical outreach trip that is less than 2-weeks in length will not be counted as an elective.

### **X. Clinical Rotations**

Each M3 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 the first Monday in July for the M3 students and the first Monday in June for the M4 students. Participation in a Preclinical Seminar, before 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 are more than 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:

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

- 2 blocks in Family Medicine
- 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)
- 1 block in Psychiatric Medicine
- 2 blocks in Surgery, may be scheduled consecutively
- 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 3 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 Internal Medicine Subspecialty OR Neurology

**Elective Rotations** may be conducted in almost 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. The application needs to be submitted to the Office of Osteopathic Clinical Education at least 60 days in advance. Many elective rotation sites require legal documentation between their intuition and NSU-KPCOM. Legal communications take time, and if not planned well, may lead to the inability to rotate at a desired site. It is the student's responsibility to ensure all paperwork for elective rotations are completed in a timely manner. Students must complete the following:

- 6 blocks or 24 weeks of elective rotations
  - Students may complete up to four 2-week rotations during that 24 weeks

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.

## 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. “Three 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 cannot set up more than three 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 “three-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 three 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 a maximum 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. “VSLO -Visiting Student Learning Opportunities” participating programs:**

- Student access to VSLO 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 “**VSLO: New User Instructions**” email containing login instructions.
- If you have questions or concerns about VSLO access, please contact the NSU-KPCOM Department of Osteopathic Clinical Education.
- The VSLO website can be found at: <https://students--esidents.aamc.org/attendingmedical-school/electives-and-make-courses/applying-away-electives-vsas/>

##### **b. Non-VSLO applications:**

- AOA accredited residency programs,
- ACGME accredited residency programs not using VSLO,
- 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 Canvas 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 Canvas 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 email, [clinicaleducation@nova.edu](mailto:clinicaleducation@nova.edu) 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 60 days 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, Internal Medicine Subspecialty OR Neurology.

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 Canvas Course for Clinical Curriculum. Please refer to the course syllabus found on the Canvas 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. The third rotation, selective rural rotation, must be completed in a primary care discipline. 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 rotations 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 Canvas 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, even if 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:

- COM 7153 – Domestic 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.

Selective rotations at core sites will not be approved.

### **1. Approval Criteria for COM 7153 - Domestic**

The selective approval process must be initiated a minimum of 60 days 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](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 one (1) 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 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](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 7153 - International**

The international selective approval process must be initiated a minimum of two (2) months prior to the anticipated selective start date. 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 Canvas 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.

## **F. 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

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.

## **G. 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 Canvas 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 Canvas.

### **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 Osteopathic 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 eMedley 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 eMedley within 30 days of completion of a rotation. Rotation requirements are found in the syllabus for that specific rotation located on the Canvas Clinical Curriculum course.

### **4. OMM Case Log**

All OMS-3 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 M3 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 Canvas 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. COMAT Examination**

The following rotations have a mandatory COMAT examination to be taken at or near the end of the respective block(s):

- Family Medicine (after 2<sup>nd</sup> block)
- Internal Medicine (after 2<sup>nd</sup> block)
- Ob/Gyn
- Pediatrics (after 2<sup>nd</sup> block)
- Psychiatry
- Surgery (after 2<sup>nd</sup> block)

### **7. 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 Canvas and in this manual.

### **8. 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.

### **9. 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 eMedley and must be completed before the student is eligible to graduate from the KPCOM.

## **H. Forms, Evaluations and Examinations Required per Clinical Rotation:**

### **1. Internal Medicine -Two required block rotations**

- One Preceptor Evaluation of Student per rotation block
- One preceptor “case presentation” evaluation of student per rotation block
- One student case log per rotation block
- One Student Evaluation of Clinical Rotation Form by student for each block
- One web-based module for each rotation block
- Internal Medicine COMAT examination following the final IM core rotation

### **2. Pediatrics – Two required block rotations**

- One preceptor evaluation of student per rotation block
- One preceptor “case presentation” evaluation of student per rotation block
- One student case log per rotation block
- One Student Evaluation of Clinical Rotation Form by student for each block
- One Web-based module for each rotation
- Pediatric COMAT examination following the final Pediatric core rotation

### **3. Family Medicine – Two required block rotations**

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

### **4. Surgical Medicine – Two required block rotations**

- One preceptor evaluation of student per rotation block
- One preceptor “case presentation” evaluation of student per rotation block
- One student case log per rotation block
- One Student Evaluation of Clinical Rotation Form by student for each block
- One Web-based module for each rotation
- Surgery COMAT examination following the final Surgery core rotation

### **5. Geriatric Medicine – One required block rotation**

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

### **6. Obstetrics/Gynecological Medicine or Women’s Health – One required block rotation**

- One Preceptor Evaluation of Student Form per rotation block

- One preceptor “case presentation” evaluation of student per rotation block
- One student case log per rotation block
- One Student Evaluation of Clinical Rotation form
- One Web-based module
- OB/GYN COMAT examination at the end of the rotation

**7. Psychiatric Medicine – One required block rotation**

- One preceptor evaluation of student per rotation block
- One preceptor “case presentation” evaluation of student per rotation block
- One student case log per rotation block
- One Student Evaluation of Clinical Rotation form
- One Web-based module for each rotation
- Psychiatric Medicine COMAT examination at the end of the rotation

**8. Emergency Medicine – One required block rotation**

- One preceptor evaluation of student per rotation block
- One preceptor “case presentation” evaluation of student per rotation block
- One student case log per rotation block
- One Student Evaluation of Clinical Rotation form
- 
- One Web-based module for each rotation
- Emergency Medicine COMAT examination at the end of the rotation

**9. 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 Student Evaluation of Clinical Rotation form by student for each block
- 
- One Web-based module for each rotation - total of two modules required
- End of rotation examination after the 2<sup>nd</sup> rotation

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

- One preceptor evaluation of student per rotation
- Student Evaluation of Clinical Rotation form
- One student case log per rotation
- 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

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

- One preceptor evaluation of student per rotation block
- One student case log per rotation block
- Student Evaluation of Clinical Rotation form

- 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

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

- One preceptor evaluation of student per rotation block
- One student case log per rotation block
- Student Evaluation of Clinical Rotation form
- One Web-based module for each rotation as indicated in the specific elective syllabus found on Canvas. 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. 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 block
- One student case log per rotation block
- One Web-based module for each rotation as indicated in the specific elective syllabus found on Canvas. Most elective rotations will allow the student to choose the on-line module.

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

**14. 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, Site evaluations and end of rotation examinations are not required for “extra” electives.



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

# Clinical Training Manual

## Sample Forms

I.	Preceptor Evaluation of Student	52-53
II.	Oral Case Presentation Evaluation	54
III.	Student Evaluation of Clinical Rotation	55-56
IV.	Clinical Core Campus Evaluation	57-58
V.	Patient Log—OMM Log	59
VI.	Application for Elective Rotation	60-61
VII.	Application for Rural and Urban Underserved Medicine Selective Rotation Form	62
VIII.	International Selective, Elective or Service Hours Application Form	63-65
IX.	Cancellation of Elective	66

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

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

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

		Grading Key																																							
		Pass			Fail																																				
<b>Pass with Honors</b>		<ul style="list-style-type: none"> <li>• earn an average score of <b>4.5 or higher</b> in each competency that was assessed</li> <li>• <b>AND earn 111 Total Standard Score or above</b> on end of rotation examination on <b>first administration</b></li> <li>• <b>AND complete Web module during rotation</b></li> </ul>			<ul style="list-style-type: none"> <li>• earn an average score of <b>2 or higher</b> in each competency that was assessed</li> <li>• <b>AND earn 80 or above Total Standard Score</b> on the end of rotation examination</li> <li>• <b>AND complete Web module within 30 days after end of rotation</b></li> </ul>																																				
		Please Circle 5 – 1 or NA (not assessed this rotation)																																							
		Always	Half the time	Seldom																																					
<b>1. Osteopathic Principles</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Applies osteopathic principles and philosophy in patient-centered care</td> <td style="text-align: center;">5</td> <td style="text-align: center;">4</td> <td style="text-align: center;">3</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> <td style="text-align: center;">NA</td> </tr> <tr> <td>Performs appropriate osteopathic structural exams as indicated</td> <td style="text-align: center;">5</td> <td style="text-align: center;">4</td> <td style="text-align: center;">3</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> <td style="text-align: center;">NA</td> </tr> <tr> <td>Employs osteopathic manipulative treatment as indicated</td> <td style="text-align: center;">5</td> <td style="text-align: center;">4</td> <td style="text-align: center;">3</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> <td style="text-align: center;">NA</td> </tr> </table>					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														
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<b>2. Medical Knowledge</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Demonstrates an adequate knowledge base for specialty and level</td> <td style="text-align: center;">5</td> <td style="text-align: center;">4</td> <td style="text-align: center;">3</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> <td style="text-align: center;">NA</td> </tr> <tr> <td>Applies knowledge base appropriately to clinical decision making</td> <td style="text-align: center;">5</td> <td style="text-align: center;">4</td> <td style="text-align: center;">3</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> <td style="text-align: center;">NA</td> </tr> <tr> <td>Performs skills appropriate to level of training</td> <td style="text-align: center;">5</td> <td style="text-align: center;">4</td> <td style="text-align: center;">3</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> <td style="text-align: center;">NA</td> </tr> <tr> <td>Identifies potential etiologies for patient problems (common/important diseases/disorders)</td> <td style="text-align: center;">5</td> <td style="text-align: center;">4</td> <td style="text-align: center;">3</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> <td style="text-align: center;">NA</td> </tr> <tr> <td>Demonstrates use of investigative and analytical thinking in clinical situations</td> <td style="text-align: center;">5</td> <td style="text-align: center;">4</td> <td style="text-align: center;">3</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> <td style="text-align: center;">NA</td> </tr> </table>					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
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<b>3. Patient Care</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Performs appropriate history and physical exams on assigned patients</td> <td style="text-align: center;">5</td> <td style="text-align: center;">4</td> <td style="text-align: center;">3</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> <td style="text-align: center;">NA</td> </tr> <tr> <td>Evaluates assigned patients in a timely fashion</td> <td style="text-align: center;">5</td> <td style="text-align: center;">4</td> <td style="text-align: center;">3</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> <td style="text-align: center;">NA</td> </tr> <tr> <td>Participates in development of effective management plans</td> <td style="text-align: center;">5</td> <td style="text-align: center;">4</td> <td style="text-align: center;">3</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> <td style="text-align: center;">NA</td> </tr> <tr> <td>Participates in implementation of effective management plans</td> <td style="text-align: center;">5</td> <td style="text-align: center;">4</td> <td style="text-align: center;">3</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> <td style="text-align: center;">NA</td> </tr> <tr> <td>Applies health promotion/disease prevention approach in patient care</td> <td style="text-align: center;">5</td> <td style="text-align: center;">4</td> <td style="text-align: center;">3</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> <td style="text-align: center;">NA</td> </tr> </table>					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
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<b>7. Systems-Based Practice</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Identifies cost-effective patient care (appropriate labs, radiology, treatment, etc.)</td> <td style="text-align: center;">5</td> <td style="text-align: center;">4</td> <td style="text-align: center;">3</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> <td style="text-align: center;">NA</td> </tr> <tr> <td>Participates in the efficient use of community resources in patient care</td> <td style="text-align: center;">5</td> <td style="text-align: center;">4</td> <td style="text-align: center;">3</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> <td style="text-align: center;">NA</td> </tr> <tr> <td>Collaborates in the delivery of quality patient care within the health care system</td> <td style="text-align: center;">5</td> <td style="text-align: center;">4</td> <td style="text-align: center;">3</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> <td style="text-align: center;">NA</td> </tr> </table>					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														
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*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:**

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**Areas in Need of Improvement:**

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---

---

**Additional Comments:**

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---

**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**

*(Only if participated in student evaluation)*

---

**Date**

---

**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:**

elainel@nova.edu  
wbrooks1@nova.edu  
debrchas@nova.edu  
eg642@nova.edu

## NOVA SOUTHEASTERN UNIVERSITY COLLEGE OF OSTEOPATHIC MEDICINE ORAL CASE PRESENTATION EVALUATION

<b>To The Student:</b> 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](mailto:elainel@nova.edu)  
[kb1143@nova.edu](mailto:kb1143@nova.edu)  
[debrchas@nova.edu](mailto:debrchas@nova.edu)  
[eg642@nova.edu](mailto: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"/>	<input type="radio"/>				
Learning objectives were discussed with me at the beginning of the rotation (1 point)	<input type="radio"/>	<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"/>	<input type="radio"/>				
My role in managing patients was clearly defined at the beginning of the rotation (1 point)	<input type="radio"/>	<input type="radio"/>				
I was given support and positive reinforcement (1 point)	<input type="radio"/>	<input type="radio"/>				
I was given feedback in a positive manner (1 point)	<input type="radio"/>	<input type="radio"/>				
I was given support by nursing and ancillary staff (1 point)	<input type="radio"/>	<input type="radio"/>				
I was given the opportunity to discuss cases and ask questions (1 point)	<input type="radio"/>	<input type="radio"/>				
Textbooks, literature resources, and reading assignments were recommended to me (1 point)	<input type="radio"/>	<input type="radio"/>				
The clinical experience allowed for the learning objectives to be met (1 point)	<input type="radio"/>	<input type="radio"/>				
My primary preceptor was a skilled clinical teacher and excellent role model (1 point)	<input type="radio"/>	<input type="radio"/>				
This rotation was educationally beneficial (1 point)	<input type="radio"/>	<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

Nova Southeastern University  
College of Osteopathic Medicine  
**OMM LOG**

**Student's Name:** \_\_\_\_\_

**Preceptor's Name:** \_\_\_\_\_

Institution: \_\_\_\_\_

**Medical Service:** \_\_\_\_\_

**Rotation Dates:** \_\_\_\_\_

The following is a factual record of my use of Osteopathic Manipulative Medicine during my M4 year. A minimum of 20 cases should be recorded. The case numbers and procedures listed are those which I performed under supervision.

# 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: \_\_\_\_\_

Submitted through VSAS?

(Please circle or check one)

City, State, Zip code: \_\_\_\_\_

YES

NO

Email: \_\_\_\_\_

Proposed Rotation Date (including year): \_\_\_\_\_

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 Geriatrics 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  
Otolaryngology-Neurotology  
Pediatric Otolaryngology  
COM 8031 Pathology-Anatomic & Clinical  
Blood Banking/Transfusion Medicine  
Chemical Pathology  
Cytopathology  
Forensic Pathology  
Hematology

<b>COM 8031 Pathology-Anatomic &amp; Clinical</b>	<b>Medical Toxicology</b>
<u>Medical Microbiology</u>	<b>COM 8036 Psychiatry</b>
<u>Neuropathology</u>	<u>Addiction Psychiatry</u>
<u>Pediatric Pathology</u>	<u>Child and Adolescent Psychiatry</u>
<u>Selective Pathology</u>	<u>Forensic Psychiatry</u>
<u>Dermopathology</u>	<u>Geriatric Psychiatry</u>
<b>COM 8032 Pediatrics</b>	<u>Pain Medicine</u>
<u>Adolescent Medicine</u>	<b>COM 8020 Radiation Oncology</b>
<u>Neonatal-Perinatal Medicine</u>	<b>COM 8037 Radiology-Diagnostic</b>
<u>Pediatric Cardiology</u>	<u>Abdominal Radiology</u>
<u>Pediatric Critical Care Medicine</u>	<u>Cardiothoracic Radiology</u>
<u>Pediatric Emergency Medicine</u>	<u>Endovascular Surgical Neuroradiology</u>
<u>Pediatric Endocrinology</u>	<u>Musculoskeletal Radiology</u>
<u>Pediatric Gastroenterology</u>	<u>Neuroradiology</u>
<u>Pediatric Hematology/Oncology</u>	<u>Nuclear Radiology</u>
<u>Pediatric Infectious Diseases</u>	<u>Pediatric Radiology</u>
<u>Pediatric Nephrology</u>	<u>Vascular and Interventional Radiology</u>
<u>Pediatric Ophthalmology</u>	
<u>Pediatric Pulmonology</u>	
<u>Pediatric Rheumatology</u>	
<u>Pediatric Sports Medicine</u>	
<b>COM 8038 Physical Medicine and Rehabilitation</b>	<b>COM 8040 Rural/International Medicine</b>
<u>Pain Medicine</u>	<b>COM 8014 Surgery-General</b>
<u>Spinal Cord Injury Medicine</u>	<u>Hand Surgery</u>
<b>COM 8035 Plastic Surgery</b>	<u>Pediatric Surgery</u>
<u>Craniofacial Surgery</u>	<u>Surgical Critical Care</u>
<u>Hand Surgery</u>	<u>Vascular Surgery</u>
<b>COM 8030 Preventive Medicine</b>	<u>Vascular Surgery-Integrated</u>
<u>Aerospace Medicine</u>	<b>COM 8042 Thoracic Surgery</b>
<u>Medical Toxicology</u>	<b>COM 8044 Urology</b>
<u>Occupational Medicine</u>	<u>Pediatric Urology</u>
<u>Public Health Medicine</u>	
	<b>COM 9600 Research</b>
	<b>COM 8001 Academic Medicine</b>
	<b>COM 9500 Independent Study</b>
	<b>Board Study Month</b>

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 PHYSICAN/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



NOVA SOUTHEASTERN  
UNIVERSITY

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\(xvxadccr0aleamianyyl2o5w\)\)/Form.aspx/Play/SmAggAA?rf=SmAggAA](https://forms.riskconsole.com/PerfectForms/PresentationServer/(S(xvxadccr0aleamianyyl2o5w))/Form.aspx/Play/SmAggAA?rf=SmAggAA)
  - 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](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:    /    /

Rev. 6/17/16

**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,

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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

**Clinical Training Manual  
Clinical Rotation Objectives**

I.	Overview	69
II.	Emergency Medicine	70-73
III.	Family Medicine	74-77
IV.	Geriatrics	78-81
V.	Internal Medicine	82-88
VI.	Obstetrics and Gynecology	89-93
VII.	Pediatrics	94-102
VIII.	Psychiatry	103-104
IX.	Rural and Urban Underserved	105-106
X.	Surgery	108-114
XI.	Surgical Electives	115-116

## **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 would 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

**I. Assist in the performance of the following invasive procedures:**

- colonoscopy
- colposcopy
- esophagogastroduodenoscopy (EGD)
- hemorrhoidectomy

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

**J. 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
- K. Ability to apply osteopathic principles and manipulative treatment appropriately for the treatment of acute and chronic abnormalities and pathology**
  - describe and perform the expected viscero-somatic 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
- L. 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
- M. Demonstrate ability to provide advice, counseling, health education, and instruction to the patient and/or family**
- N. 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 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

### **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 homeostasis (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 ELDERS**

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

### **Geriatics 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 eMedley 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 that 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 EMedley 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 in 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 about 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. Epiglottis
  - 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. Meningococcemia
  - 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. Wilma 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
  - paraphilic disorders
  - 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, and 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 collaborates 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 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

## **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 hyper alimentation
- 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:

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>◆ Sickle Cell Anemia</li> <li>◆ Hypertension</li> <li>◆ Alcoholism</li> <li>◆ Organic Brain Syndrome</li> <li>◆ AIDS</li> </ul> | <ul style="list-style-type: none"> <li>◆ Diabetes Mellitus</li> <li>◆ COPD</li> <li>◆ CVA</li> <li>◆ Congestive Heart Failure</li> </ul> |
|--|--|

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 Extremity 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 Arthrosis
- 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:

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>♦ The Acute Abdomen</li> <li>♦ Pancreatic Disease</li> <li>♦ Diseases of Stomach and Duodenum</li> <li>♦ Biliary Tract Disease</li> <li>♦ Peripheral Artery Disease and Injury</li> <li>♦ Preoperative and Postoperative Care</li> <li>♦ Fluid and Electrolytes Problems in Surgical Patients</li> </ul> | <ul style="list-style-type: none"> <li>♦ GI Bleeding</li> <li>♦ Intestinal Obstruction</li> <li>♦ Intestinal Disease</li> <li>♦ Surgical Disease of chest</li> <li>♦ Burns</li> <li>♦ Hand Injuries and Infections</li> </ul> |
|---|---|

## **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 eMedley.

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