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PREFACE

The Four Tenets of Osteopathic Medicine

Professionalism and the Practice of Osteopathic Medicine

The Osteopathic Oath

Core Competencies

Core Entrustable Professional Activities for Entering Residency
The Four Tenets of Osteopathic Medicine

1) The body is a unit
2) Structure and function are interdependent
3) The body has self-healing and self-regulatory capabilities
4) Rational osteopathic care relies on the integration of these tenets in patient care

What is a DO?

Osteopathic Physicians (DOs) are fully licensed to prescribe medicine and practice in all specialty areas including surgery. DOs are trained to consider the health of the whole person and use their hands to help diagnose and treat their patients.
Professionalism and the Practice of Osteopathic Medicine

Code of Ethics

The American Osteopathic Association has formulated this Code to guide its member physicians in their professional lives. The standards presented are designed to address the osteopathic physician's ethical and professional responsibilities to patients, to society, to the AOA, to others involved in health care and to self.

Further, the American Osteopathic Association has adopted the position that physicians should play a major role in the development and instruction of medical ethics.

Section 1. The physician shall keep in confidence whatever she/he may learn about a patient in the discharge of professional duties. The physician shall divulge information only when required by law or when authorized by the patient.

Section 2. The physician shall give a candid account of the patient's condition to the patient or to those responsible for the patient's care.

Section 3. A physician-patient relationship must be founded on mutual trust, cooperation, and respect. The patient, therefore, must have complete freedom to choose her/his physician. The physician must have complete freedom to choose patients whom she/he will serve. However, the physician should not refuse to accept patients because of the patient's race, creed, color, sex, national origin or handicap. In emergencies, a physician should make her/his services available.

Section 4. A physician is never justified in abandoning a patient. The physician shall give due notice to a patient or to those responsible for the patient's care when she/he withdraws from the case so that another physician may be engaged.

Section 5. A physician shall practice in accordance with the body of systematized and scientific knowledge related to the healing arts. A physician shall maintain competence in such systematized and scientific knowledge through study and clinical applications.

Section 6. The osteopathic medical profession has an obligation to society to maintain its high standards and, therefore, to continuously regulate itself. A substantial part of such regulation is due to the efforts and influence of the recognized local, state and national associations representing the osteopathic medical profession. A physician should maintain membership in and actively support such associations and abide by their rules and regulations.

Section 7. Under the law a physician may advertise, but no physician shall advertise or solicit patients directly or indirectly through the use of matters or activities, which are false or misleading.
Section 8. A physician shall not hold forth or indicate possession of any degree recognized as the basis for licensure to practice the healing arts unless he is actually licensed on the basis of that degree in the state in which she/he practices. A physician shall designate her/his osteopathic school of practice in all professional uses of her/his name. Indications of specialty practice, membership in professional societies, and related matters shall be governed by rules promulgated by the American Osteopathic Association.

Section 9. A physician should not hesitate to seek consultation whenever she/he believes it advisable for the care of the patient.

Section 10. In any dispute between or among physicians involving ethical or organizational matters, the matter in controversy should first be referred to the appropriate arbitrating bodies of the profession.

Section 11. In any dispute between or among physicians regarding the diagnosis and treatment of a patient, the attending physician has the responsibility for final decisions, consistent with any applicable osteopathic hospital rules or regulations.

Section 12. Any fee charged by a physician shall compensate the physician for services actually rendered. There shall be no division of professional fees for referrals of patients.

Section 13. A physician shall respect the law. When necessary a physician shall attempt to help to formulate the law by all proper means in order to improve patient care and public health.

Section 14. In addition to adhering to the foregoing ethical standards, a physician shall recognize a responsibility to participate in community activities and services.

Section 15. It is considered sexual misconduct for a physician to have sexual contact with any current patient whom the physician has interviewed and/or upon whom a medical or surgical procedure has been performed.

Section 16. Sexual harassment by a physician is considered unethical. Sexual harassment is defined as physical or verbal intimation of a sexual nature involving a colleague or subordinate in the workplace or academic setting, when such conduct creates an unreasonable, intimidating, hostile or offensive workplace or academic setting.

Section 17. From time to time, industry may provide some AOA members with gifts as an inducement to use their products or services. Members who use these products and services as a result of these gifts, rather than simply for the betterment of their patients and the improvement of the care rendered in their practices, shall be considered to have acted in an unethical manner. (Approved July 2003)
Section 18. A physician shall not intentionally misrepresent himself/herself or his/her research work in any way.

Section 19. When participating in research, a physician shall follow the current laws, regulations and standards of the United States or, if the research is conducted outside the United States, the laws, regulations and standards applicable to research in the nation where the research is conducted. This standard shall apply for physician involvement in research at any level and degree of responsibility, including, but not limited to, research, design, funding, participation either as examining and/or treating provider, supervision of other staff in their research, analysis of data and publication of results in any form for any purpose.

(Reprinted from the AOA website 04/1/13)
The Osteopathic Oath

I do hereby affirm my loyalty to the profession I am about to enter.

I will be mindful always of my great responsibility to preserve the health and life of my patients, to retain their confidence and respect both as a physician and a friend who will guard their secrets with scrupulous honor and fidelity, to perform faithfully my professional duties, to employ only those recognized methods of treatment consistent with good judgement and with my skill and ability, keeping in mind always nature's laws and the body's inherent capacity for recovery.

I will be ever vigilant in aiding in the general welfare of the community, sustaining its laws and institutions, not engaging in those practices which will in any way bring shame or discredit upon myself or my profession. I will give no drugs for deadly purposes to any person, though it be asked of me.

I will endeavor to work in accord with my colleagues in a spirit of progressive cooperation, and never by word or by act cast imputations upon them or their rightful practices.

I will look with respect and esteem upon all those who have taught me my art. To my college I will be loyal and strive always for its best interests and for the interests of the students who will come after me. I will be ever alert to further the application of basic biologic truths to the healing arts and to develop the principles of osteopathy which were first enunciated by Andrew Taylor Still.
Core Competencies

Core Competencies are a key assessment of the WVSOM medical student as they progress in their medical education. This process includes the assessment of the student by main campus staff and/or national licensing examinations. During the third and fourth years the assessment of the medical student by Preceptors or Attending Physicians remains an integral part of this process. The evaluation is essential in determining how the medical student is progressing in the academic program. Feedback by the Preceptor/Attending Physicians on these skills, abilities and attitudes during the rotation with a final evaluation of the student’s performance during the rotation on the Clinical Education Grade Form is of great importance in the student’s success. Written comments are essential in this process.

1. **Medical Knowledge, Knowledge of Disease Process, Diagnostic Criteria, and Evaluation of Conditions:** Preceptors/Attendings are expected to evaluate medical knowledge, understanding of disease process, and the student’s ability to apply cognitive skills in differential diagnosis.

2. **Osteopathic Philosophy and Osteopathic Manipulative Medicine:** All preceptors (MD and DO) are expected to encourage and verify application of osteopathic principles,¹ and DO preceptors are expected to encourage and evaluate appropriate use of Osteopathic Manipulative Treatment (OMT).

3. **Patient Care:** Preceptors are expected to evaluate the student’s ability to consistently demonstrate competence in patient care, including the ability to competently take a history, perform a physical examination, assist with medical procedures, and provide appropriate follow-up care.

4. **Interpersonal and Communication Skills:** Preceptors are expected to evaluate the student’s competency in communication and interviewing skill. This evaluation should at minimum include the appropriate communication with the preceptor, peers, and staff, as well as the patient. When interviewing patients, the student should be able to appropriately use open-ended questions, demonstrate active listening and be able to assess contextual factors such as the patient’s beliefs, culture, values, etc. The evaluation of the student’s ability to accept and deal with a patient’s feelings and the use of language that the patient can understand is an important skill to evaluate on an ongoing basis.

5. **Professionalism:** Preceptors are expected to evaluate professionalism, including demonstrated ethical, personal and professional qualities deemed necessary for the continued successful study and practice of Osteopathic Medicine; maintaining

¹The Four Tenets of Osteopathic Medicine: 1) The body is a unit; 2) Structure and function are interdependent; 3) The body has self-healing and self-regulatory capabilities; 4) Rational osteopathic care relies on the integration of these tenets in patient care.
professional relationships with patients and staff; responsibility, dependability, and reliability.

6. **Practice-Based Learning & Improvement:** Preceptors are expected to observe, encourage and evaluate the student’s practice-based learning and improvement skills. This will include at a minimum the student’s ability to integrate evidence-based medicine into the care of patients and the student’s ability to understand what they know and need to study with demonstration of continuous learning during the rotation. The student should demonstrate an understanding of research methods and how the research outcomes modify and affect the practice of medicine.

7. **System Based Practice:** Preceptors are expected to evaluate the student’s system based practice skills, including the student’s ability to understand his/her role as a member of the health care team, the student’s understanding of local community medical resources, and the student’s understanding of providing effective and cost effective medicine.
Core Entrustable Professional Activities for Entering Residency

The following information on EPAs is reprinted here with permission from the Association of American Medical Colleges (AAMC). The full publication is available through AAMC’s MedEdPORTAL http://www.mededportal.org/icollaborative/resource/887.

The AAMC has developed thirteen elements that define the requirements at the transition from medical school to residency. These requirements each are referred to as an Entrustable Professional Activity (EPA).

“EPAs are units of professional practice, defined as tasks or responsibilities that trainees are entrusted to perform unsupervised once they have attained sufficient specific competence. EPAs are independently executable, observable, and measurable in their process and outcome, and, therefore, suitable for entrustment decisions.”

The EPAs integrate the core competencies and are assessed in the context of performance. The purpose of this document is to encourage the preceptor and student to incorporate the EPAs into the instruction and evaluation of each of the clinical rotations during the 3rd and 4th years of medical school. The student should work with the preceptor during the rotations to improve their competence in each of the EPAs described.

EPA 1: Gather a history and perform a physical examination

Day 1 residents should be able to perform an accurate complete or focused history and physical exam in a prioritized, organized manner without supervision and with respect for the patient. The history and physical examination should be tailored to the clinical situation and specific patient encounter. This data gathering and patient interaction activity serves as the basis for clinical work and as the building block for patient evaluation and management. Learners need to integrate the scientific foundations of medicine with clinical reasoning skills to guide their information gathering.

History

- Obtain a complete and accurate history in an organized fashion.
- Demonstrate patient-centered interview skills (attentive to patient verbal and nonverbal cues, patient/family culture, social determinants of health, need for interpretive or adaptive services; seeks conceptual context of illness; approaches the patient holistically and demonstrates active listening skills).

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• Identify pertinent history elements in common presenting situations, symptoms, complaints, and disease states (acute and chronic).
• Obtain focused, pertinent histories in urgent, emergent, and consultative settings.
• Consider cultural and other factors that may influence the patient’s description of symptoms.
• Identify and use alternate sources of information to obtain history when needed, including but not limited to family members, primary care physicians, living facility, and pharmacy staff.
• Demonstrate clinical reasoning in gathering focused information relevant to a patient’s care.
• Demonstrate cultural awareness and humility (for example, by recognizing that one’s own cultural models may be different from others) and awareness of potential bias (conscious and unconscious) in interactions with patients.

**Physical**
• Perform a complete and accurate physical exam in logical and fluid sequence.
• Perform a clinically relevant, focused physical exam pertinent to the setting and purpose of the patient visit.
• Identify, describe, and document abnormal physical exam findings.
• Demonstrate patient-centered examination techniques that reflect respect for patient privacy, comfort, and safety (e.g., explaining physical exam maneuvers, telling the patient what one is doing at each step, keeping patients covered during the examination).

**EPA 2: Prioritize a differential diagnosis following a clinical encounter**

To be prepared for the first day of residency, all physicians need to be able to integrate patient data to formulate an assessment, developing a list of potential diagnoses that can be prioritized and lead to selection of a working diagnosis. Developing a differential diagnosis is a dynamic and reflective process that requires continuous adaptation to avoid common errors of clinical reasoning such as premature closure.

**Functions**
• Synthesize essential information from the previous records, history, physical exam, and initial diagnostic evaluations.
• Integrate information as it emerges to continuously update differential diagnosis.
• Integrate the scientific foundations of medicine with clinical reasoning skills to develop a differential diagnosis and a working diagnosis.
• Engage with supervisors and team members for endorsement and verification of the working diagnosis in developing a management plan.
• Explain and document the clinical reasoning that led to the working diagnosis in a manner that is transparent to all members of the health care team.
• Manage ambiguity in a differential diagnosis for self and patient and respond openly to questions and challenges from patients and other members of the health care team.

EPA 3: Recommend and interpret common diagnostic and screening tests

This EPA describes the essential ability of the day 1 resident to select and interpret common diagnostic and screening tests* using evidence-based and cost-effective principles as one approaches a patient in any setting.

Functions
• Recommend first-line, cost-effective diagnostic evaluation for a patient with an acute or chronic common disorder or as part of routine health maintenance.
• Provide a rationale for the decision to order the test.
• Incorporate cost awareness and principles of cost-effectiveness and pre-test/post-test probability in developing diagnostic plans.
• Interpret the results of basic diagnostic studies (both lab and imaging); know common lab values (e.g., electrolytes).
• Understand the implications and urgency of an abnormal result and seek assistance for interpretation as needed.
• Elicit and take into account patient preferences in making recommendations.

*Common diagnostic and screening tests include the following:

Plasma/serum/blood studies:
• Arterial blood gases
• Bilirubin
• Cardiac enzymes
• Coagulation studies
• CBC
• Culture and sensitivity
• Electrolytes
• Glucose
• Hepatic proteins
• HgbA1c
• HIV antibodies
• HIV viral load
• Lipoproteins
• Renal function tests
• RPR

Urine studies:
• Chlamydia
• Culture and sensitivity
• Gonorrhea
• Microscopic analysis
• U/A dipstick
Body fluids (CSF, pleural, peritoneal):

• Cell counts
• Culture and sensitivity
• Protein(s)

EPA 4: Enter and discuss orders and prescriptions

Writing safe and indicated orders is fundamental to the physician’s ability to prescribe therapies or interventions beneficial to patients. It is expected that physicians will be able to do this without direct supervision when they matriculate to residency. Entering residents will have a comprehensive understanding of some but not necessarily all of the patient’s clinical problems for which they must provide orders. They must also recognize their limitations and seek review for any orders and prescriptions they are expected to provide but for which they do not understand the rationale. The expectation is that learners will be able to enter safe orders and prescriptions in a variety of settings (e.g., inpatient, ambulatory, urgent, or emergent care).

Functions

• Demonstrate an understanding of the patient’s current condition and preferences that will underpin the orders being provided.
• Demonstrate working knowledge of the protocol by which orders will be processed in the environment in which they are placing the orders (e.g., office, hospital, nursing home, written, computer).
• Compose orders efficiently and effectively, such as by identifying the correct admission order set, selecting the correct fluid and electrolyte replacement orders, and recognizing the needs for deviations from standard order sets.
• Compose prescriptions in verbal, written, and electronic formats.
• Recognize and avoid errors by using safety alerts (e.g., drug-drug interactions) and information resources to place the correct order and maximize therapeutic benefit and safety for patients.
• Attend to patient-specific factors such as age, weight, allergies, pharmacogenetics, and co-morbid conditions when writing or entering prescriptions or orders.
• Discuss the planned orders and prescriptions (e.g., indication, risks) with patients and families and use a nonjudgmental approach to elicit health beliefs that may influence the patient’s comfort with orders and prescriptions.

EPA 5: Document a clinical encounter in the patient record

Entering residents should be able to provide accurate, focused, and context-specific documentation of a clinical encounter in either written or electronic formats.
Performance of this EPA is predicated on the ability to obtain information through history, using both primary and secondary sources, and physical exam in a variety of settings (e.g., office visit, admission, discharge summary, telephone call, email). Documentation is a critical form of communication that supports the ability to provide continuity of care to patients and allows all health care team members and consultants to

1. Understand the evolution of the patient’s problems, diagnostic work-up, and impact of therapeutic interventions.
2. Identify the social and cultural determinants that affect the health of the patient.
3. View the illness through the lens of the patients and family.
4. Incorporate the patient’s preferences into clinical decision making.

The patient record is a legal document that provides a record of the transactions in the patient-physician contract.

Functions
- Filter, organize, and prioritize information.
- Synthesize information into a cogent narrative.
- Record a problem list, working and differential diagnosis and plan.
- Choose the information that requires emphasis in the documentation based on its purpose (e.g., Emergency Department visit, clinic visit, admission History and Physical examination).
- Comply with requirements and regulations regarding documentation in the medical record.
- Verify the authenticity and origin of the information recorded in the documentation (e.g., avoids blind copying and pasting).
- Record documentation so that it is timely and legible.
- Accurately document the reasoning supporting the decision making in the clinical encounter for any reader (e.g., consultants, other health care professionals, patient and families, auditors).
- Document patient preferences to allow their incorporation into clinical decision making.

EPA 6: Provide an oral presentation of a clinical encounter

The day 1 resident should be able to concisely present a summary of a clinical encounter to one or more members of the health care team (including patients and families) in order to achieve a shared understanding of the patient’s current condition. A prerequisite for the ability to provide an oral presentation is synthesis of the information, gathered into an accurate assessment of the patient’s current condition.
Functions
• Present information that has been personally gathered or verified, acknowledging any areas of uncertainty.
• Provide an accurate, concise, and well-organized oral presentation.
• Adjust the oral presentation to meet the needs of the receiver of the information.
• Assure closed-loop communication between the presenter and receiver of the information to ensure that both parties have a shared understanding of the patient’s condition and needs.

EPA 7: Form clinical questions and retrieve evidence to advance patient care

On day 1 of residency, it is crucial that residents be able to identify key clinical questions in caring for patients, identify information resources, and retrieve information and evidence that will be used to address those questions. Day 1 residents should have basic skill in critiquing the quality of the evidence and assessing applicability to their patients and the clinical context. Underlying the skill set of practicing evidence-based medicine is the foundational knowledge an individual has and the self-awareness to identify gaps and fill them.

Functions
• Develop a well-formed, focused, pertinent clinical question based on clinical scenarios or real-time patient care.
• Demonstrate basic awareness and early skills in appraisal of both the sources and content of medical information using accepted criteria.
• Identify and demonstrate the use of information technology to access accurate and reliable online medical information.
• Demonstrate basic awareness and early skills in assessing applicability/generalizability of evidence and published studies to specific patients.
• Demonstrate curiosity, objectivity, and the use of scientific reasoning in acquisition of knowledge and application to patient care.
• Apply the primary findings of one’s information search to an individual patient or panel of patients.
• Communicate one’s findings to the health care team (including the patient/family).
• Close the loop through reflection on the process and the outcome for the patient.
EPA 8: Give or receive a patient handover to transition care responsibility

Effective and efficient handover communication is critical for patient care. Handover communication ensures that patients continue to receive high-quality and safe care through transitions of responsibility from one health care team or practitioner to another. Handovers are also foundational to the success of many other types of interprofessional communication, including discharge from one provider to another and from one setting to another. Handovers may occur between settings (e.g., hospitalist to PCP; pediatric to adult caregiver; discharges to lower-acuity settings) or within settings (e.g., shift changes).

Functions for the transmitter of information
- Conduct handover communication that minimizes known threats to transitions of care (e.g., by ensuring you engage the listener, avoiding distractions).
- Follow a structured handover template for verbal communication.
- Provide succinct verbal communication that conveys, at a minimum, illness severity, situation awareness, action planning, and contingency planning.
- Elicit feedback about the most recent handover communication when assuming primary responsibility of the patients.
- Demonstrate respect for patient privacy and confidentiality.

Functions for the receiver of information
- Provide feedback to transmitter to ensure informational needs are met.
- Ask clarifying questions.
- Repeat back to ensure closed-loop communication.
- Ensure that the health care team (including patient/family) knows that the transition of responsibility has occurred.
- Assume full responsibility for required care during one’s entire care encounter.
- Demonstrate respect for patient privacy and confidentiality.

EPA 9: Collaborate as a member of an interprofessional team

Effective teamwork is necessary to achieve the Institute of Medicine competencies for care that is safe, timely, effective, efficient, and equitable. Introduction to the roles, responsibilities, and contributions of individual team members early in professional development is critical to fully embracing the value that teamwork adds to patient care outcomes.
Functions
- Identify team members’ roles and the responsibilities associated with each role.
- Establish and maintain a climate of mutual respect, dignity, integrity, and trust.
- Communicate with respect for and appreciation of team members and include them in all relevant information exchange.
- Use attentive listening skills when communicating with team members.
- Adjust communication content and style to align with team-member communication needs.
- Understand one’s own roles and personal limits as an individual provider and seek help from the other members of the team to optimize health care delivery.
- Help team members in need.
- Prioritize team needs over personal needs in order to optimize delivery of care.

EPA 10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management

The ability to promptly recognize a patient who requires urgent or emergent care, initiate evaluation and management, and seek help is essential for all physicians. New residents in particular are often among the first responders in an acute care setting, or the first to receive notification of an abnormal lab or deterioration in a patient’s status. Early recognition and intervention provides the greatest chance for optimal outcomes in patient care. This EPA often calls for simultaneously recognizing need and initiating a call for assistance. Examples of conditions for which first–day interns might be expected to recognize, initiate evaluation and management, and seek help include the following:

1. Chest pain
2. Mental status changes
3. Shortness of breath and hypoxemia
4. Fever
5. Hypotension and hypertension
6. Tachycardia and arrhythmias (e.g., SVT, Afib, heart block)
7. Oliguria, anuria, urinary retention
8. Electrolyte abnormalities (e.g., hyponatremia, hyperkalemia)
9. Hypoglycemia and hyperglycemia

Functions
- Recognize normal vital signs and variations that might be expected based on patient- and disease-specific factors.
- Recognize severity for a patient’s illness and indications for escalating care.
• Identify potential underlying etiologies of the patient’s decompensation.
• Apply basic and advanced life support as indicated.
• Start initial care plan for the decompensating patient.
• Engage team members required for immediate response, continued decision making, and necessary follow-up to optimize patient outcomes.
• Understand how to initiate a code response and participate as a team member.
• Communicate the situation to responding team members.
• Document patient assessments and necessary interventions in the medical record.
• Update family members to explain patient’s status and escalation-of-care plans.
• Clarify patient’s goals of care upon recognition of deterioration (e.g., DNR, DNI, comfort care).

EPA 11: Obtain informed consent for tests and/or procedures

All physicians must be able to perform patient care interventions that require informed consent. From day 1, residents may be in a position to obtain informed consent for interventions, test, or procedures they order or perform (e.g., immunizations, central lines, contrast and radiation exposures, blood transfusions). Of note, residents on day 1 should not be expected to obtain informed consent for procedures or tests for which they do not know the indications, contraindications, alternative, risks, and benefits.

Functions
• Describes the indications, risks, benefits, alternatives, and potential complications of the procedure.
• Communicates with the patient/family and ensures their understanding of the indications, risks, benefits, alternatives, and potential complications.
• Creates a context that encourages the patient/family to ask questions.
• Enlists interpretive services when necessary.
• Documents the discussion and the informed consent appropriately in the health record.
• Displays an appropriate balance of confidence with knowledge and skills that puts patients and families at ease.
• Understands personal limitations and seeks help when needed.

EPA 12: Perform general procedures of a physician

All physicians need to demonstrate competency in performing a few core procedures on completion of medical school in order to provide basic patient care. These procedures include:
• Basic cardiopulmonary resuscitation (CPR)
• Bag and mask ventilation
• Venipuncture
• Inserting an intravenous line

Functions
• Demonstrate the technical (motor) skills required for the procedure.
• Understand and explain the anatomy, physiology, indications, risks, contraindications, benefits, alternatives, and potential complications of the procedure.
• Communicate with the patient/family to ensure pre- and post-procedure explanation and instructions.
• Manage post-procedure complications.
• Demonstrate confidence that puts patients and families at ease.

EPA 13: Identify system failures and contribute to a culture of safety and improvement

Since the publication of the IOM reports “To Err is Human”\(^3\) and “Crossing the Quality Chasm,”\(^4\) the public has been focused on the need to improve quality and safety in health care. Preventing unnecessary morbidity and mortality requires health professionals to have both an understanding of systems and a commitment to their improvement. This commitment must begin in the earliest stages of health professional education and training. Therefore, EPA is critical to the professional formation of a physician and forms the foundation for a lifelong commitment to systems thinking and improvement.

Functions
• Understand systems and their vulnerabilities.
• Identify actual and potential (“near miss”) errors in care.
• “Speak up” in the face of real or potential errors.
• Use system mechanisms for reporting errors (e.g., event reporting systems, chain of command policies).
• Recognize the use of “workarounds” as an opportunity to improve the system.
• Participate in system improvement activities in the context of rotations or learning experiences (e.g., rapid-cycle change using plan-do-study-act cycles; root cause

---


analyses; morbidity conferences; failure modes and defects analyses; improvement projects).

- Engage in daily safety habits (e.g., universal precautions, hand washing, time-outs).
- Admit one’s own errors, reflect on one’s contribution, and develop an improvement plan.
1.0 Policy Statement

The provisions of the 2016-2017 WVSOM Clinical Education Manual do not constitute a contract between the West Virginia School of Osteopathic Medicine and its students. The manual is provided to students to inform them of current procedures, activities and requirements, any of which may be altered from time to time. The most up to date version of this manual can be found on the WVSOM website. The West Virginia School of Osteopathic Medicine reserves the right to change any provisions or requirements at any time prior to the student receiving the degree of Doctor of Osteopathic Medicine. The final policy authority is found in the Institutional Policy and Procedures Manual.
### 1.1 Calendar of Events, Class of 2018

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday, June 27-Friday, July 8, 2016</td>
<td>Orientation of your Statewide Campus Site</td>
</tr>
<tr>
<td>Monday, July 11, 2016*</td>
<td>Family Medicine I/ Primary Care rotation begins for all students</td>
</tr>
<tr>
<td>Friday, August 21, 2016</td>
<td>Educational Agreement for all Fall elective rotations are due in your Statewide Campus office</td>
</tr>
<tr>
<td>Friday, October 14, 2016</td>
<td>Educational Agreement for all winter elective rotations are due into your Statewide Campus office</td>
</tr>
<tr>
<td>Monday, December 26 – Friday, December 30, 2016*</td>
<td>Holiday Break</td>
</tr>
<tr>
<td>Friday, January 12, 2017</td>
<td>Educational Agreement for all spring elective rotations are due into your Statewide Campus office</td>
</tr>
<tr>
<td>Spring 2017 (during 4/24-5/19 block)</td>
<td>According to your individual schedules, you will participate in 3rd Year OSCE</td>
</tr>
<tr>
<td>Monday, June 5-Friday, June 9, 2017</td>
<td>Re-education week for those who fail or receive a conditional pass on the 3rd Year OSCE</td>
</tr>
<tr>
<td>Monday, June 19 – Friday, June 30, 2017</td>
<td>Board Study</td>
</tr>
<tr>
<td>July 1, 2017</td>
<td>First opportunity to sit for COMLEX 2 CE (If all third year requirements are met)</td>
</tr>
<tr>
<td>July 1, 2017</td>
<td>First day eligible to take COMLEX 2-PE. You must have received official notification of passage of Year 3 OSCE to be eligible to take the COMLEX 2-PE. All third year requirements must be met.</td>
</tr>
<tr>
<td>July 1, 2017</td>
<td>Tokens and ERAS applicant instructions are distributed by the GME office. WVSOM's ERAS Dean’s Workstation is administered by the Office of Graduate Medical Education. Additional information can be found at <a href="http://www.aamc.org/eras">http://www.aamc.org/eras</a></td>
</tr>
</tbody>
</table>
Thursday, August 31, 2017  Last recommended day to sit for COMLEX 2-CE (first attempt)

Friday, December 14, 2017  Last day to sit for COMLEX 2-CE (second attempt)

April 30, 2018  For students graduating in May, COMLEX 2-PE must be taken and passed by this date. To obtain your score by April 30th it would be wise to take the COMLEX 2-PE by the end of February.

Friday, May 11, 2018  Last day to complete Year 4 curriculum requirements

Monday, May 14, 2018  Begin mandatory time off prior to graduation

Saturday, May 26, 2018  Graduation

Please note: This is being provided to you as a resource and does not contain all important events. OSCE re-education date may be subject to change. Please do not schedule your COMLEX test during OSCE re-education week.

* Dates are different for Northern Region
1.2 Clinical Curriculum Description

Third Year Rotations
Contains syllabi and competencies for:

- Family Medicine I (Required) 8 weeks
- Internal Medicine I (Required) 4 weeks
- Internal Medicine II (Required) 4 weeks
- Pediatrics I (Required) 4 weeks
- Psychiatry (Required) 4 weeks
- Surgery I (Required) 4 weeks
- Dean’s Selective (Selective) 4 weeks
- Emergency Medicine (Required) 4 weeks
- OB-GYN (Required) 4 weeks
- Electives 4 weeks
- Vacation 4 weeks
- Statewide Campus Orientation 2 weeks

Fourth Year Rotations
Contains syllabi and competencies for:

- Internal Medicine III (Selective) 4 weeks
- Internal Medicine IV (Selective) 4 weeks
- Surgery II (Selective) 4 weeks
- Surgery III (Selective) 4 weeks
- Family Medicine II (Selective) 8 weeks
- Pediatrics II (Selective) 4 weeks
- Electives 10 weeks
- Mandatory Time Off 1 week
- Vacation 8 weeks
### Third Year Rotations

<table>
<thead>
<tr>
<th>CUSHING Module -</th>
<th>JACQUES Module -</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contains syllabi and competencies for:</strong></td>
<td><strong>Contains syllabi and competencies for:</strong></td>
</tr>
<tr>
<td>Internal Medicine 1</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Internal Medicine 2</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Surgery 1</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Dean's Selective/Surgery</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Neurology Elect 1</td>
<td>2 weeks</td>
</tr>
</tbody>
</table>

- Orientation: 2 weeks
- Holiday Break: 1 week
- Board Study: 2 weeks
- Vacation: 4 weeks

### Fourth Year Rotations

<table>
<thead>
<tr>
<th><strong>Contains syllabi and competencies for:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Medicine</td>
</tr>
<tr>
<td>Family Medicine 2</td>
</tr>
<tr>
<td>Internal Medicine 3</td>
</tr>
<tr>
<td>Internal Medicine 4</td>
</tr>
<tr>
<td>Surgery 2</td>
</tr>
<tr>
<td>Surgery 3</td>
</tr>
<tr>
<td>Electives</td>
</tr>
<tr>
<td>Mandatory Time Off</td>
</tr>
<tr>
<td>Vacation</td>
</tr>
</tbody>
</table>

Students in the Berkeley Medical Center Base Site/WVU Program - Eastern Division are allowed a maximum of 8 weeks of rotations scheduled through WVU Eastern Division during their 4th year.

If you choose Berkeley Medical Center as your Statewide Campus Site, you will not be eligible to be a GTA as the Jacques/Cushing Modules cannot accommodate a leave.

Students in the Berkeley Medical Center Base Site/WVU Program - Eastern Division follow the prescribed schedule of the program, with no flexibility regarding vacation time, electives, or Dean's Selectives.
1.3 Student Involvement on Clinical Rotations

- A student of the West Virginia School of Osteopathic Medicine is not a licensed physician and, therefore, is not legally or ethically permitted to practice medicine. A student may be involved in assisting in the care of a patient, but only under the direction and guidance of a licensed physician. The physician is responsible for medical care of the patient and for approving and countersigning all orders, progress notes, etc., written by the student.

- A student will not administer therapy or medication until a licensed physician has seen the patient, confirming the diagnosis. Any orders written by a student must be countersigned by a licensed physician prior to being implemented.

- Supervision of the student and his/her activities in the clinical setting is the direct responsibility of the supervising physician. Any educational activity involving patients can only be done when the supervising physician is immediately available on the premises to assist and direct the student’s activities.

- Due to legal ramifications, any violation of this policy should be immediately reported by the student to the assistant dean of their Statewide Campus office.

- A student faced with a life-threatening emergency in the absence of the supervising physician should use his/her best judgment in rendering care until the supervising or other physician arrives.

- In the event a supervising physician or other authorized physician is not available the student shall cease patient care activities. If there is a frequency of this situation, the student must notify the appropriate Statewide Campus office.

- If a student finds himself/herself in a questionable situation, he/she should immediately contact the assistant dean of his/her Statewide Campus office.
1.4 Clinical Case Conferences – Statewide Campus Requirement

Students are expected to present Clinical Case Conferences as requested by the supervising physician, Director of Medical Education Office of the institution at which they are rotating, or their Statewide Campus regional office.

Please keep in mind the following when preparing a Clinical Case Presentation:

- Determine the specific content area or topic to be covered.
- Identify what you want the participants to get out of the presentation; in other words, what are the learning objectives.
- Decide in what order you will present the information.
  - A case-based format with progressive disclosure of the history of present illness, physical findings, and diagnostic laboratory and imaging studies being divulged incrementally is a good format to follow. The presenter should solicit information from the audience and provide the events and findings as they occurred. This generally takes 20-30 minutes.
  - Once you have worked through the case with audience participation, spend approximately 15 minutes on the main subject
  - Arrange in advance for any audiovisual equipment or materials you may need:
    - PowerPoint
    - PowerPoint handouts
    - Overheads/Elmo
    - Flipchart and markers
    - Radiographs/ Other Images
    - Pathology Slides
- The Clinical Case Conference topic should be submitted by the student for approval to the Statewide Campus Regional Director and Regional Assistant Dean four (4) weeks prior to the presentation. When a PowerPoint presentation will be used it should be submitted to the Statewide Campus personnel at least one week before the presentation date. All presentations are required to include five (5) Board style questions at the end of the presentation. These questions must be presented in a case-based format and be multiple choice with five (5) possible answers. Questions must have answers referring to a specific text with page and paragraph stated. Presentations must include a bibliography and all questions will be compiled in a database and made available for students for COMLEX board review/study.
1.5 Objective Structured Clinical Examination (OSCE)

The COMLEX Level 2 PE exam is usually taken during the 4th year of Medical School. (The COMLEX 2 PE may be taken earlier if all of the CORE rotations are completed and the student has passed the 3rd year OSCE.) This practical exam evaluates clinical skills by putting the student through 12 testing stations using standardized patients in scenarios similar to what would be found in a primary care office.

At the end of the third year you will take an OSCE examination similar in format to the OSCE that you were required to take at the end of your second year. **You will not be able to advance to the fourth year unless you pass this examination.** It is also important to note that passing the third year OSCE is one of the prerequisites for being allowed to take the COMLEX 2-PE.

All third year students are required to participate in the third year OSCE, For the Class of 2018 the OSCE is scheduled for May 2017. Failure to pass the third year OSCE will result in the student returning to campus for re-education. For this reason do not schedule vacation, rotations, COMLEX 2-CE or other activities that would make it difficult for you to return for this required program. Again, it is important to note that passage of all of the third year requirements including the OSCE must occur to advance to the fourth year. The re-education program for the Class of 2018 will be scheduled June 5 through June 9, 2017.

1.6 COMLEX Guidelines

WVSOM Policy E-23 requires that every student pass both the COMLEX Level 2-CE (computer-based exam) and Level 2-PE (standardized patient exam) to qualify for graduation. The COMLEX Level 2-CE must be taken before September 30th in the 4th year. It is discouraged to wait until September to take this test as it is close to the mandatory retake date. If a student has passed all 3rd year rotations, the COMSAE, and the 3rd year OSCE, and completed all other 3rd year assignments and requirements, he/she may take the COMLEX 2-CE. The COMLEX – PE exam may not be taken sooner than July 1st of the 4th year if the student has completed all of the requirements stated above.

Failure to pass COMLEX 2-CE will require you to enter a Prep Track in accordance with the Procedure for Policy E-23. This procedure is listed on the WVSOM web site. Retaking the examination will be required by December 15th when placed on the 4 week Prep Track and no later than the maximum days stated in the Procedure for Policy E-23 when placed on the more rigorous Prep Track. A second failure will require the student
to meet with the associate dean for Predoctoral Clinical Education and the Director of ONBEC. In all cases the student will not be able to continue on rotations while on a mandatory Prep Track. Failure of COMLEX-PE will require the student to contact the Associate Dean for Predoctoral Clinical Education and his/her Statewide Campus Regional Assistant Dean. The student will meet with the Associate Dean for Predoctoral Clinical Education to work out a specific written Learning Plan for review. Details regarding COMLEX failures and consequences can be found in Institutional Policy E-23 on the WVSOM web site.

Students will be made eligible by the Dean to register and sign up for both Level 2 exams as soon as a passing score on Level 1 is received and may do so once the exam date calendar has been released which is usually mid fall. Third year students should plan out the spring of their 3rd year and following summer as well as they can in the fall, so that they can accommodate the review time for the Level 2-CE. In addition, the student should determine an exam date that will not conflict with important or audition rotations in their 4th year.

According to the NBOME, the COMLEX Level 2-CE “is a problem-based and symptom-based assessment integrating the clinical disciplines of emergency medicine, family medicine, internal medicine, obstetrics/gynecology, osteopathic principles, pediatrics, psychiatry, surgery, and other areas necessary to solve medical problems as defined by the Level 2-CE blueprint.” While the CE incorporates these disciplines, they are not part of the blueprint for this exam and therefore are not represented by a specific number of questions on the exam. However, family medicine, internal medicine, pediatrics, and OB/GYN (women’s health) make up the major portion of the COMLEX 2-CE exam.

The NBOME describes the COMLEX Level 2-PE as “a one-day examination of clinical skills where each candidate will encounter twelve standardized patients over the course of a seven-hour examination day.” Excellent preparation for this exam is provided through the spring 3rd Year OSCE.

The Director of the Office of National Boards and Exam Center will provide a group orientation for COMLEX Level 2-CE to each statewide campus group of students in the late winter. WVSOM procedure, an outline of the exam and review strategies will be covered in this orientation.

You are permitted 2 days off from a rotation (if not taken during scheduled vacation) during 4th year rotations for each exam (unless taken consecutively). You should seek approval from your preceptor regarding these absences and notify your Statewide Campus office of your test dates and locations once scheduled. You are not permitted to take days off from rotation unless approval is given by Regional Assistant Dean & Director prior to the exam via Exception Request Form. You are responsible for scheduling all NBOME exams.

Questions regarding COMLEX may be addressed to the Director of the Office of National Boards and Exam Center at nationalboards@osteo.wvsom.edu or by calling 304.793.6840. Information, including narrated PowerPoint presentations, is also

### 1.7 Proctored End of Rotation Exams

Students must complete a proctored COMAT exam near the end of the CORE required rotations in the third year. The COMAT exam is an objective assessment of the student’s medical knowledge. Students are expected to have a minimal knowledge base at the completion of each Core rotation. The Standard Score (as defined by the National Board of Osteopathic Examiners NBOME) will be used to determine whether or not the student passed or failed the examination. All students will be required to pass the end of rotation exam (COMAT) with a standard score of 75 or greater. A standard score of 75 is currently 2.5 deviations below the national mean of 100. Standard scores will be converted to a percentage with standard scores greater than 119 being recorded as 100%. The standard score of 74 and below will be listed as 67% and therefore a failure of the COMAT exam.

If a student does not receive a passing score on the COMAT exam equal to or greater than a standard score of 75, the student will have failed the rotation and will have their record remanded to the Student Promotions Committee for review. After review the committee will make a recommendation to the Vice President for Academic Affairs and Dean (See Institutional Policy E-17)

All COMAT exams will be scheduled as to date and time by Statewide Campus personnel. The following important information should be kept in mind when taking the COMAT exam.

- No cell phones or electronic devices are permitted in the exam area during testing.
- Students are expected to be on time for the exam. If a student is late, no additional time will be allowed to take the exam.
- Students with an unexcused absence from the end of rotation COMAT exam will fail the rotation. Their record will be remanded to the Student Promotions Committee for review. After review the committee will make a recommendation to the Vice President for Academic Affairs and Dean (see Institutional Policy E-17, Grading Policies and Procedures – Clinical Rotations).
- Exceptions for taking the COMAT end of rotation examination can only be made in the case of dire circumstance or illness at the discretion of the Statewide Campus personnel.
- The COMAT post rotation examination must be passed with an NBOME standard score greater than or equal to 75 and will be 30% of the calculated final rotation grade for the disciplines of Family Medicine, Internal Medicine, Pediatrics,
Surgery, OB/GYN, Emergency Medicine and Psychiatry. As stated above, Standard scores will be converted to a percentage with standard scores greater than 119 being recorded as 100%. The standard score of 74 and below will be listed as 67% and therefore a failure of the COMAT exam.

1.7.1 Pretest/Posttest (30%)

In the first week of the rotation, all students are encouraged to take the online sample COMAT Rotation exam. This is a 15 question exam located at http://www.nbome.org/comat3.asp?m=coll. The pretest is strongly recommended, but the score will not be included in the course grade. At the end of this rotation, all students will be expected to take the COMAT Rotation examination covering the material outlined in the course objectives and the reading assignments in the required texts (and cases where appropriate). The exam consists of 125 questions that need to be completed within a two and ½ hour time limit. This is a proctored exam. The posttest exam will be proctored in a Statewide Campus region determined by the student’s RAD/Site Director and will count as 30% of the final rotation grade. A date and time for the posttest will be provided by your Statewide Campus office.

If a student does not receive a passing score on the COMAT exam equal to or greater than a standard (NBOME) score of 75 the student will have failed the rotation and will have his/her record remanded to the Student Promotions Committee for review per Clinical Education Manual Section 1.7 Proctored End of Rotation Exams. After review the committee will make a recommendation to the Vice President for Academic Affairs and Dean (See Institutional Policy E-17).

Standard scores will be converted to a percentage with standard scores greater than 119 being recorded as 100%. The standard score of 74 and below will be listed as 67% and therefore a failure of the COMAT exam. Failure of the COMAT will result in failure of the rotation and the student will have his/her record remanded to the Student Promotions Committee for review per Clinical Education Manual Section 1.7 Proctored End of Rotation Exams. After review the committee will make a recommendation to the Vice President for Academic Affairs and Dean (See Institutional Policy E-17).

The Committee may recommend Remediation for this failed rotation which will consist of the following:

- The student will repeat the rotation with a different preceptor either at the same base site or another SWC site as determined by SWC personnel.
- The student will repeat all of the requirements for the failed rotation as outlined in the syllabus.
- The student is required to update his/her Regional Assistant Dean on a weekly basis during the repeat rotation to report progress on studying all materials outlined in the syllabus and any additional work completed to strengthen the
student’s knowledge in the specialty, additional reading from required or other written sources, review of NBOME blueprint information, etc.

- The student will retake the COMAT end of rotation exam per Clinical Education Manual Section 1.7.
- After successful remediation including passage of the COMAT exam, a final rotation grade assigned will be in accordance with Institutional Policy E-21.

1.7.2 Pretest/Posttest OPP

In the first week of the FM 1 rotation, all students are encouraged to take the online sample COMAT OPP exam. This is a 15 question exam located at http://www.nbome.org/comat3.asp?m=coll. The pretest is strongly recommended, but the score will not be included in the course grade. At or near the end of the first four weeks of FM 1, students will take the COMAT OPP examination covering the material outlined in the NBOME objectives and the reading assignments in the required texts suggested by the NBOME. The exam consists of 125 questions that need to be completed within a two and ¼ hour time limit. The OPP COMAT exam will be proctored in a Statewide Campus region and will not count as part of the FM1 grade. The date, time, and place for the posttest will be assigned by the student’s Statewide Campus office.

If a student does not receive a passing score on the COMAT OPP exam equal to or greater than a standard (NBOME) score of 75 (2.5 standard deviations below the NBOME mean score) the student will have his/her record remanded to the Student Promotions Committee for review per Clinical Education Manual Section 1.7 Proctored End of Rotation Exams. After review the committee will make a recommendation to the Vice President for Academic Affairs and Dean (See Institutional Policy E-17).

Standard scores will be converted to a percentage with standard scores greater than 119 being recorded as 100%. The standard score of 74 and below will be listed as 67% and therefore a failure of the COMAT exam. Remediation for this failed exam will consist of the following if recommended to the Vice President of Academic Affairs and Dean by the Student Promotions Committee:

- The student will not be allowed to count the current FM1 rotation as his/her Stookey rotation. No subsequent rotation may count as a Stookey rotation if the COMAT OPP exam has not been passed.
- A remediation plan of no less than four weeks will be made in cooperation with the Associate Dean for OPP including but not limited to additional readings and ComBank questions.
- The student is required to update his/her Regional Assistant Dean on a weekly basis during the remediation to report progress on studying all materials outlined in the syllabus as well as any additional work assigned and completed to strengthen the student’s knowledge in OPP.
The student will retake the COMAT OPP end of rotation exam per the Clinical Education Manual Section 1.7 and the approval of both the Associate Dean for OPP and his/her Regional Assistant Dean.

The student will not be allowed to take the third year OSCE or move from third year to fourth year status without passage of the OPP COMAT exam.

1.8 Didactic Programs

Didactic programs are an important part of your clinical education. These programs include Education days once a month at each Statewide Campus Region, MSOPTI programs, formal and informal programs that occur at your base hospitals. Your participation in these programs provide additional training and insight in the practice of medicine. Required didactic programs will be communicated to you by your Statewide Campus Personnel on at least a monthly basis.

Permission to be excused must be obtained from the Statewide Campus Regional Assistant Dean or Director prior to the beginning of any required didactic program. Excused absences include, but are not limited to: serious personal matter, death of a family member, bereavement, personal or family illness or injury, and other legitimate extenuating circumstances at the discretion of the Statewide Campus Regional Assistant Dean or Director. Arriving late (ten minutes or more) or leaving early (ten minutes or more) constitutes an unexcused absence. Unexcused absences must be remediated. Remediation is an original paper (double-spaced, minimum three typed pages/each hour missed) on the missed topic accepted by the Statewide Campus Regional Assistant Dean and the Associate Dean of Predoctoral Clinical Education within 3 weeks of the unexcused absence. Failure to remediate as outlined above may delay your graduation.

Time that will be spent away from the hospital, clinic, or rotation site during regular duty hours for lectures, conferences, and other programs conducted at outside hospitals or universities must be approved by your Statewide Campus Regional Assistant Dean or Director, and the supervising physician of the rotation service. An appropriate Exception Request Form or Conference Form must be submitted a minimum of 8 weeks prior to the event.

Please see Student Handbook regarding PROCEDURE FOR OFF-CAMPUS STUDENT MEETING ATTENDANCE: http://www.wvsom.edu/OMS/students-handbook
1.9 Clinical Rotations Requirements for Graduation

There are 82 weeks of required and elective rotations during the 3rd and 4th clinical years. A passing grade must be received for each rotation during the 82 weeks to fulfill the requirements for graduation.

In the event of illness or a grade of incomplete in any rotation, the weeks of vacation may be utilized to make up the missed time and to complete the required rotation as designated by your Statewide Campus office and/or the Student Promotions Committee.

In the event of a failure in any rotation, the Student Promotions Committee, after a review of the circumstances, may recommend remediation to the Academic Dean. (Institutional Policy E-21)

1. All students must serve twelve weeks of clinical rotations at a rural West Virginia site. Rural is defined by the Higher Education Policy Commission (HEPC). This definition is subject to change based on the HEPC and its decision on the criteria that will be utilized. The Regional Assistant Deans and Directors will assist you in the determination of what regions will meet the requirement of rural.

2. Students must complete either their FM I or FM II rotation with a DO and one must be completed in a rural area. If you do not meet these requirements in your FM I, then you must meet them in your FM II. They can be met within the same rotation (DO & rural) or one rotation may be with a DO and the other one in a rural area.

3. All students must pass Levels 1-CE, 2-CE and 2-PE of COMLEX to graduate.

4. All students must accurately complete all electronic site/faculty/course evaluations, logs and other rotation specific requirements by the published deadlines.

5. Students are required to complete a minimum of one “James R. Stookey” OMT rotation in each of their 3rd and 4th years.
1.10 Student Clinical Education Grade Form

The student is responsible for providing the Clinical Education Grade Form to his/her preceptor. The supervising physician is responsible for completing the evaluation of a student and forwarding it to the appropriate WVSOM Statewide Campus office. All preceptors may provide input to the supervising physician, who will submit a composite evaluation form to WVSOM. In a case of multiple preceptors (MDs and/or DOs), please list all preceptors on the last page of the grade form with their updated information. This will ensure that each trainer receives the appropriate CME credits.

The student’s grade will be based on the Clinical Education Grade Form, completed by the supervising physician, the Rotation Requirement Package(where applicable), and the Post Rotation Exam(where applicable). Please refer to section 1.7.

The student’s grade for each third year core rotation is based on the following:

- Clinical Education Grade Form: 60%
- Post Rotation Examination (COMAT): 30%
- Rotation Requirement Package: 10% (The RRP must be submitted by the last day of the rotation to count.)

The grade will be reported to the Registrar.

The student will be evaluated based on the seven core competencies. Evaluations should consider the student with respect to other students at the same level of training. Specific documentation for recording a “Failing”, “Needs Improvement”, “Exceptional”, or “Truly Exceptional” grade should be part of the evaluation.

Near the midpoint of the clinical rotation, the supervising physician should conference with the student regarding his/her performance. Students should remind the supervising physician of this conference. A letter grade need not be discussed at this time, but an indication of passing versus failing and areas of strength or needing improvement should be discussed at this time.

The final summative grade given by the supervising physician will be officially approved by the WVSOM Statewide Campus Assistant Dean. Upon receiving a failing grade for a clinical rotation, the Statewide Campus Regional Assistant Dean will immediately notify the Associate Dean for Predoctoral Clinical Education.

A failing grade will occur if the score for the rotation components fall below 70 or the student receives a COMAT end of rotation examination grade of less than a NBOME standard score of 75. The rotation components for calculating the grade include the supervising physician’s evaluation, a passing COMAT exam score and the rotation requirement package. A failing grade is recorded for a rotation if any failure box is checked by your preceptor/attending physician on the clinical grade form. In this case a grade of 65 is recorded for the rotation regardless of any other score in the other.
rotation components. Failure to comply with the attendance policies will result in a rotation failure and a grade of 65 will be issued. Any student site/preceptor/course evaluation which is not completed at the end of the rotation will result in a grade of “I” (incomplete). If this remains in place for six (6) weeks after the end of the rotation a failing grade will be recorded and the student file will be remanded to the Student Promotions Committee.

Grade appeal procedures are listed in the WVSOM Student Handbook under “Policy and Procedures for Final Grade Appeal.” Refer to policies E-17 and E-25.

The student shall be notified of a failing grade in writing by the Registrar (certified mail/return receipt directed to the student’s permanent address). A failing student will be allowed to complete a successive clinical rotation or vacation period, not to exceed thirty calendar days following which s/he will be recalled to make up the failing grade prior to advancing in training.

Should a failing grade occur in the final month of year 4, no diploma will be issued until the failure is successfully remediated.

The Regional Dean and Director will notify the Office for Predoctoral Clinical Education of any failing grade and will send a grade for each student to the Registrar’s Office at the selected times. The Registrar’s Office will record the service title and the grade for each rotation.

On or near the final day of the clinical rotation, the student must hand-carry the Clinical Education Grade Form to the supervising physician for a rotation evaluation and signature or have the supervising physician access the electronic version of the grade form. The student may provide the preceptor with a stamped envelope addressed to the SWC Regional Office. The original Grade Form must be mailed, emailed or faxed by the supervising physician in a timely fashion to the student’s WVSOM Statewide Campus office or completed electronically. The student is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor, if necessary.

The Clinical Education Grade Form should not be given to the student to return to the SWC.

<table>
<thead>
<tr>
<th>Fax Number</th>
<th>Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>304.234.8455</td>
<td>Northern Region (Wheeling, Weirton area)</td>
</tr>
<tr>
<td>304.428.4940</td>
<td>Central Region (Parkersburg, Bridgeport, Morgantown, Elkins area)</td>
</tr>
<tr>
<td>304.720.8831</td>
<td>South Central Region (Charleston, Logan area)</td>
</tr>
<tr>
<td>304.267.0642</td>
<td>Eastern Region (Martinsburg, Petersburg, Hagerstown, Southampton)</td>
</tr>
<tr>
<td>304.399.7593</td>
<td>South West Region (Huntington, Ashland, Gallipolis)</td>
</tr>
<tr>
<td>304.431.5255</td>
<td>South East Region (Princeton, Beckley, Lewisburg area)</td>
</tr>
</tbody>
</table>

For addresses and more detailed contact info, please see back of this manual.
1.11 Student Site Evaluations and Log Books

Site Evaluations:

Upon completion of each rotation it is required that each student must complete the preceptor/site/course evaluation form online. The evaluation will be reviewed by the SWC region Director and Dean. If the evaluation is not completed properly then it will be rejected and the student will have 48 hours to complete the deficiency and resubmit the form. If the site evaluation is not completed at the end of the rotation a grade of Incomplete (“I”) will be posted in accordance with Institutional Policy E-20. As stated in Institutional Policy E-20, a grade of “I” must be removed no later than six (6) weeks after the final day of the rotation. **If the grade of “I” is not removed within the six week time frame the Associate Dean for Predoctoral Clinical education and the Registrar will be notified and a permanent grade of “F” will be recorded.** The Vice President for Academic Affairs and Dean will be notified by the Registrar and the student’s file will be remanded to the Student Promotions Committee for review and recommendation.

Log Books:

Log Books are maintained during all of the 3rd year. Log Books must be completed for the FM II, Peds II and Stookey Rotation in the 4th year. The log books are available from your Statewide Campus office. All patient encounters, procedures, including OMT, etc. should be documented in the log book. At the end of each rotation, the student is responsible for having the preceptor sign the book, validating the student participation in the encounters and procedures. **The log book will be presented to the Statewide Campus Regional Assistant Dean at the end of each rotation for approval.** If additional pages are needed the student is to request a new log book from their Statewide Campus office. The information that is provided in your log books is important to demonstrate your past experiences when applying for postgraduate programs and will prepare the student for the paperwork that is required in residency training.

Throughout the remainder of the students’ undergraduate academic career and beyond, timely completion of all documents and records will be expected. The above preceptor/site/course evaluations and log books are essential in assisting in the evaluation of rotations meeting the academic requirements of the rotations. The log books are part of the Rotation Requirement Package which may also include MedU and DocCom cases. Failure to submit them on time (by the end of the rotation) will result in the student not receiving the 10% credit for completion and submission of these documents.
1.12 International Rotations

Center for International Medicine and Cultural Concerns

WVSOM Center for International Medicine and Cultural Concerns (CIMCC) started in 2009 by developing and managing programs focused on enhancing the WVSOM community’s international and cultural awareness, concentrating on rural and underserved populations, globally and nationally.

WVSOM-CIMCC offers students opportunities to experientially learn about both practical and specialized global medicine through hands-on programs in all four years of their osteopathic medical training. Students can work in both clinical and research areas at an international site.

Rotation Application Process

Third and fourth year students may have the opportunity for an international rotation just about anywhere in the world that is not in conflict. Approval for a specific country must come from CIMCC. The application process for an international rotation starts during the middle of second year for a third year rotation or the middle of the third year for a fourth year rotation. All applications must be in by September 1 of the year proceeding the planned date of the rotation.

All students wishing to receive credit for their international medical training/service/experience must follow very specific CIMCC guidelines outlined in a procedural check-list (listed on following pages). Students need to contact the WVSOM Center for International Medicine and Cultural Concerns at: cimcc@osteo.wvsom.edu for additional instructions.

International Rotations Procedure Student Checklist

Following this check-list should make your application process easy

This student checklist is provided so that you can keep accurate track of what you submitted and what remains outstanding in your application process. Completion of the checklist is solely your responsibility. The checklist will repeatedly say, “No approval will be given without this,” and no approval will be given for incomplete application packets by the due date. It is the student applicant’s responsibility to get all required materials to CIMCC and copy their SWC Director in a timely fashion. You will not be chased or reminded more than once about missing items. Follow all rules. Fill out all forms – NO EXCEPTIONS - NO ROTATION SITE WILL BE APPROVED IF YOUR HOST COUNTRY APPEARS ON THE UNITED STATES STATE DEPARTMENT’S TRAVEL WARNING
LIST or if WVSOM, for whatever reason, deems it unsafe to travel. We are here to help you make your international rotation as safe and educational as possible.

| NOTE | 3rd–year international rotations cannot start before February block of your 3rd–year. If WVSOM, for whatever reason, deems it unsafe to travel. We are here to help you make your international rotation as safe and educational as possible. |
| Step 1 | International rotations are not a right they are a privilege acknowledged by your Regional Assistant Dean (RAD). As soon as you know who your RAD and Director are, contact them to let them know that you are considering an international rotation and gain permission to continue the process. Contact your Director to work out your schedule to include an international rotation. All of the following first rotations must be completed before you can depart on an international rotation: FAMILY MED.1, INTERNAL MED. 1, OB/GYN 1, PEDS 1, SURGERY 1 or EMERGENCY Med. 1. All standard rotation paperwork must be completed before you begin international paperwork. |
| Step 2 | You must let your Director know at the time of working out your overall rotation schedule, when you want to do an international rotation. International rotation paperwork must be completed by September 1 of your 3rd-year or no less than three-months before departure date. Your GPA must be above 75 and you must be in good academic and professional standing. Contact CIMCC (cimcc@osteo.wvsom.edu) for a full application. Return your full application any time before the 3-month departure date. Include email contact information for four references – three professional references that have either directly supervised or instructed you in medical school or on rotations and one personal reference (references cannot be your RAD or Director or a family members). No approval will be given without 4 full references. |
| | If you are using a company to arrange your rotation make sure they are approved by CIMCC. |
| | If you are designing your own rotation, contact CIMCC for full instructions and procedures. DO NOT ASSUME all plans are approved. Stay in touch with CIMCC. |
| Documents to complete. | - WVSOM Policy E-16 Statement of Understanding Regarding International Electives: Should be read, signed and witnessed by your present preceptor or your Regional Assistant Dean.  
- Complete and return the WVSOM Travel Registration Form  
- Complete and return the Health and Emergency Contact Information  
- Complete and return the Release and Waiver of Liability which must be SIGNED, INITIALED WHERE REQUESTED AND NOTARIZED. Signature must be witnessed by the notary. No approval will be given without this. |
| | Write a Statement of Purpose, font size 11, spacing 1.5, between 500-800 words and have it signed by you AND your Regional Assistant Dean. This Statement of Purpose should include:  
- Why you should be considered for placement  
- Where you wish to be placed and why  
- What you hope to gain and learn  
- What you hope to give the host community  
- How much time you plan on staying (studying vs. vacation) and full travel plans  
Sign your statement and have your Regional Assistant Dean sign your statement. And include your CV/ résumé. No approval will be given without this. |
## What you need to do for yourself

- **Obtain needed immunizations and prophylactic medications your host country requires by checking the website of your host country and the Center for Disease Control (CDC) website.** A copy of your immunization record must be included in your file. Required immunizations for international travel include Hep. A, Hep. A booster, Hep. B, pertussis, and oral typhoid, in addition to those required by the CDC for your specific country and those required by WVSOM for domestic rotations. **No approval will be given without this. You must personally send a copy of your immunization form.**

- **Acquire a passport which must not expire within six (6) months after your return date and you must have two consecutive blank sheets (don’t ask why, it’s a USA travel thing).** Send a copy of the front two pages of the passport no later than three months before departure date. **No approval will be given without this.** Always carry a copy of your passport and your immunizations separately from your travel documents in case they are lost or stolen.

- **Research travel insurance.** Travel insurance should include travel reimbursement coverage for unforeseen changes in travel plans, emergency medical issues and emergency evacuation coverage in case of internal crisis within your host country: weather and natural disasters, political upheaval, etc. Include insurance info with your weaver form. **No approval will be given without this.**

- **All students planning to do a rotation in a developing nation it is advised that you learn about the country’s culture, even if it’s just reading Wikipedia and visiting the USA State Department’s country info website.** However the more you know the better your experience and less likely the chance of you offending someone.

- **Research currency exchange rates and availability of ATMs in your host country.** Contact your credit card company and your bank telling them that you will be out of country during your rotation so that they do not put a hold on unexpected out of country charges. In addition check with your credit card company and research international fees which could be charged.

- **Acquire needed visas.** Check with the embassy of your host country to see if you need a visa and how to obtain one (not necessary if you are using an approved company to arrange your rotation. In addition to your visas, some countries may require a copy of your letter of invitation from your host site, a letter of good standing from your Regional Assistant Dean with his/her approval to travel, and your round-trip air tickets.

- **Arrange your flights.** **Do not make paid arrangements for your flight until you have been instructed to do so by your Director.**
  - What can cause academic non-recognition of an international rotation?
    - Not having all paperwork in order before your departure thereby not having the approval of the Associate Dean for Predoctoral Clinical Education
    - Your host country is placed on the USA State Department’s travel warning list.
    - You failed COMLEX or receive a failing grade from a preceptor.
    - You are not in good professional standing. **WVSOM reserves the right to deny or remove a student from an international rotation if administration deems it necessary for any reason.**

### Completion of the rotation includes the following:

1. A weekly journal with a final written conclusion (total **no less** than 5000 words, size 11 or 12 font, 1.15 spaced, outlining an overview of your rotation experience. This narrative must include:
   - A description of what you experienced (culture and relationship with the host community How prepared were you for entering this culture)
   - How prepared were you clinically for this experience
   - A description of what you learned and experienced medically –give examples
   - How you presented OPP/OMT to the host community (give examples)
   - What living conditions were like
   - At the conclusion how was the preceptor to work for/study under

We request that students to keep a daily journal but weekly is acceptable, of the events that occur on rotation and either e-mail a copy at the end of each week or if internet is a problem in the host country then email a copy of the full journal, with the conclusion, as soon as you have internet access. The above written report needs to be turned into both your Director and CIMCC no more than 14-days after rotation. However, if the rotation ends in May, then no less than 14-days before graduation.
2. An exit interview with CIMCC (this can be done via Skype, but preferred in person if possible) no more than 14-days after rotation, or if the rotation ends in May, then no less than 14-days before graduation.

3. Failure to complete the report/journal and/or exit interview could result in the rotation not counting academically.

YOUR RESPONSIBILITY: Please Note: You will need to take a supply of gloves and masks along with you as well as scrubs and your medical bag.

Expectations of Students on an International Rotation

1. It is of the upmost importance that you learn about the culture you will be working in, both before you depart and once you are there. Wikipedia is not a bad start for a cultural history lesson, but also check with CIMCC for recommended videos, reading list, and former rotating student journals. Be sure you are aware of traditions and taboos so as not to embarrass yourself or find yourself unwittingly in trouble or ostracized by your host community. Building trust is key to any physician’s relationship with their patient and hope for patient compliance.

2. Remember you are a student of Osteopathic Medicine. You are an Ambassador for Osteopathic Medicine and WVSOM, meaning it is your responsibility to share with your preceptor (in a polite and culturally sensitive manner) all you know and understand about OPP & OMT and how OMT can enhance the use of medication or even in some cases substitute for the use of costly medications (especially in developing nations where medicine is scarce and very costly to the patient). Be very aware as to how you present this information to your preceptor and the medical support staff, as well as the patient(s) you are working with, as not to insult them or infer that you are better than they are in regards to medical knowledge. The best way to do this is to prepare a PowerPoint slide show on your computer. The OPP Department has already prepared presentations you can use as resources or create your own versions. This is especially important if you are doing a rotation in a country that does not fully recognize American Trained Osteopathic Physicians (ATOPS).

Rotation Requirements

In addition to requirements stated in your class year CLINICAL EDUCATION MANUAL, students participating in an International Rotation must also complete the following and send to both your Regional Assistant Dean (RAD) and to CIMCC:

1. A day to day journal outlining an overview of your rotation experience with a written conclusion (journal plus conclusion no less than 5000 words, size 11 or 12 font, 1.15 spaced) turned into CIMCC and your RAD no more than 14 days
after rotation, or if the rotation ends in May, then no less than 14 days before graduation. This narrative must include:

- A description of what you experienced
- A description of what you learned
- How you presented OPP/OMT to the host community (give examples)
- What living conditions were like
- How was the preceptor to work for/study under

One of the easiest ways to approach this task is to keep a daily journal of the events that occur on rotation.

2. An exit interview with CIMCC (this can be done via Skype, but preferred in person if possible) no more than 14 days after rotation, or if the rotation ends in May of your 4th year, then no less than 14 days before graduation. This interview will include questions about your OPP presentation.

Frequently Asked Questions:

When can I do an international rotation?

The spring of Year 3 on through Year 4, but you must first complete: FAMILY MED.1, INTERNAL MED. 1, OB-GYN 1, PEDS 1, and either SURGERY 1 or EMERGENCY MED. 1 (preferably both) before you can go on an international rotation. Make sure to work with your site Director to make sure these all fit your schedule before your planned departure date.

How long can I go for?

Year 3 can go for 4 weeks. Year 4 can go for 4-8 weeks as approved by their Regional Assistant Dean. Students can do up to 3 rotations at the same international host site, they just cannot be the same rotation (i.e. you cannot do 3 OBGYN rotations at the same site but you could do OBGYN, PEDs and Family Medicine at the same host site.)

Can I do a WVSOM club or mission trip for rotation credit?
Yes, with special permission from your Regional Assistant Dean and the preceptor you are with at the time of the trip.
Why the procedure?

International studies are a popular request but not everyone is ready for the experience. Screening and vetting students needs to be a serious endeavor for both the student’s and WVSOM’s safety.

What’s the procedure?

First, request a pre-application from CIMCC cimcc@osteowvsom.edu. You can do this at any time once you have been accepted to WVSOM. Once you return the pre-application to CIMCC you will be sent the checklist. You are ready to fully peruse the application process you must request a full application.

Who can prevent a student from traveling?

WVSOM cannot prevent anyone from traveling on their personal vacation, but to receive rotation credit or to leave a rotation for vacation on a “medical mission” trip, all students must go through the CIMCC Procedure, at the end of which the final decision rests with the Associate Dean for Predoctoral Clinical Education.

Who could and what would prevent a student from an international rotation?

The student must have full approval of the Associate Dean for Predoctoral Clinical Education and the student’s Regional Assistant Dean before they can depart on an international rotation. This approval is needed 90 days before international departure. If either Dean feels a student is not fit emotionally, physically or professionally for the location the student has chosen, or the student has not completed the checklist, or the USA State Department lists the host country as a danger or any concerns for USA travelers, or the Peace Corp has recently (within the past year) pulled out of a country because of political, social or natural concerns, or you have not completed a previous rotation, failed a rotation or COMLEX exam or the student is found not in good professional standing, or for any other reason WVSOM-CIMCC may deem a concern about the student or the host location, can be reason for denial of a recommendation for credit placement for any student.

Once in the host country who does the Student Doctor report to?

Student Doctors will be responsible to the host preceptor; in addition the student doctor is requested to stay in touch with CIMCC and their regional Director and/or RAD in the USA. If any concerns arise in regards to placement, the student doctor is instructed to contact CIMCC immediately.
**How many times can I return to the same international site for an additional rotation?**

With permission from your WVSOM Regional Assistant Dean and the Associate Dean for Predoctoral Clinical Education, you may return to an international site, but the rotation objective must be different, i.e. if you did a Family Practice rotation at a given site, your next visit there would need to be something else like research or OB/GYN, etc.

**Is an Exit Interview with CIMCC necessary?**

YES. Failure to do so could result in loss of credit for the rotation. Exit Interviews can be done by Skype. See the last paragraphs of the check-list.

**Students doing an international medical mission or service trip on their vacation MUST contact both their Regional Deans/Directors and CIMCC to discuss the intent of the trip and possibly sign a waiver form.**
The following elective rotations are NOT considered completion of Rural requirements: Research, Health Policy and Anatomy Intensive.

1.13 Research Rotations (Elective)

Research electives may only be taken in the second six months of the third year during an elective or during the fourth year. All requirements outlined in this document apply to both third and fourth year students. No more than a total of eight (8) weeks of elective rotations and/or vacation time may be utilized for a research elective. (Refer to Policy E-16) Students involved in research projects must be supervised by a WVSOM employee who may or may not serve as the Principal Investigator (PI). For example, if a student works with a PI at a remote clinical facility, the local PI is entirely responsible for the proper conduct of the study. The WVSOM Regional Dean or other designated WVSOM employee supervises educational and institutional aspects of the student’s project in consultation with the PI.

Timely preparation of all required materials should begin well in advance of the project to ensure review and approval by the appropriate Regional Assistant Dean, the PI, the WVSOM Office of Affiliated and Sponsored Programs (OASP), the WVSOM Institutional Review Board (IRB), and other appropriate administrative departments. It is recommended that you begin the following approval process 60 days prior to the expected start date:

1. Submit the Project Initiation Request-form (OASP-1) to oasp@osteo.wvsom.edu, including all request details. The form must be approved and signed by the Primary Investigator and the WVSOM supervisor. WVSOM students may not serve as the Principle Investigator.

2. Following approval by the OASP, students are notified of next steps, including referral for IRB approval and CITI training (which must be completed prior to IRB approval of the project). IRB approval may require a reliance agreement with a remotely located IRB as explained below.

3. Once students have received both OASP and IRB approval, a Research Plan must then be reviewed and approved by the Regional Assistant Dean. The completed Research Plan must be submitted to your Regional Statewide Campus a minimum of 30 days prior to the rotation.

   The Research Plan must include:
   a. The name of the Primary Investigator with contact address, phone and e-mail;
   b. A copy of the Research Initiation Request and OASP approval;
   c. A copy of the IRB approval or exempt determination letter;
   d. A detailed description of the student’s role in the project; and
   e. Written acceptance of the student into the project PI.
All research rotations, poster projects, and case studies must be reviewed by the WVSOM IRB, which will make an IRB determination regarding approval and assess whether an IRB agreement is needed with any local IRB. Such an agreement may be needed if a student plans to work under the supervision of a PI who has received IRB approval from a local IRB. If this is the case, then a reliance agreement must be in place between WVSOM’s IRB and the local IRB since the WVSOM IRB cannot review and approve FDA-related research. Note: Any such agreement must be in place before the student may begin working on the study.

As this is an elective portion of the WVSOM program, the following must be understood and agreed to:

- All expenses associated with a special elective are borne by the student, i.e., travel, meals, board, and required or optional materials.
- Proof of active health insurance.
- Scheduled rotations will not be revised to accommodate a special elective.
- The project must be overseen by a DO or MD for grading.
- The final data, article or report must be submitted to Associate Dean for Affiliated and Sponsored Programs with a copy to the Regional Assistant Dean and the Associate Dean for Predoctoral Clinical Education within 6 weeks of completion of the rotation. This must be approved by the Associate Dean for Affiliated and Sponsored Programs to receive credit for the rotation.

Any research project (see section 6.4.3 Research Activities on Rotations) not involving a research elective rotation must follow the same procedures but should be structured not to interfere with clinical rotations.

Checklist for Research Electives

_____ 1. Date of request follows procedure

_____ 2. Detailed Rotation Plan
   - Name of on-site person in charge with contact address, phone and email
   - Written acceptance into the project.
   - Education benefits of the rotation

_____ 3. Arrangement of DO or MD to sign off on the project.

_____ 4. Final Data, Article, or Report submitted upon completion for Rotation Credit.

A copy of this report must be forwarded to the Associate Dean for Affiliated and Sponsored Programs.
Project / Research Initiation Request
Office of Affiliated and Sponsored Programs
West Virginia School of Osteopathic Medicine

Full Name of Project Director (PD) / Principal Investigator (PI) with e-mail address

__________________________________________________________

Students and Residents may not serve as PI. If the PI is not employed by WVSOM, then the project must be supervised by a WVSOM employee (e.g., Regional Dean).

For Year 3 & 4 students, list Regional Dean here: ________________________________

Co-Investigators/Collaborators (Please indicate any student/resident collaborators)

Full Name with e-mail address required.

__________________________________________________________

Department _____________________________________________

Title of Project __________________________________________

1. Provide a synopsis of the project, including the purpose, goals/objectives/aims, data to be collected/used and procedures you will follow to accomplish project goals:
   Submit additional pages if needed. Include anticipated start and end date. For students: please provide the details of your involvement and/or responsibilities, i.e., what you will be doing for the proposed project.

2. If funding is provided for this project, what is the source of project funding?

3. Does the proposed project involve human subjects? Yes No
   a. Does the proposed project involve WVSOM students as subjects? Yes No
   b. Will the proposed project use cell lines/cultures, tissues or other samples of human origin? Yes No

4. Does the proposed project involve protected health information? Yes No

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Project / Research Initiation Request
Office of Affiliated and Sponsored Programs
West Virginia School of Osteopathic Medicine

5. Does the proposed project involve the use of animals? Yes No
6. Does the proposed project involve the use of microbes (bacteria, yeast or viruses)? Yes No
7. Does the proposed project involve manipulation of genetic material? Yes No

Please provide additional details if you answered yes to questions 1-7: Submit additional pages if needed.

If the PI is not a full time faculty member at WVSOM, is at least one investigator a WVSOM full-time faculty member? NA Yes No
If so, whom?

What institutional resources will be needed to complete this project? (Check all that apply)
 a. Personnel
 b. Space
 c. Media services support
 d. IT support
 e. Assessment & Educational Development
 f. Faculty time
 g. Student information / data

PI Signature

Date

E-Mail Address

Department Head/Chair/Supervisor

Date

E-Mail Address

Form OASP-1 5 December 2014 Page 2 of 2
**Engagement in research form**

1. Does your research project involve □ Humans and/or □ Animals?
2. Is the project a federally funded project? □ Yes □ No
3. If yes, identify the source funds and grant number:
4. Please provide the details of your involvement and/or responsibilities (i.e. what will you be doing)?
5. Will you be interacting with human subjects? □ Yes □ No
   If yes, please describe the details of that interaction below and answer the subsequent questions.
   i. Will you be obtaining informed consent from a human subject? □ Yes □ No
   ii. Will you be conducting subject interviews or providing questionnaires? □ Yes □ No
   iii. Will you be asking the subject to provide a specimen (e.g. urine, saliva, etc.)? □ Yes □ No
6. Is your involvement limited to one or more of the following (indicate all that apply):
   i. informing prospective subjects about the availability of the research;
   ii. providing prospective subjects with information about the research (which may include a copy of the relevant informed consent document and other IRB approved materials) but not obtaining subjects’ consent for the research or acting as representatives of the investigators;
   iii. providing prospective subjects with information about contacting investigators for information or enrollment; and/or
   iv. seeking or obtaining the prospective subjects’ permission for investigators to contact them.

B. Will you be collecting, using, analyzing or studying data? □ Yes □ No
   If yes, please provide details of the type of data (e.g. name, birth date, from patient chart, etc.) in the space below, attach a data collection sheet, and answer the subsequent questions.
   i. Will the data contain identifiable, private information? □ Yes □ No
   ii. Will you be recording or observing private behavior? □ Yes □ No
   iii. From where did you obtain the data (e.g. principle investigator, another institution, self-collected, etc.)?
   iv. Will you be utilizing the data off-site? □ Yes □ No
   v. Will the data you obtain be coded AND does the PI have a written agreement to NOT release the key to you under any circumstances, or does the non-WVSOM IRB have policies or procedures that prohibit the release of the key? □ Yes □ No
      If yes, please provide a copy of the documentation.

6. Is there a protocol for this project approved by another IRB? □ Yes □ No
   If yes, please provide the protocol and approval letter.
7. Provide a letter of support from the person supervising you on this project indicating your role in the project.
8. Attach your certificate of ethics training indicating completion of the course within the last three years. The course link can be found at https://www.citiprogram.org/Default.asp. Affiliates with WVSOM and complete the appropriate training (Basic biomedical science research, Basic social and behavioral research, etc.).


1.14 Health Policy Elective

I. Introduction:

A Health Policy elective may only be taken in the second six months of the third year scheduled during an open block or any time during the fourth year. No more than a total of 4 weeks of elective rotation and vacation time may be utilized for a Health Policy Rotation.

Adequate preparation of required materials and adequate time for appropriate review by the appropriate Regional Assistant Dean and the Associate Dean for Predoctoral Clinical Education must be allowed for consideration of a proposal. The completed proposal must be submitted to your Regional Assistant Dean a minimum of 60 days prior to the rotation. The proposal should include: The sponsoring agency, contact person with address, phone and e-mail, inclusive dates of the elective, the benefits of the elective and the objectives listed below that they feel they will meet. Written acceptance by the onsite person in charge must accompany the proposal. Other information may be included or requested as appropriate.

As this is an elective portion of the WVSOM program, the following must be understood and agreed to:

• All expenses associated with a special elective are borne by the student, i.e., travel, meals, board, and required or optional materials.
• Proof of active health insurance.
• Scheduled rotations will not be revised to accommodate a special elective.
• The project must be overseen by a DO or MD for grading. (This may need to be your Assistant Regional Dean)
• Final required written papers must be submitted to and approved by your Regional Assistant Dean to receive credit for the rotation with a copy of the paper being sent to the associate dean for Predoctoral Education.

II. Osteopathic Relevance:

The Health Policy Elective allows students to become familiar with the legislative process and the roles of medical organizations and the individual provider in the development of health policy. This allows the student to understand how each component of the health policy system functions and is interrelated and results in a unified health care system.

III. Rotation Objectives and Core Competencies

1. Osteopathic Philosophy and Manipulative Medicine
   • Relate the Osteopathic Principles to health policy

2. Medical Knowledge
• Relate the concepts and principles of osteopathic, biomedical, clinical, epidemiological, biomechanical, social and behavioral sciences and how they apply to the formation of health policy.
• Relate how new developments in osteopathic medical knowledge and concepts affect health policy over time.
• Use appropriate Informatics to attain the knowledge and skills needed to understand and work on health policy.

3. Patient Care
• Explain how health policy affects the delivery of patient care (include a discussion of access, cost and quality)

4. Interpersonal and Communication Skills
• Demonstrate interpersonal and communication skills that enable and maintain professional relationships with lobbyists, legislators and the health policy team
• Demonstrate effective written and electronic communication

5. Professionalism
• Demonstrate sufficient knowledge of the behavioral and social sciences that provide the foundation for the professionalism competency, including medical ethics, social accountability and responsibility
• Demonstrate humanistic behavior, including respect, compassion, honesty and trustworthiness.
• Demonstrate responsiveness to the needs of society that supersedes self interest
• Demonstrate accountability to patients, society, and the profession, including a duty to act on knowledge of professional behavior of others.
• Demonstrate a commitment to excellence with ongoing professional development as evidence of a commitment to continuous learning behaviors
• Demonstrate knowledge of and apply ethical principles in business practice and health policy research
• Demonstrate awareness and proper attention to issues of culture, religion, age, gender, sexual orientation and mental and physical disabilities.

6. Practice Based Learning and Improvement
• Demonstrate the ability to describe and apply fundamental epidemiologic concepts and evidence based medicine in the development and evaluation of health policy.
• Demonstrate how significance research evidence is used in the development of health policy.
- Discuss how health policy influences clinical practice patterns and affects practice based improvements and medical errors.
- Discuss and demonstrate an understanding of how a student’s behavior is a reflection of the osteopathic profession and that student’s must lead by example.

7. System Based Practice
- Demonstrate an understanding of how patient care and professional practices affect other health professionals, health care organizations and the larger society
- Demonstrate an understanding of health delivery systems and how health policy has affected the practice of osteopathic medicine
- Demonstrate an understanding of the methods of controlling costs and allocating resources in the health care delivery system and how these are shaped by health policy
- Identify effective strategies for being an advocate for patients within the health care system
- Demonstrate the knowledge of and ability to implement safe, efficient, effective, timely, patient-centered and equitable systems of care, recognizing the need to reduce medical errors and improve patient safety.

IV. Activities

1. **Within 6 weeks of completion of this rotation you will submit a paper(s) on the following:**
   - A description of the three branches of government and discussion on how they are involved in health care
   - A description of the life of a bill from conception through implementation
   - A description of the legislative process
   - The workings of the office where your elective occurred and each individuals role in the office
   - Give an example of at least one bill and a discussion of unintended consequences that occurred once the bill was implemented
   - Discuss the AOA agenda for the present Congress
   - Create an issue analysis brief to include:
     a) Definition of the problem
     b) What makes this issue pertinent?
     c) Identify the Health Policy Focus (Access, Cost and/or Quality)
     d) Identify the stakeholders
     e) Is there evidence to take a position if not what research is needed?
2. At the end of this rotation you will have researched the following and be prepared to answer the following questions by your Regional Assistant Dean:
   - Who pays for healthcare? Include discussion of private payers (individuals, insurance) and public payers (Medicare, Medicaid, SCHIPS, VA, DOD, Workers Comp)
   - Where are health care dollars being spent?
   - How does Lobbying affect health care?
   - Why is American Health Care rated less than other countries?
   - Congress tends to deal with problems one at a time. As pertains to health care, who is looking at the big picture?

3. Make a presentation to your Region at Education Day on your experience.
1.15 Anatomy Intensive Elective

I. Introduction:

An anatomy intensive elective is offered twice each Spring with up to 4 students participating in each two-week session during their fourth year. The exact timing of this elective will be announced midway through the preceding Fall and applicants may then apply to participate. Applicants will be asked to propose a project that will involve: a) a focused review of clinical literature on a topic related to their upcoming residency, b) a dissection or histological preparation in the gross anatomy laboratory that relates to the content of the literature review, c) a presentation to the WVSOM campus of the findings.

As this is an elective portion of the WVSOM program, the following must be understood and agreed to:
• All expenses associated with a special elective are borne by the student, i.e., travel, meals, board, and required or optional materials.
• Proof of active health insurance.
• Scheduled rotations will not be revised to accommodate a special elective.
• The project must be overseen by a DO or MD for grading. (This may need to be your Assistant Regional Dean)
• Final required presentations must be submitted to and approved by your Regional Assistant Dean to receive credit for the rotation.

II. Osteopathic Relevance:

The Anatomy Intensive Elective brings the fourth year students back to the anatomy laboratory for a focused dissection and review of literature related to their upcoming residency. By reinforcing the importance of structure and its relation to function, this elective allows future osteopathic physicians to deeply engage in the fundamental science related to their education. Furthermore, the increased knowledge of normal anatomical structure will allow each student to diagnose the root causes of dysfunction in a clinical setting. This will help them to intercede in the right time and place to restore the self-regulatory capacity of the human body.

III. Rotation Objectives and Core Competencies

1. Osteopathic Philosophy and Manipulative Medicine
   • Each topic involves the structural study of some region of the human body and this three-dimensional knowledge will assist in the palpatory understanding and manipulative interventions that occur in that region.

2. Medical Knowledge
   • Students will conduct a focused dissection and regional review of the anatomy related to their project. This review not only recapitulates the
anatomical knowledge from their first year but will expand beyond it, aiding students in becoming experts in their subject of interest.

3. **Patient Care**
   - Each project is couched in a review of clinical literature. Students identify an article or overall topic in the literature that relates back to the anatomy of their chosen specialty. The students then explore the deceased human body in order that they may better treat their living patients.

4. **Interpersonal and Communication Skills**
   - Students must communicate effectively with the elective supervisor in order to select and bound their topic and literature review.
   - Students must work effectively with their peers inside and outside of the laboratory to accomplish their dissections and construct their presentations.
   - Students then develop a short (15-20 minute) portfolio of their work to present to the entire WVSOM campus community. This involves the development of effective presentation building and public speaking skills.

5. **Professionalism**
   - Students are expected to function cohesively with their peers on the elective and to coordinate their presentations for maximum benefit.
   - Students return to the gross anatomy laboratory where they must demonstrate a humanistic approach to working with the cadaveric material. Donors are to be respected during the process or dissection.
   - Demonstrate humanistic behavior, including respect, compassion, honesty and trustworthiness.
   - Demonstrate responsiveness to the needs of society that supersedes self-interest.
   - Demonstrate accountability to patients, society, and the profession, including a duty to act on knowledge of professional behavior of others.
   - Demonstrate a commitment to excellence with ongoing professional development as evidence of a commitment to continuous learning behaviors.
   - Demonstrate awareness and proper attention to issues of culture, religion, age, gender, sexual orientation and mental and physical disabilities.

6. **Practice Based Learning and Improvement**
   - Demonstrate how research evidence is used in the development of health policy and for the improvement of medical procedures.
   - Develop a coherent critique of the clinical literature that is reviewed and elaborate ways in which subsequent studies might expand upon it.
   - Discuss how such research can be used to change and improve clinical practice and minimize medical errors and morbidity.
• Discuss and demonstrate an understanding of how a student’s behavior is a reflection of the osteopathic profession and that student’s must lead by example.

7. System Based Practice
• Demonstrate an understanding of health delivery systems and how their chosen topic fits into the practice of osteopathic medicine
• Demonstrate an understanding of how research can be conducted while remaining conscious of methods of controlling costs and allocating resources in the health care delivery system.

IV. Activities

1. By the end of this elective you will have conducted a focused review of literature relevant to your topic of interest.
   • Based upon your upcoming residency, you will select a topic of interest before the elective begins.
   • You will conduct a focused review of clinical literature relevant to this topic and identify a paper (or group of papers) that detail a clinical condition, concern, or controversy.
   • During the elective you will explore issues related to the literature in the gross anatomy laboratory.

2. By the end of this elective you will have conducted a laboratory dissection or microanatomical investigation relevant to your focused review of literature.
   • Based on the topic of interest, you will dissect and document the structures that are relevant and review their importance.
   • You will reacquaint yourself with the muscular, nervous, vascular, bony, or visceral structures related to your investigation.
   • You may prepare histology samples that will be excised, sectioned, stained, and scanned for use. This will only be done if it relates directly to your topic.

3. By the end of this elective you will prepare a public presentation of your findings that includes:
   • A brief review of your review of literature.
   • A demonstration of the relevant anatomy and microanatomy from the laboratory.
   • A question and answer session that will give you the opportunity to expand upon your findings or to clarify sections of your presentation.
4. If the student’s above activities will include a component of Research, all requirements for a Research Project must be completed. Cadaver dissection and documentation must adhere to the rules and regulations of the Human Gift Registry program.
1.16 Stookey Rotations

Students are required to complete a minimum of one “James R. Stookey” OMT rotation in each of their 3rd and 4th years. This requirement can be met on any four-week rotation with a DO preceptor where the student is permitted to actively participate in OMT a minimum of five times per week or more. One James R. Stookey rotation may also be met in either the third or fourth year, but not both, on a two-week rotation in a practice specializing in osteopathic manipulative medicine (OMM).

In order to receive credit for this requirement, your preceptor should be listed in the OMT preceptor search on the “Student Resources” page of the Clinical Education web page. If your preceptor is not listed there, and your preceptor is interested in taking other WVSOM students (at his/her discretion), please ask him/her to complete the James R. Stookey preceptor application online. Otherwise, the Osteopathic Physician may provide documentation in writing to the Statewide Campus site verifying that the student has met this requirement.

Students on a Stookey rotation are required to submit and have approved an electronic SOAP note of an OMT case, and to maintain a log of their OMT procedures to complete this requirement.

The EHR SOAP note should be submitted by the last day of the rotation.

**Electronic Health Record (EHR) Stookey OMT SOAP Note:**

As a mandatory requirement for successful completion of OMT Stookey Rotations you will be required to submit 1 SOAP note during your Year 3 Stookey rotation and 1 SOAP note during your Year 4 Stookey rotation on a patient of your choice documented in the WVSOM Greenway PrimeSuites’ EHR. You will create each patient in the EHR. They will need to be de-identified by using your login ID as the patient’s last name. The first name will be Year3 and Year4 (see below):

- jpatton, Year3
- jpatton, Year4

Enter the patient’s Date of Birth and Sex. Please **do not** enter a Social Security number or use the patient’s real name.

**In order to get credit for this assignment you will need to email Jenny Patton (jpatton@osteo.wvsom.edu) and your SWC Director when you have completed each case** and she will forward the case to the appropriate grader who will accept or reject the case. SOAP notes will be rejected for: 1) failure to use OMT; 2) absence of any required section including Application of Osteopathic Principles. Rejected cases must be redone to receive credit.

The following sections must be included to receive credit for the OMT SOAP note:

1. **SUBJECTIVE – MUST include:**
The link below will explain in more detail on what is required and will walk you through how to document these cases in the EHR.
http://www.youtube.com/user/wvsomehrtraining/videos

Logon to Greenway EHR using the information below. The Username and Password that were originally assigned to you have been disabled. If you run into any issues please email Jenny Patton at jpatton@osteo.wvsom.edu and she will assist you.

Username: stookey
Password: wvsom

Step by Step instructions for completion of the assignment can be found on SOLE:
https://sole.wvsom.edu/Site/147/File?InstanceID=73123

SOLE 966: Statewide Campus-Course Content-Stookey Rotation-Step by Step Instructions for Stookey Notes

A sample Stookey OMT Soap Note can also be found on SOLE:
https://sole.wvsom.edu/Site/147/File?InstanceID=73124

SOLE 966: Statewide Campus-Course Content-Stookey Rotation-Sample Stookey OMT Soap Note
SECTION II THIRD YEAR ROTATION SYLLABI

2.0 Introduction to Clinical Medicine – Year 3

This introductory phase of the student's clinical education is designed to provide the basics in preparation for the more advanced “Core Clinical Curriculum” (4th Year). Successful completion is required before the fourth academic year can be started.

Year 3 required rotations

Clinical rotations required are:

- Family Medicine I 8 weeks
- Internal Medicine I 4 weeks
- Internal Medicine II 4 weeks
- Pediatrics I 4 weeks
- Surgery I 4 weeks
- Emergency Medicine 4 weeks
- OB/GYN (Women’s Health) 4 weeks
- Psychiatry 4 weeks
- Dean Selective 4 weeks

Additionally, the student has four weeks of electives and four weeks of vacation.

Rotations are scheduled in such a way that the first rotation is generally a Primary Care rotation. This sequencing is important because of its value in providing the basics for all rotations to follow. The balance of the rotations is sequenced so that all requirements are met at approved sites without overlapping or crowding at those sites.

The supervising physician’s expectation of the level of performance for third year students is usually not as high as that expected for the fourth year students. However, continuous growth during this year of education is fully expected. It is expected that the students will be evaluated on their ability to integrate osteopathic philosophy and concepts into diagnosis and patient management. Professionalism, ethics, interpersonal skills, and general behavior are also a very important part of the performance evaluation.
2.1 Family Medicine I
Course Number: 806

A. Introduction

Family medicine is an intellectually challenging specialty and is an essential component of the primary care infrastructure of the US health care delivery system. Family medicine provides first contact, ongoing, and preventive care to all patients from Pediatric to Geriatric age groups regardless of gender, culture, care setting or type of problem. The osteopathic family physician must also take into account the four tenets of osteopathic medicine, prevention and screening, coordination of health care, continuity of service, and family and community dynamics. Health systems based on primary care have these advantages:

- Improved medical outcomes
- Decreased medical costs
- Decreased health disparities

As a student, the knowledge and skills you obtain while in your primary care clerkship will help you to develop the basic tools and skills you will need to succeed in any specialty you choose.

The principles of Family Medicine are exemplified by these key components:

- Biopsychosocial aspects of care
- Comprehensive care
- Continuity of care
- Contextual care
- Coordination and integration of care

During your Family Medicine I rotation you, the student, will spend time in the physician’s office, the physician’s business office, and with members of the physician’s health care team. When appropriate, you will accompany the physician to the hospital, nursing home and on home visits.

Students are encouraged to explore the numerous opportunities associated with Family Practice. This can easily be an exciting and rewarding experience.

B. Required Textbooks

Textbook of Family Medicine, Rakel, et al; Elsevier 9th ed.
Foundations for Osteopathic Medicine, Lippincott Williams and Wilkins 3rd ed
Suggested OP&P readings in *Foundations for Osteopathic Medicine*
Diagnosis and Plan for Manual Medicine (refer to this for your Family Medicine H&P case write-up).

**C. Other Resources**

**Recommended Texts:** These are additional textbooks that you may find helpful and have additional information on the topics for the COMAT blueprint. You will see some of these textbooks listed in the other disciplines as you progress through the Core Courses in the 3rd year.

*Cecil Essentials of Medicine*; Elsevier, 9th ed.
*Ham’s Primary Care Geriatrics*; Elsevier, 6th ed.
*Case Files Family Medicine*; McGraw Hill/Lange 4th ed.

**Web sites:** These web sites are excellent resources for the topics listed

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<tr>
<th>Evidence-Based Medicine</th>
<th>Do the on-line tutorial: Introduction to Evidence-Based Medicine <a href="http://www.hsl.unc.edu/services/tutorials/ebm/welcome.htm">www.hsl.unc.edu/services/tutorials/ebm/welcome.htm</a> Chapter 2</th>
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<td>Musculoskeletal/OP&amp;P</td>
<td>Sources to review basic physical examination: WVSOM Clinical Skills I Handbook and videos Screening Physical Exam—Loyola University <a href="http://www.meddean.luc.edu/lumen/meded/medicine/pulmonar/pd/contents.htm">www.meddean.luc.edu/lumen/meded/medicine/pulmonar/pd/contents.htm</a></td>
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<td>OP&amp;P and Physical Diagnosis</td>
<td>Texts required for year 1 and 2</td>
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<tr>
<td>Family Practice Notebook</td>
<td>Great for additional information on numerous medical topics. Available as a mobile app at the Apple Store or Google Play.</td>
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<tr>
<td>A Practical Guide to Clinical Medicine by UCSD</td>
<td>A great site to review physical exam, oral presentations, patient write-ups and much more is available at: <a href="http://meded.ucsd.edu/clinicalmed/introduction.htm">http://meded.ucsd.edu/clinicalmed/introduction.htm</a></td>
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D. Didactic and Reading assignments

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<td>Low Back Pain-Chronic Back Pain</td>
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You should be comfortable discussing pathophysiology, differential diagnosis and treatment of all topics listed above. Suggested readings and MedU cases associated with each topic are listed. You will be required to complete MedU Cases. To access the MedU Cases go to [http://www.med-u.org/](http://www.med-u.org/) and choose fmCases. You must register to use MedU. Once you have registered, you can log in to MedU Cases using your established login and password. Print the case selection screen from the Cases upon completion of the required cases. This printout must be submitted to the appropriate Statewide Campus office on the last day of the rotation. If you have technical problems with the MedU Cases please e-mail medusupport@intime.org.

Case 3: 65-year-old female with insomnia-Mrs. Gomez
Case 6: 57-year-old female presents for diabetes care visit-Ms. Sanchez
Case 7: 53-year-old male with leg swelling-Mr. Smith
Case 8: 54-year-old male with elevated blood pressure-Mr. Martin
Case 9: 59-year-old female with palpitations-Ms. Yang
Case 10: 45-year-old male with low back pain-Mr. Payne
Case 11: 74-year-old female with knee pain-Ms. Roman
Case 13: 40-year-old male with a persistent cough-Mr. Dennison
Case 15: 42-year-old male with right upper quadrant pain-Mr. Keenan
Case 16: 68-year-old male with skin lesion-Mr. Fitzgerald
Case 18: 24-year-old female with headaches-Ms. Payne
Case 19: 39-year-old male with epigastric pain-Mr. Rodriguez
Case 24: 4-week-old female with fussiness-Amelia Arlington
Case 25: 38-year-old male with shoulder pain-Mr. Chen
Case 26: 55-year-old male with fatigue-Mr. Cunha
Case 28: 58-year-old male with shortness of breath-Mr. Barley
Case 31: 66-year-old female with shortness of breath-Mrs. Hernandez
Case 33: 28-year-old female with dizziness-Mrs. Saleh
You are welcome to complete additional MedU cases as you feel is appropriate.

DocCom cases
Communicating in Specific Situations: # 20 “Family Interview”,
Communicating in Specific Situations # 24 “Tobacco Intervention”
Communicating in Specific Situations # 25 “Motivating Healthy Diet and Physical Activity”
Complete the Discussion Questions. To access the Doc.Com Cases visit:
http://webcampus.drexelmed.edu/doccom/user/ you will log in using your Email address and Password.

Family Medicine Osteopathic History and Physical Case Study
Must be submitted electronically by the fifth Friday of the rotation. A student must receive a passing score of 70 or above on the Case Study to receive credit for the rotation requirement package.

E. Procedures/Clinical Skills
Skills the students must learn to do:
• Complete H & P
  o Perform a complete head to toe exam and document the exam (at least once per week)
• Present pertinent information from the H&P to the attending in concise fashion (oral presentation)
• Progress Note (SOAP note) documentation (at least one per day)

Family Medicine I and II – Requirement for Family Medicine Osteopathic History and Physical Case Study
Students are required to do one osteopathic history and physical to be completed during both the Family Medicine I and Family Medicine II rotations (refer to The Medical Write-Up section below for specific instructions). The student must document and demonstrate the utilization of osteopathic philosophy, osteopathic diagnosis in the assessment and care of the patient in this case study. An osteopathic musculoskeletal exam must be documented under the objective findings of the case. This must be a case which was actually seen during the rotation in consultation with the supervising physician. False documentation can lead to serious academic sanctions, up to and
including dismissal. The case must be completed and submitted electronically. To access your case study form, go to the Clinical Ed web, click on the word “new” and your case study will pop up. The case may be worked on and saved, but it is your responsibility to hit “submit” by the due date. **The case study can only be submitted electronically. No paper submission accepted.** The case will be graded by WVSOM full-time faculty and the graded case study will be returned to the student and preceptor electronically (via email) with the grader’s comments.

In order to receive the RRP 10% credit, the case study has to be submitted on or before Friday of the (5th) week of rotation and must receive a 70% or greater. The other RRP Requirements are due on the last day of the rotation. See the complete list of Rotation Requirement Package on page 83. **If any of the RRP requirements are missing, or if the case study is <70%, or if the case study is submitted after the 5th Friday of the rotation, the student will receive 0% for the RRP which results in a 10% deduction from the final rotation grade.**

**The Medical Write-Up**
One of the goals of the Family Medicine rotation is that the student becomes adept at the art of the H&P—gathering, synthesizing and documenting the information important to the care of their patients. There are many good resources available regarding the elements of a complete H&P.

Each student in Family Medicine I and Family Medicine II will be required to do a complete H&P, which includes an osteopathic musculoskeletal exam that is submitted electronically as discussed in section 2.

The Chief Complaint is the statement of why the patient is being seen. It is generally given in the patient’s own words.

Regarding the History of Chief Complaint, this should be a chronological history of the chief complaint. Remember OLDCAARTS. For the Past Medical History and Social history, remember MMAISHIFT and HORSES.

For allergies remember to list the reaction the patient had to the allergen, eg hives or nausea. Nausea is an adverse reaction and not a true allergy.

For medications be sure to list the name of the medication, the dosage, frequency and how it is being taken. Remember to include OTC’s and herbals and how they are taking these.

For the family history list the age, health/death of immediate family—parents, siblings, grandparents and children. If they do not know their family history or were adopted make note of that.

Your Review of systems (ROS) should include at a minimum 10 organ systems: General, Skin, Head, EENT (eyes, ears, nose, throat and mouth), Neck,
Cardiovascular, Respiratory, Breasts, Lymphatic's, Gastrointestinal, Genitourinary, Musculoskeletal, Neurologic, Hematological, Endocrine, and Psychiatric.

Do not state “noncontributory” or “none” in the history. If the patient tells you they have not had a particular problem it is better to word it as “the patient denies...” Under the physical do not leave a section blank or state “noncontributory” or “normal” or “WNL”. Tell us what you saw/observed. When insurance companies review your records and see this type of verbiage they will assume it was not done and you could end up losing money. Same goes for the genital/rectal exam. Do not leave it blank or state “deferred”. State why it was not done. Did the patient refuse the exam? If so state, “deferred due to patient request”, or something to that effect. Maybe they had a genital/rectal exam done less than one year ago—then state that. Under the musculoskeletal/osteopathic exam be sure to refer to your Clinical Skills I and OPP texts to be sure you have the necessary elements included here. Do not list your conclusions; tell us what you found on the physical examination. For example, gait, posture, seated and standing flexion tests, straight leg raising, areas of TART, etc.

There is a space available to list the results of labs, imaging studies or other tests that may have been obtained or are related to the patient’s chief complaint or prior work-up.

The assessment (diagnosis) is derived from the information obtained in the H&P. This is where you commit to a diagnosis and provide insight into your reasoning. When you are unsure of an exact diagnosis you still commit to what you think is most likely and why. List it in order from the most likely to the least likely. To help you develop your assessment you should develop a problem list first. This list is not included in the submitted H&P. The problem list is a ranked list (most important to least important) of all the patient’s active health problems. It is not a list of diagnosis. The list allows you to recognize patterns and help make diagnoses that are less obvious, or help you focus your differential diagnosis in a complicated patient. The problem list can also remind you of important medical issues that may be distinct from the chief complaint but still needs to be addressed. For example, a patient with COPD presents with cough and shortness of breath. His admission labs show a mild microcytic anemia and an elevated glucose. It would be easy to treat his pneumonia, watch him improve, and send him home without addressing the fact that he may have diabetes and may be having blood loss from a potentially serious condition such as colon cancer.

The plan should logically follow from the assessment. Be specific in what you plan to do. The plan should consist of 3 parts: additional diagnostic maneuvers needed, e.g. labs, X-rays, etc.; therapeutic procedures or medications that will be employed, e.g. OMM; and patient education. Remember to include when the patient is to follow-up next and what your plan is if the patient does not respond to your treatment. If you did OMT include a brief statement on how the patient responded.
For example, “OMT was done using muscle energy to the thoracic spine. The patient tolerated the procedure well and noted improvement in his/her symptoms.” The H&P is the core component of the encounter between a doctor and patient and is common to all forms of medical practice around the world. Doing the H&P is your chance to really get to know your patient. It is not a “chore”, but is a skill you will be using for the rest of your career as a physician. The H&P is your key to the study of medicine.

Each preceptor/site may have other activities that you may be required to do as well. In family medicine you will be expected to spend time in the physician’s office. Try to spend time in the physician’s business office and spend some time with the other members of the physician’s health care team in order to better understand their roles in the practice of medicine. When appropriate, you will be expected to accompany the physician on hospital rounds, or to the nursing home and home visits. This may include some weekend hours.

**Other Procedures**: You would benefit by reviewing the procedures listed below that can be accessed from the Textbook of Family Medicine. To access these videos go to the Clinical Key site through the WVSOM library to find the textbook. Access to the list and videos on located just after the Table of Contents. The following list is a suggestion for you to review.

- Video 16-1  Chest tube placement
- Video 28-1  Topical Anesthesia
- Video 28-2  Local Anesthesia
- Video 28-3  Digital Block
- Video 28-4  Inverted Subcuticular Stitches
- Video 28-5  Tissue Glue
- Video 28-8  Subcuticular Running Stitches
- Video 28-9  Excisional Skin Biopsy
- Video 28-10  Punch Biopsy
- Video 28-11  Shave Biopsy
- Video 28-12  Basal Cell Curettage and Cautery
- Video 28-15  Ingrown Toenail Removal
- Video 28-25  Neonatal Circumcision
- Video 28-27  Shoulder Injection
- Video 28-28  Knee Injection
- Video 34-1  Demonstration of the Use of Selected Equipment Used in the Management of Diabetes

**F. Patient Procedure Logs**

You are required to maintain a log of your activities while on your rotation. This is important to document the experiences that you are exposed to in the clinical setting. You should get used to maintaining a log as this will continue during your
residency. A well-documented log will help you to know the cases and procedures that you are exposed to and those that you may need to see in the future of your education. The log books are part of your grade and need to be initialed by the preceptor documenting the accuracy of your entries. The logs need to be reviewed by your Regional Assistant Dean and accepted as proper documentation of your rotation experience. There is limited space but if you need to use more than one line to document, do so.

You should make sure that you make a notation in the log:

- When you see a patient
- Note if the patient was seen in the Office/Hospital or other i.e. Nursing home
- Make sure that you list the diagnosis/problem that the patient presents with, making sure that you do this in enough detail. (Example: Acute Exacerbation of COPD, or Uncontrolled DM type 2 not just COPD, or DM)
- Document if you write admit notes in the hospital, progress notes in the office or hospital, discharge summaries and if you did an oral presentation to the preceptor on an encounter.
- List in detail the procedures that you observed (O), assisted (A) or performed (P).

It is always wise to make a copy of the log for your own records. You may want to review your logs as you participate in your 4th year audition rotations so you can respond to any questions of your experiences in doing certain procedures.

**Procedure Log:** This form (see below) is to be signed by your preceptor and turned into your Regional Assistant Dean monthly.
# FAMILY MEDICINE PROCEDURE LOG

The student will be exposed to the following skills: (to be signed by your preceptor)

<table>
<thead>
<tr>
<th>Skill</th>
<th>Reference</th>
<th>Performed</th>
<th>Observed</th>
<th>Not Done (why)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrated:</td>
<td>OP&amp;P texts and videos</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Palpatory diagnostic skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to do functional exam</td>
<td></td>
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<tr>
<td>Ability to record findings of exam</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Ability to record treatment procedures used</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to use any of the following: Soft tissue, muscle energy, myofascial, strain/counterstrain, HVLA, craniosacral, Articulotary</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpret resting 12-lead ECG</td>
<td>EKG &amp; ACLS texts, EKG Basics—LSU*, ECG Learning Center*, ECG Library*, Rhythm Simulator*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge of venipuncture/venebootomy</td>
<td>Clinical Skills II Handbook and video</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge of parenteral injections im, sc</td>
<td>Clinical Skills II Handbook</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to suture</td>
<td>Clinical Skills II Handbook and video</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge of splint/cast application</td>
<td>Clinical Skills II Handbook</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Knowledge of proper sterile procedures</td>
<td>Clinical Skills II Handbook</td>
<td></td>
<td></td>
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<tr>
<td>Knowledge of urinary bladder catheterization</td>
<td>Clinical Skills II Handbook</td>
<td></td>
<td></td>
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<tr>
<td>Knowledge of spirometry and interpreting PFT’s</td>
<td>Clinical Skills II Handbook</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Interpretation of CXR—PA and lateral</td>
<td>Radiology text/notes, Basic CXR Review—Dept of Radiology, Uniformed Services*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin biopsy and excisions</td>
<td>Clinical Skills II—sutting, Clinical Keys: Skin Biopsy Techniques</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Joint injections</td>
<td></td>
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<tr>
<td>Ear lavage</td>
<td>Clinical Keys: Cerumen Impaction</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Anoscopy</td>
<td>Clinical Skills II Handbook</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Flexible sigmoidoscopy</td>
<td>Clinical Skills II Handbook</td>
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<tr>
<td>I&amp;D of abscess—1st type of abscess</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


*ECG Learning Center: [library.med.utah.edu/ecg/](http://library.med.utah.edu/ecg/)

*ECG Library: [www.ecglibrary.com/ecg/home.html](http://www.ecglibrary.com/ecg/home.html)


*Basic CXR Review—Dept. of Radiology, Uniformed Services, University of Health Sciences, Bethesda, MD: [http://rad.usuhs.mil/rad/chest_review/index.html](http://rad.usuhs.mil/rad/chest_review/index.html)

Preceptor’s signature: ___________________________ Date: ____________
G. Core Competencies

1. **Medical Knowledge**

   a. By the end of this rotation the student is expected to possess the knowledge, attitudes and skills to:
      - Assess and manage acute illnesses commonly seen in the office setting.
      - Access and manage chronic illnesses commonly seen in the office setting.
      - Determine the health risks of patients/populations and make recommendations for screening and health promotion (wellness visits).
      - Be able to elicit and record a complete history and physical in all age groups, from pediatric to geriatric, which includes an osteopathic structural examination.
      - Be able to develop an appropriate assessment based on the information gathered.
      - Be able to develop an appropriate treatment plan based on the information gathered.
      - Incorporate appropriate preventive medicine at each visit.
      - Understand and implement focused evaluations of geriatric patients who present for evaluation and care.

   b. By the end of the rotation the student should be able to:
      - Differentiate between common etiologies that present with that symptom.
      - Recognize dangerous/emergency conditions that may present with that symptom and know when emergent referral is needed.
      - Perform a focused age appropriate history and physical examination as indicated for all patients.
      - Make recommendations as to labs/imaging/tests to obtain to narrow the differential.
      - Appreciate the importance of a cost-effective approach to the diagnostic work-up.
      - Describe the initial management of common and dangerous diagnoses that present with that symptom.

   c. For each core chronic disease, the student should be able to:
      - Find and apply diagnostic criteria and surveillance strategies for that problem.
      - Elicit a focused age specific history, including information on compliance, self-management, and barriers to care.
      - Perform a focused age specific physical examination that includes identification of complications.
- Locate and evaluate clinical practice guidelines associated with each of the core chronic diseases.
- Access improvement or progression of the chronic disease.
- Describe major treatment modalities for those problems.

d. Adult Health Maintenance:
- Define wellness as a concept that is more than “not being sick”.
- Define primary, secondary, and tertiary prevention.
  - Primary prevention-prevent from happening
  - Secondary prevention-early detection
  - Tertiary prevention-prevent worsening of symptomatic condition
- Identify risks for specific illnesses that affect screening and management strategies.
- Find and apply current guidelines for adult and geriatric immunizations.

e. Well child and adolescent visits:
- Describe the core components of child preventive care—health history, physical examination, immunizations, screenings/diagnostic tests, and anticipatory guidance.
- Find and apply the current guidelines for immunizations and be able to order them as indicated, including protocols for “catch-up” if immunizations are delayed/incomplete.
- Identify developmental stages and detect deviations from anticipated growth and developmental levels.
- Recognize normal and abnormal physical findings in the various age groups.
- Identify and perform recommended age-appropriate screenings.

2. Patient Care
   a. Gather information (evaluate), formulate a differential diagnosis, and propose initial management for patients with common acute presentations.
   b. Perform a focused history and physical examination that includes identification of complications for chronic conditions.
   c. Manage a chronic follow-up visit for patients with common chronic diseases.
      - Document a chronic care visit
      - Communicate respectfully with patients who do not fully adhere to their treatment plan
      - Educate a patient about an aspect of his/her disease respectfully, using language that the patient understands.
      - Propose an evidence-based management plan that includes pharmacologic and non-pharmacologic treatments, and appropriate surveillance and tertiary prevention.
d. Develop an evidence-based health promotion/disease prevention plan for a patient of any age or gender.

e. For women: elicit a full menstrual, gynecological, and obstetric history.

f. For men: identify issues and risks related to sexual function and prostate health.

g. Find and apply the current guidelines for immunizations in all ages.

h. Conduct a physical examination on an infant, child, adolescent, and adult.

i. Demonstrate competency in advanced history-taking, communication, physical examination and critical thinking skills.

j. Incorporate OP&P into the practice of family medicine.

3. **Interpersonal and Communication Skills**

a. Demonstrate ability to effectively communicate with patients from the pediatric patient to the geriatric patient.

b. Demonstrate ability to identify and communicate with caregivers.

c. Demonstrate competency in communication with patients of all age groups.

d. Establish effective relationships with patients and families using patient-centered communication skills.

e. Demonstrate competency in communicating appropriately with other healthcare professionals (e.g. other physicians, physical therapists, occupational therapists, nurses, counselors, etc.).

f. Be able to document an acute care visit appropriately.

g. Be able to document a chronic care visit appropriately.

h. Be able to communicate respectfully with patients to encourage lifestyle changes to support wellness (e.g. weight loss, smoking cessation, safe sexual practices, exercise/activity/nutrition/diet).

i. Respectfully educate a patient about an aspect of his/her disease using language that the patient understands. When appropriate, ask the patient to explain any new understanding gained during the discussion.

j. Provide counseling related to health promotion and disease prevention.

k. Regarding well child visits: be able to identify health risks, including accidental and non-accidental injuries and abuse or neglect.

l. Demonstrate the ability to use bidirectional communication with patients.

4. **Professionalism**

a. Maintain a professional relationship with patients and staff.

b. Display empathy and cultural competency.

c. Demonstrate responsibility, reliability and dependability.

d. Demonstrate understanding of patient confidentiality/HIPAA regulations.

e. Demonstrate respect for peers and all members of the health care team.

5. **Practice-Based Learning and Improvement**

a. Apply fundamental epidemiologic concepts to practice improvement.
b. Understand how medical informatics/EBM/research can be used to enhance patient care and understand their limitations in the practice of medicine.
c. Demonstrate ability to identify personal knowledge deficits.
d. Demonstrate ability to locate educational resources and strengthen personal medical knowledge.
e. Display commitment to continuous quality improvement.
f. Demonstrate ability to teach both peers and lay audiences.
g. Demonstrate the ability to discuss an evidence-based, step-wise approach to counseling for lifestyle modifications with a patient.
h. Practice life-long learning skills, including application of scientific evidence in clinical care.

6. **System Based Practice**
   a. Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
   b. Recognize how delivery systems differ: controlling health care costs, allocating resources.
   c. Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
   d. Be able to apply quality improvement concepts, including problem identification, barriers to optimal patient care and design improvement interventions.
   e. Be able to describe the nature and scope of family practice and how it interacts with other health professionals.
      - Discuss the value of family physicians within any health care system.
      - Discuss the principles of osteopathic family medicine care.
   f. Be able to identify community resources available to enhance patient care.
   g. Appreciate the importance of a cost-effective approach to the diagnostic work-up.
   h. Have a basic understanding of Medicare, Medicaid, Third Party, and HMO services.

7. **Osteopathic Philosophy and Osteopathic Manipulative Medicine**
   a. Understand and integrate Osteopathic Practices and Principles into all clinical and patient care activities.
   b. Develop an appreciation for the need to treat the entire patient including mind, body and spirit across all ages; including interactions with their family and surrounding environment.
   c. Integrate osteopathic concepts and OMT into the medical care provided to patients as is appropriate.
   d. Recognize somatic dysfunction across all age groups and how this may impact their overall health.
e. Demonstrate competency in the understanding and application of OMT appropriate to family medicine across all age groups.

f. Adapt osteopathic treatment modalities to adequately and safely treat those across all age groups.

H. COMAT Blueprint information for Family Medicine

Selected Specific Learner-Centered Objectives

1. **Asymptomatic/General/Fever/Hypothermia**: Genetic screening, vaccination recommendations, ethical and legal issues in clinical practice, population health and systems-based practice issues, health maintenance examinations for all ages, evidence-based cancer and other disease screening and prevention, anticipatory guidance, geriatric functional assessment and end-of-life issues.

2. **Bleeding/Respiratory/Circulation/HEENT**: hematuria, common forms of anemia, common eye and ear complaints, respiratory infections, common cardiac conditions, asthma and chronic obstructive pulmonary disease.

3. **Cognitive/Consciousness/Fatigue/Sensory/Substance Abuse**: Neuropathies, dementia, common psychiatric disorders, abuse, addiction, chronic pain, insomnia, headache and transient ischemic attack/stroke.

4. **Discharge/Masses/Skin/Trauma**: acne, other common skin lesions, lymphoma, tumors, vaginal discharge and sexually transmitted infection.

5. **Digestive/Metabolic**: diabetes, gastroesophageal reflux disease, gastrointestinal tract cancer, hyperlipidemia obesity, osteoporosis, thyroid disorders, liver disease and inflammatory bowel disease.

6. **Genitourinary/Pregnancy/Neonatal**: incontinence, erectile dysfunction, pelvic pain, menstrual abnormalities, urinary tract infections, hematuria, preconception care, antepartum/intrapartum/postpartum care, third trimester bleeding, abnormal labor, spontaneous abortion, ectopic pregnancy, Pelvic inflammatory disease, and conditions of newborn and infant care.

7. **Musculoskeletal**: sprains/strains/fractures, osteopathic manipulative treatment techniques, somatic dysfunction, viscerosomatic relationships, arthritis and rheumatic diseases.

Post rotation exam:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>1-10%</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>9-20%</td>
</tr>
</tbody>
</table>
In the first week of the rotation, all students are encouraged to take the online sample COMAT Rotation exam. This is a 15 question exam located at http://www nbome org/comat3.asp?m=coll. The pretest is strongly recommended, but the score will not be included in the course grade. At the end of this rotation, all students will be expected to take the COMAT Rotation examination covering the material outlined in the course objectives and the reading assignments in the required texts (and cases where appropriate). The exam consists of 125 questions that need to be completed within a two and ½ hour time limit. This is a proctored exam. The posttest exam will be proctored in a Statewide Campus region determined by the student’s RAD/Site Director and will count as 30% of the final rotation grade. A date and time for the posttest will be provided by your Statewide Campus office.

If a student does not receive a passing score on the COMAT exam equal to or greater than a standard (NBOME) score of 75 the student will have failed the rotation and will have his/her record remanded to the Student Promotions Committee for review per Clinical Education Manual Section 1.7 Proctored End of Rotation Exams. After review the committee will make a recommendation to the Vice President for Academic Affairs and Dean (See Institutional Policy E-17).

Standard scores will be converted to a percentage with standard scores greater than 119 being recorded as 100 %. The standard score of 74 and below will be listed as 67% and therefore a failure of the COMAT exam. Failure of the COMAT will result in failure of the rotation and the student will have his/her record remanded to the Student Promotions Committee for review per Clinical Education Manual Section 1.7 Proctored End of Rotation Exams. After review the committee will make a
recommendation to the Vice President for Academic Affairs and Dean (See Institutional Policy E-17).

The Committee may recommend Remediation for this failed rotation which will consist of the following:

- The student will repeat the rotation with a different preceptor either at the same base site or another SWC site as determined by SWC personnel.
- The student will repeat all of the requirements for the failed rotation as outlined in the syllabus.
- The student is required to update his/her Regional Assistant Dean on a weekly basis during the repeat rotation to report progress on studying all materials outlined in the syllabus and any additional work completed to strengthen the student’s knowledge in the specialty, additional reading from required or other written sources, review of NBOME blueprint information, etc.
- The student will retake the COMAT end of rotation exam per Clinical Education Manual Section 1.7.

After successful remediation including passage of the COMAT exam, a final rotation grade assigned will be in accordance with Institutional Policy E-21.

Pretest/Posttest OPP

In the first week of the FM 1 rotation, all students are encouraged to take the online sample COMAT OPP exam. This is a 15 question exam located at http://www.nbome.org/comat3.asp?m=coll. The pretest is strongly recommended, but the score will not be included in the course grade. At or near the end of the first four weeks of FM 1, students will take the COMAT OPP examination covering the material outlined in the NBOME objectives and the reading assignments in the required texts suggested by the NBOME. The exam consists of 125 questions that need to be completed within a two and ½ hour time limit. The posttest exam will be proctored in a Statewide Campus region and will not count as part of the FM1 grade. The date, time, and place for the posttest will be assigned by the student’s Statewide Campus office.

If a student does not receive a passing score on the COMAT OPP exam equal to or greater than a standard (NBOME) score of 75 (2.5 standard deviations below the NBOME mean score) the student will have his/her record remanded to the Student Promotions Committee for review per Clinical Education Manual Section 1.7 Proctored End of Rotation Exams. After review the committee will make a recommendation to the Vice President for Academic Affairs and Dean (See Institutional Policy E-17).

Standard scores will be converted to a percentage with standard scores greater than 119 being recorded as 100%. The standard score of 74 and below will be listed as 67% and therefore a failure of the COMAT exam. Remediation for this failed exam
will consist of the following if recommended to the Vice President of Academic Affairs and Dean by the Student Promotions Committee:

- The student will not be allowed to count the current FM1 rotation as his/her Stookey rotation. No subsequent rotation may count as a Stookey rotation if the COMAT OPP exam has not been passed.
- A remediation plan of no less than four weeks will be made in cooperation with the Associate Dean for OPP including but not limited to additional readings and ComBank questions.
- The student is required to update his/her Regional Assistant Dean on a weekly basis during the remediation to report progress on studying all materials outlined in the syllabus as well as any additional work assigned and completed to strengthen the student’s knowledge in OPP.
- The student will retake the COMAT OPP end of rotation exam per the Clinical Education Manual Section 1.7 and the approval of both the Associate Dean for OPP and his/her Regional Assistant Dean.
- The student will not be allowed to take the third year OSCE or move from third year to fourth year status without passage of the OPP COMAT exam.

I. Grading/Calculations

1. Preceptor grade .................................................. 60%
2. Rotation Requirement Package .......................... 10%
   a. MedU cases .................................................. 3%
   b. DocCom Cases .............................................. 3%
   c. Completion of Patient Procedure Log and Family Medicine Procedure Log 2%
   d. Case Study (must be turned in by Friday of the 5th week and score must be 70 or above to receive credit for RRP) 2%
3. Family Medicine COMAT end of rotation examination 30%

The RRP must be completed by the last day of the rotation. If it is not handed in on the last day of the rotation then you will not receive credit for the 10% for the RRP.

Note that you will have a standard score of 75 or greater on the COMAT end of rotation exam to pass the rotation/course. Should you score less than a standard score of 75 you will have failed the rotation. Your file will be remanded to the Student Promotions Committee for review and the committee will make recommendations to the Vice President for Academic Affairs and Dean for you to repeat the course or other sanctions up to and including dismissal. Please see Institutional Policy: E-17-5.
Please note the following:

The Clinical Education Grade Form should be submitted via email, FAX or US mail and not given to the student to return to the Statewide Campus Regional office.

The student is responsible for ensuring that the Grade form is submitted in a timely fashion and should follow-up with the preceptor, if necessary.

Students must complete Preceptor/Site/Course Evaluations by the last day of the rotation to avoid an Incomplete Grade. Should you receive an incomplete grade you will have 6 weeks to complete the evaluation or the incomplete grade will become a failing grade.
2.2 Internal Medicine I

Course Number: 810

See discussion of Internal Medicine requirements under section 2.3.

2.3 Internal Medicine II

Course Number: 811

A. Introduction

Studying the discipline of Internal Medicine provides the basic knowledge to understand and treat all adult patients. The discipline provides the student the means of identifying the acuity of the signs and symptoms that the patient presents with. As a medical student you will learn how to evaluate the adult patient and determine whether the patient will require ambulatory care or more intensive monitoring and care in a hospital setting.

The Internal Medicine core course is divided into two four-week rotations which will address the care provided in the ambulatory and hospital settings. During these two four-week rotations it is important that you read and study the conditions that you see in each of the different settings. It is critically important that you integrate your knowledge of pathology, physiology, pharmacology, OPP, and other basic sciences as you note the patient presentation, signs, symptoms, and laboratory and imaging findings. This will allow you to develop a broad differential diagnosis and ultimately will lead you to a diagnosis and treatment plan. This analytical process will be the foundation for your evaluation and care of patients throughout your career.

B. Required Textbooks

Foundations of Osteopathic Medicine, Lippincott, Williams and Wilkins
Andreoli and Carpenter’s Cecil Essentials of Medicine, Saunders*
Ham’s Primary Care Geriatrics, Sixth Edition*
Medicine: A Competency-Based Companion, Israel and Tunkel*

C. Other Resources

Goldman: Goldman’s Cecil Medicine, Saunders*
Pocket Medicine: the Massachusetts General Hospital Handbook of Internal Medicine, Sabatine
*available for free on ClinicalKey through the WVSOM library
http://www.emedicine.com

D. Didactic and Reading assignments
The topics below should be studied during Internal Medicine I and II utilizing the above noted required textbooks and MedU Simple cases. Preceptors are encouraged to assign these topics as they are encountered in the clinical setting. However, even if these are not encountered during the rotation, the student is expected to master each of these topics.

Additionally, the student is expected to set time aside each day for reading and completion of the MedU Simple cases and DocCom cases. You should plan on completing 7 MedU Simple cases during the Internal Medicine I rotation and the remaining 6 during the Internal Medicine II rotation.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Subtopic</th>
<th>Cecil Essential of Medicine</th>
<th>MedU Cases</th>
<th>Medicine: A Competency-Based Companion</th>
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</thead>
<tbody>
<tr>
<td>Allergy/Skin/Misc.</td>
<td>Common Dermatological Conditions and skin lesions</td>
<td></td>
<td>Simple Case 17</td>
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</tr>
<tr>
<td>Cardiovascular</td>
<td>Acute Coronary Syndromes</td>
<td>Chapter 8</td>
<td>Simple Case 1</td>
<td>Chapter 8</td>
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<td></td>
<td>Arrhythmias</td>
<td>Chapter 9</td>
<td>FM Case 22</td>
<td>Chapter 11</td>
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<td></td>
<td>Chronic Ischemic Heart Disease</td>
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<td></td>
<td>Congenital Heart Disease</td>
<td>Chapter 6</td>
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<td></td>
<td>Hyperlipidemia</td>
<td>Chapter 69</td>
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<td></td>
<td>Peripheral Vascular Disease</td>
<td>Chapter 12</td>
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<td>Chapter 13</td>
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<td></td>
<td>Congestive Heart Failure</td>
<td>Chapter 5</td>
<td></td>
<td>Chapter 10</td>
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<td>Aortic Dissection</td>
<td>Chapter 12</td>
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<td>Chapter 8</td>
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<td>Valvular Heart Disease</td>
<td>Chapter 7</td>
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<td>Pericarditis</td>
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<td>Endocarditis</td>
<td>Chapter 93</td>
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<td>Endocrine</td>
<td>Weight Loss/Gain</td>
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<td>Chapter 48 &amp; 49</td>
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<td></td>
<td>Adrenal Disorders</td>
<td>Chapter 64</td>
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<td>Chapter 43</td>
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<tr>
<td></td>
<td>Diabetes Mellitus</td>
<td>Chapter 66</td>
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<td>Chapter 46 &amp; 47</td>
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<td><strong>Gastrointestinal</strong></td>
<td>Diseases of the Upper and Lower GI Tract</td>
<td>Chapters 35, 36, 37</td>
<td>Simple Case 12</td>
<td>Chapter 28, 29</td>
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<tr>
<td><strong>Liver disorders</strong></td>
<td>Chapters 40, 41, 42, &amp; 43</td>
<td>Simple Case 11 and Case 36</td>
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<tr>
<td><strong>Gallbladder disease</strong></td>
<td>Chapter 44</td>
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<tr>
<td><strong>Pancreatic disorders</strong></td>
<td>Chapter 38</td>
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<td><strong>Disease Prevention for the GI tract</strong></td>
<td>Chapter 34</td>
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<td><strong>GI Cancers</strong></td>
<td>Chapter 57</td>
<td>Simple Case 21</td>
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<td><strong>Hematology/Oncology</strong></td>
<td>Coagulation disorders Chapters 51 &amp; 52</td>
<td>Chapter 36</td>
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<td><strong>Anemias</strong></td>
<td>Chapter 47</td>
<td>Simple Case 19</td>
<td></td>
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<tr>
<td><strong>Solid Tumors</strong></td>
<td>Chapter 60</td>
<td></td>
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<tr>
<td><strong>Hematologic Malignancies</strong></td>
<td>Chapter 46</td>
<td>Chapter 35</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Infectious Diseases</strong></td>
<td>Commonly encountered Chapters 91, 94, 98 &amp; 100</td>
<td>Chapter 54, &amp; 55</td>
<td></td>
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</tr>
<tr>
<td><strong>Immunological Disease and Host response</strong></td>
<td>Chapters 101 and 102</td>
<td></td>
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<tr>
<td><strong>Musculoskeletal</strong></td>
<td>Osteoporosis Chapter 75</td>
<td>Simple Case 13</td>
<td></td>
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<tr>
<td><strong>Inflammatory and non-inflammatory rheumatic diseases</strong></td>
<td>Chapter 77, 79, 80, 82, and 85</td>
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<tr>
<td><strong>Vasculitis</strong></td>
<td>Chapter 81</td>
<td></td>
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<tr>
<td><strong>Disorders of the bone and muscle</strong></td>
<td>Chapter 83 and 84</td>
<td></td>
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</tr>
<tr>
<td><strong>Neurology</strong></td>
<td>Stroke Chapter 116</td>
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<tr>
<td>Disorder</td>
<td>Chapter/Case</td>
<td>Chapter/Case</td>
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<tr>
<td>Disorders of the spinal cord and peripheral nerves</td>
<td>Chapter 114, 117 &amp; 121</td>
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<tr>
<td>Disorders of Cerebral Function</td>
<td>Chapter 107</td>
<td>Simple Case 18</td>
<td></td>
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<td>CNS Neoplasms</td>
<td>Chapter 119</td>
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<tr>
<td><strong>Renal/Hypertension</strong></td>
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<tr>
<td>Fluid and Electrolyte disorders</td>
<td>Chapter 27</td>
<td>Simple Case 25</td>
<td>Chapter 22</td>
<td></td>
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<tr>
<td>Acute renal injury</td>
<td>Chapter 31</td>
<td>Simple Case 33</td>
<td></td>
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<tr>
<td>Chronic kidney disease</td>
<td>Chapter 32</td>
<td></td>
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<tr>
<td>Non-glomerular disorders</td>
<td>Chapter 29</td>
<td>Simple Case 27</td>
<td></td>
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<tr>
<td>Glomerular disorders</td>
<td>Chapter 28</td>
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<tr>
<td><strong>Respiratory</strong></td>
<td></td>
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<tr>
<td>Neoplastic Disorders of the lung</td>
<td>Chapter 23</td>
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<tr>
<td>Obstructive Lung Diseases</td>
<td>Chapter 16</td>
<td>Simple Case 28</td>
<td></td>
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</tr>
<tr>
<td>Pneumonia</td>
<td>Chapter 21</td>
<td>Simple Case 22 and Case 29</td>
<td></td>
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<tr>
<td>Pulmonary Embolism</td>
<td>Chapter 18</td>
<td>Simple Case 30</td>
<td></td>
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</tr>
<tr>
<td><strong>Respiratory Failure and Critical Care Medicine</strong></td>
<td>Chapter 22</td>
<td></td>
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<tr>
<td><strong>Geriatrics</strong></td>
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<tr>
<td>The Aging Patient</td>
<td>Chapter 124</td>
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</table>

Depending on your Internal Medicine I and II rotation you will need to divide the required reading noted above to address the COMAT blueprint. The MedU cases are listed below and 7 will need to be completed during the Internal Medicine I rotation and the remainder 6 cases during the Internal Medicine II rotation.

**MedU Cases**

You will be required to complete MedU Cases. To access the MedU Cases go to [http://www.med-u.org/](http://www.med-u.org/) and choose fmCases. You must register to use MedU.
Once you have registered, you can log in to MedU Cases using your established login and password. Print the case selection screen from the Cases upon completion of the required cases. This printout must be submitted to the appropriate Statewide Campus office on the last day of the rotation. If you have technical problems with the MedU Cases please e-mail medusupport@i-intime.org. Complete seven (7) cases during IM I and another six (6) cases during IM II, for a total of 13 cases. Choose from the following:

- simple Case 1: 49 year old man with chest pain-Mr. Monson
- simple Case 11: 45 year old man with abnormal LFTs-Mr. Chapman
- simple Case 12: 55 year old man with lower abdominal pain-Mr. Wilson
- simple Case 13: 65 year old woman seen for annual physical-Mrs. Thompson
- simple Case 17: 28 year old male with rash-Mr. Moeller
- simple Case 18: 75 year old man with memory problems-Mr. Caldwell
- simple Case 19: 42 year old woman with anemia-Ms. Winters
- simple Case 21: 78 year old man with a fever, lethargy and anorexia-Mr. Ramiez
- simple Case 22: 71 year old man with cough and fatigue-Mr. Groszek
- simple Case 25: 75 year old hospitalized woman with confusion-Mrs. Kohn
- simple Case 27: 65 year old man with back pain-Mr. Stout
- simple Case 28: 70 year old man with shortness of breath and swelling-Mr. Honig
- simple Case 29: 55 year old woman with fever and chills-Mrs. Kapoor
- simple Case 30: 55 year old woman with left leg swelling-Ms. Bond
- simple Case 33: 49 year old woman with confusion-Mrs. Baxter
- fm Case 22: 70 year old male with new-onset unilateral weakness-Mr. Wright

DocCom Cases
- IM 1: Communicating in Specific Situations #36: Ending Doctor-Patient Relationships
- IM 2: Giving Bad News #33

**Complete the Discussion Questions.** To access the Doc.Com Cases visit: [http://webcampus.drexelmed.edu/doccom/user/](http://webcampus.drexelmed.edu/doccom/user/) you will log in using your Email address and Password.

**E. Procedures/Clinical Skills**

Skills the student must learn to perform independently:

- Complete H&P*
  - Perform a complete head to toe exam and document the exam (at least once per week)
- Present pertinent information from the H&P to the attending in concise fashion (oral presentation)
- Progress Note documentation (at least one per day)*

*if unable to document in the EHR, student is expected to handwrite or type
Activities the student may observe, assist or perform:

- Cardiac Stress Test
- Basic Cardiac Life Support (BCLS) and Advanced Cardiac Life Support (ACLS)
- Phlebotomy
- Administration of intradermal, subcutaneous, and intramuscular injections
- Peripheral intravenous access
- Endotracheal intubation
- nasogastric tube insertion
- Foley catheter insertion in both male and female patients
- Perform an incision and drainage of a simple abscess, and collect fluid from an abscess for testing, as appropriate
- Colonoscopy
- Upper endoscopy
- Bronchoscopy
- Joint injections/Aspirations
- Trigger point injections
- Central line placement
- Thoracentesis
- Paracentesis
- Biopsy (example: Skin, Liver, Bone Marrow)
- Review all biopsy and tissue sample testing with Pathologist
- Wound care and dressing
- Echocardiography
- PICC line placement
- Autopsy, if available

Basic interpretation of:

- CBC
- UA, Microscopic Analysis
- INR (International Ratio) – Coagulation Studies
- Anemia Studies
- Fluid Analysis (Thoracentesis, Paracentesis, CSF, etc.), Cell Counts, Culture and Sensitivity, and Proteins
- Lipids
- Hepatic Profile
- Bilirubin
- Thyroid function tests
- Glucose, Hemoglobin A1C
- Hepatic Proteins
• Electrolytes
• Cardiac Enzymes
• Renal Function tests
• RPR
• HIV Antibodies
• HIV Viral Load
• PFT (Pulmonary Function Testing) – How to perform and interpret
• EKGs – How to perform and interpret
• ABGs – How to perform and interpret
• X-ray – Systematic interpretation and approach
  o CXR – Normal
  o KUB – Normal

F. Patient Procedure Logs

You are required to maintain a log of your activities while on both IM 1 and IM 2 rotations. This is important to document the experiences that you are exposed to in the clinical setting. You should get used to maintaining a log, as this will continue during your residency. A well-documented log will help you to know the cases and procedures that you are exposed to and those that you may need to see in the future of your education. The log books are part of your grade and need to be initialed by the preceptor, documenting the accuracy of your entries. The logs need to be reviewed by your Regional Assistant Dean and accepted as proper documentation of your rotation experience. There is limited space, but if you need to use more than one line to document, do so.

You should make sure that you make a notation in the log:
• When you see a patient
• Note if the patient was seen in the Office/Hospital or other, i.e, Nursing Home
• Make sure that you list the diagnosis/problem that the patients presents with, making sure that you do this in enough detail. (Example: Acute Exacerbation of COPD, or Uncontrolled DM type 2, not just COPD or DM)
• Document if you write admit notes in the hospital, progress notes in the office or hospital, discharge summaries and if you did an oral presentation to the preceptor on an encounter.
• List in detail the procedures that you observed (O), assisted (A), or performed (P).

It is always wise to make a copy of the log for your own records. You may want to review your logs as you participate in your 4th year audition rotations so you can respond to any questions of your experiences in doing certain procedures.

G. Core Competencies
1. Medical Knowledge
a. Cardiovascular Diseases – Chronic CAD, CHF, Hypertension, Atrial Fibrillation (Afiib), Stroke
b. Gastrointestinal Diseases – GERD, IBS (Irritable Bowel Syndrome), Constipation, Pancreatitis, Gallbladder Disease
c. Allergic, Dermatologic, and Immunologic Disorders
d. Musculoskeletal and Connective Tissue Disease – Rheumatoid Arthritis, vasculitis
e. Neurologic Disorders – Dementia/Delirium, Depression/Anxiety, Parkinson’s 
f. Endocrine Disorders – Diabetes, Thyroid
g. Renal Disorders – Chronic Kidney Disease (CKD stages), Acid Base Disorders, Electrolyte Abnormalities, Pre and Post Renal Failure, glomerular diseases
h. Infectious Disorders – Cellulitis, Clostridium Difficile, Community Acquired Pneumonia, UTI, URI
i. Pulmonary Disorders – COPD, Asthma, pulmonary embolism
j. The student will demonstrate the ability to evaluate and develop a differential diagnosis for each of the following symptoms/conditions:
   • Chest Pain
   • Syncope
   • Edema
   • Anemia
   • Fatigue
   • Headache
   • Cough
   • Shortness of Breath
   • Fever
   • Abdominal Pain
   • Constipation
   • Diarrhea
   • Dizziness
   • Back Pain
   • Joint Pain
   • Rash
k. The student will demonstrate an understanding of the basic principles and current recommendation for:
   • Adult Immunizations (age 16 and up) based on CDC guidelines (http://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html)
   • Age appropriate cancer screenings ex: Breast, Colon, Cervical, Prostate Screenings and their utilization of the USPSTF Database
• Pain Management
• Care of the geriatric patient

2. **Patient Care**
   a. Compare and contrast the approach to a patient in the office vs. hospital setting.
   b. Demonstrate the ability to identify a pertinent chief complaint.
   c. Perform a complete and focused H&P exam related to chief complaint.
   d. Develop a differential diagnosis appropriate to the context of the patient setting and findings.
   e. Demonstrate effective patient management skills, including a comprehensive evaluation and treatment plan
   f. Identify the need for, and Implement essential clinical procedures.
   g. Demonstrate an understanding of appropriate patient referrals.
   h. Discuss preventable injuries and illnesses with the patient.
   i. Educate patients and evaluate their comprehension of their outpatient/inpatient treatment plan.
   j. Participate with the health care team to provide Inter-Professional Collaboration (IPC) and develop a patient-centered, inter-professional, evidence-based management plan.
   k. Health promotion and disease prevention (HPDP)
   l. Develop an understanding of the altered physiology of the geriatric patient and aging process.

3. **Interpersonal and Communication Skills**
   a. Demonstrate ability to identify yourself to the patient and your role in their care.
   b. Demonstrate ability to effectively communicate with Internal Medicine patients in respectful manner maintaining patient and family member’s dignity and confidentiality.
   c. Demonstrate ability to identify and communicate with family members, determine the presence of a medical power of attorney, Living Will, and Code status that will assist in the care of the patient.
   d. Demonstrate ability to identify the person with key information about the patient’s situation and obtain pertinent history and documentation from variety of sources.
   e. Consolidate and organize pertinent information for presentation to the attending.
   f. Demonstrate effective communication techniques with other members of the healthcare team and ancillary staff.
   g. Use appropriate terminology/language with patient and family.

4. **Professionalism**
a. Demonstrate ability to effectively communicate with patients.
b. Demonstrate ability to identify and communicate with caregivers.
c. Demonstrate a team approach for treating patients.
d. Accept direction and critical teaching from the medical team, nurses, and staff with a positive attitude.
e. Display respect for peers and all members of the healthcare team.
f. Show sensitivity to a diverse patient population.
g. Understand the role of the medical student on the medical team and do not overstep boundaries.
h. Demonstrate empathy and compassion for patients and their families.
i. Maintain honesty and integrity in all communications.
j. Understand, appreciate and abide by all HIPAA rules.
k. Be aware of patient’s rights and responsibilities and the need for shared decision making.
l. Display common courtesy and punctuality.
m. Demonstrate self-awareness of public image and its effect on patient care, peers, and their careers through social media (Facebook, emails, texts, etc.)
n. Understand and respect the local culture of the patient population and medical team.
o. Maintain personal hygiene and proper attire.
p. Complete tasks and assignments in a timely manner.

5. **Practice-Based Learning & Improvement**
a. Apply fundamental epidemiologic concepts to practice improvement through Medical informatics/EBM/Research
b. Demonstrate ability to identify and correct personal knowledge deficits by using appropriate educational resources to strengthen personal medical knowledge.
c. Display commitment to continuous quality improvement.
d. Demonstrate ability to teach both peers and lay audiences.
e. Understand and communicate his/her learning style to the preceptor.
f. Demonstrate the appropriate application and use of technology.
g. Demonstrate the ability to read and interpret an article.
h. Demonstrate the appropriate use of ancillary studies.

6. **System Based Practice**
a. Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
b. Recognize how delivery systems differ: controlling health care costs, allocating resources.
c. Use patient-centered, equitable systems of care that recognizes the need to reduce medical errors and improve patient safety.
d. Demonstrate ability to perform cost effective practice.
e. Be aware of medication and treatment costs (direct patient costs/insurance coverage) and the impact of these factors on the physician’s treatment plan.
f. Demonstrate understanding of HIPAA regulations and its impact on the communication of patient care information for patients.
g. Recognize the need to improve your knowledge base, develop and deliver case presentations and demonstrate these skills by utilizing the local electronic medical record, on line resources and local patient instruction protocols to provide patient instructions.
h. Understand the training and certification pathways of sub specialties.
i. Demonstrate an understanding of when it is appropriate to refer to specialists.
j. Demonstrate knowledge of the discharge planning process.
k. Demonstrate ability to communicate appropriate and complete patient information in any and all transitions of care (hand off) in order to maintain continuity of care.

7. Osteopathic Philosophy and Osteopathic Manipulative Medicine
   a. Use the relationship between structure and function to promote health.
b. Identify common and referred pain patterns.
c. Obtain historical information to advance the care and treatment of the patient that integrates physical, psychosocial, and cultural factors.
d. Identify the patient’s chief complaint and Perform a physical exam incorporating visual inspection, auscultation, palpation, percussion, range of motion testing, and osteopathic structural examination in order to properly diagnose the patient’s condition.
e. Identify key history and physical examination findings pertinent to the working diagnosis and the differential diagnosis.
f. Use appropriate information resources to determine diagnostic evaluations for patients with common and uncommon medical problems.
g. Describe how critical pathways or practice guidelines can be useful in sequencing diagnostic evaluations for the patient.
h. Formulate a differential diagnosis based on findings from the history and physical examination of the patient.
i. Consider the patient’s perspective and values in diagnostic and therapeutic decision making.
j. Prioritize diagnostic tests and treatment (including OMT) based on sensitivity, specificity, and cost-effectiveness.
k. Apply the 4 tenets of osteopathic medicine to patient care

H. COMAT Blueprint information for Internal Medicine

Dimension 1 – Patient Presentation
<table>
<thead>
<tr>
<th>Topic</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy/chemical/skin/miscellaneous</td>
<td>7-13%</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>7-13%</td>
</tr>
<tr>
<td>Endocrine/Nutrition/Metabolism</td>
<td>7-13%</td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td>7-13%</td>
</tr>
<tr>
<td>Hematology/Oncology</td>
<td>7-13%</td>
</tr>
<tr>
<td>Infectious Diseases</td>
<td>7-13%</td>
</tr>
<tr>
<td>Neurology</td>
<td>7-13%</td>
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<tr>
<td>Renal/Hypertension</td>
<td>7-13%</td>
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<tr>
<td>Respiratory</td>
<td>7-13%</td>
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<tr>
<td>Rheumatology/Musculoskeletal</td>
<td>7-13%</td>
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</table>

Dimension 2 – Physician Tasks

<table>
<thead>
<tr>
<th>Topic</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Promotion/Disease Prevention</td>
<td>5-15%</td>
</tr>
<tr>
<td>History/Physical/Diagnosis</td>
<td>35-55%</td>
</tr>
<tr>
<td>Management</td>
<td>20-35%</td>
</tr>
<tr>
<td>Scientific Understanding of Health and Disease Mechanisms</td>
<td>15-25%</td>
</tr>
</tbody>
</table>

I. Grading Calculations

- **Internal Medicine I**
  1. Preceptor grade 90%
  2. RRP 10%
    a. 7 MedU cases
    b. DocCom cases
    c. Completion of Patient Procedure Log

- **Internal Medicine II**
  1. Preceptor grade 60%
  2. RRP 10%
    a. 6 MedU cases
    b. DocCom cases
    c. Completion of Patient Procedure Log
  3. COMAT IM II end of rotation exam 30%

The RRP must be completed by the last day of each IM I and IM II rotation.

Note that you MUST have a standard score of 75 or greater on the COMAT end of rotation exam to pass the rotation/course. Should you score less than a standard score of 75, you will fail the rotation and your file will be remanded to the Student Promotions Committee for review and make recommendations to
Please note the following:
The Clinical Education Grade Form should be submitted via email, FAX or US mail and not given to the student to return to the Statewide Campus Regional Office.

The student is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor, if necessary.

Students must complete Preceptor/Site/Course Evaluations by the last day of the rotation to avoid an Incomplete Grade. Should you receive an incomplete grade you will have 6 weeks to complete the evaluation or the incomplete grade will become a failing grade.
2.4 Pediatrics I

Course Number: 815

A. Introduction

Pediatrics I the first formal introduction to the practice and discipline of pediatrics. This can be an exciting rotation as you learn about the care of infants, children and adolescents. It is important to remember that in pediatrics you are not dealing with small adults. Pediatric patients have their own unique pathophysiology as they grow and develop, and should not be approached as adults. The discipline of pediatrics provides an introduction to the medical profession for the young patient and can set the tone for future interactions with the healthcare system.

Pediatrics is a broad field which encompasses not only the medical care of the patient, but also preventive care and evaluation of the patient’s developmental, emotional and social well-being. The student must learn developmental milestones and become proficient at performing psychosocial and developmental histories as well as physical examinations while on this rotation. The relationship presented to the student by the child and his/her caregiver is also important.

Pediatricians treat a wide variety of diseases ranging from typical newborn issues to acutely and seriously ill children. The key component of general pediatrics remains well-child check-ups and the more common viral infections. Many of your preceptors may participate in the critical care of newborns and older pediatric patients. Students will be able to use this rotation to see a wide variety of patients with their preceptors.

Students should take time on this rotation not only to study general pediatrics but to also explore the numerous opportunities associated with the field. This can easily become a very rewarding and unforgettable rotation.

B. Required Textbooks

Nelson’s Essentials of Pediatrics, 7th edition
Pediatrics: A Competency-Based Companion

C. Other Resources

Harriet Lane Handbook, 20th edition
Pediatrics in Review Journal

Lexicomp APP on i-Phone
free for a month Peds A-Z

Excellent source for pediatric musculoskeletal development/milestones and Osteopathy in the Cranial Field for newborns.

Publications from the American Academy of Pediatrics:

Concise presentations of all pediatric infectious diseases including current recommendations by the AAP by topics and specific diseases.

Bright Futures, 3rd edition
Presents the current recommendation for children/adolescents health supervision and anticipatory guidance; has a pocket companion, a mental health version and a nutrition version as well.

D. Didactic and Reading Assignments

The topics below should be studied during Pediatrics I, utilizing the above noted required textbooks, CLIPP cases, and other sources, with approximately one-fourth of the material being studied each week. Preceptors are encouraged to assign these topics as they are encountered in the clinical setting. However, even if these are not encountered during the rotation, the student is expected to master each of these topics.
The student is expected to set time aside each day for reading and completion of the CLIPP cases and DocCom cases.

<table>
<thead>
<tr>
<th>Topics</th>
<th>Nelson Essentials of Pediatrics</th>
<th>Competency-Based Companion Pediatrics</th>
</tr>
</thead>
<tbody>
<tr>
<td>WEEK 1: NORMAL GROWTH &amp; DEVELOPMENT</td>
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<tr>
<td>Overview and Assessment of Variability</td>
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</tr>
<tr>
<td>The Newborn</td>
<td>Chapter 59</td>
<td>Chapter 16 and 54-58, 60</td>
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<tr>
<td>The First Year</td>
<td>Chapter 9</td>
<td>Chapter 18,19,20 &amp;21</td>
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<tr>
<td>The Second Year</td>
<td>Chapter 9</td>
<td>Chapter 22</td>
</tr>
<tr>
<td>The Preschool Years</td>
<td>Chapter 9</td>
<td>Chapter 23</td>
</tr>
<tr>
<td>Middle Childhood</td>
<td>Chapter 9</td>
<td>Chapter 23</td>
</tr>
<tr>
<td>Adolescence</td>
<td>Chapter 9, 67, 70, 71</td>
<td>Chapter 24</td>
</tr>
<tr>
<td>Assessment of Growth</td>
<td>Chapter 6</td>
<td>Chapter 70</td>
</tr>
<tr>
<td>Developmental-Behavioral Screening &amp; Surveillance</td>
<td>Chapter 7 &amp; 8</td>
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<tr>
<td>Assessment &amp; Interviewing</td>
<td>Chapter 67</td>
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<tr>
<td>Pediatric Pharmacokinetics</td>
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<tr>
<td>Principles of Drug Therapy</td>
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<tr>
<td>The Oral Cavity</td>
<td>Chapter 127</td>
<td>Chapter 18</td>
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<tr>
<td>Immunization Practices</td>
<td>Chapter 94</td>
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<tr>
<td>WEEK 2 – CARDIOLOGY/RESPIRATORY/GYN</td>
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<tr>
<td>Evaluation of the Cardiovascular System</td>
<td>Chapter 139, 141</td>
<td>Chapter 65</td>
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<tr>
<td>Laboratory Evaluation</td>
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<tr>
<td>Congenital Heart Disease</td>
<td>Chapter 143 &amp; 144</td>
<td>Chapter 65, 79</td>
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<tr>
<td>Cardiac Arrhythmias</td>
<td>Chapter 142</td>
<td>Chapter 82</td>
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<tr>
<td>Cardiac Therapeutics</td>
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<tr>
<td>Diseases of the Peripheral Vascular System</td>
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<tr>
<td>Respiratory System – Development &amp; Function</td>
<td>Chapter 133</td>
<td></td>
</tr>
<tr>
<td>Disorders of the Respiratory Tract</td>
<td>Chapters 135-137 &amp; 107-110</td>
<td>Chapter 66, 74, 83, 87</td>
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<tr>
<td>Gynecology</td>
<td>Chapters 114-116</td>
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<thead>
<tr>
<th>WEEK 3 – CNS/Behavioral &amp; Psychiatric Disorders/Allergy</th>
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<tbody>
<tr>
<td>Behavioral &amp; Psychiatric Disorders</td>
<td>Chapters 11-15 and 16-20</td>
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<tr>
<td>Nervous System</td>
<td>Chapters 179-181</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Chapters 27-31</td>
</tr>
<tr>
<td>Allergic Disorders</td>
<td>Chapters 77-81</td>
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<tr>
<td>Skin</td>
<td>Chapters 188-192 &amp; 194</td>
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<th>WEEK 4 – MISC.</th>
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<tr>
<td>Bone &amp; Joint Disorders</td>
<td>Chapters 197-202</td>
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<tr>
<td>Endocrine</td>
<td>Chapters 170-171, 174-177</td>
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<tr>
<td>GI</td>
<td>126, 128-131</td>
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<td>GU</td>
<td>Chapters 161-164, &amp; 167-168</td>
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<tr>
<td>Hematology</td>
<td>Chapter 149, 150</td>
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<tr>
<td>Oncology</td>
<td>Chapter 153, 155, 156, 158, 159</td>
</tr>
<tr>
<td>HEENT Infections</td>
<td>Chapters 102-106</td>
</tr>
</tbody>
</table>

Topics a student should make sure that they have read about and learned regardless of whether they see a patient with this condition:

- Well child care
  - Normal Growth and Development
    - Assessment and documentation
  - Evaluation
    - Newborn to 1 year of age
    - Year 1 through year 4
    - Year 5 through year 10
    - Year 11 to year 21
  - Immunization schedule
  - Milestones development
  - Nutrition
- Age appropriate history and physical
- Anticipatory guidance and injury prevention

- Respiratory Illnesses
  - Acute respiratory distress and failure
  - Acute infections
    - Pneumonia
      - Viral
      - Bacterial
    - Otitis media and externa
    - Pertussis
    - Pharyngitis
    - Etc.
  - Reactive airway disease
    - Asthma
    - Bronchiolitis

- Cardiac
  - Congenital heart disease
  - Heart murmurs evaluation
  - Cardiac dysrhythmias
  - Heart Failure

- Gastrointestinal
  - Constipation/encopresis
  - Abdominal pain
  - Neonatal Jaundice
  - Vomiting
  - Diarrhea
  - Dehydration
  - Pyloric stenosis
  - Intussusception
  - Inflammatory bowel diseases
  - Malabsorption

- Nutrition
  - Failure to thrive
  - Vitamin deficiency
  - Iron deficiency
  - Obesity
  - Breast feeding

- Genitourinary
  - Urinary tract infections
  - Congenital abnormalities
    - Hypospadias
    - Imperforate hymen
    - Ambiguous genitalia
  - Tanner classification
  - Amenorrhea
  - Undescended testicle
- Torsion of testicle
- Bone and Joint
  - Juvenile rheumatoid arthritis
  - Sports injuries
  - Bone tumors
  - Painful joint
  - Gait abnormalities
  - Scoliosis
  - Congenital hip dysplasia
  - Trauma/child abuse
  - Neuromuscular disorders
  - Somatic Dysfunction
- Endocrine
  - Diabetes Mellitus type 1 and 2
  - Hypothyroidism
  - Growth hormone deficiency
- Nervous System
  - Developmental delay
  - Speech delay
  - Learning disabilities
  - Autism spectrum disorders
  - Seizures
    - Febrile
    - Epilepsy
    - Other
  - Fetal Alcohol syndrome
  - Genetic disorders
  - Concussions
  - Headache
- Behavior/psychiatric disorders
  - Attention deficit disorders
  - Depression
  - Childhood suicide
  - Child abuse
  - Oppositional defiant disorder
  - Complications of maternal drug and alcohol use
  - Eating disorders
    - Anorexia
    - Bulimia
  - Infections
    - Meningitis
    - Encephalitis
- Hematology/oncology
  - Anemias
  - Leukemia
  - Solid tumors
- Retinoblastoma
- Wilm’s tumor
- Neuroblastoma

- Dermatology
  - Rashes
  - Viral exanthemas

- Therapeutics
  - Medication dosing for age
  - Fluid management
  - Drug and alcohol use and abuse
  - Poisoning

- Medical legal issues
  - Informed consent
  - Emancipation
  - Child abuse and neglect

**MedU Cases**

You will be required to complete MedU Cases. To access the MedU Cases go to [http://www.med-u.org/](http://www.med-u.org/) and choose fmCases. You must register to use MedU. Once you have registered, you can log in to MedU Cases using your established login and password. Print the case selection screen from the Cases upon completion of the required cases. This printout must be submitted to the appropriate Statewide Campus office on the last day of the rotation. If you have technical problems with the MedU Cases please e-mail medusupport@i-intime.org.

CLIPP Case 1: Evaluation and care of the newborn infant
CLIPP Case 2: Infant well-child (2, 6, and 9 months)
CLIPP Case 3: 3-year-old, well-child check
CLIPP Case 4: 8-year-old, well-child check
CLIPP Case 5: 16-year-old girl’s health maintenance visit
CLIPP Case 7: Newborn with respiratory distress
CLIPP Case 8: 6-day-old with Jaundice
CLIPP Case 10: 6-month-old with a fever
CLIPP Case 11: 5-year-old with fever and adenopathy
CLIPP Case 12: 10-month-old with a cough
CLIPP Case 13: 6-year-old with chronic cough
CLIPP Case 14: 18-month-old with congestion
CLIPP Case 15: Two siblings with vomiting (ages 4 and 8 weeks)
CLIPP Case 17: 4-year-old refusing to walk
CLIPP Case 18: 2-week-old with poor feeding
CLIPP Case 19: 16-month-old with a first seizure
CLIPP Case 20: 7-year-old with headaches
CLIPP Case 21: 6-year-old boy with bruising
CLIPP Case 32: 5-year-old with rash
**DocCom Cases**
Communicating in Specific Situations # 21: Communication and Relationships with Children and Parents
Communicating in Specific Situations #22: The Adolescent Interview

**Complete the Discussion Questions.** To access the Doc.Com Cases visit: [http://webcampus.drexelmed.edu/doccom/user/](http://webcampus.drexelmed.edu/doccom/user/) you will log in using your Email address and Password.

**E. Procedures and Clinical Skills**

<table>
<thead>
<tr>
<th>Procedures</th>
<th>Observe</th>
<th>Assist</th>
<th>Perform</th>
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<tbody>
<tr>
<td>Phlebotomy</td>
<td>Phlebotomy</td>
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<tr>
<td>Newborn resuscitation</td>
<td>Newborn resuscitation</td>
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<td>Lumbar puncture</td>
<td>Lumbar puncture</td>
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<td>Urinary catheterization</td>
<td>Urinary catheterization</td>
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<td>Circumcision</td>
<td>Circumcision</td>
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<td>I&amp;D</td>
<td>I&amp;D</td>
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<td>I&amp;D</td>
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<tr>
<td>Toenail removal</td>
<td>Toenail removal</td>
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<td>Arterial blood gases interpretation performance</td>
<td>Arterial blood gases interpretation performance</td>
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<td>Arterial blood gases interpretation</td>
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<tr>
<td>PNEU (Pneumatic Otoscopy)</td>
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<tr>
<td>Rapid Strep/UA/RSV</td>
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<td>Immunization (administrations)</td>
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<td>APGAR scoring</td>
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<td>EKG/interpretation</td>
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<td>Nebulizer treatment</td>
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<td>ADHD evaluation</td>
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<td>Developmental screening</td>
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<td>Wart removal</td>
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<td>PFT/peak flow</td>
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<td>Umbilical granuloma destruction</td>
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<td>Sports physical</td>
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<tr>
<td>Well Child assessment (including vital signs/BP/rectal temp, etc.)</td>
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<td>Heel stick</td>
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</table>

**Pediatric Skills Checklist** – A hard copy of this checklist initialed by the preceptor must be turned in to the appropriate Statewide Campus office on the last day of this rotation. You should keep a copy for your own records, as this will be important documentation throughout your career for credentialing purposes. Failure to provide
this checklist will result in reduction of 10% from your final rotation grade. The following Pediatrics Skills Checklist can be found at:
http://www.wvsom.edu/Academics/predoc-clinicalresources
# WVSOM Pediatrics Skills Checklist

To document patient care competencies

<table>
<thead>
<tr>
<th>Obtain a newborn history</th>
<th>Date/ MR# / Invol</th>
<th>Date/ MR# / Invol</th>
<th>Prec Init</th>
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<td>Maternal &amp; prenatal history</td>
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<tr>
<td>Labor and Delivery History</td>
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<table>
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<th>Date/ MR# / Invol</th>
<th>Prec Init</th>
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<tr>
<td>Past Medical History</td>
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<td>Birth History</td>
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<tr>
<td>Injuries</td>
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<tr>
<td>Medications and Allergies</td>
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<tr>
<td>Past Surgical History</td>
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<tr>
<td>Immunizations</td>
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<td>Dietary History</td>
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<td>Developmental History</td>
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<td>Social History</td>
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<tr>
<td>Review of Systems</td>
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<table>
<thead>
<tr>
<th>Obtain an adolescent history</th>
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<th>Date/ MR# / Invol</th>
<th>Prec Init</th>
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<td>Injuries</td>
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<tr>
<td>Medications and Allergies</td>
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<tr>
<td>Past Surgical History</td>
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<td>Hospitalizations</td>
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<tr>
<td>Immunizations</td>
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<tr>
<td>Family History</td>
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<tr>
<td>Social History (HEADSS)</td>
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<td>Dietary History</td>
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<tr>
<td>Review of Systems</td>
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<th>Date/ MR# / Invol</th>
<th>Date/ MR# / Invol</th>
<th>Prec Init</th>
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<tbody>
<tr>
<td>Attend a vaginal delivery</td>
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<td>Attend a C-section delivery</td>
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<td>Obtain Ht, Wt, HC &amp; plot on growth chart</td>
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<tr>
<td>Interpret growth pattern</td>
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<tr>
<td>Obtain vital signs (T, RR, HR, BP)</td>
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<tr>
<td>Interpret vital signs</td>
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<tr>
<td>Perform gestational dating exam</td>
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<tr>
<td>Perform complete exam</td>
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<tr>
<td>Understand NRP protocol</td>
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</table>

MR# = Medical record number  Prec Init = preceptor’s initials
Invol = Level of involvement: (O)observe, (A)ssist, (P)erform, (T)each
<table>
<thead>
<tr>
<th>Newborn</th>
<th>Date/MI#/invol</th>
<th>Date/MI#/invol</th>
<th>Prec Init</th>
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<tr>
<td>Explain contra/indications of/for</td>
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<td>hearing screening</td>
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<td>nasogastric feedings</td>
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<td>venipuncture</td>
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<tr>
<td>injections</td>
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<td>intubation</td>
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<tr>
<td>UAC/UVC placement</td>
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<table>
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<th>Date/MI#/invol</th>
<th>Prec Init</th>
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<tbody>
<tr>
<td>Obtain Ht, Wt, HC &amp; plot on growth chart</td>
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<tr>
<td>Interpret growth pattern</td>
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<tr>
<td>Obtain vital signs (T, RR, HR, BP)</td>
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<tr>
<td>Interpret vital signs</td>
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<tr>
<td>Perform Developmental Screening</td>
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<tr>
<td>Perform complete exam including structural</td>
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<td>Verbalize PALS for hypovolemia</td>
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<tr>
<td>tachycardia</td>
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<tr>
<td>Perform pneumatic otoscopy</td>
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<tr>
<td>Perform &amp; interpret vision and hearing screen</td>
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<tr>
<td>Understand the contra/indications of</td>
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<tr>
<td>Immunizations</td>
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<td>ureth catheterization</td>
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<tr>
<td>intubation</td>
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<td>venipuncture</td>
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<table>
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<th>Prec Init</th>
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</thead>
<tbody>
<tr>
<td>Accurately assign Sexual Maturity Rating</td>
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<tr>
<td>Perform pelvic exam under supervision</td>
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<tr>
<td>Perform complete exam including structural</td>
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<tr>
<td>PALS protocol</td>
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<tr>
<td>Explain contra/indications of</td>
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<tr>
<td>Immunizations</td>
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<tr>
<td>lumbar puncture</td>
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<tr>
<td>gastric Lavage</td>
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<td>intubation</td>
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</table>
# WVSOM Pediatrics Skills Checklist

<table>
<thead>
<tr>
<th>Understand how to obtain or use</th>
<th>Date/MR/#/Invol</th>
<th>Date/MR/#/Invol</th>
<th>Prec Int</th>
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<tbody>
<tr>
<td>Infant warmers and isolettes</td>
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<tr>
<td>IV infusion and pumps</td>
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<tr>
<td>Monitors - cardiac and respiratory</td>
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<tr>
<td>Bilimeter</td>
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<td>Transilluminator</td>
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<td>Spirometer</td>
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<tr>
<td>Nebulizer machine</td>
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<tr>
<td>Peak flow meter</td>
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<td>Oximeter</td>
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<td>Tympanometer</td>
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<td>Cultures</td>
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<td>Throat</td>
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<table>
<thead>
<tr>
<th>Interpret results or calculate</th>
<th>Date/MR/#/Invol</th>
<th>Date/MR/#/Invol</th>
<th>Prec Int</th>
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<tbody>
<tr>
<td>Cardiac and respiratory monitor data</td>
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</table>
F. Patient Procedure Logs

You are required to maintain a log of your activities while on your rotation. This is important to document the experiences that you are exposed to in the clinical setting. You should get used to maintaining a log as this will continue during your residency. A well-documented log will help you to know the cases and procedures that you are exposed to and those that you may need to see in the future of your education. The log books are part of your grade and need to be initialed by the preceptor documenting the accuracy of your entries. The logs need to be reviewed by your Regional Assistant Dean and accepted as proper documentation of your rotation experience. There is limited space but if you need to use more than one line to document, do so.

You should make sure that you make a notation in the log:

- When you see a patient.
- Note if the patient was seen in the Office/Hospital or other.
- Make sure that you list the diagnosis/problem that the patient presents with making sure that you do this in enough detail. (Example: Acute Exacerbation of COPD, or Uncontrolled DM type 2, not just COPD or DM.)
- Document if you write admit notes in the hospital, progress notes in the office or hospital, discharge summaries and if you did an oral presentation to the preceptor on an encounter.
- List, in detail, the procedures that you observed (O), assisted (A), or performed (P).

It is always wise to make a copy of the log for your own records. You may want to review your logs as you participate in your 4th year audition rotations so you can respond to any questions of your experiences in doing certain procedures.

G. Core Competencies

1. Medical Knowledge
   a. Acquire knowledge of normal growth and development, and apply this in a clinical context, from birth through adolescence for health supervision and disease prevention.
   b. Acquire knowledge needed for the diagnosis and initial management of acute and chronic illnesses of infancy and childhood including common pediatric emergencies.
   c. Acquire knowledge needed for the diagnosis and initial management of congenital problems and genetic diseases of infancy and childhood.
   d. Develop the knowledge, skills, and strategies necessary for health supervision including knowledge of medications, immunizations and age appropriate anticipatory guidance for nutrition, developmental/behavioral counseling and injury prevention including pharmacology.
e. Develop proficiency in different types of medical notes in both handwritten and electronic health record form, including SOAP Notes, newborn nursery admission notes, admission history & physicals, discharge summaries and procedure notes.

f. Select, justify, and interpret clinical tests and imaging with regard to both patient age and pathological processes, including concepts regarding negative and positive predictive value, test sensitivity specifically and cost utilization.

g. Research disease processes not covered by the CLIPP cases but encountered during clinic and hospital rounds. This will also include focusing on the patient positives and negativities on both history and PE exams related to the chief complaint of a sick child.

h. Create a list based on the presentation and on physical findings of differential diagnoses for common pediatric disorders and prioritize based on findings and probability. Propose a work-up and treatment plan for patients seen in the clinic and hospital.

2. **Patient Care**
   
a. Develop and demonstrate interviewing and physical examination skills required to conduct interviews with children or adolescents and their families and perform age appropriate physical examinations.

b. Develop interviewing and physical examination skills required to conduct interviews with children or adolescents and their families and perform age appropriate osteopathic structural examinations.

c. For the sick child, educate the patient and/or caregiver and evaluate their comprehension of the diagnosis and treatment plan as directed by the preceptor, including conveying clinical condition and obtaining informed consent prior to procedures.

d. For the well child, educate the patient and/or caregiver and evaluate their comprehension of health promotion and anticipatory guidance.

e. Demonstrate the ability to accurately convey patient issues and needs when transitioning the patient to other members of the healthcare team, families, and parents.

3. **Interpersonal and Communication Skills**
   
a. Demonstrate the ability to effectively communicate with pediatric patients.

b. Demonstrate the ability to identify and communicate with caregivers.

c. Demonstrate the ability to effectively communicate with the healthcare team.

d. Identify parental and patient concerns and perspectives including cultural and religious influences.

e. Develop proficiency in writing the following:
   
   - different types of medical notes
   - SOAP notes
   - newborn nursery admission notes
   - admission history & physicals
   - discharge summaries
   - procedure notes
f. Demonstrate awareness and understand the capabilities of electronic health records.
g. Develop a proficiency in sharing diagnostic plan of care, and prognostic information with patients and families.
h. Demonstrate insight and understanding about emotions and human responses to emotions that allow one to develop and manage interpersonal interactions.

4. **Professionalism**
   a. Demonstrate appropriate understanding and need for supervision, chaperones and/or assistance.
   b. Recognize effects of his/her demeanor, appearance and language during the interaction with patient and family.
   c. Demonstrate an understanding of privacy and independence of adolescents and of the private individual interview of an adolescent during the interview process.
   d. Demonstrate sensitivity, empathy and responsiveness to diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.
   e. Demonstrate a commitment to ethical principles pertaining to provision or withholding of care, confidentiality, informed consent, and business practices, including compliance with relevant laws, policies, and regulations.
   f. Recognize that all patients in emergency situations shall receive care regardless of medical insurance coverage, ethnicity, race, or social economic status.

5. **Practice-Based Learning and Improvement**
   a. Apply fundamental epidemiologic concepts to practice improvement.
   b. Demonstrate a level of proficiency around medical informatics, evidence-based medicine and research.
   c. Demonstrate the ability to identify personal knowledge deficits, strengths, and limits through frequent self-reflection.
   d. Demonstrate the ability to locate educational resources and strengthen personal medical knowledge.
   e. Display commitment to continuous quality improvement.
   f. Participate in the education of patients, families, students, trainees, peers, and other health professions.
   g. Construct and communicate a plan to apply guidelines to age-appropriate clinical management.
   h. Recognize disparities in clinical research, access, and delivery of health care to younger populations and how these affect the health of the pediatric population.

6. **Systems-Based Practice**
   a. Recognize quality patient care systems and how they may affect the larger health care systems.
   b. Demonstrate awareness of cost and risk-benefit analysis in patient and/or populations-based care in different delivery systems and settings.
   c. Advocate for quality patient care and optimal patient care systems.
d. Participate in identifying system errors and implementing potential systems solutions and patient safety.
e. Identify available resources providing specialty care required for specific preventative screening and social situations. For example:
   • Parental and child developmental assistance programs
   • Foster care and adoption
   • Abuse, neglect and domestic violence
   • Hospice
   • Programs for special medical needs
f. Describe reporting requirements for infectious diseases or psychosocial issues, such as child abuse or suicide.

7. **Osteopathic Philosophy and Osteopathic Manipulative Medicine**

   All preceptors (MD and DO) are expected to encourage and verify application of osteopathic principles. The Four Tenets of Osteopathic Medicine: 1) The body is a unit; 2) Structure and function are interdependent; 3) The body has self-healing and self-regulatory capabilities; 4) Rational osteopathic care relies on the integration of these tenets in patients care. DO preceptors are expected to encourage and evaluate appropriate use of Osteopathic Manipulative Treatment (OMT). Pediatrics provides an opportunity to experience the application of osteopathic principles utilizing diagnostic and treatment skills that focus on both the visceral and somatic functions of the body as they relate to disease processes and the patient’s growth and development. Application of Osteopathic Manipulative Treatment (OMT) should be demonstrated when applicable based on the patient’s specific clinical presentation. This rotation is heavily dependent upon the basics of prevention and anticipatory guidance. It will build the student’s appreciation of the need to interact with the patient and his/her caregivers, family, friends, community, and the healthcare team.

H. **COMAT Blueprint Information for Pediatrics**

<table>
<thead>
<tr>
<th>Dimension 1 – Patient Presentation</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiology/Respiratory</td>
<td>14-21%</td>
</tr>
<tr>
<td>CNS-Behavior/Psychiatry</td>
<td>14-21%</td>
</tr>
<tr>
<td>Endocrine/Metabolism</td>
<td>4-8%</td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td>6-11%</td>
</tr>
<tr>
<td>Genitourinary</td>
<td>4-8%</td>
</tr>
<tr>
<td>HEENT</td>
<td>4-8%</td>
</tr>
<tr>
<td>Hematology/Oncology/Lymphatics</td>
<td>6-12%</td>
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<tr>
<td>Musculoskeletal/OPP</td>
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<tr>
<td>Normal Growth &amp; Development</td>
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<tr>
<td>Skin</td>
<td>4-8%</td>
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</table>
Dimension 2 – Physician Tasks

<table>
<thead>
<tr>
<th>Topic</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Diagnostic Technologies</td>
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<tr>
<td>Health Promotion/Disease Prevention/Health Care Delivery</td>
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<td>History &amp; Physical</td>
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<tr>
<td>Management</td>
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<tr>
<td>Scientific Understanding of Health and Disease Mechanisms</td>
<td>5-10%</td>
</tr>
</tbody>
</table>

Pretest/Postest (30%)

In the first week of the rotation, all students are encouraged to take the online sample COMAT Rotation exam. This is a 15 question exam located at http://www.nbome.org/comat3.asp?m=coll. The pretest is strongly recommended, but the score will not be included in the course grade. At the end of this rotation, all students will be expected to take the COMAT Rotation examination covering the material outlined in the course objectives and the reading assignments in the required texts (and cases where appropriate). The exam consists of 125 questions that need to be completed within a two and ½ hour time limit. This is a proctored exam. The posttest exam will be proctored in a Statewide Campus region determined by the student’s RAD/Site Director and will count as 30% of the final rotation grade. A date and time for the posttest will be provided by your Statewide Campus office.

If a student does not receive a passing score on the COMAT exam equal to or greater than a standard (NBOME) score of 75 the student will have failed the rotation and will have his/her record remanded to the Student Promotions Committee for review per Clinical Education Manual Section 1.7 Proctored End of Rotation Exams. After review the committee will make a recommendation to the Vice President for Academic Affairs and Dean (See Institutional Policy E-17).

Standard scores will be converted to a percentage with standard scores greater than 119 being recorded as 100 %. The standard score of 74 and below will be listed as 67% and therefore a failure of the COMAT exam. Failure of the COMAT will result in failure of the rotation and the student will have his/her record remanded to the Student Promotions Committee for review per Clinical Education Manual Section 1.7 Proctored End of Rotation Exams. After review the committee will make a recommendation to the Vice President for Academic Affairs and Dean (See Institutional Policy E-17).

The Committee may recommend Remediation for this failed rotation which will consist of the following:

- The student will repeat the rotation with a different preceptor either at the same base site or another SWC site as determined by SWC personnel.
- The student will repeat all of the requirements for the failed rotation as outlined in the syllabus.
• The student is required to update his/her Regional Assistant Dean on a weekly basis during the repeat rotation to report progress on studying all materials outlined in the syllabus and any additional work completed to strengthen the student’s knowledge in the specialty, additional reading from required or other written sources, review of NBOME blueprint information, etc.
• The student will retake the COMAT end of rotation exam per Clinical Education Manual Section 1.7.
• After successful remediation including passage of the COMAT exam, a final rotation grade assigned will be in accordance with Institutional Policy E-21.

I. Grading - Calculations
1. Preceptor grade 60%
2. Rotation Requirement Package (RRP) 10%
   a. MedU Cases
   b. DocCom Cases
   c. Completed Patient Procedure Logs
   d. Pediatric Skills Checklist
3. Pediatric COMAT end of Rotation/Course Exam 30%

The RRP must be completed by the last day of the rotation.

Note that you will have a standard score of 75 or greater on the COMAT end of rotation exam to pass the rotation/course. Should you score less than a standard score of 75, you will have failed the rotation/course. Your file will therefore be remanded to the Student Promotions Committee for review and the committee will make recommendations to the Vice President for Academic Affairs and Dean. Please see Institutional Policy: E-17-5.

Please note the following:

The Clinical Education Grade Form should be submitted via email, FAX or US mail and not given to the student to return to the Statewide Campus Regional office.

The student is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor, if necessary.
Students **must** complete Preceptor/Site/Course Evaluations by the last day of the rotation to avoid an Incomplete Grade. Should you receive an incomplete grade you will have 6 weeks to complete the evaluation or the incomplete grade will become a failing grade.
2.5 Psychiatry

Course Number: 801

A. Introduction

For many students, the medical school psychiatry rotation will encompass the entirety of your formal training in psychiatry. This exposure will expand your understanding of the spectrum of human cognition and behavior. Your awareness of the characteristics of mental dysfunction in psychiatric patients will serve you well in recognizing more subtle psychiatric symptoms that develop in your future patients.

Psychotropic medications are common in the general population. Many of these drugs have significant potential medical side effects and drug interactions. You will become familiar with these during your rotation and will encounter them in practice regardless of your field of medicine.

It can be stressful to interact with psychiatric patients. Smooth out your experience by interacting in a pleasant and tolerant manner. Smile a lot and learn everyone’s name. Be professional with all of your interactions. If you disagree with or do not understand a treatment plan or diagnosis, do not “challenge.” Instead say “I’m sorry, I don’t quite understand, could you please explain…” Be empathetic toward patients. Be self-motivated. Volunteer to help with a procedure or a difficult task. Volunteer to give a talk on a topic of your choice. Volunteer to take additional patients. Volunteer to stay late.

B. Required Textbooks

Kaplan and Sadock’s Synopsis of Psychiatry; 11th edition
Case Files: Psychiatry; 5th edition
The Diagnosis and Statistical Manual of Mental Disorders (DMS-V)

C. Other Resources

D. Didactic and Reading Assignments

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<th>Topic</th>
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<th>Case Files: Psychiatry</th>
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It is also recommended that you read Chapter 17 in Foundations of Osteopathic Medicine 3rd edition.

DocCom Cases
- Communicating in Specific Situations #26: Anxiety and Panic Disorder
- Communicating in Specific Situations #29: Alcohol: Interviewing and Advising

Complete the Discussion Questions. To access the Doc.Com Cases visit: http://webcampus.drexelmed.edu/doccom/user/ you will log in using your Email address and Password.

E. Procedures and Clinical Skills
Research the following patient presentations and be prepared to answer related questions on your end-of-rotation exam.

Presenting Complaints:
- Depression
- Anxiety
- Insomnia
- Low energy/fatigue
- Suicide assessment
- Poor hygiene
- Hopeless
- Constant crying
- Appetite changes
- Weight change
- Panic attacks
- Loss of interest in sex
- Self-injurious behavior
- Sleeps a lot
- Tension/can’t relax
- Confusion
- Memory loss
- Problems concentrating
- Restlessness
- Headaches
- Pain in general
- GI distress

Additional Activities to accomplish:
- Attendance to at least one AA (Alcoholics Anonymous) or NA (Narcotics Anonymous) meeting
- Attendance NAMI (National Alliance for Mentally Ill) if available in your area
- Participate in Treatment Team Meetings
- Attend commitment hearings
- Participate in crisis evaluation
- Present at least one didactic topic to the treatment team
• Present at least one case presentation

F. Patient Procedure Logs
You are required to maintain a log of your activities while on your rotation. This is important to document the experiences that you are exposed to in the clinical setting. You should get used to maintaining a log as this will continue during your residency. A well-documented log will help you to know the cases and procedures that you are exposed to and those that you may need to see in the future of your education. The log books are part of your grade and need to be initialed by the preceptor documenting the accuracy of your entries. The logs need to be reviewed by your Regional Assistant Dean and accepted as proper documentation of your rotation experience. There is limited space but if you need to use more than one line to document, do so.

You should make sure that you make a notation in the log:
• When you see a patient.
• Note if the patient was seen in the Office/Hospital or other, i.e. Nursing Home.
• Make sure that you list the diagnosis/problem that the patient presents with making sure that you do this in enough detail. (Example: Acute Exacerbation of COPD, or Uncontrolled DM type 2, not just COPD or DM)
• Document if you write admit notes in the hospital, progress notes in the office or hospital, discharge summaries and if you did an oral presentation to the preceptor on an encounter.
• List in detail the procedures that you observed (O), assisted (A), or performed (P).

It is always wise to make a copy of the log for your own records. You may want to review your logs as you participate in our 4th year audition rotations so you can respond to any questions of your experiences in doing certain procedures.

Log all of your experiences on each of the following procedures:
• Structural exam
• MME: Mini Mental Status Exam
• Complete history/physical
• Psycho therapy
• Psychopharmacology
• OMT
• ECT (Electro-Convulsive Therapy)
• Diagnostic testing
• Psychological testing
• Vagal nerve stimulation
• Neuro feedback/bio feedback
• Hypnosis
G. Core Competencies

1. Medical Knowledge
   a. A complete psychiatric evaluation.
   b. A plan and rationale for a treatment plan with all five diagnostic axis.
   c. The disease processes of psychiatric and emotional disorders.
   d. Symptoms, syndromes, episodes, disorders and diseases.
   e. The use and understanding of the current (DSM) Diagnosis and Statistical Manual of Mental Disorders.
   f. Psychopharmacology including side effects and interactions.
   g. Medical and organic etiology causing or contributing to psychiatric symptoms.

2. Patient Care
   a. Complete the psychiatric evaluation.
   b. Plan a rationale for the treatment plan with all five diagnostic axis.
   c. Perform a physical examination.
   d. Exhibit appropriate interviewing skills.
   e. Demonstrate the ability to monitor the response to therapeutic interventions.
   f. Educate the patient and evaluate their comprehension of the treatment plan.
   g. Identify and initiate management of psychiatric emergencies.

3. Interpersonal and Communication Skills
   a. Demonstrate the ability to effectively communicate with a patient in an age appropriate manner and with consideration of the current mental status of a patient.
   b. Establish rapport with the patient and demonstrate therapeutic interaction with patients, family members and others involved with the patient’s care.
   c. Use appropriate terminology/language with the patient and their family.
   d. Demonstrate the ability to appropriately document interactions and plans.

4. Professionalism
   a. Demonstrate empathy, respect and cultural sensitivity towards others.
   b. Demonstrate a team approach.
   c. Dress appropriately.
   d. Demonstrate an understanding of confidentiality and ethical behavior.

5. Practice-Based Learning and Improvement
   a. Demonstrate an understanding of medical informatics, evidence-based learning, and research techniques.
   b. Demonstrate the ability to identify personal knowledge deficits.
   c. Demonstrate the ability to locate educational resources to strengthen personal medical knowledge.
   d. Display commitment to continuous quality improvement.
   e. Demonstrate the ability to teach both peers and lay audiences.
   f. Apply fundamental epidemiologic concepts to practice improvement.
   g. Understand the value of medical informatics and the differences among:
      • Evidence-based
      • Research
      • Empirical
• Rational
• Intuitive

6. **Systems-Based Practice**
   a. Recognize how patient care and professional practice affect other health care professionals, health care organizations, and society.
   b. Recognize how delivery systems differ in controlling health care cost and allocating resources.
   c. Use patient-centered and equitable systems of care that recognize the needs of the patient.
   d. Understand and recognize the barriers for patient access to psychiatric and medical health care.
   e. Understand that the Psychiatry contact may be the patient’s only access to medical care.
   f. Understand the stigma of seeking and receiving psychiatric care.

7. **Osteopathic Philosophy and Osteopathic Manipulative Medicine**
   a. Recognize physical manifestations of psychiatric illness.
   b. Recognize psychiatric/behavioral manifestations of underlying or coexisting organic illness.
   c. Recognize that psychiatric symptoms may be a compensatory response to homeostatic imbalance.
   d. Recognize that somatic/structural changes may manifest as psychiatric symptoms.

H. **COMAT Blueprint Information for Psychiatry**

### Dimension 1 – Patient Presentation

<table>
<thead>
<tr>
<th>Topic</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjustment Disorders</td>
<td>7-12%</td>
</tr>
<tr>
<td>Anxiety disorders/Trauma Related disorders/Obsessive Compulsive related disorders</td>
<td>11-17%</td>
</tr>
<tr>
<td>Mood disorders</td>
<td>11-17%</td>
</tr>
<tr>
<td>Neurocognitive disorders</td>
<td>11-17%</td>
</tr>
<tr>
<td>Neurodevelopmental disorders</td>
<td>9-15%</td>
</tr>
<tr>
<td>Personality disorders</td>
<td>4-8%</td>
</tr>
<tr>
<td>Psychiatric illness due to a general medical condition</td>
<td>4-9%</td>
</tr>
<tr>
<td>Schizophrenia Spectrum and other disorders</td>
<td>4-8%</td>
</tr>
<tr>
<td>Somatic Symptoms Related Disorders</td>
<td>4-8%</td>
</tr>
<tr>
<td>Substance related and addictive disorders/eating disorders/sexual disorders</td>
<td>9-15%</td>
</tr>
</tbody>
</table>

### Dimension 2 – Physician Tasks

<table>
<thead>
<tr>
<th>Topic</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Promotion/Disease Prevention/Health Care Delivery</td>
<td>5-20%</td>
</tr>
<tr>
<td>History &amp; Physical</td>
<td>25-45%</td>
</tr>
<tr>
<td>Management</td>
<td>25-45%</td>
</tr>
<tr>
<td>Scientific Understanding of Mechanisms</td>
<td>10-25%</td>
</tr>
</tbody>
</table>
I. Grading – Calculations
1. Preceptor grade 60%
2. Rotation Requirement Package (RRP) 10%
   a. MedU Cases
   b. DocCom Cases
   c. Completed Patient Procedure Logs
3. Psychiatry COMAT end of Rotation/Course Exam 30%

The RRP must be completed by the last day of the rotation.

Note that you will have a standard score of 75 or greater on the COMAT end of rotation exam to pass the rotation/course. Should you score less than a standard score of 75 your file will be remanded to the Student Promotions Committee for review and make recommendations to the Vice President for Academic Affairs and Dean. Please see Institutional Policy: E-17-5.

Please note the following:

The Clinical Education grade Form should be submitted via email, FAX or US mail and not given to the student to return to the Statewide Campus Regional office.

The student is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor, if necessary.

Students must complete Preceptor/Site/Course Evaluations by the last day of the rotation to avoid an Incomplete Grade. Should you receive an incomplete grade you will have 6 weeks to complete the evaluation or the incomplete grade will become a failing grade.
2.6 General Surgery

Course Number: 825

A. Introduction

The third year general surgery rotation is your introduction to the surgical discipline and sub-specialties. The student will learn how to evaluate patients that present with acute, subacute and chronic conditions that may or may not be appropriate for surgical intervention. The education that you receive during this core rotation is of great value whether you pursue general surgery or any other specialty. Primary care physicians need to be knowledgeable of the evaluation and management of the pre-operative and post-operative patient. As in all of the clinical courses in the third year showing interest, knowing your patients, and being prepared when rounding on patients are keys to success. This course is your opportunity to learn by doing. You must also schedule time to study and read on the topics listed in this syllabus.

B. Required Textbooks

- Surgery: A Competency-Based Companion, Mann
- Essentials of Surgery, Becker

C. Other Resources

- Zollinger’s Atlas of Surgical Operations
- Sabiston Textbook of Surgery, 19th edition
- Core Topics in General and Emergency Surgery, 5th edition

D. Didactic and Reading Assignments

At the beginning of each of your rotations you should plan on reviewing the sections of your physical diagnosis book for the pertinent history and physical examination sections that will pertain to your clinical course/rotation. For the Surgery rotation you should review the following areas; head and neck, extremities, chest, abdomen and rectal, history and examination.

Below are listings of readings in the required textbooks and the MedU/WiseMD videos that you will need to become familiar with during this 4 week course of general surgery.
<table>
<thead>
<tr>
<th>Topic</th>
<th>Sub-Topic</th>
<th>MedU/WISE MD videos</th>
<th>Essentials of Surgery, Becker</th>
<th>Surgery: A Competency-Based Companion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal Defects and Hernias</td>
<td>Hernia</td>
<td>Inguinal Hernia, Pediatric Hernia</td>
<td>Chapter 16</td>
<td>Chapter 15</td>
</tr>
<tr>
<td>Endocrine</td>
<td>Thyroid</td>
<td>Thyroid Nodule</td>
<td>Chapter 31</td>
<td>Chapter 25</td>
</tr>
<tr>
<td></td>
<td>Parathyroid</td>
<td>Hypercalcemia</td>
<td>Chapter 32</td>
<td>Chapter 26</td>
</tr>
<tr>
<td>Preoperative Care and Risk Assessment</td>
<td></td>
<td></td>
<td>Chapter 5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adrenal</td>
<td>Adrenal Adenomas</td>
<td>Chapter 33</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pancreas</td>
<td>Pancreatitis</td>
<td>Chapter 24</td>
<td>Chapter 13</td>
</tr>
<tr>
<td></td>
<td>Breast</td>
<td>Breast Cancer</td>
<td>Chapter 40</td>
<td>Chapter 21</td>
</tr>
<tr>
<td>Fluids</td>
<td>Shock</td>
<td></td>
<td>Chapter 11</td>
<td>Chapter 77</td>
</tr>
<tr>
<td></td>
<td>Fluids and Electrolytes</td>
<td></td>
<td>Chapter 6</td>
<td>Chapter 74</td>
</tr>
<tr>
<td>Surgical Nutrition</td>
<td></td>
<td></td>
<td>Chapter 7</td>
<td>Chapter 80</td>
</tr>
<tr>
<td>Coagulation, Blood</td>
<td></td>
<td></td>
<td>Chapter 8</td>
<td>Chapter 78</td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td>Esophagus</td>
<td></td>
<td>Chapter 27</td>
<td>Chapter 24</td>
</tr>
<tr>
<td></td>
<td>Diaphragm</td>
<td></td>
<td>Chapter 64,52</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Stomach and Duodenum</td>
<td></td>
<td>Chapter 26</td>
<td>Chapter 39, 54</td>
</tr>
<tr>
<td></td>
<td>Small Intestine</td>
<td>Bowel Obstruction</td>
<td>Chapter 25</td>
<td>Chapter 18, 19</td>
</tr>
<tr>
<td></td>
<td>Large Intestine and Rectum</td>
<td>Colon Cancer, Diverticulitis, Anorectal Disease</td>
<td>Chapters 21,22, and 23</td>
<td>Chapters 14, 12, 40, 41,</td>
</tr>
<tr>
<td></td>
<td>Appendix</td>
<td>Appendicitis</td>
<td>Chapters 14, 15</td>
<td>Chapters 66, 19, 11</td>
</tr>
<tr>
<td>General Surgery in:</td>
<td>Urology</td>
<td></td>
<td>Chapter 61, 62 and 63</td>
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<tr>
<td></td>
<td>Pediatrics</td>
<td></td>
<td>Chapters 56,57</td>
<td></td>
</tr>
<tr>
<td>Hepatobiliary</td>
<td>Pancreas</td>
<td>Pancreatitis</td>
<td>Chapter 24</td>
<td>Chapter 13</td>
</tr>
<tr>
<td></td>
<td>Biliary Tract</td>
<td>Cholecystitis</td>
<td>Chapter 17</td>
<td>Chapter 29, 12</td>
</tr>
<tr>
<td></td>
<td>Liver</td>
<td></td>
<td>Chapter 18</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Spleen</td>
<td></td>
<td>Chapter 20</td>
<td>Chapter 31</td>
</tr>
<tr>
<td>Topic</td>
<td>Sub-Topic</td>
<td>MedU/WISE MD videos</td>
<td>Essentials of Surgery, Becker</td>
<td>Surgery: A Competency-Based Companion</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>----------------------------------------</td>
<td>---------------------</td>
<td>-------------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>Vascular</td>
<td>Abdominal Aortic Aneurysms, Carotid Stenosis</td>
<td>Chapters 36, 37,38</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical Oncology</td>
<td>Lung Cancer Skin Cancer</td>
<td>Chapter 41</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma</td>
<td>Trauma Resuscitation</td>
<td>Chapter 11</td>
<td>Chapters 47-55</td>
<td></td>
</tr>
<tr>
<td>Wounds and Infections</td>
<td>Skin and subcutaneous tissues Burn Management</td>
<td>Chapter 9, 10 &amp; 13</td>
<td>Chapter 79,46</td>
<td></td>
</tr>
<tr>
<td>Transplantation</td>
<td></td>
<td>Chapter 67</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anesthesia</td>
<td></td>
<td>Chapter 64</td>
<td></td>
<td>Chapters 42 to 46</td>
</tr>
<tr>
<td>Postoperative Care</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**MedU cases**

You will be required to complete MedU Cases. To access the MedU Cases go to [http://www.med-u.org/](http://www.med-u.org/) and choose fmCases. You must register to use MedU. Once you have registered, you can log in to MedU Cases using your established login and password. Print the case selection screen from the Cases upon completion of the required cases. This printout must be submitted to the appropriate Statewide Campus office on the last day of the rotation. If you have technical problems with the MedU Cases please e-mail medusupport@i-intime.org. Complete the MedU cases as noted above in the table and the following skills modules:

Wise MD: Best Practices  
Wise MD: Foley Catheter Placement  
Wise MD: Suturing and Instrument Tie  
Wise MD: Two Handed Knot tie  
Wise MD: Ultrasound Basics Principles  
Wise MD: Ultrasound: For Vascular Access  
Wise MD: Ultrasound: E-Fast Exam

**DocCom cases**

Communicating in Specific Situations: #32 “Advance Directives”  
**Complete the Discussion Questions.** To access the Doc.Com Cases visit: [http://webcampus.drexelmed.edu/doccom/user/](http://webcampus.drexelmed.edu/doccom/user/) you will log in using your Email address and Password.
There are conditions that have been classified as conditions with high potential for increased morbidity and mortality if not diagnosed in a timely fashion. As you study General Surgery during the next four weeks you should become familiar with the presenting complaints, physical findings and laboratory and imaging studies specific to each that will assist in your diagnosis:

- Abdominal Aortic Aneurysm
- Perforated “viscous”
- Acute arterial occlusion
- Compartment syndrome
- DVT/PE
- Acute Appendicitis
- Ischemic Bowel
- Biliary tract disease

E. Procedures/Clinical Skills

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Observe</th>
<th>Assist</th>
<th>Perform</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sterile technique</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Basic Wound Closure</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>(staples, sutures)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suture and Staple removal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wound care and dressing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>changes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foley Catheter Placement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV Insertion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laceration repair</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Observe</th>
<th>Assist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central line</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest tube placement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paracentesis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thoracentesis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fine needle aspiration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arterial line insertion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colonoscopy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upper endoscopy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Procedures Consult web site:

The following procedures you should have reviewed by the end of your third year. Many of the listed procedures below you may encounter in Emergency Medicine, Family Medicine, and Internal Medicine as well as in Surgery.

- Abdominal Paracentesis
- Arterial Blood Gas Sampling
- Arterial Cannulation
- Basics of Wound Management
- Central Venous Catheterization Internal Jugular, and Subclavian
- Compartment Syndrome Evaluation
- Excisional Biopsy
- Fine Needle Aspiration - Breast
- Incision and Drainage of Cutaneous Abscess
- Laceration Repair: Simple Interrupted Sutures
- Local Anesthesia
- Nasogastric Intubation
- Thoracentesis

F. Patient Procedure Logs

You are required to maintain a log of your activities while on your rotation. This is important to document the experiences that you are exposed to in the clinical setting. You should get used to maintaining a log as this will continue during your residency. A well-documented log will help you to know the cases and procedures that you are exposed to and those that you may need to see in the future of your education. The log books are part of your grade and need to be initialed by the preceptor documenting the accuracy of your entries. The logs need to be reviewed by your Regional Assistant Dean and accepted as proper documentation of your rotation experience. There is limited space, but if you need to use more than one line to document, do so.

You should make sure that you make a notation in the log:
- When you see a patient.
- Note if the patient was seen in the Office/Hospital or other, i.e. Nursing home.
• Make sure that you list the diagnosis/problem that the patient presents with, making sure you do this in enough detail. (Example: Acute Exacerbation of COPD, or Uncontrolled DM type 2, not just COPD or DM.)
• Document if you write admit notes in the hospital, progress notes in the office or hospital, discharge summaries and if you did an oral presentation to the preceptor on an encounter.
• List in detail the procedures that you observed (O), assisted (A), or performed (P).

It is always wise to make a copy of the log for your own records. You may want to review your logs as you participate in your 4th year audition rotations so you can respond to any questions of your experiences in doing certain procedures.

G. Core Competencies

1. Medical Knowledge
   a. Understand basic surgical principles and terminology.
   b. Understand the basic principles of tissue healing.
   c. Understand the role of pre-operative clearance, intra-operative care and post-operative patient management.
   d. Understand the presentations, pathophysiology, etiology, differential diagnosis and surgical management of the following complaints or diagnosis: acute abdominal pain, appendicitis, cholecystitis, hernias, colon cancer, breast cancer, diverticulitis, thyroid nodules, thyroid cancer, pancreatitis, small bowel obstruction, dyspepsia/peptic ulcer disease, inflammatory bowel disease, upper and lower gastrointestinal bleeding, burn management, and trauma management.
   e. Understand the role of appropriate surgical consultation.
   f. Understand and recognize the principles of evidence-based utilization of resources as applied to general surgery (system based).

2. Patient Care
   a. Perform a thorough physical exam of the abdomen, breast, thyroid, anorectal and genital areas.
   b. Perform, observe, or assist with all procedures listed on the procedure list.
   c. Perform a preoperative assessment and management plan.
   d. Create a post-operative management plan.
   e. Recognize common post-operative complications.

3. Interpersonal and Communication Skills
   a. Demonstrate ability to effectively communicate with surgical patients.
b. Demonstrate ability to identify and communicate with appropriate family members, medical power of attorney, or person of authority to speak on behalf of the patient.

c. Understand the documentation expectations of the attending surgeon during your rotation (H&P, surgical progress notes, etc).

d. Demonstrate effective communication techniques with the surgical healthcare team and ancillary staff.

e. Consolidate and organize pertinent information for presentation to the attending physician.

f. Demonstrate appropriate surgical consultation skills.

g. Demonstrate the ability to communicate effectively and compassionately with patients and family.

4. **Professionalism**
   a. Demonstrate a team approach for treating surgical patients.
   
b. Accept direction and critical teaching from the surgical team, nurses and staff with a positive attitude.
   
c. Display respect for peers within the operating room and hospital.
   
d. Demonstrate respect for patient’s personal privacy and values.
   
e. Show sensitivity to a diverse patient population.
   
f. Understand the appropriate use of operating room attire realizing this may be facility specific.
   
g. Demonstrate empathy and compassion for patients and their families.
   
h. Maintain honesty and integrity in all your communications.
   
i. Understand, appreciate and abide by all HIPAA rules.
   
j. Be aware of patient’s rights and responsibilities and the need for shared decision making.

5. **Practice-Based Learning and Improvement**
   a. Apply fundamental epidemiologic concepts to practice improvement.
   
b. Include topics related to Medical informatics/EBM/Research.
   
c. Demonstrate ability to identify personal knowledge deficits.
   
d. Demonstrate ability to locate educational resources and strengthen personal medical knowledge.
   
e. Display commitment to continuous quality improvement.
   
f. Demonstrate ability to teach both peers and lay audiences.

6. **System Based Practice**
   a. Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
   
b. Recognize how delivery systems differ with controlling health care costs and allocating resources.
c. Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
d. Be aware of medication and treatment costs (direct patient costs) and the impact of these factors on the physician’s treatment plan.
e. Demonstrate understanding of HIPAA regulations and its impact on the communication of patient care information for surgical patients.
f. Understand the importance of “Time Out” procedures to reduce medical errors and improve patient and staff safety.
g. Recognize the need to improve your knowledge base, develop and deliver case presentations and demonstrate these skills by utilizing the local Electronic Medical Record (EMR), on-line resources, and local patient instruction protocols to provide patient instructions.

7. **Osteopathic Philosophy and Osteopathic Manipulative Medicine**
   a. Utilize osteopathic diagnostic skills that must be adapted to the physical limitations common to post-operative care environments.
b. Recognize and diagnose somatic dysfunction in the context of common surgical pain presentations including the acute abdomen and common visceral-somatic pain reflexes.
c. Recognize and apply osteopathic treatment modalities appropriate to the post-surgical environment for somatic dysfunction, including the need for early ambulation and fluid mobilization techniques.
d. Consider the application of OMT only if safe in the context of the patient’s current medical condition and environment.
e. Develop an appreciation for the need to treat the entire patient including emotional, spiritual, physical, and family needs.

H. **COMAT Blueprint information for Surgery**

**Selected Specific Learn-Centered Objectives**
1. Abdominal Defects and hernias in the adult and pediatric patient
2. Endocrine, breast and related issues:
   a. Thyroid
   b. Parathyroid
   c. Adrenal
   d. Pancreas
   e. Pituitary and other glands
   f. Surgical issues of the breasts
3. Fluids
   a. Shock
   b. Fluids and electrolytes
   c. Surgical Nutrition
d. Coagulation
e. Blood
4. Gastrointestinal and related issues
   a. Esophagus
   b. Diaphragm
c. Stomach
d. Duodenum
e. Small intestine
   f. Large intestine
g. Rectum
   h. Appendix
5. General surgery in
   a. Urology
   b. Gynecology
c. Pediatrics
6. Hepatobiliary
   a. Pancreas
   b. Biliary tract
c. Liver
d. Spleen
7. Osteopathic principles and practice in surgical care
   a. Somatic dysfunction
   b. Viscerosomatic relationships
c. Osteopathic treatment techniques
8. Surgical oncology and surgical pathology
9. Trauma
   a. Musculoskeletal injury
   b. Fractures
c. Blunt chest injury diagnosis and care
d. Penetrating chest injury diagnosis and care
10. Wounds and Infections
    a. Skin and subcutaneous tissues
    b. Immunology and transplantation

**Post Rotation Exam**

<table>
<thead>
<tr>
<th>Patient Presentation</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesia</td>
<td>4-8%</td>
</tr>
<tr>
<td>Endocrine/Breast</td>
<td>5-13%</td>
</tr>
<tr>
<td>Fluids</td>
<td>5-12%</td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td>26-35%</td>
</tr>
<tr>
<td>System</td>
<td>Rate</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>Hepatobiliary</td>
<td>13-20%</td>
</tr>
<tr>
<td>Hernias</td>
<td>5-13%</td>
</tr>
<tr>
<td>Infections</td>
<td>4-8%</td>
</tr>
<tr>
<td>Skin and Subcutaneous Tissues</td>
<td>4-8%</td>
</tr>
<tr>
<td>Trauma</td>
<td>5-12%</td>
</tr>
</tbody>
</table>

**Pretest/Posttest (30%)**

In the first week of the rotation, all students are encouraged to take the online sample COMAT Rotation exam. This is a 15 question exam located at [http://www.nbome.org/comat3.asp?m=coll](http://www.nbome.org/comat3.asp?m=coll). The pretest is strongly recommended, but the score will not be included in the course grade. At the end of this rotation, all students will be expected to take the COMAT Rotation examination covering the material outlined in the course objectives and the reading assignments in the required texts *and cases where appropriate*. The exam consists of 125 questions that need to be completed within a two and ½ hour time limit. This is a proctored exam. The posttest exam will be proctored in a Statewide Campus region determined by the student’s RAD/Site Director and will count as 30% of the final rotation grade. A date and time for the posttest will be provided by your Statewide Campus office.

If a student does not receive a passing score on the COMAT exam equal to or greater than a standard (NBOME) score of 75 the student will have failed the rotation and will have his/her record remanded to the Student Promotions Committee for review per Clinical Education Manual Section 1.7 Proctored End of Rotation Exams. After review the committee will make a recommendation to the Vice President for Academic Affairs and Dean (See Institutional Policy E-17).

Standard scores will be converted to a percentage with standard scores greater than 119 being recorded as 100%. The standard score of 74 and below will be listed as 67% and therefore a failure of the COMAT exam. Failure of the COMAT will result in failure of the rotation and the student will have his/her record remanded to the Student Promotions Committee for review per Clinical Education Manual Section 1.7 Proctored End of Rotation Exams. After review the committee will make a recommendation to the Vice President for Academic Affairs and Dean (See Institutional Policy E-17).

The Committee may recommend Remediation for this failed rotation which will consist of the following:

- The student will repeat the rotation with a different preceptor either at the same base site or another SWC site as determined by SWC personnel.
- The student will repeat all of the requirements for the failed rotation as outlined in the syllabus.
- The student is required to update his/her Regional Assistant Dean on a weekly basis during the repeat rotation to report progress on studying all materials.
outlined in the syllabus and any additional work completed to strengthen the student’s knowledge in the specialty, additional reading from required or other written sources, review of NBOME blueprint information, etc.

- The student will retake the COMAT end of rotation exam per Clinical Education Manual Section 1.7.
- After successful remediation including passage of the COMAT exam, a final rotation grade assigned will be in accordance with Institutional Policy E-21.

I. Grading/Calculations

1. Preceptor grade 60%
2. Rotation Requirement Package 10%
   a. MedU cases
   b. DocCom Cases
   c. Completion of Patient Procedure Log
3. Surgery COMAT end of rotation examination 30%

The RRP must be completed by the last day of the rotation.

Note that you will have a standard score of 75 or greater on the COMAT end of rotation exam to pass the rotation/course. Should you score less than a standard score of 75 you will have failed the rotation/course. Your file will therefore be remanded to the Student Promotions Committee for review and the committee will make recommendations to the Vice President for Academic Affairs and Dean. Please see Institutional Policy: E-17-5.

Please note the following:

The Clinical Education Grade Form should be submitted via email, FAX or US mail and not given to the student to return to the Statewide Campus Regional Office.

The student is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor, if necessary.

Students must complete Preceptor/Site/Course Evaluation by the last day of the rotation to avoid an incomplete grade. Should you receive an incomplete you will have 6
weeks to complete the evaluation form or the incomplete will result in a failure.
2.7 Dean’s Selective

Course Numbers: 831, 832, 833

A. Introduction

This is a four week rotation specific to each base site facility within the Statewide Campus regions. The rotations are identified by the regional assistant deans to permit a range of specialties for student selection. This rotation provides the student a greater opportunity to identify areas of interest or topics to broaden their experience base during their first clinical year. These rotations may be scheduled as a 4 week rotation or 2 two week rotations which may or may not occur in a consecutive 4 week time period (i.e. vacation and the dean’s selective may be scheduled together for 2 four week blocks).

The supervising physician is required, midway through the rotation, to review with the student his/her progress toward fulfilling the educational objectives. If not offered, the student should request this opportunity.

As in all of the CORE 3rd year rotations, you will need to improve your physical diagnosis skills.

B. Required textbooks


Dependent upon the rotation selected. You are encouraged to ask the preceptor for his/her recommendations for a reference(s).

C. Other resources

**Evidence Medicine Sites:**

- [www.omerad.msu.edu/ebm/index.html](http://www.omerad.msu.edu/ebm/index.html)
- [www.ahrq.gov/clinic/cps3dix.htm](http://www.ahrq.gov/clinic/cps3dix.htm)
- [www.clinicalkey.com](http://www.clinicalkey.com)
- [www.cochrane.org/](http://www.cochrane.org/)
- [www.tripdatabase.com/index.html](http://www.tripdatabase.com/index.html)

D. Didactic and reading assignments

Reading assignments will often be required by your preceptor. These are important readings to better understand the Dean Selective specialty.

E. Procedures and Clinical Skills

The student will discuss the objectives of the rotation with the preceptor.

- The student will:
Be able to explain the pathogenesis of the most common conditions seen in the specialty selected.
Formulate a differential diagnosis base on the history and physical.
Select, utilize and interpret the appropriate laboratory tests, imaging exams and other procedures, and consulting services to aid in narrowing the differential diagnosis.
Develop a plan based on the differential diagnosis, including osteopathic manipulative therapy.
Given a number of clinical questions, the student will be able to use various resources to answer the questions based on best medical evidence.

F. Patient Procedure Logs
You are required to maintain a log of your activities while on your rotation. This is important to document the experiences that you are exposed to in the clinical setting. You should get used to maintaining a log as this will continue during your residency. A well-documented log will help you to know the cases and procedures that you are exposed to and those that you may need to see in the future of your education. The log books are part of your grade and need to be initialed by the preceptor documenting the accuracy of your entries. The logs need to be reviewed by your Regional Assistant Dean and accepted as proper documentation of your rotation experience. There is limited space but if you need to use more than one line to document, do so.

You should make sure that you make a notation in the log:
- When you see a patient.
- Note if the patient was seen in the Office/Hospital or other, i.e. Nursing home.
- Make sure that you list the diagnosis/problem that the patient presents with, making sure that you do this in enough detail. (Example: Acute Exacerbation of COPD, or Uncontrolled DM type 2, not just COPD or DM)
- Document if you write admit notes in the hospital, progress notes in the office or hospital, discharge summaries and if you did an oral presentation to the preceptor on an encounter.
- List in detail the procedures that you observed (O), assisted (A) or performed (P).

It is always wise to make a copy of the log for your own records. You may want to review your logs as you participate in your 4th year audition rotations so you can respond to any questions of your experiences in doing certain procedures.

G. Core Competencies
1. Medical Knowledge
Preceptors/Attendings are expected to evaluate medical knowledge, understanding of disease process, and the student’s ability to apply cognitive skills in differential diagnosis.

2. Patient Care
Preceptors are expected to evaluate the student’s ability to consistently demonstrate competence in patient care, including the ability to competently take
a history, perform a physical examination, assist with medical procedures, and provide appropriate follow-up care.

3. **Interpersonal and Communication Skills**
Preceptors are expected to evaluate student competence in communication and interviewing techniques, including appropriate use of open-ended questions, active listening, providing care appropriate for contextual factors such as the patient’s beliefs, culture, values, etc; ability to accept and deal appropriately with patient feelings; ability to use language the patient can understand; skill in encouraging patient participation in decision making; ability to close an interview appropriately, etc.

4. **Professionalism**
Preceptors are expected to evaluate professionalism, including demonstrated ethical, personal and professional qualities deemed necessary for the continued successful study and practice of Osteopathic Medicine; maintaining professional relationships with patients and staff; responsibility, dependability, and reliability.

5. **Practice-Based Learning and Improvement**
Preceptors are expected to evaluate the student’s practice-based learning and improvement skills including the student’s ability to integrate evidence-based medicine into patient care as well as to what extent the student shows an understanding of research methods.

6. **Systems-based Practice**
Preceptors are expected to evaluate the student’s system based practice skills, including the student’s ability to understand his/her role as a member of the health care team, the student’s understanding of local community medical resources, and the student’s understanding of providing effective and cost effective medicine.

7. **Osteopathic Philosophy and Osteopathic Manipulative Medicine**
All preceptors (MD and DO) are expected to encourage and verify application of osteopathic principles, and DO preceptors are expected to encourage and evaluate appropriate use of Osteopathic Manipulative Treatment (OMT).

H. COMAT Blueprint Information – N/A

I. **Grading – Calculations**
1. Preceptor grade 90%
2. Completed Patient Procedure Logs 10%

The log **must** be completed by the last day of the rotation.

Please note the following:

The Clinical Education Grade Form should be submitted via email, FAX or US mail and not given to the student to return to the Statewide Campus Regional office.
The student is responsible for ensuring that the Grade form is submitted in a timely fashion and should follow-up with the preceptor, if necessary.

Students **must** complete Preceptor/Site/Course Evaluations by the last day of the rotation to avoid an Incomplete Grade. Should you receive an incomplete grade you will have 6 weeks to complete the evaluation or the incomplete grade will become a failing grade.
A. Introduction

The Emergency Medicine rotation is different than your other rotations as it will introduce you to providing assessment and acute management of patients. This is a time when you will be expected to be able to identify patients that need immediate management due to the acuity of the presenting complaint. You will be expected to do focused History and Physical exams on patients based on the patients presenting complaint. You must learn to quickly gather important History and Physical data, develop a differential diagnosis and utilize ancillary tests to rule in or out items on your differential diagnosis to identify the working diagnosis. You will then learn to develop a plan of treatment for specific medical conditions.

During your rotation you will be expected to learn specific procedures such as suturing, starting an IV, and other EM procedures. Working in an Emergency Department requires a student to be an effective communicator and to quickly organize and analyze medical information. The Emergency Department works as a team and expects you to be a part of that team in taking care of seriously ill or injured patients. You will be challenged to have a basic knowledge of clinical medicine and expected to read the required reading list of topics, topics of interesting cases or topics suggested by your attending physician. You must always remember you represent WVSOM in a professional manner on every rotation.

B. Required Textbooks

*Tintinalli’s Emergency Medicine A Comprehensive Study Guide, 8th edition*

C. Other Resources

*Marx: Rosen’s Emergency Medicine, Mosby*

D. Didactic and Reading assignments:

The reading assignments cover all of the topics in the COMAT blueprint. The length of the chapters vary from 2-3 pages or less to several pages. Many of these topics you have seen in the other Core Rotations during the third year. It is important that you spend time reviewing the information in *Tintinalli’s Emergency Medicine* to compare the approach in an emergency situation to what you have already learned. You should be spending at least an average of 2-3 hours reading each day on the topics listed.
<table>
<thead>
<tr>
<th>Topic</th>
<th>Subtopic</th>
<th>Chapter in Tintinalli’s Emergency Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal Pain</td>
<td>Aortic Aneurysm</td>
<td>Chapter 60</td>
</tr>
<tr>
<td></td>
<td>Appendicitis</td>
<td>Chapter 81</td>
</tr>
<tr>
<td></td>
<td>Bowel Obstruction</td>
<td>Chapter 83</td>
</tr>
<tr>
<td></td>
<td>Cholecystitis/Cholelithiasis</td>
<td>Chapter 79</td>
</tr>
<tr>
<td></td>
<td>Diverticulitis</td>
<td>Chapter 82</td>
</tr>
<tr>
<td>Mental Status Change/Weakness</td>
<td>Cerebrovascular disease</td>
<td>Chapter 167</td>
</tr>
<tr>
<td></td>
<td>Hypoglycemia</td>
<td>Chapter 224</td>
</tr>
<tr>
<td></td>
<td>Infection</td>
<td>Chapter 174</td>
</tr>
<tr>
<td></td>
<td>Seizure</td>
<td>Chapter 171</td>
</tr>
<tr>
<td></td>
<td>Syncope</td>
<td>Chapter 52</td>
</tr>
<tr>
<td>Chest Pain</td>
<td>Acute Coronary Syndromes</td>
<td>Chapter 49</td>
</tr>
<tr>
<td></td>
<td>Aortic Dissection</td>
<td>Chapter 59</td>
</tr>
<tr>
<td></td>
<td>Pneumothorax</td>
<td>Chapter 68</td>
</tr>
<tr>
<td></td>
<td>Pulmonary Embolism</td>
<td>Chapter 388</td>
</tr>
<tr>
<td>Environmental/Travel Disorders</td>
<td>Chemical Burns</td>
<td>Chapter 217</td>
</tr>
<tr>
<td></td>
<td>Thermal Burns</td>
<td>Chapter 216</td>
</tr>
<tr>
<td></td>
<td>Envenomations</td>
<td>Chapter 212</td>
</tr>
<tr>
<td></td>
<td>Hypothermia</td>
<td>Chapter 209</td>
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<tr>
<td></td>
<td>Hyperthermia</td>
<td>Chapter 210</td>
</tr>
<tr>
<td>HEENT Disorders</td>
<td>Headache including Migraine</td>
<td>Chapter 165</td>
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<tr>
<td></td>
<td>Subarachnoid Hemorrhage</td>
<td>Chapter 166</td>
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<tr>
<td></td>
<td>Glaucoma</td>
<td>Chapter 241</td>
</tr>
<tr>
<td></td>
<td>Epistaxis</td>
<td>Chapter 244</td>
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<tr>
<td></td>
<td>Trauma</td>
<td>Chapter 259</td>
</tr>
<tr>
<td>Gastrointestinal Bleeding</td>
<td>Upper GI Bleeding</td>
<td>Chapter 75 &amp; 78</td>
</tr>
<tr>
<td></td>
<td>Lower GI Bleeding</td>
<td>Chapter 76</td>
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<tr>
<td></td>
<td>Hemorrhoids</td>
<td>Chapter 85</td>
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<tr>
<td>Poisoning/Overdose</td>
<td>Anion Gap Acidosis</td>
<td>Chapters 15 &amp; 185</td>
</tr>
<tr>
<td></td>
<td>Overdose of Acetaminophen</td>
<td>Chapter 190</td>
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<tr>
<td></td>
<td>Overdose of Opiates</td>
<td>Chapter 186</td>
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<tr>
<td></td>
<td>Overdose of Salicylates</td>
<td>Chapter 189</td>
</tr>
<tr>
<td></td>
<td>Overdose of Tricyclic Antidepressants</td>
<td>Chapter 177</td>
</tr>
<tr>
<td></td>
<td>Carbon Monoxide Overdose</td>
<td>Chapter 222</td>
</tr>
<tr>
<td></td>
<td>Overdose of Toxic Alcohols</td>
<td>Chapter 185</td>
</tr>
<tr>
<td>Psychiatric/Behavioral</td>
<td>Psychosis</td>
<td>Chapter 290</td>
</tr>
<tr>
<td></td>
<td>Depression</td>
<td>Chapter 289</td>
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<tr>
<td></td>
<td>Substance Abuse</td>
<td>Chapter 292</td>
</tr>
<tr>
<td></td>
<td>Suicide</td>
<td>Chapter 286</td>
</tr>
<tr>
<td>Resuscitation/Shock</td>
<td>Airway Management</td>
<td>Chapter 28</td>
</tr>
<tr>
<td>Section</td>
<td>Chapter</td>
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<td>----------------------------------------------</td>
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<tr>
<td>Cardiopulmonary Resuscitation</td>
<td>Chapter 22</td>
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<tr>
<td>Dysrhythmia Identification and Treatment</td>
<td>Chapter 18</td>
<td></td>
</tr>
<tr>
<td>Treatment of Shock (all types)</td>
<td>Chapters 12, 13 &amp; 14</td>
<td></td>
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<tr>
<td><strong>Shortness of Breath</strong></td>
<td></td>
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<tr>
<td>Airway Obstruction</td>
<td>Chapter 62</td>
<td></td>
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<tr>
<td>Asthma</td>
<td>Chapter 69</td>
<td></td>
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<tr>
<td>COPD</td>
<td>Chapter 70</td>
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<tr>
<td>Heart Failure</td>
<td>Chapter 53</td>
<td></td>
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<tr>
<td>Pulmonary Embolism</td>
<td>Chapter 388</td>
<td></td>
</tr>
<tr>
<td>Infection including Pneumonia</td>
<td>Chapter 65</td>
<td></td>
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<tr>
<td>Bronchitis</td>
<td>Chapter 64</td>
<td></td>
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<tr>
<td>Epiglottitis</td>
<td>Chapter 123</td>
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<tr>
<td><strong>Traumatic Injuries</strong></td>
<td></td>
<td></td>
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<tr>
<td>Abdominal including Liver and Spleen</td>
<td>Chapter 263</td>
<td></td>
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<tr>
<td>Chest (Pulmonary)</td>
<td>Chapter 261</td>
<td></td>
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<tr>
<td>Extremities</td>
<td>Chapter 266</td>
<td></td>
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<tr>
<td>Head</td>
<td>Chapter 257</td>
<td></td>
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<tr>
<td>Neck</td>
<td>Chapter 260</td>
<td></td>
</tr>
<tr>
<td>Pediatric Non-Accidental Trauma/Domestic Violence</td>
<td>Chapter 148</td>
<td></td>
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<tr>
<td><strong>OB/GYN</strong></td>
<td></td>
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<tr>
<td>Abortion (complete, incomplete, inevitable and threatened)</td>
<td>Chapter 98</td>
<td></td>
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<tr>
<td>Ectopic Pregnancy</td>
<td></td>
<td></td>
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<tr>
<td>Placenta Previa &amp; Placental Abruption</td>
<td>Chapter 100</td>
<td></td>
</tr>
<tr>
<td>Infections (Pelvic Inflammatory Disease and Sexually Transmitted Disease)</td>
<td>Chapter102 &amp; 103</td>
<td></td>
</tr>
<tr>
<td><strong>Wound Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Irrigation</td>
<td>Chapter 39</td>
<td></td>
</tr>
<tr>
<td>Local Anesthesia</td>
<td>Chapter 40</td>
<td></td>
</tr>
<tr>
<td>Primary Closure</td>
<td>Chapter 41</td>
<td></td>
</tr>
<tr>
<td>Tetanus Prophylaxis</td>
<td>Chapter 156</td>
<td></td>
</tr>
</tbody>
</table>

**MedU cases**

You will be required to complete MedU Cases. To access the MedU Cases go to [http://www.med-u.org/](http://www.med-u.org/) and choose fmCases. You must register to use MedU. Once you have registered, you can log in to MedU Cases using your established login and password. Print the case selection screen from the Cases upon completion of the required cases. This printout must be submitted to the appropriate Statewide Campus office on the last day of the rotation. If you have technical problems with the MedU Cases please e-mail medusupport@i-intime.org.
DocCom cases
Advanced Elements: #13-“Responding to strong emotions”
Complete the Discussion Questions. To access the Doc.Com Cases visit: http://webcampus.drexelmed.edu/doccom/user/ you will log in using your Email address and Password.

E. Procedures/Clinical Skills:
There are several video clips that you can access from the textbook. It is up to you to review the videos to identify those that are associated with the following list. Make sure that you include in your logs the procedure that you observe, assist or perform and your involvement.

Observed, Assisted and/or performed the following:
• Dictation (written) note of patient encounter
  o Chief complaint
  o History
  o ROS
  o Social history
  o Exam
  o Differential diagnosis
  o Lab/x-ray
  o Impression
  o Treatment
  o Disposition
  o Follow-up
• Obtain IV access
• Suturing simple laceration
• Splinting
• Endotracheal intubation
• Arterial Blood Gas draw
• Central Venous Catheter insertion
• Abscess Incision & Drainage
• Pelvic Exam
• Eye exam including tonometry & fluorescein staining
• Lumbar puncture
• Ear lavage
• Foley insertion
• NG insertion
• Nail trephination
• Wound care
• Control of epistaxis
• Phlebotomy
• Chest tubes
• CPR
• ACLS
• Needle aspiration of joints
• Interosseous access
• Utilization of ultrasound in emergency department

F. Patient Procedure Logs

You are required to maintain a log of your activities while on your rotation. This is important to document the experiences that you are exposed to in the clinical setting. You should get used to maintaining a log, as this will continue during your residency. A well-documented log will help you to know the cases and procedures that you are exposed to and those that you may need to see in the future of your education. The log books are part of your grade and need to be initialed by the preceptor, documenting the accuracy of your entries. The logs need to be reviewed by your Regional Assistant Dean and accepted as proper documentation of your rotation experience. There is limited space but if you need to use more than one line to document, do so.

You should make sure that you make a notation in the log:
• When you see a patient.
• Note if the patient was seen in the Office/Hospital or other, i.e. Nursing Home.
• Make sure that you list the diagnosis/problem that the patient presents with, making sure that you do this in enough detail. (Example: Acute Exacerbation of COPD, or Uncontrolled DM type 2, not just COPD or DM)
• Document if you write admit notes in the hospital, progress notes in the office or hospital, discharge summaries, and if you did an oral presentation to the preceptor on an encounter.
• List in detail the procedures that you observed (O), assisted (A), or performed (P).

It is always wise to make a copy of the log for your own records. You may want to review your logs as you participate in your 4th year audition rotations so you can respond to any questions of your experiences in doing certain procedures.

G. Core Competencies
1. **Medical Knowledge**
   a. Risk factors for a specific area or system related to the chief complaint.
   b. Life-threatening or organ-damaging conditions related to the presenting complaint.
   c. Principles of rapid EKG interpretation.
   d. Vascular hemodynamics.
   e. Life-threatening complications specific to the age of the patient.
   f. Serious versus benign presentations of disease involving organ systems and their differential diagnoses.
   g. Principles of Emergency Medical System (EMS) pre-hospital stabilization and definitive transfer protocols.
   h. Proper utilization and roles of consulting professionals.
   i. Principles of evidence-based utilization of resources as applied to emergency medicine.
   j. EMTALA (Emergency Medical Treatment Active Labor Act).
   k. Acute presentation of chronic diseases that are life-threatening.
   l. Principles and application of standardized emergency protocols including First Aid, BLS, ACLS, ATLS, and PALS.
   m. Basic principles of tissue healing.
   n. Basic principle of poisoning and drug overdose.

2. **Patient Care**
   a. Demonstrate how to approach a patient in the emergency medicine department.
   b. Demonstrate the ability to identify the chief complaint.
   c. Perform a focused exam related to chief complaint.
   d. Demonstrate effective patient management skills.
   e. Demonstrate the ability to develop an evaluation and treatment plan.
   f. Demonstrate the ability to monitor the response to therapeutic interventions.
   g. Discuss with their attending the referral of the patient for subsequent healthcare services to insure proper transition of care including OMT.
   h. Discuss preventable injuries and illnesses with the patient.
   i. Educate patient and evaluate their comprehension of their outpatient treatment plan.
   j. Participate with the health care team to provide patient care.

3. **Interpersonal and Communication Skills**
   a. Demonstrate ability to effectively communicate with acutely ill or injured patients.
   b. Demonstrate ability to identify and communicate with family members, medical power of attorney, or person of authority to speak on behalf of the patient.
c. Demonstrate the ability to identify the person with key information about the patient.
d. Demonstrate the ability to identify themselves to the patient and their role in their care.
e. Demonstrate the ability to put the patient and their family at ease.
f. Consolidate and organize pertinent information for presentation to attending physician.
g. Use the appropriate medical terminology while communicating with emergency department staff.
h. Demonstrate effective communication techniques with other members of the healthcare team and ancillary staff.
i. Use appropriate terminology/language with patient and family.
j. Learn the documentation expectations of the emergency department.
k. Demonstrate a personal self-awareness of their interaction with the patient.

4. Professionalism
Realizing that EM rotations may be performed in shifts (vs. days), this rotation will be evenly divided between all four weeks. It is not to be front or back loaded.

a. Display respect for peers within the emergency department and hospital staff.
b. Demonstrate a team approach to treating emergency room patients.
c. Demonstrate responsibility, dependability, and reliability including being punctual and providing notification of an absence.
d. Dress appropriately for emergency room:
   • Professional attire as defined in the institution’s dress code.
   • If personal clothing is worn, it should be washed after each shift.

5. Practice-Based Learning & Improvement
a. Apply fundamental epidemiologic concepts to practice improvement.
b. Demonstrate understanding of Medical Informatics/Evidence-Based Medicine/Research.
c. Demonstrate ability to identify personal knowledge deficits.
d. Demonstrate ability to locate educational resources and strengthen personal medical knowledge.
e. Display commitment to continuous quality improvement.
f. Demonstrate ability to teach both peers and lay audiences.

6. System-Based Practice
a. Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
b. Recognize how delivery systems differ: controlling health care costs, allocating resources.
c. Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
d. Make an appropriate referral from the emergency department.
e. Arrange outpatient testing from emergency department and follow-up with other providers.

f. Be aware of medication and treatment costs (direct patient costs).

g. Appreciate patient’s rights and responsibilities and that shared decision making improves understanding and compliance.

h. Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.

i. Understand EMTALA and HIPAA relative to the emergency department.

j. Recognize how to reduce medical errors and patient and staff safety.

k. Recognize cost effective health care that does not compromise patient care.

l. Understand how information technology is used to solve patient care problems, improve knowledge base, and develop case presentations and demonstrate these skills by utilizing the local Electronic Medical Record (EMR), on-line resources, and accessing local patient instruction protocols to provide patient instructions.

m. Understand and be able to discuss any medical disparities in the community being served.

7. **Osteopathic Philosophy and Osteopathic Manipulative Medicine**

   a. Demonstrate Osteopathic diagnostic skills adapted to the physical limitations of emergency department bed, space and staffing considerations.


   c. Recognize and apply osteopathic treatment modalities appropriate to the emergency department environment for somatic dysfunction.

   d. Develop an appreciation for the need to treat the entire patient including emotional, spiritual, physical and family needs.

   e. Consider the application of OMT only if safe in the context of the patient’s current medical condition and patient care environment.

H. **COMAT Blueprint Information for Emergency Medicine**

**General Learner-Centered Objectives:**

The student shall be able to demonstrate and have the ability to apply:

1. Foundational content knowledge to situations and patient presentations encountered in clinical settings and important to Emergency Medicine.

2. Foundational content knowledge and clinical problem-solving ability as related to particular physician tasks critical to Emergency Medicine.

3. Knowledge and clinical problem-solving as related to the Foundational Osteopathic Medical Competency Domains, including osteopathic principles and practice and OMT, Osteopathic medical knowledge, interpersonal and
communication skills, practice-based learning and improvement, system-based practice, professionalism and patient care.


**Selected Specific Learner-Centered Objectives for Emergency Medicine:**
For the discipline of Emergency Medicine the student will be required to demonstrate the ability to diagnose and manage selected patient presentations and clinical saturations involving, but not limited to the following:

1. **Abdominal Pain:** Aortic aneurysm, appendicitis, bowel obstruction, cholecystitis/cholelithiasis and diverticulitis.

2. **Mental Status Change/Weakness:** Cerebrovascular disease, hypoglycemia, infection, seizure, syncope, and metabolic disorders.

3. **Chest Pain:** Acute Coronary Syndromes, Aortic dissection, pneumothorax, and pulmonary embolism.

4. **Environmental/Travel Disorders:** Chemical and Thermal burns, envenomations and hypothermia/hyperthermia.

5. **HEENT Disorders:** Infections, headache including migraine and subarachnoid hemorrhage, glaucoma, epistaxis, and trauma.

6. **Gastrointestinal Bleeding:** Upper including peptic ulcer disease and variceal, and lower including diverticulosis, hemorrhoids and malignancy.

7. **Poisoning/overdose:** Anion gap acidosis, decontamination, and overdoses of acetaminophen, carbon monoxide, opioids, salicylates, tricyclic antidepressants and toxic alcohols.

8. **Psychiatric/Behavioral:** Psychosis, depression, substance abuse and suicidal ideation or attempt.

9. **Resuscitation/Shock:** Basic airway management, cardiopulmonary resuscitation, dysrhythmia identification and treatment and the first minute of a code, treatment of shock states including anaphylaxis, cardiogenic, hypovolemia, and septic.

10. **Shortness of Breath:** Airway obstruction, asthma/COPD, heart failure, pulmonary embolism, and infections including pneumonia, bronchitis, and epiglottitis.

11. **Traumatic injuries:** Abdomen including bowel, hepatic, and splenic injuries, chest including hemothorax, pneumothorax, and tension pneumothorax, Extremities including dislocations, fractures and splinting, Head injuries including epi-/subdural hematomas, Neck including cervical fractures and spinal cord damage, and pediatric non-accidental trauma/domestic violence.

12. **OB/GYN:** Abortion including complete, incomplete, inevitable and threatened, ectopic pregnancy, placenta previa and placental abruption. Infections including Pelvic inflammatory disease and sexual transmitted infections.

13. **Wound Care:** Irrigation, local anesthesia, primary closure, and tetanus prophylaxis
### Emergency Medicine Examination Blueprint

#### Dimension 1 – Patient Presentation

<table>
<thead>
<tr>
<th>Topic</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal Pain</td>
<td>6-11%</td>
</tr>
<tr>
<td>Chest Pain</td>
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<tr>
<td>Environmental/Travel Disorders</td>
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<tr>
<td>Gastrointestinal Bleeding</td>
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<td>Genitourinary</td>
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<td>HEENT Disorders</td>
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<tr>
<td>Mental Status Changes/Weakness</td>
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<td>Musculoskeletal Disorders</td>
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<tr>
<td>OB/GYN</td>
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<td>Rashes/Disease of the Skin</td>
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<td>Resuscitation/Shock</td>
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<tr>
<td>Shortness of Breath</td>
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<tr>
<td>Special Populations</td>
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<td>Traumatic Injuries</td>
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#### Dimension 2 – Physician Tasks

<table>
<thead>
<tr>
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<tbody>
<tr>
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<tr>
<td>Differential Diagnosis and Diagnostic Technologies</td>
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<tr>
<td>Management</td>
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<tr>
<td>Scientific Understanding of Health &amp; Disease Mechanisms</td>
<td>5-15%</td>
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<tr>
<td>Health Care Delivery Issues</td>
<td>4-8%</td>
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<tr>
<td>Understanding of Procedural Skills (Indications/Performance Description/Contraindications)</td>
<td>10-20%</td>
</tr>
<tr>
<td>Health Promotion &amp; Disease Prevention</td>
<td>2-4%</td>
</tr>
</tbody>
</table>

#### Pretest/Posttest (30%)  

In the first week of the rotation, all students are encouraged to take the online sample COMAT Rotation exam. This is a 15 question exam located at [http://www.nbome.org/comat3.asp?m=coll](http://www.nbome.org/comat3.asp?m=coll). The pretest is strongly recommended,
but the score will not be included in the course grade. At the end of this rotation, all
students will be expected to take the COMAT Rotation examination covering the
material outlined in the course objectives and the reading assignments in the
required texts (*and cases where appropriate*). The exam consists of 125 questions
that need to be completed within a two and ½ hour time limit. This is a proctored
exam. The posttest exam will be proctored in a Statewide Campus region
determined by the student’s RAD/Site Director and will count as 30% of the final
rotation grade. A date and time for the posttest will be provided by your Statewide
Campus office.

If a student does not receive a passing score on the COMAT exam equal to or
greater than a standard (NBOME) score of 75 the student will have failed the
rotation and will have his/her record remanded to the Student Promotions
Committee for review per Clinical Education Manual Section 1.7 Proctored End of
Rotation Exams. After review the committee will make a recommendation to the Vice
President for Academic Affairs and Dean (See Institutional Policy E-17).

Standard scores will be converted to a percentage with standard scores greater than
119 being recorded as 100 %. The standard score of 74 and below will be listed as
67% and therefore a failure of the COMAT exam. Failure of the COMAT will result in
failure of the rotation and the student will have his/her record remanded to the Student Promotions Committee for review per Clinical Education Manual Section 1.7 Proctored End of Rotation Exams. After review the committee will make a recommendation to the Vice President for Academic Affairs and Dean (See Institutional Policy E-17).

The Committee may recommend Remediation for this failed rotation which will
consist of the following:

- The student will repeat the rotation with a different preceptor either at the same
  base site or another SWC site as determined by SWC personnel.
- The student will repeat all of the requirements for the failed rotation as outlined in
  the syllabus.
- The student is required to update his/her Regional Assistant Dean on a weekly
  basis during the repeat rotation to report progress on studying all materials
  outlined in the syllabus and any additional work completed to strengthen the
  student’s knowledge in the specialty, additional reading from required or other
  written sources, review of NBOME blueprint information, etc.
- The student will retake the COMAT end of rotation exam per Clinical Education
  Manual Section 1.7.
- After successful remediation including passage of the COMAT exam, a final
  rotation grade assigned will be in accordance with Institutional Policy E-21.

I. Grading/Calculations
1. Preceptor grade 60%
2. Rotation Requirement Package 10%
   a. MedU Cases
   b. DocCom Cases
   c. Completion of Patient Procedure Log
3. EM COMAT end of rotation examination 30%

The RRP must be completed by the last day of the rotation.

Note that you will have a standard score of 75 or greater on the COMAT end of
rotation exam to pass the rotation/course. Should you score less than a
standard score of 75 your file will be remanded to the Student Promotions
Committee for review and make recommendations to the Vice President for
Academic Affairs and Dean. Please see Institutional Policy: E-17-5.

Please note the following:

The Clinical Education Grade Form should be submitted
via email, FAX or US mail and not given to the student to
return to the Statewide Campus Regional Office.

The student is responsible for ensuring that the Grade
Form is submitted in a timely fashion and should follow-up
with the preceptor, if necessary.

Students must complete Preceptor/Site/Course
Evaluations by the last day of the rotation to avoid an
Incomplete Grade. Should you receive an incomplete
grade you will have 6 weeks to complete the evaluation or
the incomplete grade will become a failing grade.
2.9 Obstetrics and Gynecology/Women’s Health
Course Number: 803

A. Introduction

The Women’s Health/OB-GYN clinical course is a four week rotation focusing on the healthcare provided to female patients. Clinical learning activities should include experiences in Labor and delivery, the operating room, and the outpatient office. This specialty encompasses preventive health, reproductive health, maternal care and gynecologic surgery for women of all ages.

Regardless of your final specialty choice that the student makes they will be providing care of women. The rotation is challenging and with the goal to prepare each medical student to develop competence in the areas of reproductive and preventive care for women.

B. Required textbooks

Obstetrics and Gynecology: a Competency-Based Companion. 2010 Saunders/Elsevier

C. Other resources

The web site for Association of Professors of Gynecology and Obstetrics (www.apgo.org). At this web site you will find resources that will assist you in your education during this clerkship. uWise Examination provides the student with questions that will assist in directing your learning during this rotation. You will need to go to: http://www.apgo.org/student/uwise2.html
1. To access uWise v.2, you must create an account using your WVSOM email address, creating a username and password of your choice. Please do not share your log-in with other students—it must be unique for each individual student.
2. Click on “Student Resources” on the left side of the screen
3. Under the heading click on uWISE v.2
4. Select the unit you would like to work on as directed from the module

Videos and cases are located on the following web site: https://www.apgo.org/student/apgo-medical-student-educational-objectives/329-online-objective-video-teaching-cases.html
## D. Didactic and reading assignments

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<thead>
<tr>
<th>Topic</th>
<th>Videos (above listed web site)</th>
<th>Obstetrics and Gynecology 7th edition, Beckman</th>
<th>Obstetrics and Gynecology: A Competency-Based Companion</th>
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<tr>
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<td>PAP Smears and Cultures</td>
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<td>Preventive Care and Health Management</td>
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<td>#11</td>
<td>Chapter 8</td>
<td>Chapter 13</td>
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<tr>
<td>Postpartum Care</td>
<td>#13</td>
<td>Chapter 11</td>
<td></td>
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<td>Lactation</td>
<td>#14</td>
<td>Chapter 11</td>
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<td>#15</td>
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<td>Chapter 22</td>
<td>Chapter 13, 21, &amp; 55</td>
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<td>#22</td>
<td>Chapter 9</td>
<td>Chapter 17</td>
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<td>Preterm Labor</td>
<td>#24</td>
<td>Chapter 15</td>
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<td>Chapter 13</td>
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<td>Chapter 12</td>
<td>Chapter 18</td>
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<td>#30</td>
<td>Chapter 18</td>
<td>Chapter 13</td>
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<td>Fetal Growth Abnormalities</td>
<td>#31</td>
<td>Chapter 14</td>
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<tr>
<td>Contraception and Sterilization</td>
<td>#33</td>
<td>Chapter 26 &amp; 27</td>
<td>Chapter 33</td>
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<tr>
<td>Vulvar and Vaginal Disease</td>
<td>#35</td>
<td>Chapter 28</td>
<td>Chapter 35 &amp; 44</td>
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<td>Chapter 29</td>
<td>Chapter 37</td>
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<td>Pelvic Relaxation and Urinary Incontinence</td>
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<td>Chapter 30</td>
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<td>Endometriosis</td>
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<td>Chapter 31</td>
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<td>Disorders of the Breasts</td>
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<td>Chapter 33</td>
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<td>Puberty</td>
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<td>Chapter 38</td>
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<td>Amenorrhea</td>
<td>#43</td>
<td>Chapter 39</td>
<td>Chapter 49 &amp; 50</td>
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<td>Hirsutism and Virilization</td>
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<td>Normal and Abnormal Uterine Bleeding</td>
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<td>Dysmenorrhea</td>
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<td>Menopause</td>
<td>#47</td>
<td>Chapter 41</td>
<td>Chapter 42</td>
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<tr>
<td>Infertility</td>
<td>#48</td>
<td>Chapter 42</td>
<td>Chapter 47</td>
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<tr>
<td>Gestational Trophoblastic Neoplasia</td>
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<td>Chapter 45</td>
<td>Chapter 55</td>
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<td>Vulvar Neoplasia</td>
<td>#51</td>
<td>Chapter 46</td>
<td></td>
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<tr>
<td>Cervical Disease and Neoplasia</td>
<td>#52</td>
<td>Chapter 47</td>
<td>Chapter 51</td>
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<tr>
<td>Uterine Leiomyomas</td>
<td>#53</td>
<td>Chapter 48</td>
<td>Chapter 38</td>
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<tr>
<td>Endometrial Hyperplasia and Carcinoma</td>
<td>#54</td>
<td>Chapter 49</td>
<td>Chapter 52</td>
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<td>Ovarian Neoplasms</td>
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<td>Chapter 50</td>
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<td>Introduction to Osteopathic Principles in Obstetrics &amp; Gynecology</td>
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<td>Part 1 and Part 2</td>
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Procedures Consult:
Procedures you should view and take the test on in Procedures Consult web site:
- Vacuum Assisted Delivery
- Circumcision
• IUD insertion and removal
• 1st Trimester Ultrasound
• Endometrial Biopsy
• C-Section

MedU Cases:
You will be required to complete MedU Cases. To access the MedU Cases go to http://www.med-u.org/ and choose fmCases. You must register to use MedU. Once you have registered, you can log in to MedU Cases using your established login and password. Print the case selection screen from the Cases upon completion of the required cases. This printout must be submitted to the appropriate Statewide Campus office on the last day of the rotation. If you have technical problems with the MedU Cases please e-mail medusupport@intime.org.

fmCase # 12: 16 year old female with vaginal bleeding and UCG- Savannah Bauer
fmCase # 14: 35 year old female with missed period-Ms. Rios
fmCase #17: 55 year old, post-menopausal female with vaginal bleeding-Mrs. Parker
fmCase #30: 27 year old female- Labor and delivery-Mrs. Gold
fmCase #32: 33 year old female with painful periods-Ms. tomlin

DocCom Cases:
Communicating in Specific Situations: #28-Domestic Violence
Complete the Discussion Questions. To access the Doc.Com Cases visit: http://webcampus.drexelmed.edu/doccom/user/ you will log in using your Email address and Password.

E. Procedures and Clinical Skills:
It is highly suggested that you perform, at least once, each of the skills listed below.

Obstetrics
1. Perform history and physical examination on the obstetrical patient.
2. Properly perform a bladder catheterization on an obstetrical patient in the delivery room.
3. Properly scrub, gown and glove, and maintain sterile technique.
4. Do an accurate vaginal examination on a patient in labor and delivery then describe to the attending the fetal position, station, cervical dilation and effacement.
5. Perform a normal vaginal delivery with supervision.
6. Assign the proper APGAR scores to the newborn infant.
7. Perform, adequately, a bulb and DeLee suction of an infant with supervision.
8. Properly clamp and cut the umbilical cord and obtain cord blood samples.
9. Properly deliver the placenta and examine its surface maternal and fetal sides.
10. Evaluate post-delivery of the placenta the cervix and vagina for lacerations.
11. Adequately assist during or watch a Cesarean section.
12. Write a post-partum note and post-op note.

**Gynecology/Gynecological Surgery**
1. Adequately perform a speculum exam and pelvic exam.
2. Properly obtain a PAP smear.
3. Perform a history and physical examination on a gynecological surgery patient.
4. Perform and write up a consult on a gynecologic patient.

**Procedures to observe and know the indications for:**
1. Endometrial Biopsy
2. Ablation of the endometrium
3. Hysterectomy
4. Episiotomy/laceration repair
5. Obstetrical and Gynecologic ultrasound

**F. Patient Procedure Logs**

You are required to maintain a log of your activities while on your rotation. This is important to document the experiences that you are exposed to in the clinical setting. You should get use to maintaining a log as this will continue during your residency. A well-documented log will help you to know the cases and procedures that you are exposed to and those that you may need to see in the future of your education. The log books are part of your grade and need to be initialed by the preceptor documenting the accuracy of your entries. The logs need to be reviewed by your Regional Assistant Dean and accepted as proper documentation of your rotation experience. There is limited space but if you need to use more than one line to document, do so.

You should make sure that you make a notation in the log:
- When you see a patient
- Note if the patient was seen in the Office/Hospital or other i.e. Nursing home
- Make sure that you list the diagnosis/ problem that the patient presents with making sure that you do this in enough detail. (Example: Acute Exacerbation of COPD, or Uncontrolled DM type 2 not just COPD, or DM)
- Document if you write admit notes in the hospital, progress notes in the office or hospital, discharge summaries and if you did an oral presentation to the preceptor on an encounter.
- List in detail the procedures that you observed (O), assisted (A) or performed (P).
It is always wise to make a copy of the log for your own records. You may want to review your logs as you participate in your 4th year audition rotations so you can respond to any questions of your experiences in doing certain procedures.

G. Core Competencies

1. **Medical Knowledge**
   a. Demonstrate knowledge of preconception care including the impact of genetic, medical conditions and environmental factors on maternal health and fetal development.
   b. Explain the normal physiologic changes of pregnancy including interpretation of common diagnostic tests.
   c. Describe common problems in Obstetrics.
   d. Demonstrate knowledge of postpartum care.
   e. Describe menstrual cycle physiology, discuss puberty and menopause and explain normal and abnormal bleeding.
   f. Describe the etiology and evaluation of infertility.
   g. Demonstrate knowledge of common benign gynecological conditions.
   h. Describe common breast conditions and outline the evaluation of breast complaints.
   i. Describe gynecological malignancies including risk factors, sign and symptoms and initial evaluation.

2. **Patient Care**
   a. Apply recommended prevention strategies to women throughout the lifespan.
   b. Demonstrate knowledge of intrapartum care of the mother and newborn.
   c. Develop a thorough understanding of contraception, including sterilization and abortion.
   d. Formulate a differential diagnosis of the acute abdomen and chronic pelvic pain.
   e. Demonstrate knowledge of perioperative care and familiarity with gynecological procedures.
   f. Be able to provide a preliminary assessment of patients with sexual concerns.

3. **Interpersonal and Communication Skills**
   a. The Student should be able to complete a comprehensive women’s interview, including: Menstrual history, obstetric history, gynecologic history, contraceptive history, sexual history, family/genetic history and social history.
   b. The student should be able to perform accurate examinations in a sensitive manner a breast examination, abdominal examination, and a complete pelvic examination.
   c. The student should be able to assess the patient’s adherence to the recommended screening measures.
d. The student should be able to produce a well-organized written and oral reports to communicate the results of the ob-gyn and general medical interview and examination.

4. **Professionalism**
   a. Develop competence in the medical interview and physical examination of women, and incorporate ethical, social and diversity perspectives to provide culturally competent health care.
   b. Develop competence and nonjudgmental care for the patients of different cultural or religious background, LGBT patients, obese patients, lower socioeconomic origin and patients with sexually transmitted infections.
   c. Treat patients that present with chemical dependency, genital mutilation, or requesting pregnancy termination with sensitivity and in the best interest of the patient wellbeing and health.

5. **Practice-Based Learning and Improvement**
   a. Demonstrate the ability to identify personal knowledge deficits
   b. Demonstrate ability to correct knowledge deficits identified by seeking out appropriate references, located relevant clinical practice guidelines and formulate clinical questions to research to improve personal knowledge.
   c. Demonstrates the ability to use formative feedback to improve own knowledge base and procedural skills.
   d. Demonstrates the ability to use information technology as a learning tool.

6. **Systems-Based Practice**
   a. Explain how the cost of medication, tests and other treatment modalities affect patient compliance to care plans.
   b. Explain the role of the physician in controlling health care costs and allocating resources.
   c. Discuss the relationship of women’s health as it relates to:
      - Social and political discrimination
      - Poverty
      - Family care giver role
      - Population characteristics such as sexual orientation, disabilities, ethnicity, religion and cultural background.

7. **Osteopathic Philosophy and Osteopathic Manipulative Medicine**
   a. Understand the basic tenets and fundamental techniques utilized to evaluate, diagnose and treat the female patient osteopathically.
   b. Demonstrate the ability to properly document an osteopathic structural examination on an Obstetrical patient.
H. COMAT Blueprint Information for OB/GYN

Selected Specific Learner-Centered Objectives
1. Abnormal Obstetrics
   a. Abnormal Labor
   b. Spontaneous Abortion
   c. Ectopic Pregnancy
   d. Third-Trimester Bleeding
2. General Gynecology
   a. Normal Gynecology
   b. Family planning
   c. Adolescent issues and development
   d. Screening and preventive care
   e. Issues of domestic violence and sexual assault
   f. Breast diseases
   g. Vulvar/vaginal diseases
   h. Sexually transmitted infections
   i. Urinary tract infections
   j. Menstrual cycle and premenstrual syndrome
   k. Somatic dysfunction and viscerosomatic relationships
3. Gynecologic Oncology
   a. Cervical
   b. Uterine and ovarian disease and neoplasm
   c. Gestational trophoblastic neoplasia
4. Normal Obstetrics
   a. Preconception care
   b. Antepartum care
   c. Intrapartum care
   d. Postpartum care
   e. History and Physical Examination
   f. Maternal-Fetal physiology
   g. Preventive care
   h. Nutrition
   i. Lactation
5. Reproductive Endocrinology
   a. Menopause
   b. Normal/abnormal uterine bleeding
   c. Infertility

Post rotation exam:

<table>
<thead>
<tr>
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<tr>
<td>Topic</td>
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<table>
<thead>
<tr>
<th>Topic</th>
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<td>General Gynecology</td>
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**Dimension 2 – Physician Tasks**

<table>
<thead>
<tr>
<th>Topic</th>
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<tbody>
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<tr>
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<tr>
<td>Secondary Overarching Topics</td>
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**Pretest/Posttest (30%)**

In the first week of the rotation, all students are encouraged to take the online sample COMAT Rotation exam. This is a 15 question exam located at [http://www.nbome.org/comat3.asp?m=coll](http://www.nbome.org/comat3.asp?m=coll). The pretest is strongly recommended, but the score will not be included in the course grade. At the end of this rotation, all students will be expected to take the COMAT Rotation examination covering the material outlined in the course objectives and the reading assignments in the required texts (and cases where appropriate). The exam consists of 125 questions that need to be completed within a two and ½ hour time limit. This is a proctored exam. The posttest exam will be proctored in a Statewide Campus region determined by the student’s RAD/Site Director and will count as 30% of the final rotation grade. A date and time for the posttest will be provided by your Statewide Campus office.

If a student does not receive a passing score on the COMAT exam equal to or greater than a standard (NBOME) score of 75 the student will have failed the rotation and will have his/her record remanded to the Student Promotions Committee for review per Clinical Education Manual Section 1.7 Proctored End of Rotation Exams. After review the committee will make a recommendation to the Vice President for Academic Affairs and Dean (See Institutional Policy E-17).

Standard scores will be converted to a percentage with standard scores greater than 119 being recorded as 100%. The standard score of 74 and below will be listed as 67% and therefore a failure of the COMAT exam. Failure of the COMAT will result in failure of the rotation and the student will have his/her record remanded to the Student Promotions Committee for review per Clinical Education Manual Section 1.7 Proctored End of Rotation Exams. After review the committee will make a recommendation to the Vice President for Academic Affairs and Dean (See Institutional Policy E-17).

The Committee may recommend Remediation for this failed rotation which will consist of the following:
• The student will repeat the rotation with a different preceptor either at the same base site or another SWC site as determined by SWC personnel.
• The student will repeat all of the requirements for the failed rotation as outlined in the syllabus.
• The student is required to update his/her Regional Assistant Dean on a weekly basis during the repeat rotation to report progress on studying all materials outlined in the syllabus and any additional work completed to strengthen the student’s knowledge in the specialty, additional reading from required or other written sources, review of NBOME blueprint information, etc.
• The student will retake the COMAT end of rotation exam per Clinical Education Manual Section 1.7.
• After successful remediation including passage of the COMAT exam, a final rotation grade assigned will be in accordance with Institutional Policy E-21.

I. Grading—Calculations

1. Preceptor grade 60%
2. Rotation Requirement Package (RRP) 10%
   a. MedU Cases
   b. DocCom Cases
   c. Completed Patient Procedure Logs
3. OB/GYN COMAT end of Rotation/Course Exam 30%

The RRP must be completed by the last day of the rotation.

Note that you will have a standard score of 75 or greater on the COMAT end of rotation exam to pass the rotation/course. Should you score less than a standard score of 75 you will have failed the rotation/course. Your file will be remanded to the Student Promotions Committee for review and the committee will make recommendations to the Vice President for Academic Affairs and Dean. Please see Institutional Policy: E-17-5.

Please note the following:

The Clinical Education Grade Form should be submitted via email, FAX or US mail and not given to the student to return to the Statewide Campus Regional office.

The student is responsible for ensuring that the Grade form is submitted in a timely fashion and should follow-up with the preceptor, if necessary.
Students **must** complete Preceptor/Site/Course Evaluations by the last day of the rotation to avoid an Incomplete Grade. Should you receive an incomplete grade you will have 6 weeks to complete the evaluation or the incomplete grade will become a failing grade.
SECTION III FOURTH YEAR ROTATION SYLLABI

3.0 Introduction to Fourth Year

All students must have successfully completed the requirements of year three before being permitted to begin this advanced phase. Rotations include eight (8) weeks of Family Medicine II (scheduled consecutively); four (4) weeks of Internal Medicine III; four (4) weeks of Internal Medicine IV; four (4) weeks of Surgery II; four (4) weeks of Surgery III, four (4) weeks of Pediatrics II; one week of Mandatory Time Off, and (10) weeks of electives. During the fourth year, each student must complete 4 weeks of the above rotations as a Stookey rotation.

Training received during year 3 serves as the prerequisite for these advanced rotations.

The supervising physician’s level of expectation of the fourth year student's performance must be, of course, considerably higher than year three. Described competency levels and grading criteria readily reflect this, but also permit the supervising physician sufficient latitude to determine more exact criteria for determining competency.

The students must understand that these are advanced rotations, and the supervising physicians are not expected to re-educate in areas considered basic and already covered during earlier rotations.

The supervising physician’s responsibilities are directed toward:

- Bringing the student up from one level of competency to the next
- Supplying new information and teaching new skills
- Assisting in “refining” previously learned skills
- Preparing the students for postdoctoral training upon graduation

At this level of clinical education, the students must not misinterpret a less structured academic program as being a lesser opportunity to learn. Self-motivation to seek out knowledge is an essential ingredient for the successful physician. Fourth year students are expected to display this quality as they pursue, on their own, the additional studies required during each rotation.
3.1 Internal Medicine III and Internal Medicine IV (Selective)

**Course Numbers:** 910, 916, 917, 911, 912, 913

**A. Introduction**

This is an extension of the internal medicine rotations taught during the student’s third year. It is expected that the student has grasped the basics of the earlier medicine experience and is now adequately prepared to devote time to improving these skills and becoming more involved with the diagnosis and treatment of conditions commonly seen by the general internist and subspecialist. An increased level of patient care and medical/osteopathic management is expected of students on this rotation.

Internal Medicine III and IV will be at a site of the student’s choosing. These may also be scheduled as four (4) two-week rotations. These will be graded as two (2) or (4) separate rotations in general internal medicine or a subspecialty.

The students will have an opportunity to accompany their supervising physician while making hospital rounds, perform histories and physicals, participate in patient care, utilize their skills in osteopathic diagnosis, principles, practice and treatment, attending hospital lectures, and be generally introduced to hospital routine. Students in Medicine are expected to attend morning report, internal medicine conferences, and medical grand rounds. Presentation of cases by students should be encouraged early and their performance should be observed and critiqued.

Time will be provided for independent research, study, reading of journals, and evaluation.

**B. Required Textbooks**

- *Foundations of Osteopathic Medicine*, Lippincott, Williams and Wilkins
- *Goldman: Goldman’s Cecil Medicine*, Saunders
- [http://www.emedicine.com](http://www.emedicine.com)

**C. Other Resources**

**Recommended Text**

*Medicine: A Competency-Based Companion*, Israel & Tunkel
D. Didactic and Reading Assignments

As noted above, students should be attending all morning report, internal medicine conferences, and medical grand rounds while on these rotations.

E. Procedures and Clinical Skills

Expected Level of Competency
(Should Exceed Internal Medicine II)

Demonstrate Cognitive Skills

- Advanced understanding of indications, limitations, and interpretation of tests commonly ordered by the internist in the hospital setting.
- Advanced knowledge of the integration of laboratory, historical, and physical data to the differential diagnosis in the hospital setting.
- Advanced knowledge of the diagnostic criteria for the conditions most commonly seen by the internist in the hospital setting.
- Advanced knowledge of the therapeutic approaches used by the internist for the conditions that s/he most commonly treats in the hospital setting.
- Advanced knowledge of the indications, contraindications, and side effects of the drugs most commonly used by the internist in the hospital setting.
- Advanced knowledge of the interrelationship of the Department of Internal Medicine and other departments in the hospital.
- Knowledge of the interrelationship of the Department of Internal Medicine and ancillary medical personnel in the hospital.
- Ability to integrate osteopathic concepts into patient management.

Demonstrate Psychomotor Skills

- Advanced ability to perform a detailed history and physical examination with a differential diagnosis.
- Skill in the use of diagnostic instruments and tests commonly performed by, or on behalf of, the internist in the hospital setting.
- Skill in the assistance and performance of common procedures employed by the general internist. (i.e. endoscopy, central line placement, thoracentesis, lumbar puncture, etc.)
- Palpatory diagnostic and therapeutic skills.
- Ability to integrate osteopathic concepts into diagnosis, management, and therapeutics.

Demonstrate Affective Skills

- The student shall demonstrate communication skills and professionalism.

F. Logs – N/A
G. Core Competencies

1. **Medical Knowledge**
   Preceptors/Attendings are expected to evaluate medical knowledge, understanding of disease process, and the student’s ability to apply cognitive skills in differential diagnosis.

2. **Patient Care**
   Preceptors are expected to evaluate the student’s ability to consistently demonstrate competence in patient care, including the ability to competently take a history, perform a physical examination, assist with medical procedures, and provide appropriate follow-up care.

3. **Interpersonal and Communication Skills**
   Preceptors are expected to evaluate student competence in communication and interviewing techniques, including appropriate use of open-ended questions, active listening, providing care appropriate for contextual factors such as the patient’s beliefs, culture, values, etc; ability to accept and deal appropriately with patient feelings; ability to use language the patient can understand; skill in encouraging patient participation in decision making; ability to close an interview appropriately, etc.

4. **Professionalism**
   Preceptors are expected to evaluate professionalism, including demonstrated ethical, personal and professional qualities deemed necessary for the continued successful study and practice of Osteopathic Medicine; maintaining professional relationships with patients and staff; responsibility, dependability, and reliability.

5. **Practice-Based Learning and Improvement**
   Preceptors are expected to evaluate the student’s practice-based learning and improvement skills including the student’s ability to integrate evidence-based medicine into patient care as well as to what extent the student shows an understanding of research methods.

6. **Systems-Based Practice**
   Preceptors are expected to evaluate the student’s system based practice skills, including the student’s ability to understand his/her role as a member of the health care team, the student’s understanding of local community medical resources, and the student’s understanding of providing effective and cost effective medicine.

7. **Osteopathic Philosophy and Osteopathic Manipulative Medicine**
   All preceptors (MD and DO) are expected to encourage and verify application of osteopathic principles, and DO preceptors are expected to encourage and evaluate appropriate use of Osteopathic Manipulative Treatment (OMT).

H. COMAT Blueprint information - N/A
I. Grading - Calculations
   1. Preceptor grade  100%

Please note the following:

The Clinical Education Grade Form should be submitted via email, FAX or US mail and not given to the student to return to the Statewide Campus Regional office.

The student is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor, if necessary.

Students **must** complete Preceptor/Site/Course Evaluations by the last day of the rotation to avoid an Incomplete Grade. Should you receive an incomplete grade you will have 6 weeks to complete the evaluation or the incomplete grade will become a failing grade.
3.2 Surgery II and Surgery III (Selectives)

Course Numbers: 920, 921, 922, 925, 926, 927

A. Introduction

Surgery II and Surgery III (Selective) are designed to further train the student in basic surgical skills, preoperative patient evaluations, operating room procedures, and postoperative patient care. During these rotations the student will: continue to develop skills in his/her performance of a detailed pre-surgical history and physical examination; learn the reasons for the selection of common pre-surgical tests; become involved with all parameters of a patient’s evaluation needed to reach a diagnosis; learn the method of grading operative risks; be exposed to the considerations employed in the selection of the anesthetic agents and become thoroughly familiar with operating room protocol.

The student should have the opportunity to provide assistance on certain operative procedures and be expected to follow the patient’s care from admission to discharge. They are expected to become familiar with hospital surgical record requirements and should gain experience in ambulatory surgical diagnosis and postoperative follow-up.

Surgery II & Surgery III are selectives and may be scheduled as (4) two-week rotations, and may be done in a training hospital of the student’s own choosing. It may be done in a surgical subspecialty such as urology, gynecology, orthopedics, or others (in accordance with the Approved Rotations List) that the student may identify as an area of personal interest or need in his/her program.

On completion of the elective, the student is required to complete and submit to the Office of Clinical Education the Site Evaluation and Log Form. No grade will be recorded in the Registrar’s Office until the site evaluation/log form is received.

B. Required Textbooks

- Zollinger's Atlas of Surgical Operations
- Sabastian Textbook of Surgery, 9th edition

C. Other Resources

Recommended Texts
- Surgery: A Competency-Based Companion, Mann
- Core Topics in General and Emergency Surgery, 5th edition
- Subspecialty texts as recommended by Preceptor
D. Didactic and Reading Assignments

E. Procedures and Clinical Skills

**Expected Level of Competency**

- The student shall demonstrate:
  - Knowledge of the diagnostic criteria (historical, physical, laboratory, etc.) used in surgical diagnosis.
  - Knowledge of the most commonly employed anesthetics, their indications, contraindications, and side effect (including general, local, regional, and nerve block).
  - Knowledge of the interrelationship of the Department of Surgery to the other departments and ancillary medical personnel.
  - Appropriate knowledge of signs, symptoms, patient instructions, and follow up care for major surgical topics including, but not limited to, surgery for gall bladder disease, appendicitis, and bowel obstruction.

**Demonstrate Psychomotor Skills**

- The student shall demonstrate:
  - Ability to perform a focused but detailed presurgical history and physical examination with a differential diagnosis.
  - Ability to properly scrub, gown, and glove for surgery, and maintain appropriate surgical field (see Family Medicine I Competencies, pp. 30 to 34).
  - Ability to complete hospital medical records (history and physical, orders, progress notes, discharge summaries) as authorized by the staff surgeon.
  - Ability to assess osteopathic structural findings to assist in the diagnosis of surgical problems and in the treatment when indicated.

**Demonstrate Affective Skills**

- The student shall demonstrate communication skills and professionalism in dealing both with members of the healthcare team and in dealing with patients.

F. Logs – N/A

G. Core Competencies

1. **Medical Knowledge**
   
   Preceptors/Attendings are expected to evaluate medical knowledge, understanding of disease process, and the student’s ability to apply cognitive skills in differential diagnosis.

2. **Patient Care**
   
   Preceptors are expected to evaluate the student’s ability to consistently demonstrate competence in patient care, including the ability to competently take a history, perform a physical examination, assist with medical procedures, and provide appropriate follow-up care.

3. **Interpersonal and Communication Skills**
Preceptors are expected to evaluate student competence in communication and interviewing techniques, including appropriate use of open-ended questions, active listening, providing care appropriate for contextual factors such as the patient’s beliefs, culture, values, etc; ability to accept and deal appropriately with patient feelings; ability to use language the patient can understand; skill in encouraging patient participation in decision making; ability to close an interview appropriately, etc.

4. **Professionalism**
Preceptors are expected to evaluate professionalism, including demonstrated ethical, personal and professional qualities deemed necessary for the continued successful study and practice of Osteopathic Medicine; maintaining professional relationships with patients and staff; responsibility, dependability, and reliability.

5. **Practice-Based Learning & Improvement**
Preceptors are expected to evaluate the student’s practice-based learning and improvement skills including the student’s ability to integrate evidence-based medicine into patient care as well as to what extent the student shows an understanding of research methods.

6. **System Based Practice**
Preceptors are expected to evaluate the student’s system based practice skills, including the student’s ability to understand his/her role as a member of the health care team, the student’s understanding of local community medical resources, and the student’s understanding of providing effective and cost effective medicine.

7. **Osteopathic Philosophy and Osteopathic Manipulative Medicine**
All preceptors (MD and DO) are expected to encourage and verify application of osteopathic principles, and DO preceptors are expected to encourage and evaluate appropriate use of Osteopathic Manipulative Treatment (OMT).

H. **COMAT Blueprint Information – N/A**

I. **Grading – Calculations**

1. Preceptor Grade 100%

**Please note the following:**

The Clinical Education Grade Form should be submitted via email, FAX or US mail and not given to the student to return to the Statewide Campus Regional office.
The student is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor, if necessary.

Students **must** complete Preceptor/Site/Course Evaluations by the last day of the rotation to avoid an incomplete grade. Should you receive an incomplete grade you will have 6 weeks to complete the evaluation or the incomplete grade will become a failing grade.
3.3 Family Medicine II

Course Number: 931, 932, 933

A. Introduction

Between FMI and FM II students must complete one of these rotations with a DO and one must be completed in a rural area. You may choose to meet these two requirements within the same rotation (DO & rural), or you may choose one rotation with a DO and one in a rural area. This rotation must run 8 weeks consecutively. This rotation takes place in a clinic or other outpatient setting. It is expected that he/she will gain considerable experience in the evaluation and treatment of a wide variety of cases that are seen in general practice. It is anticipated that the clinical skills acquired during training in Family Medicine I will be expanded in this advanced rotation. The student should be able to see and evaluate patients and record the information obtained in an encounter note. This is a very important part of this rotation.

Family Medicine II is an advanced rotation where the student demonstrates a significant level of maturation and responsibility in the application of physician skills toward the diagnosis and treatment of those conditions commonly seen by the family practitioner.

The supervising physician is required, midway through the rotation, to review with the student his/her progress toward fulfilling the educational objectives. If not offered, the student should request this opportunity.

Completion of the final end of rotation Clinical Education Grade Form by the supervising physician should be in the presence of the student, so that the medical student can benefit from a frank discussion of his/her abilities. The supervising physician should add comments on the reverse side of the Clinical Education Grade Form, using additional paper if necessary. If a competency has not been demonstrated, the supervising physician should so indicate.

At this level of clinical education, the student must not misinterpret a less structured academic program as being a lesser opportunity to learn. Self-motivation to seek out knowledge is an essential ingredient for the successful physician. Fourth year students are expected to display this quality as they pursue, on their own, the additional studies required during each rotation.

B. Required Textbooks

Textbook of Family Medicine, Rakel, 9th edition *
Nelson Essentials of Pediatrics, 7th edition*
Cecil Essential of Medicine, 9th edition*
Foundations for Osteopathic Medicine, Lippincott, Williams and Wilkins
C. Other Resources

*Essentials of Family Medicine*, Sloane, et al; Lippincott, Williams and Wilkins

*UpToDate*

Books marked with (*) are available on Clinical Key through the WVSOM Library.

D. Didactic and Reading Assignments

Your reading during this rotation should focus on the cases that you see on a daily basis. In order to study medicine and maintain your knowledge and be up to date you will need to read at least 1 + hours every day. This is very important as you progress into your residency and to practice.

MedU Cases

You will be required to complete MedU Cases. To access the MedU Cases go to [http://www.med-u.org/](http://www.med-u.org/) and choose fmCases. You must register to use MedU. Once you have registered, you can log in to MedU Cases using your established login and password. Print the case selection screen from the Cases upon completion of the required cases. This printout must be submitted to the appropriate Statewide Campus office on the last day of the rotation. If you have technical problems with the MedU Cases please e-mail medusupport@i-intime.org.

fmCase # 5: 30-year-old female with palpitations-Ms.Waters
fmCase # 20: 28-year-old female with abdominal pain-Ms.Bell

Family Medicine Osteopathic History and Physical Case Study

Must be submitted electronically by the fifth Friday of the rotation. A student must receive a passing score of 70 or above on the Case Study to receive credit for the rotation requirement package.

E. Procedures and Clinical Skills

*Osteopathic History and Physical Case Study – Students are required to do one osteopathic history and physical to be completed during both the Family Medicine I and Family Medicine II rotations (refer to “The Medical Write-Up” under section 2.1 for specific instructions).* The student must document and demonstrate the utilization of osteopathic philosophy, osteopathic diagnosis in the assessment and care of the patient in this case study. An osteopathic musculoskeletal exam must be documented under the objective findings of the case. This must be a case which was actually seen during the rotation in consultation with the supervising physician. False documentation can lead to serious academic sanctions, up to and including dismissal. The case must be completed and
submitted electronically. To access your case study form, go to the Clinical Ed web, click on the word “new” and your case study will pop up. The case may be worked on and saved, but it is your responsibility to hit “submit” by the due date. **The case study can only be submitted electronically. No paper submission accepted.** The case will be graded by WVSOM full-time faculty and the graded case study will be returned to the student and preceptor electronically (via email) with the grader's comments.

In order to receive the RRP 10% credit, the case study has to be submitted on or before Friday of the (5th) week of rotation and must receive a 70% or greater. The other RRP Requirements are due on the last day of the rotation. See the complete list of Rotation Requirement Package on page 173. **If any of the RRP requirements are missing, or if the case study is <70%, or if the case study is submitted after the 5th Friday of the rotation, the student will receive 0% for the RRP which results in a 10% deduction from the final rotation grade.**

F. Patient Procedure Logs

You are required to maintain a log of your activities while on your rotation. This is important to document the experiences that you are exposed to in the clinical setting. You should get used to maintaining a log as this will continue during your residency. A well-documented log will help you to know the cases and procedures that you are exposed to and those that you may need to see in the future of your education. The log looks are part of your grade and need to be initialed by the preceptor documenting the accuracy of your entries. The logs need to be reviewed by your Regional Assistant Dean and accepted as proper documentation of your rotation experience. There is limited space but if you need to use more than one line to document, do so.

You should make sure that you make a notation in the log:

- When you see patient.
- Note if the patient was seen in the Office/Hospital or other, i.e. Nursing home.
- Make sure that you list the diagnosis/problem that the patient presents with, making sure that you do this in enough detail. (Example: Acute Exacerbation of COPD or Uncontrolled DM type 2, not just COPD or DM.)
- Document if you write admit notes in the hospital, progress notes in the office or hospital, discharge summaries and if you did an oral presentation to the preceptor on an encounter.
- List in detail the procedures that you observed (O), assisted (A), or performed (P).

It is always wise to make a copy of the log for your own records. You may want to review your logs as you participate in your audition rotations so you can respond to any questions of your experiences in doing certain procedures.
Log your rotation experience on each of the following. At the end of your rotation have your preceptor sign off on them.

- Patient Logs: This form is to be signed by your preceptor and turned into your Regional Assistant Dean monthly. Please use your Student Documentation and Patient Procedure Log book.
- Procedure Log: This form is to be signed by your preceptor and turned into your Regional Assistant Dean Monthly. Please see the following form.

It is known that not all skills listed below will be available at all rotation sites, with the exception of OP&P. However, it is hoped that you will have a chance to perform or observe many of the skills listed.

 Logs are located on the WVSOM Clinical Education website under forms.
# FAMILY MEDICINE PROCEDURE LOG

The student will be exposed to the following skills: (to be signed off by your preceptor)

<table>
<thead>
<tr>
<th>Skill</th>
<th>Reference</th>
<th>Performed</th>
<th>Observed</th>
<th>Not Done (why)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CP&amp;P</td>
<td>OP&amp;P texts and videos</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Demonstrate: Palpatory diagnostic skills</td>
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</tr>
<tr>
<td></td>
<td>Ability to do functional exam</td>
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</tr>
<tr>
<td></td>
<td>Ability to record findings of exam</td>
<td></td>
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<tr>
<td></td>
<td>Ability to record treatment procedures used</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Ability to use any of the following: Soft tissue, muscle energy, myofascial, Strain/counterstrain, HVLA, craniosacral, Articulatory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpret resting 12-lead EKG</td>
<td>EKG &amp; ACLS texts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge of venipuncture/phlebotomy</td>
<td>Clinical Skills II Handbook and video</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge of parenteral injections</td>
<td>Clinical Skills II Handbook</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to suture</td>
<td>Clinical Skills II Handbook and video</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Knowledge of splint/cast application</td>
<td>Clinical Skills II Handbook</td>
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<tr>
<td>Knowledge of proper sterile procedures</td>
<td>Clinical Skills II Handbook</td>
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<tr>
<td>Knowledge of urinary bladder catheterization</td>
<td>Clinical Skills II Handbook</td>
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<tr>
<td>Knowledge of spirometry and interpreting PFT's</td>
<td>Clinical Skills II Handbook</td>
<td></td>
<td></td>
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<tr>
<td>Interpretation of CXR—PA and lat</td>
<td>Radiology text/notes</td>
<td></td>
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<tr>
<td>Skin biopsy and excisions</td>
<td>Clinical Skills II—suturing</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Joint injections</td>
<td>Clinical Keys: Skin Biopsy Techniques</td>
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<tr>
<td>Ear lavage</td>
<td>Clinical Keys: Cerumen Impaction</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Anoscopy</td>
<td>Clinical Skills II Handbook</td>
<td></td>
<td></td>
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<tr>
<td>Flexible sigmoidoscopy</td>
<td>Clinical Skills II Handbook</td>
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<tr>
<td>I&amp;D of abscess: list type of abscess</td>
<td></td>
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</tbody>
</table>

* EKG Library: [www.ecglibrary.com/ecghome.html](http://www.ecglibrary.com/ecghome.html)
* Basic CXR Review—Dept. of Radiology, Uniformed Services, University of Health Sciences, Bethesda, MD: [http://rad.lsu.edu/Mnumero_CXR_review/index.html](http://rad.lsu.edu/Mnumero_CXR_review/index.html)

Preceptor’s signature: ____________________________ Date: ____________________________
G. Core Competencies

1. **Medical Knowledge**
   Preceptors/Attendings are expected to evaluate medical knowledge, understanding of disease process, and the student’s ability to apply cognitive skills in differential diagnosis.

2. **Patient Care**
   Preceptors are expected to evaluate the student’s ability to consistently demonstrate competence in patient care, including the ability to competently take a history, perform a physical examination, assist with medical procedures, and provide appropriate follow-up care.

3. **Interpersonal and Communication Skills**
   Preceptors are expected to evaluate student competence in communication and interviewing techniques, including appropriate use of open-ended questions, active listening, providing care appropriate for contextual factors such as the patient’s beliefs, culture, values, etc; ability to accept and deal appropriately with patient feelings; ability to use language the patient can understand; skill in encouraging patient participation in decision making; ability to close an interview appropriately, etc.

4. **Professionalism**
   Preceptors are expected to evaluate professionalism, including demonstrated ethical, personal and professional qualities deemed necessary for the continued successful study and practice of Osteopathic Medicine; maintaining professional relationships with patients and staff; responsibility, dependability, and reliability.

5. **Practice-Based Learning and Improvement**
   Preceptors are expected to evaluate the student’s practice-based learning and improvement skills including the student’s ability to integrate evidence-based medicine into patient care as well as to what extent the student shows an understanding of research methods.

6. **Systems-Based Practice**
   Preceptors are expected to evaluate the student’s system based practice skills, including the student’s ability to understand his/her role as a member of the health care team, the student’s understanding of local community medical resources, and the student’s understanding of providing effective and cost effective medicine.

7. **Osteopathic Philosophy and Osteopathic Manipulative Medicine**
   All preceptors (MD and DO) are expected to encourage and verify application of osteopathic principles, and DO preceptors are expected to encourage and evaluate appropriate use of Osteopathic Manipulative Treatment (OMT).
H. COMAT Blueprint Information N/A

I. Grading - Calculations
1. Preceptor grade 90%
2. Rotation Requirement Package 10%
   a. MedU cases
   b. Completion of Patient Procedure Log and Family Medicine Procedure Log
   c. Case Study *(must be turned in by Friday of the 5th week and score must be 70 or above to receive credit for RRP)*

The RRP must be completed by the last day of the rotation.

Please note the following:

The Clinical Education Grade Form should be submitted via email, FAX or US mail and not given to the student to return to the Statewide Campus Regional office.

The student is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor, if necessary.

Students must complete Preceptor/Site/Course Evaluations by the last day of the rotation to avoid an Incomplete Grade. Should you receive an incomplete grade you will have 6 weeks to complete the evaluation or the incomplete grade will become a failing grade.
3.4 Pediatrics II

Course Numbers: 950, 951, 952

A. Introduction

The Pediatrics II rotation is designed to further refine the knowledge and skills required for the unique care of infants, children and adolescents. This rotation is anticipated to be a continuation of the Pediatrics I course. This rotation should be on a children’s hospital general pediatric ward, in a NICU or PICU, or with a pediatric sub specialist and not with a general pediatrician in an office-based practice. Greater emphasis should be placed on the study of diagnostic technologies and management aspects during Pediatrics II than in Pediatrics I. This is a four week rotation.

B. Required Textbooks

Harriet Lane Handbook
Nelson’s Textbook of Pediatrics

C. Other Resources

Recommended textbooks
Nelson’s Essentials of Pediatrics
Pediatrics: A Competency-Based Companion, McMahon & Stryjewski

D. Didactic and Reading Assignments

MedU cases (3-4 cases per week)
You will be required to complete MedU Cases. To access the MedU Cases go to http://www.med-u.org/ and choose fmCases. You must register to use MedU. Once you have registered, you can log in to MedU Cases using your established login and password. Print the case selection screen from the Cases upon completion of the required cases. This printout must be submitted to the appropriate Statewide Campus office on the last day of the rotation. If you have technical problems with the MedU Cases please e-mail medusupport@i-intime.org.

CLIPP Case # 6: 16 year old pre-sport physical
CLIPP Case #9: 2 week old with lethargy
CLIPP Case #16: 7 year old with abdominal pain and vomiting
CLIPP Case #22: 16 year old with abdominal pain
CLIPP Case #23: 15 year old with lethargy and fever
CLIPP Case #24: 2 year old with altered mental status
CLIPP Case #25: 2 month old with apnea
CLIPP Case #27: 8 year old with abdominal pain
CLIPP Case #28: 18 month old with developmental delay
CLIPP Case #29: Infant with hypotonia
CLIPP Case #30: 2 year old with sickle cell disease
CLIPP Case #31: 5 year old with puffy eyes

E. Procedures and Clinical Skills

Overall Goals

- Acquire knowledge of growth and development, and apply this in a clinical context from birth through adolescence for health supervision, disease prevention, and management of illness

- Refine the interviewing and physical examination skills required to conduct interviews with children or adolescents and their families, and perform age appropriate physical examinations

- Acquire knowledge needed for the diagnosis and initial management of acute and chronic illnesses of infancy and childhood including common pediatric emergencies

- Acquire knowledge needed for the diagnosis and initial management of congenital problems and genetic diseases of infancy and childhood

- Develop the knowledge, skills, and strategies necessary for health supervision including knowledge of immunizations and age appropriate anticipatory guidance for nutrition, developmental/behavioral counseling and injury prevention

- Develop an understanding of the interplay between the child, the family and the community on child health and how to utilize community resources to support children and families

- Identify parental and patient concerns and perspectives including cultural and religious influences

- Develop an understanding of the osteopathic considerations in pediatrics including application of the four tenets

- Refine your note-writing skills in the different types of medical notes, including SOAP notes, newborn nursery admission notes, admission history & physicals, discharge summaries, procedure notes, etc.

- Select, justify, and interpret clinical tests and imaging in regards to both patient age and pathological processes
• Develop a proficiency in sharing diagnostic, plan of care, and prognostic information with patients and families

• Research disease processes not covered by the CLIPP cases but encountered during clinic and hospital rounds as assigned by your attending physicians

• Create a list of differential diagnoses for common pediatric chief complaints and contrast the items on this list

• Propose a work-up and treatment plan for patients seen in the clinic and hospital

• Critically analyze journal articles and publications as assigned by the attending physician

**Professionalism**

Demonstrate professional behavior in the act of providing medical care through:

• Respect
• Responsibility and accountability
• Excellence and scholarship
• Honor and integrity
• Altruism
• Leadership and interdisciplinary collaboration
• Caring and compassion

**F. Logs**

You are required to maintain a log of your activities while on your rotation. This is important to document the experiences that you are exposed to in the clinical setting. You should get used to maintaining a log as this will continue during your residency. A well-documented log will help you to know the cases and procedures that you are exposed to and those that you may need to see in the future of your education. The log books are part of your grade and need to be initialed by the preceptor documenting the accuracy of your entries. The logs need to be reviewed by your Regional Assistant Dean and accepted as proper documentation of your rotation experience. There is limited space, but if you need to use more than one line to document, do so.

You should make sure that you make a notation in the log:

• When you see a patient.
• Note if the patient was seen in the Office/Hospital or other, i.e. Nursing home.
• Make sure that you list the diagnosis/problem that the patient presents with, making sure that you do this in enough detail. (Example: Acute Exacerbation of COPD, or Uncontrolled DM type 2, not just COPD or DM)
• Document if you write admit notes in the hospital, progress notes in the office or hospital, discharge summaries and if you did an oral presentation to the preceptor on an encounter.
• List in detail the procedures that you observed (O), assisted (A), or performed (P).

It is always wise to make a copy of the log for your own records. You may want to review your logs as you participate in your 4th year audition rotations so you can respond to any questions of your experiences in doing certain procedures.

G. Core Competencies

1. Medical Knowledge
   Preceptors/Attendings are expected to evaluate medical knowledge, understanding of disease process, and the student’s ability to apply cognitive skills in differential diagnosis.

2. Patient Care
   Preceptors are expected to evaluate the student’s ability to consistently demonstrate competence in patient care, including the ability to competently take a history, perform a physical examination, assist with medical procedures, and provide appropriate follow-up care.

3. Interpersonal and Communication Skills
   Preceptors are expected to evaluate student competence in communication and interviewing techniques, including appropriate use of open-ended questions, active listening, providing care appropriate for contextual factors such as the patient’s beliefs, culture, values, etc; ability to accept and deal appropriately with patient feelings; ability to use language the patient can understand; skill in encouraging patient participation in decision making; ability to close an interview appropriately, etc.

4. Professionalism
   Preceptors are expected to evaluate professionalism, including demonstrated ethical, personal and professional qualities deemed necessary for the continued successful study and practice of Osteopathic Medicine; maintaining professional relationships with patients and staff; responsibility, dependability, and reliability.

5. Practice-Based Learning and Improvement
   Preceptors are expected to evaluate the student’s practice-based learning and improvement skills including the student’s ability to integrate evidence-based medicine into patient care as well as to what extent the student shows an understanding of research methods.

6. Systems Based Practice
   Preceptors are expected to evaluate the student’s system based practice skills, including the student’s ability to understand his/her role as a member of the health care team, the student’s understanding of local community medical resources, and the student’s understanding of providing effective and cost effective medicine.

7. Osteopathic Philosophy and Osteopathic Manipulative Medicine
All preceptors (MD and DO) are expected to encourage and verify application of osteopathic principles, and DO preceptors are expected to encourage and evaluate appropriate use of Osteopathic Manipulative Treatment (OMT).

H. COMAT Blueprint Information – N/A

I. Grading – Calculations

1. Preceptor Grade 90%
2. Rotation Requirement Package (RRP) 10%
   a. MedU Cases
   b. Completed Logs

The RRP must be completed by the last day of the rotation.

Please note the following:

The Clinical Education Grade Form should be submitted via email, FAX or US mail and not given to the student to return to the Statewide Campus Regional office.

The student is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor, if necessary.

Students must complete Preceptor/Site/Course Evaluations by the last day of the rotation to avoid an Incomplete Grade. Should you receive an incomplete grade you will have 6 weeks to complete the evaluation or the incomplete grade will become a failing grade.
SECTION IV SCHEDULING ROTATIONS

4.0 Selectives – Directed Electives

Students may choose selective rotations with the supervising physician and institution of their choice. These directed electives must be in the subject area required, but this flexibility in site selection allows the student to design the experience to better fit his/her own personal needs. In addition, selectives afford the student an opportunity to be visible at hospitals where he or she may wish to complete postdoctoral education, but which are not in the WVSOM system. This allows the student to be more competitive in the resident selection process (match program).

Applications for approval of selective rotations must be submitted to the Statewide Campus Office no later than 90 days prior to the start date of the rotation. Students should communicate with their Statewide Campus office when considering these rotations to initiate the affiliation agreement process (see ESR process in section 4.5). To request a rotation in another Statewide Campus Region you must go through your respective Regional Director for initiation and approval.

A confidential mid-rotation evaluation with the student and their supervising physician should be done verbally or in writing. Completion of the final end of rotation Clinical Education Grade Form by the supervising physician should be in the presence of the student, so that the medical student can benefit from a frank discussion of his/her abilities. The supervising physician should add comments on the Clinical Education Grade Form, using additional paper if necessary. If a competency has not been demonstrated, the supervising physician should so indicate.

It is important that the form be completed on the last day of the student’s rotation and faxed, emailed or delivered promptly (the student may provide the Preceptor with a stamped envelope addressed to the SWC Regional office) to the appropriate WVSOM Statewide Campus office by the supervising physician:

The Clinical Education Grade Form should be submitted via email, FAX or US mail and not given to the student to return to the Statewide Campus Regional office.

The student is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor, if necessary.

Students must complete Preceptor/Site/Course Evaluations by the last day of the rotation to avoid an Incomplete Grade. Should you receive an incomplete grade you will have 6 weeks to complete the evaluation or the incomplete grade will become a failing grade.

A table of approved rotations appears on the following page.
# 4.1 Approved Selective Rotations

<table>
<thead>
<tr>
<th>Internal Medicine III (2 or 4 weeks) *</th>
<th>Internal Medicine IV (2 or 4 weeks) *</th>
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</thead>
<tbody>
<tr>
<td>Cardiology</td>
<td>Allergy/Immunology</td>
</tr>
<tr>
<td>Critical Care/ICU</td>
<td>Cardiology</td>
</tr>
<tr>
<td>Dermatology</td>
<td>Critical Care/ICU</td>
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<tr>
<td>Endocrinology</td>
<td>Dermatology</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>Endocrinology</td>
</tr>
<tr>
<td>General Internal Medicine</td>
<td>Gastroenterology</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>General Internal Medicine</td>
</tr>
<tr>
<td>Nephrology</td>
<td>Geriatrics (Must be with IM Board Certified Geriatrician)</td>
</tr>
<tr>
<td>Neurology</td>
<td>Hematology/Oncology</td>
</tr>
<tr>
<td>Palliative Care</td>
<td>Infectious Disease</td>
</tr>
<tr>
<td>Pulmonology</td>
<td>Invasive Cardiology</td>
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<tr>
<td>Rheumatology</td>
<td>Nephrology</td>
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<tr>
<td></td>
<td>Neurology</td>
</tr>
<tr>
<td></td>
<td>Occupational Medicine</td>
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<tr>
<td></td>
<td>Pulmonology</td>
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<tr>
<td></td>
<td>Rehabilitation Medicine</td>
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<td></td>
<td>Rheumatology</td>
</tr>
</tbody>
</table>

*No more than 4 weeks total of any subspecialty may be used between Internal Medicine III and IV

<table>
<thead>
<tr>
<th>Surgery II (2 or 4 weeks) *</th>
<th>Surgery III (2 or 4 weeks) *</th>
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<tbody>
<tr>
<td>Anesthesiology</td>
<td>Anesthesiology</td>
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<tr>
<td>ENT</td>
<td>ENT</td>
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<tr>
<td>General Surgery</td>
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<td>Gynecology</td>
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<tr>
<td>Neurosurgery</td>
<td>Neurosurgery</td>
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<tr>
<td>Ophthalmology</td>
<td>Obstetrics/Gynecology</td>
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<tr>
<td>Orthopedics</td>
<td>Ophthalmology</td>
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<tr>
<td>Plastic Surgery</td>
<td>Orthopedics</td>
</tr>
<tr>
<td>Podiatry (2 weeks only)</td>
<td>Pediatric Surgery</td>
</tr>
<tr>
<td>Proctology</td>
<td>Plastic Surgery</td>
</tr>
<tr>
<td>Surgical ICU (SICU) (must be done with a board certified surgeon)</td>
<td>Podiatry (2 weeks only)</td>
</tr>
<tr>
<td>Thoracic</td>
<td>Proctology</td>
</tr>
<tr>
<td>Urology</td>
<td>Surgical ICU (SICU) (must be done with a board certified surgeon)</td>
</tr>
<tr>
<td>Vascular Surgery</td>
<td>Thoracic Surgery</td>
</tr>
<tr>
<td>Wound Care (must be done with a board certified surgeon)</td>
<td>Trauma-EM (Level I or II Trauma Center)</td>
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<tr>
<td></td>
<td>Trauma Surgery</td>
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<td></td>
<td>Urology</td>
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<td></td>
<td>Vascular Surgery</td>
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</tbody>
</table>

*No more than 4 weeks total of any subspecialty may be used between Surgery II and III
<table>
<thead>
<tr>
<th>Pediatrics II (2 or 4 weeks)</th>
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<tbody>
<tr>
<td>Adolescent Medicine</td>
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<tr>
<td>Pediatric Cardiology</td>
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<tr>
<td>Critical Care (NICU) or (PICU)</td>
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<tr>
<td>Developmental Pediatrics</td>
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<tr>
<td>Pediatric Endocrinology</td>
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<tr>
<td>Pediatric Emergency Medicine (Children’s Hospital)</td>
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<tr>
<td>Inpatient Peds</td>
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<tr>
<td>Pediatric Hematology/Oncology</td>
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<tr>
<td>Pediatric Infectious Disease</td>
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<tr>
<td>Pediatric Pulmonology</td>
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<tr>
<td>Pediatric GI</td>
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<tr>
<td>Pediatric Nephrology</td>
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<tr>
<td>Pediatric Neurology</td>
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</tbody>
</table>

*All subspecialties listed above are Pediatric subspecialties.*
4.1.1 Allergy/Immunology

A. Introduction

During the allergy/immunology rotation you will be exposed to selected topics and patients in the areas of allergy and Immune diseases. This is where you learn how to do focused History and Physical exams. These are done on patients with specific symptoms based on the patient’s presenting complaint. You may need to only evaluate the specific reason for that visit. You must learn to gather important History and Physical data, develop a differential diagnosis and utilize ancillary tests to rule in or out your diagnosis. You will then learn to develop a plan of treatment for specific medical conditions.

This rotation requires a student to be an effective communicator and to quickly organize and analyze medical information. You will be expected to work as a team and to be a part of that team in taking care of seriously ill patients. You will be challenged to have a basic knowledge of clinical medicine and expected to read on topics of interesting cases or topics suggested by your attending physician. You must always remember you represent WVSOM in a professional manner on every rotation. It is important that students look and act professional during their rotation.

B. Required Textbooks

Suggested Text: Goldman’s Cecil Medicine, 25th ed. 2015 Saunders

C. Other Resources

D. Didactic and Reading Assignments

- Approach to the Patient with Allergic or Immunologic Diseases
- Primary Immunodeficiency
- Allergic Rhinitis and Chronic Sinusitis
- Urticaria and Angioedema
- Systemic Anaphylaxis, Food Allergy, and Insect Sting Allergy
- Drug Allergy
- Mastocytosis
- The Innate Immune System
- The Adaptive Immune System
- Mechanisms of Immune-Mediated Tissue Injury
- Mechanisms of Inflammation and Tissue Repair
- Transplantation Immunology
- Complement System Disease
You will also have recommendations from the Preceptor as to sources and topics to read.

E. Procedures and Clinical Skills

F. Logs – N/A

G. Core Competencies

1. **Medical Knowledge**
   a. Acquire knowledge and understanding of the immune response and hypersensitivity reactions as well as the management of such severe hypersensitivity reactions.
   b. Acquire knowledge and skills in the diagnosis, management, and follow-up of asthma.
   c. Acquire knowledge and skills in the diagnosis, management, and follow-up of rhinitis.
   d. Acquire knowledge and skills in the diagnosis, management, and follow-up of dermatitis, urticarial, and adverse reactions to various exposures.
   e. To attain an understanding of the indications, use, and limitations of skin testing, IGE RAST testing, and pulmonary function testing.
   f. Perform a history and physical exam related to allergy/immunology.
   g. Know when to refer the complicated patient.

2. **Patient Care**
   a. Demonstrate how to approach an allergy/immunology patient.
   b. Demonstrate the ability to identify the chief complaint.
   c. Perform a focused exam related to chief complaint.
   d. Demonstrate effective patient management skills.
   e. Demonstrate the ability to develop an evaluation and treatment plan.
   f. Demonstrate the ability to monitor the response to therapeutic interventions.
   g. Discuss with their attending the referral of the patient for subsequent healthcare services to insure proper transition of care including OMT.
   h. Educate patient and evaluate their comprehension of their treatment plan.
   i. Participate with the health care team to provide patient care.

3. **Interpersonal and Communication Skills**
   a. Demonstrate ability to effectively communicate with acutely ill or injured patients.
   b. Demonstrate ability to identify and communicate with family members, medical power of attorney, or person of authority to speak on behalf of the patient.
   c. Demonstrate the ability to identify the person with key information about the patient. Demonstrate the ability to identify themselves to the patient and their role in their care.
d. Demonstrate the ability to put the patient and their family at ease.
e. Consolidate and organize pertinent information for presentation to attending physician. Use the appropriate medical terminology while communicating with other medical staff. Demonstrate effective communication techniques with other members of the healthcare team and ancillary staff.
f. Use appropriate terminology/language with patient and family.
g. Learn the documentation expectations the hospital or office.
h. Demonstrate a personal self-awareness of their interaction with the patient.

4. **Professionalism**
   a. Display respect for peers.
   b. Demonstrate a team approach to treating patients.
   c. Demonstrate responsibility, dependability, and reliability including being punctual and providing notification of an absence.
   d. Dress appropriately:
      - Professional attire as defined in the institution’s dress code.
      - If personal clothing is worn, it should be washed after each shift.

5. **Practice-Based Learning and Improvement**
   a. Apply fundamental epidemiologic concepts to practice improvement.
   b. Demonstrate understanding of medical informatics/Evidence-Based Medicine/Research.
   c. Demonstrate ability to identify personal knowledge deficits.
   d. Demonstrate ability to locate educational resources and strengthen personal medical knowledge.
   e. Display commitment to continuous quality improvement.
   f. Demonstrate ability to teach both peers and lay audiences.

6. **Systems-Based Practice**
   a. Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
   b. Recognize how delivery systems differ: controlling health care costs, allocating resources.
   c. Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
   d. Make appropriate referrals.
   e. Arrange outpatient testing and follow-up with other providers.
   f. Be aware of medication and treatment costs (direct patient costs).
   g. Appreciate Patient’s rights and responsibilities and that shared decision making improve understanding and compliance.
   h. Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
   i. Understand EMTALA and HIPAA.
   j. Recognize how to reduce medical errors and patient and staff safety.
k. Recognize cost effective health care that does not compromise patient care.

l. Understand how information technology is used to solve patient care problems, improve knowledge base, and develop case presentations and demonstrate these skills by utilizing the local Electronic Medical Record (EMR), on-line resources, and accessing local patient instruction protocols to provide patient instructions.

m. Understand and be able to discuss any medical disparities in the community being served.

7. Osteopathic Philosophy and Osteopathic Manipulative Medicine
   a. Demonstrate Osteopathic diagnostic skills adapted to the physical limitations of the patient’s surroundings.
   b. Recognize and diagnose somatic dysfunction in the context of common patient pain presentations.
   c. Recognize and apply osteopathic treatment modalities appropriate to the orthopedic environment for somatic dysfunction.
   d. Develop an appreciation for the need to treat the entire patient including emotional, spiritual, physical and family needs.
   e. Consider the application of OMT only if safe in the context of the patient’s current medical condition and patient care environment.

H. COMAT Blueprint Information – N/A

I. Grading - Calculations
   1. Preceptor Grade 100%

Please note the following:

The Clinical Education Grade Form should be submitted via email, FAX or US mail and not given to the student to return to the Statewide Campus Regional office.

The student is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor, if necessary.

Students must complete Preceptor/Site/Course Evaluations by the last day of the rotation to avoid an incomplete grade. Should you receive an incomplete grade.
grade you will have 6 weeks to complete the evaluation or the incomplete grade will become a failing grade.
4.1.2 Anesthesiology

A. Introduction

During the anesthesiology rotation you will be exposed to selected topics and patients in the practice of anesthesia in the hospital or a surgical center. This is where you learn how to evaluate a patient who will be going to surgery and the types of different anesthetics, indications and contraindications. You must learn to gather important History and Physical data, and develop an understanding of the need for specific anesthesia dependent on the patient’s medical condition and acuity.

During your rotation you will be expected to learn specific procedures as outlined below. This rotation requires a student to be an effective communicator and to quickly organize and analyze medical information. You will be expected to work as a team and to be a part of that team in taking care of seriously ill patients. You will be challenged to have a basic knowledge of clinical medicine and expected to read on topics of interesting cases or topics suggested by your attending physician. You must always remember you represent WVSOM in a professional manner on every rotation. It is important that students look and act professional during their rotation.

B. Required Textbooks

*Faust’s Anesthesiology Review, 4th ed., Elsevier (Clinical Key)*

C. Other Resources

Suggested Text:
*Anesthesia: A Comprehensive Review, 4th ed., Mayor Foundation for Medical Education and Research*
*Clinical Cases in Anesthesia, 4th ed., Saunders*
*Essence of Anesthesia Practice, 3rd ed., Saunders*

D. Didactic and Reading Assignments

- Carbon Dioxide retention and capnography
- Tracheal Tubes
- Pulse oximetry
- Intermittent noninvasive blood pressure monitoring
- Depth of anesthesia
- Interpretation of arterial blood gases
- Factors affecting pulmonary compliance and airway resistance
- Pulmonary ventilation and perfusion
- Physiologic determinants of cardiac output
- Myocardial oxygen supply and demand
• Tachyarrhythmias
• Bradyarrhythmias
• The autonomic system: Anatomy and receptor pharmacology
• The parasympathetic nervous system: Anatomy and receptor pharmacology
• Factors affecting cerebral blood flow
• Electrolyte abnormalities: potassium, sodium, calcium and magnesium.
• Spinal cord anatomy and blood supply
• Brachial plexus anatomy
• Central venous cannulation
• Inhalation anesthetic agents
• Nitrous oxide
• Cardiovascular effects of inhalation agents
• Central nervous system effects of the inhalation agents
• Renal effects of inhalation agents
• Hepatic effects of inhalation agents
• Thiopental
• Propofol
• Etomidate
• Opioid pharmacology
• Cardiovascular effects of opioids
• Opioid side effects: Muscle rigidity and biliary colic
• Nondepolarizing neuromuscular blocking agents
• Succinylcholine side effects
• Pharmacology of atropine, scopolamine, and glycopyrrolate
• Type screen and crossmatch of red blood cells
• Preoperative evaluation of the patient with cardiac disease for noncardiac operations
• Tobacco use in surgical patients
• Obstructive sleep apnea
• Postoperative nausea and vomiting
• Local anesthetic agents: mechanism of action
• Local anesthetic agents: pharmacology
• Toxicity of local anesthetic agents
• Spinal and Epidural anesthesia
• Malignant Hyperthermia
• Anaphylactic and anaphylactoid reactions

Your attending may provide you with additional topics to read or journal articles. The above list is recommended for Anesthesiology rotations that are 4 weeks in duration. If the student is on a 2 week rotation the student should discuss with the preceptor at the beginning of the rotation the topics that are most important to read. Student must read the last two items on the list whether it is a 2 or 4 week rotation.
E. Procedures and Clinical Skills

The following procedures will be allowed at the discretion of the Preceptor.
- Intubation
- Starting IVs
- Placement of foley catheters in male and female patient if indicated
- Placement of central venous access under direct supervision

F. Logs – N/A

G. Core Competencies

1. Medical Knowledge
   a. Appreciate and understand the various skills required in the induction of general anesthesia, mechanical ventilation, deep line access and maintenance and regional anesthesia.
   b. Acquire an understanding of the use and hazards of general anesthesia.
   c. Acquire an understanding of various local and regional anesthetic agents.
   d. Start to develop proficiency in endotracheal intubation.
   e. Start to develop proficiency in the skills of central venous line placement and arterial catheter placement.
   f. Acquire knowledge regarding the indications and limitations of the skills necessary for the administration of regional anesthesia.

2. Patient Care
   a. Demonstrate how to approach patients in the anesthesia department setting.
   b. Demonstrate the ability to identify the chief complaint.
   c. Perform a focused exam related to chief complaint.
   d. Demonstrate effective patient management skills.
   e. Demonstrate the ability to develop an evaluation and treatment plan.
   f. Demonstrate the ability to monitor the response to therapeutic interventions.
   g. Discuss with their attending the referral of the patient for subsequent healthcare services to insure proper transition of care including OMT.
   h. Educate patient and evaluate their comprehension of their treatment plan.
   i. Participate with the health care team to provide patient care.

3. Interpersonal and Communication Skills
   a. Demonstrate ability to effectively communicate with acutely ill or injured patients.
   b. Demonstrate ability to identify and communicate with family members, medical power of attorney, or person of authority to speak on behalf of the patient.
   c. Demonstrate the ability to identify the person with key information about the patient. Demonstrate the ability to identify themselves to the patient and their role in their care.
d. Demonstrate the ability to put the patient and their family at ease.

e. Consolidate and organize pertinent information for presentation to attending physician. Use the appropriate medical terminology while communicating with other medical staff. Demonstrate effective communication techniques with other members of the healthcare team and ancillary staff.

f. Use appropriate terminology/language with patient and family.

g. Learn the documentation expectations the hospital or office.

h. Demonstrate a personal self-awareness of their interaction with the patient.

4. **Professionalism**
   a. Display respect for peers.
   b. Demonstrate a team approach to treating patients.
   c. Demonstrate responsibility, dependability, and reliability including being punctual and providing notification of an absence.
   d. Dress appropriately:
      - Professional attire as defined in the institution’s dress code.
      - If personal clothing is worn, it should be washed after each shift.

5. **Practice-Based Learning and Improvement**
   a. Apply fundamental epidemiologic concepts to practice improvement.
   b. Demonstrate understanding of medical informatics/Evidence-Based Medicine/Research.
   c. Demonstrate ability to identify personal knowledge deficits.
   d. Demonstrate ability to locate educational resources and strengthen personal medical knowledge.
   e. Display commitment to continuous quality improvement.
   f. Demonstrate ability to teach both peers and lay audiences.

6. **Systems-Based Practice**
   a. Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
   b. Recognize how delivery systems differ: controlling health care costs, allocating resources.
   c. Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
   d. Make appropriate referrals.
   e. Arrange outpatient testing and follow-up with other providers.
   f. Be aware of medication and treatment costs (direct patient costs).
   g. Appreciate Patient’s rights and responsibilities and that shared decision making improve understanding and compliance.
   h. Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
   i. Understand EMTALA and HIPAA.
   j. Recognize how to reduce medical errors and patient and staff safety.
   k. Recognize cost effective health care that does not compromise patient care.
I. Understand how information technology is used to solve patient care problems, improve knowledge base, and develop case presentations and demonstrate these skills by utilizing the local Electronic Medical Record (EMR), on-line resources, and accessing local patient instruction protocols to provide patient instructions.

m. Understand and be able to discuss any medical disparities in the community being served.

7. Osteopathic Philosophy and Osteopathic Manipulative Medicine
   a. Demonstrate Osteopathic diagnostic skills adapted to the physical limitations of the patient's surroundings.
   b. Recognize and diagnose somatic dysfunction in the context of common patient pain presentations.
   c. Recognize and apply osteopathic treatment modalities appropriate to the orthopedic environment for somatic dysfunction.
   d. Develop an appreciation for the need to treat the entire patient including emotional, spiritual, physical and family needs.
   e. Consider the application of OMT only if safe in the context of the patient's current medical condition and patient care environment.

H. COMAT Blueprint Information - N/A

I. Grading – Calculations
   1. Preceptor Grade  100%

Please note the following:

The Clinical Education Grade Form should be submitted via email, FAX or US mail and not given to the student to return to the Statewide Campus Regional office.

The student is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor, if necessary.

Students must complete Preceptor/Site/Course Evaluations by the last day of the rotation to avoid an incomplete grade. Should you receive an incomplete grade you will
have 6 weeks to complete the evaluation or the incomplete grade will become a failing grade.
**4.1.3 Cardiology**

**A. Introduction**

During the cardiology rotation you will be exposed to selected topics and patients in the area of cardiovascular medicine. This is where you learn how to do focused History and Physical exams. These are done on patients with specific symptoms based on the patient’s presenting complaint. You may need to only evaluate the specific reason for that visit. You must learn to gather important History and Physical data, develop a differential diagnosis and utilize ancillary tests to rule in or out your diagnosis. You will then learn to develop a plan of treatment for specific medical conditions.

During your rotation you will be expected to learn specific procedures as outlined below. This rotation requires a student to be an effective communicator and to quickly organize and analyze medical information. You will be expected to work as a team and to be a part of that team in taking care of seriously ill patients. You will be challenged to have a basic knowledge of clinical medicine and expected to read on topics of interesting cases or topics suggested by your attending physician. You must always remember you represent WVSOM in a professional manner on every rotation. It is important that students look and act professional during their rotation.

**B. Required Textbooks**

*Goldman’s Cecil Medicine, 25th ed.*, Saunders

**C. Other Resources**

Suggested Text:

- *Clinical Recognition of Congenital Heart Disease*, 6th ed., Saunders
- *Hypertension: A Companion to Braunwald’s Heart Disease*, 2nd ed., Saunders

**D. Didactic and Reading Assignments**

1. Epidemiology of Cardiovascular Disease
2. Heart Failure: Pathophysiology and Diagnosis
3. Heart Failure: Management and Prognosis
4. Diseases of the Myocardium and Endocardium
5. Principles of Electrophysiology
6. Approach to the Patient with Suspected Arrhythmia
7. Approach to Cardiac arrest and Life-Threatening Arrhythmias
8. Cardiac Arrhythmias with Supraventricular Origin
9. Ventricular Arrhythmias
10. Electrophysiologic Intervention Procedures and Surgery
11. Arterial Hypertension
12. Pulmonary Hypertension
13. Angina Pectoris and Stable Ischemic Heart Disease
15. Valvular Heart Disease
16. Infective Endocarditis
17. Pericardial Disease
18. Other topics provided by the Attending Preceptor

E. Procedures and Clinical Skills

The procedures that you should observe during this rotation include the following:
1. Stress testing
2. Echocardiography
3. Cardiac Catheterization and Angiography
4. Noninvasive Cardiac Imaging
5. You should spend time reviewing Electrocardiograms

F. Logs – N/A

G. Core Competencies

1. Medical Knowledge
   a. Characterize the principles of cardiac physical examination, noninvasive examination and laboratory interpretation.
   b. Identify indications and limitations of invasive examinations such as cardiac catheterizations.
   c. Identify the pathophysiology and management and rehabilitative measures for coronary artery disease, arrhythmias, hypertension, congestive heart failure, thromboembolic disease, congenital heart and valvular disease, and other cardiac disorders.
   d. Perform history and physical examination related to the cardiovascular system.
   e. Order and interpret diagnostic tests such as EKG, chest x-ray.
   f. Perform resuscitation using fluids, basic CPR and Advanced Life Support, and antiarrhythmic medications and electrical cardioversion.
   g. Manage patients with chest pain, acute myocardial infarction, arrhythmias, heart failure, cardiogenic shock, and conduction abnormalities.
h. Be familiar with advanced diagnostic treatment measures and regimens such as thrombolytics, Swan-ganz, echo and electrophysiologic studies, angioplasty.

2. **Patient Care**
   a. Demonstrate how to approach a cardiovascular patient.
   b. Demonstrate the ability to identify the chief complaint.
   c. Perform a focused exam related to chief complaint.
   d. Demonstrate effective patient management skills.
   e. Demonstrate the ability to develop an evaluation and treatment plan.
   f. Demonstrate the ability to monitor the response to therapeutic interventions.
   g. Discuss with their attending the referral of the patient for subsequent healthcare services to insure proper transition of care including OMT.
   h. Educate patient and evaluate their comprehension of their treatment plan.
   i. Participate with the health care team to provide patient care.

3. **Interpersonal and Communication Skills**
   a. Demonstrate ability to effectively communicate with acutely ill or injured patients.
   b. Demonstrate ability to identify and communicate with family members, medical power of attorney, or person of authority to speak on behalf of the patient.
   c. Demonstrate the ability to identify the person with key information about the patient. Demonstrate the ability to identify themselves to the patient and their role in their care.
   d. Demonstrate the ability to put the patient and their family at ease.
   e. Consolidate and organize pertinent information for presentation to attending physician. Use the appropriate medical terminology while communicating with other medical staff. Demonstrate effective communication techniques with other members of the healthcare team and ancillary staff.
   f. Use appropriate terminology/language with patient and family.
   g. Learn the documentation expectations the hospital or office.
   h. Demonstrate a personal self-awareness of their interaction with the patient.

4. **Professionalism**
   a. Display respect for peers.
   b. Demonstrate a team approach to treating patients.
   c. Demonstrate responsibility, dependability, and reliability including being punctual and providing notification of an absence.
   d. Dress appropriately:
      - Professional attire as defined in the institution's dress code.
      - If personal clothing is worn, it should be washed after each shift.

5. **Practice-Based Learning and Improvement**
   a. Apply fundamental epidemiologic concepts to practice improvement.
b. Demonstrate understanding of medical informatics/Evidence-Based Medicine/Research.

c. Demonstrate ability to identify personal knowledge deficits.

d. Demonstrate ability to locate educational resources and strengthen personal medical knowledge.

e. Display commitment to continuous quality improvement.

f. Demonstrate ability to teach both peers and lay audiences.

6. **Systems-Based Practice**
   a. Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
   b. Recognize how delivery systems differ: controlling health care costs, allocating resources.
   c. Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
   d. Make appropriate referrals.
   e. Arrange outpatient testing and follow-up with other providers.
   f. Be aware of medication and treatment costs (direct patient costs).
   g. Appreciate Patient’s rights and responsibilities and that shared decision making improve understanding and compliance.
   h. Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
   i. Understand EMTALA and HIPAA.
   j. Recognize how to reduce medical errors and patient and staff safety.
   k. Recognize cost effective health care that does not compromise patient care.
   l. Understand how information technology is used to solve patient care problems, improve knowledge base, and develop case presentations and demonstrate these skills by utilizing the local Electronic Medical Record (EMR), on-line resources, and accessing local patient instruction protocols to provide patient instructions.
   m. Understand and be able to discuss any medical disparities in the community being served.

7. **Osteopathic Philosophy and Osteopathic Manipulative Medicine**
   a. Demonstrate Osteopathic diagnostic skills adapted to the physical limitations of the patient’s surroundings.
   b. Recognize and diagnose somatic dysfunction in the context of common patient pain presentations.
   c. Recognize and apply osteopathic treatment modalities appropriate to the orthopedic environment for somatic dysfunction.
   d. Develop an appreciation for the need to treat the entire patient including emotional, spiritual, physical and family needs.
   e. Consider the application of OMT only if safe in the context of the patient’s current medical condition and patient care environment.
H. COMAT Blueprint Information – N/A

I. Grading – Calculations
   1. Preceptor Grade 100%

Please note the following:

The Clinical Education Grade Form should be submitted via email, FAX or US mail and not given to the student to return to the Statewide Campus Regional office.

The student is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor, if necessary.

Students must complete Preceptor/Site/Course Evaluations by the last day of the rotation to avoid an Incomplete Grade. Should you receive an incomplete grade you will have 6 weeks to complete the evaluation or the incomplete grade will become a failing grade.
4.1.4 Dermatology

A. Introduction

The dermatology rotation is unique in that you will be exposed to selected topics and patients. This is where you learn how to perform a focused History and Physical exams on patients with Dermatology complaints. These are done with specific symptoms based on the patient’s presenting complaint. You will normally need to only evaluate the specific reason for that visit, however you must remember that dermatologic problems may have a systemic origin. You must learn to gather important History and Physical data, develop a differential diagnosis and utilize ancillary tests to rule in or out your diagnosis. You will then learn to develop a plan of treatment for specific medical conditions.

During your rotation you will be expected to learn specific procedures as outlined below. This rotation requires a student to be an effective communicator and to quickly organize and analyze medical information. You will be expected to work as a team and to be a part of that team in taking care of seriously ill patients. You will be challenged to have a basic knowledge of clinical medicine and expected to read on topics of interesting cases or topics suggested by your attending physician. You must always remember you represent WVSOM in a professional manner on every rotation. It is important that students look and act professional during their rotation.

B. Required Textbooks

Clinical Dermatology: A Color Guide to Diagnosis and Therapy, 6th ed., Elsevier

C. Other Resources

Suggested Text:
Goldman’s Cecil Medicine, 24th ed., Saunders
Pediatric Dermatology, Elsevier
Dermatology, 3rd ed., Elsevier
Treatment of Skin Disease: Comprehensive Therapeutic Strategies, 4th ed., Elsevier

D. Didactic and Reading Assignments

You will need to review the anatomy of the skin and be able to describe the lesions using the appropriate terminology. The following list of chapters are suggested for your reading while on a dermatology rotation.
1. Topical therapy and topical corticosteroids
2. Exzema
3. Contact dermatitis
4. Atopic dermatitis  
5. Acne, rosacea and related disorders  
6. Psoriasis  
7. Superficial fungal infections  
8. Exanthems and drug eruptions  
9. Hypersensitivity syndromes and vasculitis  
10. Benign Skin Tumors  
11. Premalignant and malignant nonmelanoma skin tumors  
12. Nevi and malignant melanoma  
13. Dermatologic surgical procedures  

E. Procedures and Clinical Skills  

F. Logs – N/A  

G. Core Competencies  

1. Medical Knowledge  
   a. Characterize the normal anatomy and physiology of the skin.  
   b. Recognize risk factors and preventive measures for skin problems.  
   c. Identify dermatologic manifestations of systemic disease or toxicity.  
   d. Recognize dermatologic conditions requiring emergency treatment.  
   e. Recognize that the skin is a very important organ in mirroring the emotions and recognize that the patient who presents with dermatological complaints may have a serious disorder or has significant concerns even with what appears to be very minor problems.  
   f. Develop a systematic approach toward categorizing skin lesions by etiology i.e. infectious, allergic, vascular, and neoplastic.  
   g. Manage common skin problems utilizing topical, systemic, and physical agents.  
   h. Evaluate those skin disorders representing serious illness.  
   i. Observe skin culture, scraping, biopsy, curettage, excision, cautery, and cryosurgery and intra-lesional injection.  
   j. Counsel patient regarding skin problems.  

2. Patient Care  
   a. Demonstrate how to approach a dermatology patient.  
   b. Demonstrate the ability to identify the chief complaint.  
   c. Perform a focused exam related to chief complaint.  
   d. Demonstrate effective patient management skills.  
   e. Demonstrate the ability to develop an evaluation and treatment plan.  
   f. Demonstrate the ability to monitor the response to therapeutic interventions.  
   g. Discuss with their attending the referral of the patient for subsequent healthcare services to insure proper transition of care including OMT.  
   h. Educate patient and evaluate their comprehension of their treatment plan.
i. Participate with the health care team to provide patient care.

3. **Interpersonal and Communication Skills**
   a. Demonstrate ability to effectively communicate with acutely ill or injured patients.
   b. Demonstrate ability to identify and communicate with family members, medical power of attorney, or person of authority to speak on behalf of the patient.
   c. Demonstrate the ability to identify the person with key information about the patient. Demonstrate the ability to identify themselves to the patient and their role in their care.
   d. Demonstrate the ability to put the patient and their family at ease.
   e. Consolidate and organize pertinent information for presentation to attending physician. Use the appropriate medical terminology while communicating with other medical staff. Demonstrate effective communication techniques with other members of the healthcare team and ancillary staff.
   f. Use appropriate terminology/language with patient and family.
   g. Learn the documentation expectations the hospital or office.
   h. Demonstrate a personal self-awareness of their interaction with the patient.

4. **Professionalism**
   a. Display respect for peers.
   b. Demonstrate a team approach to treating patients.
   c. Demonstrate responsibility, dependability, and reliability including being punctual and providing notification of an absence.
   d. Dress appropriately:
      - Professional attire as defined in the institution’s dress code.
      - If personal clothing is worn, it should be washed after each shift.

5. **Practice-Based Learning and Improvements**
   a. Apply fundamental epidemiologic concepts to practice improvement.
   b. Demonstrate understanding of medical informatics/Evidence-Based Medicine/Research.
   c. Demonstrate ability to identify personal knowledge deficits.
   d. Demonstrate ability to locate educational resources and strengthen personal medical knowledge.
   e. Display commitment to continuous quality improvement.
   f. Demonstrate ability to teach both peers and lay audiences.

6. **Systems-Based Practice**
   a. Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
   b. Recognize how delivery systems differ: controlling health care costs, allocating resources.
   c. Use patient-centered, equitable systems of care that recognize the need to
reduce medical errors and improve patient safety.

d. Make appropriate referrals.
e. Arrange outpatient testing and follow-up with other providers.
f. Be aware of medication and treatment costs (direct patient costs).
g. Appreciate Patient's rights and responsibilities and that shared decision making improve understanding and compliance.
h. Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
i. Understand EMTALA and HIPAA.
j. Recognize how to reduce medical errors and patient and staff safety.
k. Recognize cost effective health care that does not compromise patient care.
l. Understand how information technology is used to solve patient care problems, improve knowledge base, and develop case presentations and demonstrate these skills by utilizing the local Electronic Medical Record (EMR), on-line resources, and accessing local patient instruction protocols to provide patient instructions.
m. Understand and be able to discuss any medical disparities in the community being served.

7. Osteopathic Philosophy and Osteopathic Manipulative Medicine
   a. Demonstrate Osteopathic diagnostic skills adapted to the physical limitations of the patient's surroundings.
b. Recognize and diagnose somatic dysfunction in the context of common patient pain presentations.
c. Recognize and apply osteopathic treatment modalities appropriate to the orthopedic environment for somatic dysfunction.
d. Develop an appreciation for the need to treat the entire patient including emotional, spiritual, physical and family needs.
e. Consider the application of OMT only if safe in the context of the patient's current medical condition and patient care environment.

H. COMAT Blueprint Information - N/A

I. Grading – Calculations
   1. Preceptor Grade 100%

Please note the following:

The Clinical Education Grade Form should be submitted via email, FAX or US mail and not given to the student to return to the Statewide Campus Regional office.
The student is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor, if necessary.

Students must complete Preceptor/Site/Course Evaluations by the last day of the rotation to avoid an Incomplete Grade. Should you receive an incomplete grade you will have 6 weeks to complete the evaluation or the incomplete grade will become a failing grade.
4.1.5 Endocrinology

A. Introduction

The endocrinology rotation you will be exposed to selected topics and patients who have abnormalities for the endocrine system. You learn how to do focused History and Physical exams on patients with specific symptoms that are due to abnormalities of the endocrine system. You may normally need to only evaluate the specific reason for that visit. You must learn to gather important History and Physical data, develop a differential diagnosis and utilize ancillary tests to rule in or out your diagnosis. You will then learn to develop a plan of treatment for specific medical conditions.

During your rotation you will be expected to become familiar with specific procedures as outlined below. This rotation requires a student to be an effective communicator and to quickly organize and analyze medical information. You will be expected to work as a team and to be a part of that team in taking care of seriously ill patients. You will be challenged to have a basic knowledge of clinical medicine and expected to read on topics of interesting cases or topics suggested by your attending physician. You must always remember you represent WVSOM in a professional manner on every rotation. It is important that students look and act professional during their rotation.

B. Required Textbooks

Goldman’s Cecil Medicine, 24th ed., Saunders

C. Other Resources

Suggested Text:
The Washington Manual of Medical Therapeutics, 34th ed., Lippincott Williams & Wilkins
Williams Textbook of Endocrinology, 12th ed., Saunders
Churchill's Pocketbook of Diabetes, 2nd ed., Elsevier
Clinical Management of Thyroid Disease, Saunders

D. Didactic and Reading Assignments

1. Neuroendocrinology and the Neuroendocrine System
2. Anterior Pituitary
3. Posterior Pituitary
4. Thyroid
5. Adrenal Cortex
6. Adrenal Medulla, Catecholamines, and Pheochromocytoma
7. Type 1 Diabetes Mellitus
8. Type 2 Diabetes Mellitus
9. Hypoglycemia/Pancreatic Islet Cell Disorders
10. Polyglandular disorders
11. Carcinoid Syndrome
12. Other reading as assigned by the preceptor

E. Procedures and Clinical Skills

1. You should become familiar with Diabetic Ketoacidosis diagnosis and treatment.
2. You should become familiar with the use of all types of insulin both in hospital and in treatment of the patient in the outpatient setting.
3. Imaging studies for the thyroid and pituitary glands.

F. Logs – N/A

G. Core Competencies

1. Medical Knowledge
   a. Characterize the principles of history, physical examination and diagnostic interpretation of common problems encountered in patients with common endocrinopathies.
   b. Be able to develop an adequate differential diagnosis.
   c. Be able to create and implement an appropriate, thorough and cost efficient diagnosis and treatment plan for common problems in endocrinology.
   d. Be familiar with such problems as diabetes, thyroid disease, Addison’s disease, pituitary disorders, and other endocrinopathies.
   e. Order, perform, and interpret appropriate diagnostic tests.
   f. Know when to refer the complicated patient.

2. Patient Care
   a. Demonstrate how to approach an endocrinology patient.
   b. Demonstrate the ability to identify the chief complaint.
   c. Perform a focused exam related to chief complaint.
   d. Demonstrate effective patient management skills.
   e. Demonstrate the ability to develop an evaluation and treatment plan.
   f. Demonstrate the ability to monitor the response to therapeutic interventions.
   g. Discuss with their attending the referral of the patient for subsequent healthcare services to insure proper transition of care including OMT.
   h. Educate patient and evaluate their comprehension of their treatment plan.
   i. Participate with the health care team to provide patient care.
3. **Interpersonal and Communication Skills**
   a. Demonstrate ability to effectively communicate with acutely ill or injured patients.
   b. Demonstrate ability to identify and communicate with family members, medical power of attorney, or person of authority to speak on behalf of the patient.
   c. Demonstrate the ability to identify the person with key information about the patient. Demonstrate the ability to identify themselves to the patient and their role in their care.
   d. Demonstrate the ability to put the patient and their family at ease.
   e. Consolidate and organize pertinent information for presentation to attending physician. Use the appropriate medical terminology while communicating with other medical staff. Demonstrate effective communication techniques with other members of the healthcare team and ancillary staff.
   f. Use appropriate terminology/language with patient and family.
   g. Learn the documentation expectations the hospital or office.
   h. Demonstrate a personal self-awareness of their interaction with the patient.

4. **Professionalism**
   a. Display respect for peers.
   b. Demonstrate a team approach to treating patients.
   c. Demonstrate responsibility, dependability, and reliability including being punctual and providing notification of an absence.
   d. Dress appropriately:
      - Professional attire as defined in the institution’s dress code.
      - If personal clothing is worn, it should be washed after each shift.

5. **Practice-Based Learning and Improvement**
   a. Apply fundamental epidemiologic concepts to practice improvement.
   b. Demonstrate understanding of medical informatics/Evidence-Based Medicine/Research.
   c. Demonstrate ability to identify personal knowledge deficits.
   d. Demonstrate ability to locate educational resources and strengthen personal medical knowledge.
   e. Display commitment to continuous quality improvement.
   f. Demonstrate ability to teach both peers and lay audiences.

6. **Systems-Based Practice**
   a. Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
   b. Recognize how delivery systems differ: controlling health care costs, allocating resources.
   c. Use patient-centered, equitable systems of care that recognize the need
to reduce medical errors and improve patient safety.
d. Make appropriate referrals.
e. Arrange outpatient testing and follow-up with other providers.
f. Be aware of medication and treatment costs (direct patient costs).
g. Appreciate Patient’s rights and responsibilities and that shared decision making improve understanding and compliance.
h. Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
i. Understand EMTALA and HIPAA.
j. Recognize how to reduce medical errors and patient and staff safety.
k. Recognize cost effective health care that does not compromise patient care.
l. Understand how information technology is used to solve patient care problems, improve knowledge base, and develop case presentations and demonstrate these skills by utilizing the local Electronic Medical Record (EMR), on-line resources, and accessing local patient instruction protocols to provide patient instructions.
m. Understand and be able to discuss any medical disparities in the community being served.

7. Osteopathic Philosophy and Osteopathic Manipulative Medicine
   a. Demonstrate Osteopathic diagnostic skills adapted to the physical limitations of the patient’s surroundings.
   b. Recognize and diagnose somatic dysfunction in the context of common patient pain presentations.
   c. Recognize and apply osteopathic treatment modalities appropriate to the orthopedic environment for somatic dysfunction.
   d. Develop an appreciation for the need to treat the entire patient including emotional, spiritual, physical and family needs.
   e. Consider the application of OMT only if safe in the context of the patient’s current medical condition and patient care environment.

H. COMAT Blueprint Information – N/A

I. Grading – Calculations
   1. Preceptor Grade 100%

Please note the following:

The Clinical Education Grade Form should be submitted via email, FAX or US mail and not given to the student to return to the Statewide Campus Regional office.
The student is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor, if necessary.

Students **must** complete Preceptor/Site/Course Evaluations by the last day of the rotation to avoid an Incomplete Grade. Should you receive an incomplete grade you will have 6 weeks to complete the evaluation or the incomplete grade will become a failing grade.
4.1.6 Gastroenterology (GI)

A. Introduction

During the GI rotation you will be exposed to selected topics and patients who have diagnosis involving the GI system. You will be expected to perform focused History and Physical exams on patients with specific symptoms based on the patient’s presenting complaint. You may need to only evaluate the specific reason for that visit. You must learn to gather important History and Physical data, develop a differential diagnosis and utilize ancillary tests to rule in or out your diagnosis. You will then learn to develop a plan of treatment for specific medical conditions.

During your rotation you will be expected to learn specific procedures as outlined below. This rotation requires a student to be an effective communicator and to quickly organize and analyze medical information. You will be expected to work as a team and to be a part of that team in taking care of seriously ill patients. You will be challenged to have a basic knowledge of clinical medicine and expected to read on topics of interesting cases or topics suggested by your attending physician. You must always remember you represent WVSOM in a professional manner on every rotation. It is important that students look and act professional during their rotation.

B. Required Textbooks

*Goldman’s Cecil Medicine, 24th ed.*, Saunders

C. Other Resources

Suggested Text:
*The Washington Manual of Medical Therapeutics, 34th ed.*, Lippincott, Williams & Wilkins

*Netter’s Gastroenterology, 2nd ed.*, Saunders

D. Didactic and Reading Assignments

1. Diagnostic Imaging Procedures in Gastroenterology
2. Gastrointestinal Endoscopy
3. Gastrointestinal Hemorrhage and Occult Gastrointestinal Bleeding
5. Diseases of the Esophagus
6. Acid Peptic Ulcer Disease
7. Approach to the Patient with Diarrhea and Malabsorption
8. Inflammatory Bowel Disease
9. Inflammatory and Anatomic Diseases of the Intestine, Peritoneum, Mesentery, and Omentum.
10. Vascular Diseases of the Gastrointestinal Tract
11. Pancreatitis
12. Diseases of the Rectum and Anus
13. Acute Viral Hepatitis
14. Diseases of the Gallbladder and Bile Ducts

E. Procedures and Clinical Skills

1. Observe Upper and Lower Endoscopy
2. Become familiar with the indications and contraindications for ERCP, Upper and Lower Endoscopy.
3. Become familiar with laboratory and imaging studies indications.

F. Logs – N/A

G. Core Competencies

1. Medical Knowledge
   a. Recognize and develop evaluation and treatment strategies for gastroenterology diseases of the adult.
   b. Develop a plan to care for these patients utilizing the student’s knowledge as well as the specialist’s expertise.
   c. Generate a complete problem list for each patient including a reasonable number of differential diagnoses where appropriate.
   d. Perform a thorough and accurate history and physical exam and diagnostic interpretation of common problems encountered in gastroenterology.
   e. Manage patients with common GI problems.
   f. Know when to refer the complicated patient.

2. Patient Care
   a. Demonstrate how to approach a GI patient.
   b. Demonstrate the ability to identify the chief complaint.
   c. Perform a focused exam related to chief complaint.
   d. Demonstrate effective patient management skills.
   e. Demonstrate the ability to develop an evaluation and treatment plan.
   f. Demonstrate the ability to monitor the response to therapeutic interventions.
   g. Discuss with their attending the referral of the patient for subsequent healthcare services to insure proper transition of care including OMT.
   h. Educate patient and evaluate their comprehension of their treatment plan.
   i. Participate with the health care team to provide patient care.

3. Interpersonal and Communication Skills
   a. Demonstrate ability to effectively communicate with acutely ill or injured
patients.
b. Demonstrate ability to identify and communicate with family members, medical power of attorney, or person of authority to speak on behalf of the patient.
c. Demonstrate the ability to identify the person with key information about the patient. Demonstrate the ability to identify themselves to the patient and their role in their care.
d. Demonstrate the ability to put the patient and their family at ease.
e. Consolidate and organize pertinent information for presentation to attending physician. Use the appropriate medical terminology while communicating with other medical staff. Demonstrate effective communication techniques with other members of the healthcare team and ancillary staff.
f. Use appropriate terminology/language with patient and family.
g. Learn the documentation expectations the hospital or office.
h. Demonstrate a personal self-awareness of their interaction with the patient.

4. Professionalism
   a. Display respect for peers.
   b. Demonstrate a team approach to treating patients.
   c. Demonstrate responsibility, dependability, and reliability including being punctual and providing notification of an absence.
   d. Dress appropriately:
      • Professional attire as defined in the institution’s dress code.
      • If personal clothing is worn, it should be washed after each shift.

5. Practice-Based Learning and Improvement
   a. Apply fundamental epidemiologic concepts to practice improvement.
   b. Demonstrate understanding of medical informatics/Evidence-Based Medicine/Research.
   c. Demonstrate ability to identify personal knowledge deficits.
   d. Demonstrate ability to locate educational resources and strengthen personal medical knowledge.
   e. Display commitment to continuous quality improvement.
   f. Demonstrate ability to teach both peers and lay audiences.

6. Systems-Based Practice
   a. Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
   b. Recognize how delivery systems differ: controlling health care costs, allocating resources.
   c. Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
   d. Make appropriate referrals.
   e. Arrange outpatient testing and follow-up with other providers.
f. Be aware of medication and treatment costs (direct patient costs).
g. Appreciate Patient’s rights and responsibilities and that shared decision making improve understanding and compliance.
h. Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
i. Understand EMTALA and HIPAA.
j. Recognize how to reduce medical errors and patient and staff safety.
k. Recognize cost effective health care that does not compromise patient care.
l. Understand how information technology is used to solve patient care problems, improve knowledge base, and develop case presentations and demonstrate these skills by utilizing the local Electronic Medical Record (EMR), on-line resources, and accessing local patient instruction protocols to provide patient instructions.
m. Understand and be able to discuss any medical disparities in the community being served.

7. Osteopathic Philosophy and Osteopathic Manipulative Medicine
   a. Demonstrate Osteopathic diagnostic skills adapted to the physical limitations of the patient’s surroundings.
   b. Recognize and diagnose somatic dysfunction in the context of common patient pain presentations.
   c. Recognize and apply osteopathic treatment modalities appropriate to the orthopedic environment for somatic dysfunction.
   d. Develop an appreciation for the need to treat the entire patient including emotional, spiritual, physical and family needs.
   e. Consider the application of OMT only if safe in the context of the patient’s current medical condition and patient care environment.

H. COMAT Blueprint Information – N/A

I. Grading-Calculations

1. Preceptor Grade 100%

Please note the following:

The Clinical Education Grade Form should be submitted via email, FAX or US mail and not given to the student to return to the Statewide Campus Regional office.
The student is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor, if necessary.

Students **must** complete Preceptor/Site/Course Evaluations by the last day of the rotation to avoid an Incomplete Grade. Should you receive an incomplete grade you will have 6 weeks to complete the evaluation or the incomplete grade will become a failing grade.
4.1.7 Hematology/Oncology

A. Introduction

The hematology/oncology rotation is unique in that you will be exposed to selected topics and patients that require evaluation for abnormal blood chemistries and individuals that have or are being evaluated for the diagnosis of cancer. This is where you learn how to do focused History and Physical exams. These are done on patients with specific symptoms based on the patient’s presenting complaint. You must learn to gather important History and Physical data, develop a differential diagnosis and utilize ancillary tests to rule in or out your diagnosis. You will then learn to develop a plan of treatment for specific medical conditions.

This rotation requires a student to be an effective communicator and to quickly organize and analyze medical information. You will be expected to work as a team and to be a part of that team in taking care of seriously ill patients. You will be challenged to have a basic knowledge of clinical medicine and expected to read on topics of interesting cases or topics suggested by your attending physician. You must always remember you represent WVSOM in a professional manner on every rotation. It is important that students look and act professional during their rotation.

B. Required Textbooks

Goldman’s Cecil Medicine, 25th ed., 2015 Saunders (Clinical Key)

C. Other Resources

Suggested Text:
The Washington Manual of Medical Therapeutics, 35th ed., Lippincott, Williams & Wilkins
Wintrobe’s Clinical Hematology, 13th ed., Lippincott Williams & Wilkins
Abeloff’s Clinical Oncology, 5th ed., Elsevier (Clinical Key)
Manual of Pediatric Hematology and Oncology, 5th or 6th ed., Academic Press (Clinical Key)

D. Didactic and Reading Assignments

- Approach to the Anemias
- Microcytic and Hypochromic Anemias
- Auto immune and Intravascular Hemolytic Anemias
- Hemolytic Anemias: Red Blood Cell Membrane and Metabolic Defects
- The Thalassemias
- Sickle Cell and other Hemoglobinopathies
- Megaloblastic Anemias
- Aplastic Anemia and related Bone Marrow Failure States
• Polycythemia Vera, Essential
• Thrombocytopenia and Primary Myelofibrosis
• Leukocytosis and leukopenia
• Approach to the A Patient with Lymphadenopathy and Splenomegaly
• Disorders of Phagocyte Function
• Eosinophilic Syndromes
• Thrombocytopenia
• Von Willebrand Disease and Hemorrhagic Abnormalities of Platelet and Vascular Function
• Hemorrhagic Disorders: Coagulation Factor Deficiencies
• Hemorrhagic Disorders: Disseminated Intravascular Coagulation, Liver Failure and Vitamin K Deficiency
• Thrombotic Disorders: Hypercoagulable States
• Transfusion Medicine
• Epidemiology of Cancer
• Cancer Biology and Genetics
• Myelodysplastic Syndromes
• The Acute Leukemias
• The Chronic Leukemias
• Non-Hodgkin Lymphomas
• Hodgkin Lymphoma
• Plasma Cell Disorders
• Amyloidosis
• Tumors of the Central Nervous System
• Head and Neck Cancer
• Lung Cancer and other Pulmonary Neoplasms
• Neoplasms of the Esophagus and Stomach
• Neoplasms of the Small and Large Intestine
• Pancreatic Cancer
• Pancreatic Neuroendocrine Tumors
• Liver and Biliary Tract Cancers
• Tumors of the Kidney, Bladder, Ureters and Renal Pelvis
• Breast Cancer and Benign Breast Disorders
• Gynecologic Cancers
• Testicular Cancer
• Prostate Cancer
• Malignant Tumors of Bone, Sarcomas and Other Soft Tissue Neoplasms
• Melanoma and Nonmelanoma Skin Cancers

E. Procedures and Clinical Skills

F. Logs – N/A
G. Core Competencies

1. **Medical Knowledge**
   a. Characterize the principles of history, physical examination and diagnostic interpretation of common problems encountered in hematological and oncological disorders.
   b. Be able to develop an adequate differential diagnosis within this subspecialty.
   c. Be able to create and implement an appropriate, thorough and cost efficient diagnostic and treatment plan for common problems in hematology/oncology.
   d. Develop the knowledge, skills and attitudes necessary to address the general principals of oncology care including supportive care, screening, prevention, staging, and treatment options.
   e. Manage patients with common hematological problems.

2. **Patient Care**
   a. Demonstrate how to approach a hematology/oncology patient.
   b. Demonstrate the ability to identify the chief complaint.
   c. Perform a focused exam related to chief complaint.
   d. Demonstrate effective patient management skills.
   e. Demonstrate the ability to develop an evaluation and treatment plan.
   f. Demonstrate the ability to monitor the response to therapeutic interventions.
   g. Discuss with their attending the referral of the patient for subsequent healthcare services to insure proper transition of care including OMT.
   h. Educate patient and evaluate their comprehension of their treatment plan.
   i. Participate with the health care team to provide patient care.

3. **Interpersonal and Communication Skills**
   a. Demonstrate ability to effectively communicate with acutely ill or injured patients.
   b. Demonstrate ability to identify and communicate with family members, medical power of attorney, or person of authority to speak on behalf of the patient.
   c. Demonstrate the ability to identify the person with key information about the patient. Demonstrate the ability to identify themselves to the patient and their role in their care.
   d. Demonstrate the ability to put the patient and their family at ease.
   e. Consolidate and organize pertinent information for presentation to attending physician. Use the appropriate medical terminology while communicating with other medical staff. Demonstrate effective communication techniques with other members of the healthcare team and ancillary staff.
   f. Use appropriate terminology/language with patient and family.
   g. Learn the documentation expectations the hospital or office.
   h. Demonstrate a personal self-awareness of their interaction with the patient.

4. **Professionalism**
a. Display respect for peers.
b. Demonstrate a team approach to treating patients.
c. Demonstrate responsibility, dependability, and reliability including being punctual and providing notification of an absence.
d. Dress appropriately:
   • Professional attire as defined in the institution’s dress code.
   • If personal clothing is worn, it should be washed after each shift.

5. **Practice-Based Learning and Improvement**
a. Apply fundamental epidemiologic concepts to practice improvement.
b. Demonstrate understanding of medical informatics/Evidence-Based Medicine/Research.
c. Demonstrate ability to identify personal knowledge deficits.
d. Demonstrate ability to locate educational resources and strengthen personal medical knowledge.
e. Display commitment to continuous quality improvement.
f. Demonstrate ability to teach both peers and lay audiences.

6. **Systems-Based Practice**
a. Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
b. Recognize how delivery systems differ: controlling health care costs, allocating resources.
c. Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
d. Make appropriate referrals.
e. Arrange outpatient testing and follow-up with other providers.
f. Be aware of medication and treatment costs (direct patient costs).
g. Appreciate Patient’s rights and responsibilities and that shared decision making improve understanding and compliance.
h. Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
i. Understand EMTALA and HIPAA.
j. Recognize how to reduce medical errors and patient and staff safety.
k. Recognize cost effective health care that does not compromise patient care.
l. Understand how information technology is used to solve patient care problems, improve knowledge base, and develop case presentations and demonstrate these skills by utilizing the local Electronic Medical Record (EMR), on-line resources, and accessing local patient instruction protocols to provide patient instructions.
m. Understand and be able to discuss any medical disparities in the community being served.

7. **Osteopathic Philosophy and Osteopathic Manipulative Medicine**
a. Demonstrate Osteopathic diagnostic skills adapted to the physical
limitations of the patient’s surroundings.
b. Recognize and diagnose somatic dysfunction in the context of common patient pain presentations.
c. Recognize and apply osteopathic treatment modalities appropriate to the orthopedic environment for somatic dysfunction.
d. Develop an appreciation for the need to treat the entire patient including emotional, spiritual, physical and family needs.
e. Consider the application of OMT only if safe in the context of the patient’s current medical condition and patient care environment.

H. COMAT Blueprint Information – N/A

I. Grading – Calculations
   1. Preceptor grade 100%

Please note the following:

The Clinical Education Grade Form should be submitted via email, FAX or US mail and not given to the student to return to the Statewide Campus Regional office.

The student is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor, if necessary.

Students must complete Preceptor/Site/Course Evaluations by the last day of the rotation to avoid an incomplete grade. Should you receive an incomplete grade you will have 6 weeks to complete the evaluation or the incomplete grade will become a failing grade.
4.1.8 Diagnostic Imaging (Radiology)

A. Introduction

The imaging rotation is unique in that you will be exposed to selected topics and patients in the area of radiological medicine. This is where you learn how to do focused History and Physical exams. These are done on patients with specific symptoms based on the patient’s presenting complaint. You will normally need to only evaluate the specific reason for that visit. You must learn to gather important History and Physical data, develop a differential diagnosis and utilize ancillary tests to rule in or out your diagnosis. You will then learn to develop a plan of treatment for specific medical conditions.

During your rotation you will be expected to learn specific procedures as outlined below. This rotation requires a student to be an effective communicator and to quickly organize and analyze medical information. You will be expected to work as a team and to be a part of that team in taking care of seriously ill patients. You will be challenged to have a basic knowledge of clinical medicine and expected to read on topics of interesting cases or topics suggested by your attending physician. You must always remember you represent WVSOM in a professional manner on every rotation. It is important that students look and act professional during their rotation.

B. Required Textbooks

C. Other Resources

Suggested Text:
Chapman & Nakielny’s Aids to Radiological Differential Diagnosis, 6th ed., Elsevier Ltd
Essentials of Radiology, 3rd ed., Saunders
Grainger & Allison’s Diagnostic Radiology Essentials, Elsevier Ltd

D. Didactic and Reading Assignments

E. Procedures and Clinical Skills

F. Logs – N/A

G. Core Competencies

1. Medical Knowledge
   a. Be able to interpret the most commonly ordered plain films.
   b. Understand the techniques for doing plain radiographs, ultrasounds, nuclear medicine studies, CT scans, MRI, mammograms, and fluoroscopic procedures.
c. Understand the indications for CT guided and stereotactic biopsies.
d. Understand the risks and complications surrounding certain types of diagnostic studies including risks of radiation exposure.
e. Appreciate the appropriate techniques and specialty consultations in the diagnostic imaging and nuclear medicine therapy of body systems.
f. Appreciate the radiographic film/diagnostic imaging interpretation and nuclear medicine therapy pertinent to primary care.

2. **Patient Care**
   a. Demonstrate how to approach patients in the imaging department setting.
   b. Demonstrate the ability to identify the chief complaint.
   c. Perform a focused exam related to chief complaint.
   d. Demonstrate effective patient management skills.
   e. Demonstrate the ability to develop an evaluation and treatment plan.
   f. Demonstrate the ability to monitor the response to therapeutic interventions.
   g. Discuss with their attending the referral of the patient for subsequent healthcare services to insure proper transition of care including OMT.
   h. Educate patient and evaluate their comprehension of their treatment plan.
   i. Participate with the health care team to provide patient care.

3. **Interpersonal and Communication Skills**
   a. Demonstrate ability to effectively communicate with acutely ill or injured patients.
   b. Demonstrate ability to identify and communicate with family members, medical power of attorney, or person of authority to speak on behalf of the patient.
   c. Demonstrate the ability to identify the person with key information about the patient. Demonstrate the ability to identify themselves to the patient and their role in their care.
   d. Demonstrate the ability to put the patient and their family at ease.
   e. Consolidate and organize pertinent information for presentation to attending physician. Use the appropriate medical terminology while communicating with other medical staff. Demonstrate effective communication techniques with other members of the healthcare team and ancillary staff.
   f. Use appropriate terminology/language with patient and family.
   g. Learn the documentation expectations the hospital or office.
   h. Demonstrate a personal self-awareness of their interaction with the patient.

4. **Professionalism**
   a. Display respect for peers.
   b. Demonstrate a team approach to treating patients.
   c. Demonstrate responsibility, dependability, and reliability including being punctual and providing notification of an absence.
   d. Dress appropriately:
      - Professional attire as defined in the institution’s dress code.
      - If personal clothing is worn, it should be washed after each shift.
5. **Practice-Based Learning and Improvement**
   a. Apply fundamental epidemiologic concepts to practice improvement.
   b. Demonstrate understanding of medical informatics/Evidence-Based Medicine/Research.
   c. Demonstrate ability to identify personal knowledge deficits.
   d. Demonstrate ability to locate educational resources and strengthen personal medical knowledge.
   e. Display commitment to continuous quality improvement.
   f. Demonstrate ability to teach both peers and lay audiences.

6. **Systems-Based Practice**
   a. Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
   b. Recognize how delivery systems differ: controlling health care costs, allocating resources.
   c. Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
   d. Make appropriate referrals.
   e. Arrange outpatient testing and follow-up with other providers.
   f. Be aware of medication and treatment costs (direct patient costs).
   g. Appreciate Patient’s rights and responsibilities and that shared decision making improve understanding and compliance.
   h. Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
   i. Understand EMTALA and HIPAA.
   j. Recognize how to reduce medical errors and patient and staff safety.
   k. Recognize cost effective health care that does not compromise patient care.
   l. Understand how information technology is used to solve patient care problems, improve knowledge base, and develop case presentations and demonstrate these skills by utilizing the local Electronic Medical Record (EMR), on-line resources, and accessing local patient instruction protocols to provide patient instructions.
   m. Understand and be able to discuss any medical disparities in the community being served.

7. **Osteopathic Philosophy and Osteopathic Manipulative Medicine**
   - Demonstrate Osteopathic diagnostic skills adapted to the physical limitations of the patient’s surroundings.
   - Recognize and diagnose somatic dysfunction in the context of common patient pain presentations.
   - Recognize and apply osteopathic treatment modalities appropriate to the orthopedic environment for somatic dysfunction.
   - Develop an appreciation for the need to treat the entire patient including emotional, spiritual, physical and family needs.
• Consider the application of OMT only if safe in the context of the patient’s current medical condition and patient care environment.

H. COMAT Blueprint Information – N/A

I. Grading – Calculations
   1. Preceptor Grade 100%

Please note the following:

The Clinical Education Grade Form should be submitted via email, FAX or US mail and not given to the student to return to the Statewide Campus Regional office.

The student is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor, if necessary.

Students must complete Preceptor/Site/Course Evaluations by the last day of the rotation to avoid an Incomplete Grade. Should you receive an incomplete grade you will have 6 weeks to complete the evaluation or the incomplete grade will become a failing grade.
4.1.9 Nephrology

A. Introduction

The nephrology rotation is unique in that you will be exposed to selected topics and patients who will have varying diagnosis and at different stages of chronic kidney disease. This is where you learn how to do History and Physical exams that focus on renal pathology. These are done on patients with specific symptoms based on the patient’s presenting complaint. You may need to only evaluate the specific reason for that visit. You must learn to gather important History and Physical data, develop a differential diagnosis and utilize ancillary tests to rule in or out your diagnosis. You will then learn to develop a plan of treatment for specific medical conditions.

During your rotation you will be expected to learn specific procedures as outlined below. This rotation requires a student to be an effective communicator and to quickly organize and analyze medical information. You will be expected to work as a team and to be a part of that team in taking care of seriously ill patients. You will be challenged to have a basic knowledge of clinical medicine and expected to review normal renal physiology and pathology. You will need to read on topics of interesting cases or topics suggested by your attending physician. You must always remember you represent WVSOM in a professional manner on every rotation. It is important that students look and act professional during their rotation.

B. Required Textbooks

Goldman’s Cecil Medicine, 24th ed., Saunders

C. Other Resources

Suggested Text:
Comprehensive Clinical Nephrology, 4th ed., Saunders
Brenner and Rector’s the Kidney, 9th ed., Saunders
The Washington Manual of Medical Therapeutics, 34th ed., Lippincott Williams & Wilkins

D. Didactic and Reading Assignments:
During this rotation you should plan on reading on the following topics:
1. Disorders of Sodium and Water Homeostasis
2. Potassium disorders
3. Acid-Base disorders
4. Disorders of magnesium and Phosphorus
5. Acute Kidney Injury
6. Glomerular Disorders and Nephrotic Syndromes
E. Procedures and Clinical Skills

F. Logs – N/A

G. Core Competencies

1. **Medical Knowledge**
   a. Develop the knowledge skills for understanding common diagnoses in nephrology.
   b. Develop the management skills necessary for common nephrologic conditions.
   c. Understand renal anatomy, physiology, and pathology.
   d. Be able to evaluate and manage essential and secondary hypertension.
   e. Be able to evaluate and manage disorders of fluids, electrolytes, and acid-base regulation.
   f. Understand the pathogenesis, evaluation, and management of urinary tract infections.
   g. Appreciate clinical pharmacology including drug metabolism and pharmacokinetics and the effects of drugs on renal structure and function.
   h. Understand nutritional aspects of renal disorders.
   i. Have the knowledge of normal mineral metabolism and its alteration in renal diseases, metabolic bone disease, and nephrolithiasis.
   j. Understand the pathogenesis, natural history, and management of congenital and acquired diseases of the urinary tract and renal diseases associated with systemic disorders such as diabetes, collagen-vascular disease and pregnancy.
   k. Understand tubule-interstitial renal diseases as well as glomerular and vascular diseases including glomerulonephritis.

2. **Patient Care**
   a. Demonstrate how to approach patients in the nephrology department setting.
   b. Demonstrate the ability to identify the chief complaint.
   c. Perform a focused exam related to chief complaint.
   d. Demonstrate effective patient management skills.
e. Demonstrate the ability to develop an evaluation and treatment plan.
f. Demonstrate the ability to monitor the response to therapeutic interventions.
g. Discuss with their attending the referral of the patient for subsequent healthcare services to insure proper transition of care including OMT.
h. Educate patient and evaluate their comprehension of their treatment plan.
i. Participate with the health care team to provide patient care.

3. Interpersonal and Communication Skills
   a. Demonstrate ability to effectively communicate with acutely ill or injured patients.
   b. Demonstrate ability to identify and communicate with family members, medical power of attorney, or person of authority to speak on behalf of the patient.
   c. Demonstrate the ability to identify the person with key information about the patient. Demonstrate the ability to identify themselves to the patient and their role in their care.
   d. Demonstrate the ability to put the patient and their family at ease.
   e. Consolidate and organize pertinent information for presentation to attending physician. Use the appropriate medical terminology while communicating with other medical staff Demonstrate effective communication techniques with other members of the healthcare team and ancillary staff.
   f. Use appropriate terminology/language with patient and family.
   g. Learn the documentation expectations the hospital or office.
   h. Demonstrate a personal self-awareness of their interaction with the patient.

4. Professionalism
   a. Display respect for peers.
   b. Demonstrate a team approach to treating patients.
   c. Demonstrate responsibility, dependability, and reliability including being punctual and providing notification of an absence.
   d. Dress appropriately:
      • Professional attire as defined in the institution’s dress code.
      • If personal clothing is worn, it should be washed after each shift.

5. Practice-Based Learning and Improvement
   a. Apply fundamental epidemiologic concepts to practice improvement.
   b. Demonstrate understanding of medical informatics/Evidence-Based Medicine/Research.
   c. Demonstrate ability to identify personal knowledge deficits.
   d. Demonstrate ability to locate educational resources and strengthen personal medical knowledge.
   e. Display commitment to continuous quality improvement.
   f. Demonstrate ability to teach both peers and lay audiences.

6. Systems-Based Practice
a. Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
b. Recognize how delivery systems differ: controlling health care costs, allocating resources.
c. Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
d. Make appropriate referrals.
e. Arrange outpatient testing and follow-up with other providers.
f. Be aware of medication and treatment costs (direct patient costs).
g. Appreciate Patient’s rights and responsibilities and that shared decision making improve understanding and compliance.
h. Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
i. Understand EMTALA and HIPAA.
j. Recognize how to reduce medical errors and patient and staff safety.
k. Recognize cost effective health care that does not compromise patient care.
l. Understand how information technology is used to solve patient care problems, improve knowledge base, and develop case presentations and demonstrate these skills by utilizing the local Electronic Medical Record (EMR), on-line resources, and accessing local patient instruction protocols to provide patient instructions.
m. Understand and be able to discuss any medical disparities in the community being served.

7. Osteopathic Philosophy and Osteopathic Manipulative Medicine
   a. Demonstrate Osteopathic diagnostic skills adapted to the physical limitations of the patient’s surroundings.
   b. Recognize and diagnose somatic dysfunction in the context of common patient pain presentations.
   c. Recognize and apply osteopathic treatment modalities appropriate to the orthopedic environment for somatic dysfunction.
   d. Develop an appreciation for the need to treat the entire patient including emotional, spiritual, physical and family needs.
   e. Consider the application of OMT only if safe in the context of the patient’s current medical condition and patient care environment.

H. COMAT Blueprint Information – N/A

I. Grading – Calculations
   1. Preceptor Grade 100%

Please note the following:
The Clinical Education Grade Form should be submitted via email, FAX or US mail and not given to the student to return to the Statewide Campus Regional office.

The student is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor, if necessary.

Students must complete Preceptor/Site/Course Evaluations by the last day of the rotation to avoid an Incomplete Grade. Should you receive an incomplete grade you will have 6 weeks to complete the evaluation or the incomplete grade will become a failing grade.
4.1.10 Neurology

A. Introduction

The neurology rotation is where you will be exposed to selected topics and patients in the area of neurological medicine. This is where you learn how to do focused History and Physical exams. These are done on patients with specific symptoms based on the patient's presenting complaint. You may need to only evaluate the specific reason for that visit. You must learn to gather important History and Physical data, develop a differential diagnosis and utilize ancillary tests to rule in or out your diagnosis. You will then learn to develop a plan of treatment for specific medical conditions.

During your rotation you will be expected to learn specific procedures as outlined below. This rotation requires a student to be an effective communicator and to quickly organize and analyze medical information. You will be expected to work as a team and to be a part of that team in taking care of seriously ill patients. You will be challenged to have a basic knowledge of clinical medicine and expected to read on topics of interesting cases or topics suggested by your attending physician. You must always remember you represent WVSOM in a professional manner on every rotation. It is important that students look and act professional during their rotation.

B. Required Textbooks

*Goldman’s Cecil Medicine*, 24th ed., Saunders

C. Other Resources

Suggested Text:

*The Washington Manual of Medical Therapeutics*, 34th ed., Lippincott Williams & Wilkins

*Bradley’s Neurology in Clinical Practice*, 6th ed., Saunders

*Netter’s Neurology*, 2nd ed., Saunders

*Swaiman’s Pediatric Neurology: Principles and Practice*, 5th ed., Elsevier

D. Didactic and Reading Assignments

While you are on this rotation you should read on the following topics:

1. Headaches and other head pain
2. Traumatic Brain Injury and Spinal Cord injury
3. Regional Cerebral Dysfunction: Higher Mental Functions
4. Alzheimer’s disease and Other Dementias
5. Epilepsies
6. Coma, Vegetative state and Brain Death
7. Disorders of Sleep
8. Approach to Cerebrovascular Diseases
9. Ischemic Cerebrovascular Diseases
10. Hemorrhagic Cerebrovascular Diseases
11. Parkinsonism
12. Other Movement Disorders
13. Amyotrophic Lateral Sclerosis and Other Motor Neuron Diseases
14. Multiple Sclerosis and Demyelinating Conditions
15. Meningitis: Bacterial, Viral and Other
16. Brain Abscess and Parameningeal Infections
17. Acute Viral Encephalitis
18. Nutritional and Alcohol-Related Neurologic Disorders
19. Autonomic Disorders and their management
20. Peripheral Neuropathies

E. Procedures and Clinical Skills

F. Logs – N/A

G. Core Competencies

1. **Medical Knowledge**
   a. Characterize the principles of history, physical examination and diagnostic interpretation of common problems encountered in neurology with emphasis on the neurologic and mental status exam including the pediatric developmental exam.
   b. Be able to identify the patient’s problem as being within the nervous system.
   c. Be able to localize the abnormal process within the general level of the nervous system (hemisphere, brain stem, cerebellum, spinal cord, peripheral nerve, myoneural nerve, myoneural junction or muscle).
   d. Assess the acuity and prognosis of the problem as it relates to the immediate management and the need for more expert assistance.
   e. Know the appropriate indication for special procedures in neurology and neuroradiology such as CT, MRI, arteriography, etc. EEG/EMG/sensory evoked responses, etc. lumbar puncture, caloric testing.
   f. Observe specific procedures such as lumbar puncture, skull and spine radiographs, audiologic testing.
   g. Have a special understanding of the neurologic disabilities of elderly patients and the importance of assessing, restoring, and maintaining functional capacity.

2. **Patient Care**
   a. Demonstrate how to approach a neurology patient.
   b. Demonstrate the ability to identify the chief complaint.
   c. Perform a focused exam related to chief complaint.
   d. Demonstrate effective patient management skills.
   e. Demonstrate the ability to develop an evaluation and treatment plan.
   f. Demonstrate the ability to monitor the response to therapeutic interventions.
g. Discuss with their attending the referral of the patient for subsequent healthcare services to insure proper transition of care including OMT.
h. Educate patient and evaluate their comprehension of their treatment plan.
i. Participate with the health care team to provide patient care.

3. **Interpersonal and Communication Skills**
   a. Demonstrate ability to effectively communicate with acutely ill or injured patients.
   b. Demonstrate ability to identify and communicate with family members, medical power of attorney, or person of authority to speak on behalf of the patient.
   c. Demonstrate the ability to identify the person with key information about the patient. Demonstrate the ability to identify themselves to the patient and their role in their care.
   d. Demonstrate the ability to put the patient and their family at ease.
   e. Consolidate and organize pertinent information for presentation to attending physician. Use the appropriate medical terminology while communicating with other medical staff. Demonstrate effective communication techniques with other members of the healthcare team and ancillary staff.
   f. Use appropriate terminology/language with patient and family.
   g. Learn the documentation expectations of the hospital or office.
   h. Demonstrate a personal self-awareness of their interaction with the patient.

4. **Professionalism**
   a. Display respect for peers.
   b. Demonstrate a team approach to treating patients.
   c. Demonstrate responsibility, dependability, and reliability including being punctual and providing notification of an absence.
   d. Dress appropriately:
      - Professional attire as defined in the institution’s dress code.
      - If personal clothing is worn, it should be washed after each shift.

5. **Practice-Based Learning and Improvement**
   a. Apply fundamental epidemiologic concepts to practice improvement.
   b. Demonstrate understanding of medical informatics/Evidence-Based Medicine/Research.
   c. Demonstrate ability to identify personal knowledge deficits.
   d. Demonstrate ability to locate educational resources and strengthen personal medical knowledge.
   e. Display commitment to continuous quality improvement.
   f. Demonstrate ability to teach both peers and lay audiences.

6. **Systems-Based Practice**
   a. Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
   b. Recognize how delivery systems differ: controlling health care costs, allocating resources.
   c. Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
d. Make appropriate referrals.
e. Arrange outpatient testing and follow-up with other providers.
f. Be aware of medication and treatment costs (direct patient costs).
g. Appreciate Patient’s rights and responsibilities and that shared decision making improve understanding and compliance.
h. Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
i. Understand EMTALA and HIPAA.
j. Recognize how to reduce medical errors and patient and staff safety.
k. Recognize cost effective health care that does not compromise patient care.
l. Understand how information technology is used to solve patient care problems, improve knowledge base, and develop case presentations and demonstrate these skills by utilizing the local Electronic Medical Record (EMR), on-line resources, and accessing local patient instruction protocols to provide patient instructions.
m. Understand and be able to discuss any medical disparities in the community being served.

7. Osteopathic Philosophy and Osteopathic Manipulative Medicine
   a. Demonstrate Osteopathic diagnostic skills adapted to the physical limitations of the patient’s surroundings.
   b. Recognize and diagnose somatic dysfunction in the context of common patient pain presentations.
   c. Recognize and apply osteopathic treatment modalities appropriate to the orthopedic environment for somatic dysfunction.
   d. Develop an appreciation for the need to treat the entire patient including emotional, spiritual, physical and family needs.
   e. Consider the application of OMT only if safe in the context of the patient’s current medical condition and patient care environment.

H. COMAT Blueprint Information – N/A

I. Grading – Calculations
   1. Preceptor Grade 100%

Please note the following:

The Clinical Education Grade Form should be submitted via email, FAX or US mail and not given to the student to return to the Statewide Campus Regional office.
The student is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor, if necessary.

Students **must** complete Preceptor/Site/Course Evaluations by the last day of the rotation to avoid an Incomplete Grade. Should you receive an incomplete grade you will have 6 weeks to complete the evaluation or the incomplete grade will become a failing grade.
4.1.11 Ophthalmology

A. Introduction

The ophthalmology rotation that you will be exposed to selected topics and patients in the area of ophthalmological medicine. This is where you learn how to do focused History and Physical exams. These are done on patients with specific symptoms based on the patient’s presenting complaint. You may need to only evaluate the specific reason for that visit. You must learn to gather important History and Physical data, develop a differential diagnosis and utilize ancillary tests to rule in or out your diagnosis. You will then learn to develop a plan of treatment for specific medical conditions.

During your rotation you will be expected to learn specific procedures as outlined below. This rotation requires a student to be an effective communicator and to quickly organize and analyze medical information. You will be expected to work as a team and to be a part of that team in taking care of seriously ill patients. You will be challenged to have a basic knowledge of clinical medicine and expected to read on topics of interesting cases or topics suggested by your attending physician. You must always remember you represent WVSOM in a professional manner on every rotation. It is important that students look and act professional during their rotation.

B. Required Textbooks


C. Other Resources

Suggested Text:
   Goldman’s Cecil Medicine, 24th ed., Saunders

D. Didactic and Reading Assignments

You should read during this rotation the following and assignments from the Preceptor:
1. The evaluation and surgery of Cataracts
2. Corneal Surgery
3. Glaucoma evaluation and management medical and surgical
4. Laser surgery of the eye
5. Principles of vitreoretinal surgery
6. Retinal detachment and PVR
7. Proliferative diabetic retinopathy
8. Oncology

E. Procedures and Clinical Skills
F. Logs – N/A

G. Core Competencies

1. **Medical Knowledge**
   - a. Identify common eye disorders such as blepharitis, conjunctivitis, hordeolum, foreign bodies, and trauma.
   - b. Characterize appropriate screening methods to prevent sequelae from common conditions such as amblyopia, glaucoma.
   - c. Recognize advanced forms of ophthalmologic testing and intervention e.g. fluorescein angiography, laser, etc.
   - d. Conduct an appropriate history and physical examination of the eye and adnexal structures.
   - e. Diagnose and treat common eye problems.
   - f. Distinguish and refer those eye problems which require specialist care.
   - g. Interpret simple measures of visual health such as visual acuity, intraocular pressure, visual fields, etc.
   - h. Participate in ongoing care of patients being treated by ophthalmologists, i.e. diabetics, cataracts, glaucoma, etc.

2. **Patient Care**
   - a. Demonstrate how to approach an ophthalmology patient.
   - b. Demonstrate the ability to identify the chief complaint.
   - c. Perform a focused exam related to chief complaint.
   - d. Demonstrate effective patient management skills.
   - e. Demonstrate the ability to develop an evaluation and treatment plan.
   - f. Demonstrate the ability to monitor the response to therapeutic interventions.
   - g. Discuss with their attending the referral of the patient for subsequent healthcare services to insure proper transition of care including OMT.
   - h. Educate patient and evaluate their comprehension of their treatment plan.
   - i. Participate with the health care team to provide patient care.

3. **Interpersonal and Communication Skills**
   - a. Demonstrate ability to effectively communicate with acutely ill or injured patients.
   - b. Demonstrate ability to identify and communicate with family members, medical power of attorney, or person of authority to speak on behalf of the patient.
   - c. Demonstrate the ability to identify the person with key information about the patient. Demonstrate the ability to identify themselves to the patient and their role in their care.
   - d. Demonstrate the ability to put the patient and their family at ease.
   - e. Consolidate and organize pertinent information for presentation to attending physician. Use the appropriate medical terminology while communicating with other medical staff. Demonstrate effective communication techniques with other members of the healthcare team and ancillary staff.
   - f. Use appropriate terminology/language with patient and family.
g. Learn the documentation expectations the hospital or office.
h. Demonstrate a personal self-awareness of their interaction with the patient.

4. **Professionalism**
   a. Display respect for peers.
   b. Demonstrate a team approach to treating patients.
   c. Demonstrate responsibility, dependability, and reliability including being punctual and providing notification of an absence.
   d. Dress appropriately:
      - Professional attire as defined in the institution’s dress code.
      - If personal clothing is worn, it should be washed after each shift.

5. **Practice-Based Learning and Improvement**
   a. Apply fundamental epidemiologic concepts to practice improvement.
   b. Demonstrate understanding of medical informatics/Evidence-Based Medicine/Research.
   c. Demonstrate ability to identify personal knowledge deficits.
   d. Demonstrate ability to locate educational resources and strengthen personal medical knowledge.
   e. Display commitment to continuous quality improvement.
   f. Demonstrate ability to teach both peers and lay audiences.

6. **Systems-Based Practice**
   a. Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
   b. Recognize how delivery systems differ: controlling health care costs, allocating resources.
   c. Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
   d. Make appropriate referrals.
   e. Arrange outpatient testing and follow-up with other providers.
   f. Be aware of medication and treatment costs (direct patient costs).
   g. Appreciate Patient’s rights and responsibilities and that shared decision making improve understanding and compliance.
   h. Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
   i. Understand EMTALA and HIPAA.
   j. Recognize how to reduce medical errors and patient and staff safety.
   k. Recognize cost effective health care that does not compromise patient care.
   l. Understand how information technology is used to solve patient care problems, improve knowledge base, and develop case presentations and demonstrate these skills by utilizing the local Electronic Medical Record (EMR), on-line resources, and accessing local patient instruction protocols to provide patient instructions.
   m. Understand and be able to discuss any medical disparities in the community being served.

7. **Osteopathic Philosophy and Osteopathic Manipulative Medicine**
   a. Demonstrate Osteopathic diagnostic skills adapted to the physical
limitations of the patient’s surroundings.

b. Recognize and diagnose somatic dysfunction in the context of common patient pain presentations.

c. Recognize and apply osteopathic treatment modalities appropriate to the orthopedic environment for somatic dysfunction.

d. Develop an appreciation for the need to treat the entire patient including emotional, spiritual, physical and family needs.

e. Consider the application of OMT only if safe in the context of the patient’s current medical condition and patient care environment.

H. COMAT Blueprint Information – N/A

I. Grading – Calculations

1. Preceptor grade 100%

Please note the following:

The Clinical Education Grade Form should be submitted via email, FAX or US mail and not given to the student to return to the Statewide Campus Regional office.

The student is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor, if necessary.

Students must complete Preceptor/Site/Course Evaluations by the last day of the rotation to avoid an Incomplete Grade. Should you receive an incomplete grade you will have 6 weeks to complete the evaluation or the incomplete grade will become a failing grade.
4.1.12 Orthopedics

A. Introduction

The orthopedics rotation is unique in that you will be exposed to selected topics and patients who have disorders of the bones, joints, tendons, ligaments and muscles. This is where you will learn to do focused History and Physical exams one on patients with specific symptoms based on the patient’s presenting complaint. You may need to only evaluate the specific reason for that visit. You must learn to gather important History and Physical data, develop a differential diagnosis and utilize ancillary tests to rule in or out your diagnosis. You will then learn to develop a plan of treatment for specific medical conditions.

During your rotation you will be expected to learn specific procedures as outlined below. This rotation requires a student to be an effective communicator and to quickly organize and analyze medical information. You will be expected to work as a team and to be a part of that team in taking care of seriously ill patients. You will be challenged to have a basic knowledge of clinical medicine and expected to read on topics of interesting cases or topics suggested by your attending physician. You must always remember you represent WVSOM in a professional manner on every rotation. It is important that students look and act professional during their rotation.

B. Required Textbooks

Practical Orthopedics, 6th ed. Elsevier (access on Clinical Key)
Essential Orthopaedics, Saunders (access on Clinical Key)

C. Other Resources

Suggested Text:
Imaging of the Musculoskeletal System, Saunders
Netter’s Orthopaedic Clinical Examination: An Evidence Based Approach, 2nd ed., Saunders
Tachdjian’s Pediatric Orthopaedics, 5th ed., Saunders

D. Didactic and Reading Assignments

The reading assignment are listed below and there may be specific reading that your preceptor will require. The following are topics you should read to gain an appreciation of the discipline of Orthopedics. The textbook Essential Orthopaedics (English spelling) has 40 video that demonstrate evaluation and injections procedures for specific joints. The reading can be done in either of the two books listed above.

1. Orthopedic Physical Examination
2. Fractures General Management
3. The Shoulder
4. The Elbow
5. The Hip
6. The Knee
7. The Ankle and Foot
8. Infections of Bone and Joints
9. The Arthritides
10. Sports Medicine
12. Rehabilitation

E. Procedures and Clinical Skills

Joint injections indications and contraindications
Dose of medications for joint injections
Medications for pain control

F. Logs – N/A

G. Core Competencies

1. Medical Knowledge
   a. Identify sprains, fractures, congenital, and other orthopedic problems.
   b. Characterize those problems typically related to specific activities or lifestyles and their prevention.
   c. Recognize the range of surgical or bracing procedures utilized for various disorders.
   d. Perform a complete examination of the back, joints, extremities, and musculoskeletal system.
   e. Utilize and interpret imaging and other diagnostic studies of the musculoskeletal system.
   f. Diagnose and manage simple fractures and sprains, etc.
   g. Recognize and refer those musculoskeletal problems requiring specialist care.
   h. Evaluate and stabilize the emergency patient with musculoskeletal injury.
   i. Perform simple casting or splinting procedures.
   j. Assist with operative procedures as requested.

2. Patient Care
   a. Demonstrate how to approach an orthopedic patient.
   b. Demonstrate the ability to identify the chief complaint.
   c. Perform a focused exam related to chief complaint.
   d. Demonstrate effective patient management skills.
   e. Demonstrate the ability to develop an evaluation and treatment plan.
f. Demonstrate the ability to monitor the response to therapeutic interventions.
g. Discuss with their attending the referral of the patient for subsequent healthcare services to insure proper transition of care including OMT.
h. Educate patient and evaluate their comprehension of their treatment plan.
i. Participate with the health care team to provide patient care.

3. **Interpersonal and Communication Skills**
   a. Demonstrate ability to effectively communicate with acutely ill or injured patients.
   b. Demonstrate ability to identify and communicate with family members, medical power of attorney, or person of authority to speak on behalf of the patient.
   c. Demonstrate the ability to identify the person with key information about the patient. Demonstrate the ability to identify themselves to the patient and their role in their care.
   d. Demonstrate the ability to put the patient and their family at ease.
   e. Consolidate and organize pertinent information for presentation to attending physician. Use the appropriate medical terminology while communicating with other medical staff. Demonstrate effective communication techniques with other members of the healthcare team and ancillary staff.
   f. Use appropriate terminology/language with patient and family.
   g. Learn the documentation expectations the hospital or office.
   h. Demonstrate a personal self-awareness of their interaction with the patient.

4. **Professionalism**
   a. Display respect for peers.
   b. Demonstrate a team approach to treating patients.
   c. Demonstrate responsibility, dependability, and reliability including being punctual and providing notification of an absence.
   d. Dress appropriately:
      - Professional attire as defined in the institution’s dress code.
      - If personal clothing is worn, it should be washed after each shift.

5. **Practice-Based Learning and Improvement**
   a. Apply fundamental epidemiologic concepts to practice improvement.
   b. Demonstrate understanding of medical informatics/Evidence-Based Medicine/Research.
   c. Demonstrate ability to identify personal knowledge deficits.
   d. Demonstrate ability to locate educational resources and strengthen personal medical knowledge.
   e. Display commitment to continuous quality improvement.
   f. Demonstrate ability to teach both peers and lay audiences.

6. **Systems-Based Practice**
   a. Recognize how patient care and professional practice affect other health
care professionals, health care organizations, and the larger society.
b. Recognize how delivery systems differ: controlling health care costs, allocating resources.
c. Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
d. Make appropriate referrals.
e. Arrange outpatient testing and follow-up with other providers.
f. Be aware of medication and treatment costs (direct patient costs).
g. Appreciate Patient’s rights and responsibilities and that shared decision making improve understanding and compliance.
h. Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
i. Understand EMTALA and HIPAA.
j. Recognize how to reduce medical errors and patient and staff safety.
k. Recognize cost effective health care that does not compromise patient care.
l. Understand how information technology is used to solve patient care problems, improve knowledge base, and develop case presentations and demonstrate these skills by utilizing the local Electronic Medical Record (EMR), on-line resources, and accessing local patient instruction protocols to provide patient instructions.
m. Understand and be able to discuss any medical disparities in the community being served.

7. **Osteopathic Philosophy and Osteopathic Manipulative Medicine**
   a. Demonstrate Osteopathic diagnostic skills adapted to the physical limitations of the patient’s surroundings.
   b. Recognize and diagnose somatic dysfunction in the context of common patient pain presentations.
   c. Recognize and apply osteopathic treatment modalities appropriate to the orthopedic environment for somatic dysfunction.
   d. Develop an appreciation for the need to treat the entire patient including emotional, spiritual, physical and family needs.
   e. Consider the application of OMT only if safe in the context of the patient’s current medical condition and patient care environment.

H. **COMAT Blueprint Information – N/A**

I. **Grading – Calculations**
   1. Preceptor Grade 100%

**Please note the following:**
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4.1.13 Otolaryngology

A. Introduction

During the otolaryngology rotation you will be exposed to a variety of diagnoses and patients that are seen and evaluated by the Otolaryngologist (ENT surgeon). This is where you learn the types of diagnoses and inpatient/outpatient surgeries that the ENT surgeon handles in their daily practice. You must learn to gather important History and Physical data, develop a differential diagnosis and utilize ancillary to assist in diagnosis. You will then learn to develop a plan of treatment for specific medical conditions.

During your rotation you will be expected to learn specific procedures as outlined below. This rotation requires a student to be an effective communicator and to quickly organize and analyze medical information. You will be expected to work as a team and to be a part of that team in taking care of seriously ill patients. You will be challenged to have a basic knowledge of clinical medicine and expected to read on topics of interesting cases or topics suggested by your attending physician. You must always remember you represent WVSOM in a professional manner on every rotation. It is important that students look and act professional during their rotation.

B. Required Textbooks

ENT Secrets, 4th ed., Elsevier Copyright 2016 (Clinical Key)

C. Other Resources

Suggested Text:

Pediatric Otolaryngology: The Requisites in Pediatrics, 1st ed., Mosby, Inc
Atlas of Head and Neck Surgery, Saunders

D. Didactic and Reading Assignments

- ENT Emergencies
- Deep Neck Infections
- Antimicrobials and Pharmacotherapy
- Snoring and Obstructive Sleep Apnea
- Facial Pain and Headache
- Skin Cancer
- Diseases of the Oral Cavity and Oropharynx
- Cancer of the Hypopharynx, Larynx, and Esophagus
- Diseases of the Thyroid and Parathyroid Glands
- Neck Dissection
The reading list above is for the 4 week rotation. If the student has a 2 week rotation it is recommended that the Preceptor assigns readings to be discussed from the list above or select journal articles. Other reading that the preceptor feels is important the student should add to the reading during this rotation.

E. Procedures and Clinical Skills

F. Logs – N/A

G. Core Competencies

1. Medical Knowledge
   a. Identify common problems related to the nose, throat, and pharynx, such as epistaxis, sinusitis, polyps, otitis, etc.
   b. Characterize common head and neck masses and their causes.
   c. Identify those head and neck problems requiring surgical treatment.
   d. Perform a complete head and neck examination.
e. Diagnose and treat common ENT infections and other disorders.
f. Refer for timely surgical management as appropriate.
g. Participate in care of hospitalized and operative patients.
h. Assist in airway management of emergency patients.
i. Interpret tympanograms, sinus films, audiograms, and other common ENT tests.

2. **Patient Care**
   a. Demonstrate how to approach an ENT patient.
   b. Demonstrate the ability to identify the chief complaint.
   c. Perform a focused exam related to chief complaint.
   d. Demonstrate effective patient management skills.
   e. Demonstrate the ability to develop an evaluation and treatment plan.
   f. Demonstrate the ability to monitor the response to therapeutic interventions.
   g. Discuss with their attending the referral of the patient for subsequent healthcare services to insure proper transition of care including OMT.
   h. Educate patient and evaluate their comprehension of their treatment plan.
   i. Participate with the health care team to provide patient care.

3. **Interpersonal and Communication Skills**
   a. Demonstrate ability to effectively communicate with acutely ill or injured patients.
   b. Demonstrate ability to identify and communicate with family members, medical power of attorney, or person of authority to speak on behalf of the patient.
   c. Demonstrate the ability to identify the person with key information about the patient. Demonstrate the ability to identify themselves to the patient and their role in their care.
   d. Demonstrate the ability to put the patient and their family at ease.
   e. Consolidate and organize pertinent information for presentation to attending physician. Use the appropriate medical terminology while communicating with other medical staff. Demonstrate effective communication techniques with other members of the healthcare team and ancillary staff.
   f. Use appropriate terminology/language with patient and family.
   g. Learn the documentation expectations the hospital or office.
   h. Demonstrate a personal self-awareness of their interaction with the patient.

4. **Professionalism**
   a. Display respect for peers.
   b. Demonstrate a team approach to treating patients.
   c. Demonstrate responsibility, dependability, and reliability including being punctual and providing notification of an absence.
   d. Dress appropriately:
      - Professional attire as defined in the institution’s dress code.
      - If personal clothing is worn, it should be washed after each shift.
5. **Practice-Based Learning and Improvement**
   a. Apply fundamental epidemiologic concepts to practice improvement.
   b. Demonstrate understanding of medical informatics/Evidence-Based Medicine/Research.
   c. Demonstrate ability to identify personal knowledge deficits.
   d. Demonstrate ability to locate educational resources and strengthen personal medical knowledge.
   e. Display commitment to continuous quality improvement.
   f. Demonstrate ability to teach both peers and lay audiences.

6. **Systems-Based Practice**
   a. Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
   b. Recognize how delivery systems differ: controlling health care costs, allocating resources.
   c. Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
   d. Make appropriate referrals.
   e. Arrange outpatient testing and follow-up with other providers.
   f. Be aware of medication and treatment costs (direct patient costs).
   g. Appreciate Patient’s rights and responsibilities and that shared decision making improve understanding and compliance.
   h. Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
   i. Understand EMTALA and HIPAA.
   j. Recognize how to reduce medical errors and patient and staff safety.
   k. Recognize cost effective health care that does not compromise patient care.
   l. Understand how information technology is used to solve patient care problems, improve knowledge base, and develop case presentations and demonstrate these skills by utilizing the local Electronic Medical Record (EMR), on-line resources, and accessing local patient instruction protocols to provide patient instructions.
   m. Understand and be able to discuss any medical disparities in the community being served.

7. **Osteopathic Philosophy and Osteopathic Manipulative Medicine**
   a. Demonstrate Osteopathic diagnostic skills adapted to the physical limitations of the patient's surroundings.
   b. Recognize and diagnose somatic dysfunction in the context of common patient pain presentations.
   c. Recognize and apply osteopathic treatment modalities appropriate to the orthopedic environment for somatic dysfunction.
   d. Develop an appreciation for the need to treat the entire patient including emotional, spiritual, physical and family needs.
e. Consider the application of OMT only if safe in the context of the patient’s current medical condition and patient care environment.

H. COMAT Blueprint Information – N/A

I. Grading – Calculations
   1. Preceptor Grade 100%

Please note the following:

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Students **must** complete Preceptor/Site/Course Evaluations by the last day of the rotation to avoid an incomplete grade. Should you receive an incomplete grade you will have 6 weeks to complete the evaluation or the incomplete grade will become a failing grade.
4.1.14 Physical Medicine & Rehabilitation

A. Introduction

During the PM&R rotation you will be exposed to selected topics and patients that require focused evaluation and care due to an alteration in their ability to function at home, work or in recreational activities. This is where you learn how to do focused History and Physical exam, evaluation of the patient physical disability and note the plan that is developed to address the deficit/injury. These are done on patients with specific symptoms based on the patients presenting complaint. You will normally need to only evaluate the specific reason for that visit. You must learn to gather important History and Physical data, develop a differential diagnosis and utilize ancillary tests to rule in or out your diagnosis. You will then learn to develop a plan of treatment for specific medical conditions.

During your rotation you will be expected to learn specific procedures as outlined below. This rotation requires a student to be an effective communicator and to quickly organize and analyze medical information. You will be expected to work as a team and to be a part of that team in taking care of seriously ill patients. You will be challenged to have a basic knowledge of clinical medicine and expected to read on topics of interesting cases or topics suggested by your attending physician. You must always remember you represent WVSOM in a professional manner on every rotation. It is important that students look and act professional during their rotation.

B. Required Textbooks

C. Other Resources

Suggested Text:
- Physical Medicine & Rehabilitation Secrets, 3rd ed., Mosby (on Clinical Key)
- Braddom's Physical Medicine and Rehabilitation, 5th ed., Elsevier (Clinical Key)

The above two textbooks are very good references for the PM&R rotation. The Braddom’s Physical Medicine and Rehabilitation has 51 videos for your reference and offers detailed information on topics pertinent in PM&R.

- The Washington Manual of Medical Therapeutics, 34th ed., Lippincott Williams & Wilkins
- Goldman’s Cecil Medicine, 25th ed., Saunders

D. Didactic and Reading Assignments

All reading for this rotation should be based on the type of patients that are seen and assignments that are given to the student by the preceptor.
E. Procedures and Clinical Skills

F. Logs – N/A

G. Core Competencies

1. Medical Knowledge
   a. Understand and appreciate the anatomy and physiology of the central and peripheral nervous system as well as the muscular system.
   b. Understand basic management and rehabilitation and treatment of patients after stroke, traumatic brain injury, or spinal cord injury.
   c. Appreciate and understand the medical problems encountered by traumatic brain injury, spinal cord injury, or stroke.
   d. Provide primary conservative care of common musculoskeletal problems.
   e. Understand the initial workup and appropriate use of imaging techniques for musculoskeletal problems.
   f. Refine the skills with regards to the neuromusculoskeletal H&P.
   g. Understand the uses of allied health professionals and appreciate appropriate referrals.
   h. Observe electrodiagnostic studies and understand their potential benefits and limitations.
   i. Attempt to interface with Physical Therapy, Occupational Therapy, Speech Pathology, and Prosthetics.

2. Patient Care
   a. Demonstrate how to approach a PM&R patient.
   b. Demonstrate the ability to identify the chief complaint.
   c. Perform a focused exam related to chief complaint.
   d. Demonstrate effective patient management skills.
   e. Demonstrate the ability to develop an evaluation and treatment plan.
   f. Demonstrate the ability to monitor the response to therapeutic interventions.
   g. Discuss with their attending the referral of the patient for subsequent healthcare services to insure proper transition of care including OMT.
   h. Educate patient and evaluate their comprehension of their treatment plan.
   i. Participate with the health care team to provide patient care.

3. Interpersonal and Communication Skills
   a. Demonstrate ability to effectively communicate with acutely ill or injured patients.
   b. Demonstrate ability to identify and communicate with family members, medical power of attorney, or person of authority to speak on behalf of the patient.
   c. Demonstrate the ability to identify the person with key information about the patient. Demonstrate the ability to identify themselves to the patient and their role in their care.
d. Demonstrate the ability to put the patient and their family at ease.
e. Consolidate and organize pertinent information for presentation to attending physician. Use the appropriate medical terminology while communicating with other medical staff. Demonstrate effective communication techniques with other members of the healthcare team and ancillary staff.
f. Use appropriate terminology/language with patient and family.
g. Learn the documentation expectations the hospital or office.
h. Demonstrate a personal self-awareness of their interaction with the patient.

4. **Professionalism**
   a. Display respect for peers.
   b. Demonstrate a team approach to treating patients.
   c. Demonstrate responsibility, dependability, and reliability including being punctual and providing notification of an absence.
   d. Dress appropriately:
      - Professional attire as defined in the institution’s dress code.
      - If personal clothing is worn, it should be washed after each shift.

5. **Practice-Based Learning and Improvement**
   a. Apply fundamental epidemiologic concepts to practice improvement.
   b. Demonstrate understanding of medical informatics/Evidence-Based Medicine/Research.
   c. Demonstrate ability to identify personal knowledge deficits.
   d. Demonstrate ability to locate educational resources and strengthen personal medical knowledge.
   e. Display commitment to continuous quality improvement.
   f. Demonstrate ability to teach both peers and lay audiences.

6. **Systems-Based Practice**
   a. Recognize how patient care and professional practice affect other healthcare professionals, health care organizations, and the larger society.
   b. Recognize how delivery systems differ: controlling health care costs, allocating resources.
   c. Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
   d. Make appropriate referrals.
   e. Arrange outpatient testing and follow-up with other providers.
   f. Be aware of medication and treatment costs (direct patient costs).
   g. Appreciate Patient’s rights and responsibilities and that shared decision making improve understanding and compliance.
   h. Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
   i. Understand EMTALA and HIPAA.
   j. Recognize how to reduce medical errors and patient and staff safety.
   k. Recognize cost effective health care that does not compromise patient care.
l. Understand how information technology is used to solve patient care problems, improve knowledge base, and develop case presentations and demonstrate these skills by utilizing the local Electronic Medical Record (EMR), on-line resources, and accessing local patient instruction protocols to provide patient instructions.

m. Understand and be able to discuss any medical disparities in the community being served.

7. **Osteopathic Philosophy and Osteopathic Manipulative Medicine**
   a. Demonstrate Osteopathic diagnostic skills adapted to the physical limitations of the patient’s surroundings.
   b. Recognize and diagnose somatic dysfunction in the context of common patient pain presentations.
   c. Recognize and apply osteopathic treatment modalities appropriate to the orthopedic environment for somatic dysfunction.
   d. Develop an appreciation for the need to treat the entire patient including emotional, spiritual, physical and family needs.
   e. Consider the application of OMT only if safe in the context of the patient’s current medical condition and patient care environment.

H. **COMAT Blueprint Information - N/A**

I. **Grading – Calculations**
   1. Preceptor Grade 100%

**Please note the following:**

The Clinical Education Grade Form should be submitted via email, FAX or US mail and not given to the student to return to the Statewide Campus Regional office.

The student is responsible for ensuring that the Grade form is submitted in a timely fashion and should follow-up with the preceptor, if necessary.

**Students must complete Preceptor/Site/Course Evaluations by the last day of the rotation to avoid an Incomplete Grade. Should you receive an incomplete grade you will have 6 weeks to complete the evaluation or the incomplete grade will become a failing grade.**
4.1.15 Pulmonology

A. Introduction

The pulmonology rotation is unique in that you will be exposed to selected topics and patients in the area of pulmonological medicine. This is where you learn how to do focused History and Physical exams. These are done on patients with specific symptoms based on the patient’s presenting complaint. You will normally need to only evaluate the specific reason for that visit. You must learn to gather important History and Physical data, develop a differential diagnosis and utilize ancillary tests to rule in or out your diagnosis. You will then learn to develop a plan of treatment for specific medical conditions.

During your rotation you will be expected to learn specific procedures as outlined below. This rotation requires a student to be an effective communicator and to quickly organize and analyze medical information. You will be expected to work as a team and to be a part of that team in taking care of seriously ill patients. You will be challenged to have a basic knowledge of clinical medicine and expected to read on topics of interesting cases or topics suggested by your attending physician. You must always remember you represent WVSOM in a professional manner on every rotation. It is important that students look and act professional during their rotation.

B. Required Textbooks

*Goldman’s Cecil Medicine, 25th ed., Saunders*

C. Other Resources

Suggested Text:
*The Washington Manual of Medical Therapeutics, 35th ed., Lippincott Williams & Wilkins*
*Clinical Respiratory Medicine, 4th ed., Elseviers/Saunders*
*Principles of Pulmonary Medicine, 6th ed., Saunders*

D. Didactic and Reading Assignments

- Imaging in Pulmonary Disease
- Respiratory Function: Mechanisms
- Disorders of Ventilatory Control
- Asthma
- Chronic Obstructive Pulmonary Disease
- Cystic Fibrosis
- Bronchiectasis, Atelectasis, Cysts and Localized Lung Disorders
- Alveolar Filling Disorders
• Interstitial Lung Disease
• Occupational Lung Diseases
• Physical and Chemical Injuries of the Lung
• Sarcoidosis
• Acute Bronchitis and Tracheitis
• Overview of Pneumonia
• Pulmonary Embolism
• Diseases of the Diaphragm, Chest Wall, Pleura and Mediastinum
• Obstructive Sleep Apnea
• Interventional and Surgical Approaches to Lung Diseases
• Approach to the Patient in Critical Care Setting
• Respiratory Monitoring in Critical Care
• Acute Respiratory Failure
• Mechanical Ventilation

E. Procedures and Clinical Skills

F. Logs – N/A

G. Core Competencies

1. Medical Knowledge
   a. Diagnose common lung problems utilizing history, physical exam, laboratory, imaging, and pulmonary function data.
   b. Learn to correctly interpret arterial blood gases, pulmonary function data, and imaging such as chest x-rays.
   c. Learn the indications for intubation and how to manage a patient on a ventilator.
   d. Manage patients with common problems related to pulmonology such as pneumonia, etc.
   e. Know when to refer the complicated patient.

2. Patient Care
   a. Demonstrate how to approach a pulmonology patient.
   b. Demonstrate the ability to identify the chief complaint.
   c. Perform a focused exam related to chief complaint.
   d. Demonstrate effective patient management skills.
   e. Demonstrate the ability to develop an evaluation and treatment plan.
   f. Demonstrate the ability to monitor the response to therapeutic interventions.
   g. Discuss with their attending the referral of the patient for subsequent healthcare services to insure proper transition of care including OMT.
   h. Educate patient and evaluate their comprehension of their treatment plan.
   i. Participate with the health care team to provide patient care.
3. **Interpersonal and Communication Skills**
   a. Demonstrate ability to effectively communicate with acutely ill or injured patients.
   b. Demonstrate ability to identify and communicate with family members, medical power of attorney, or person of authority to speak on behalf of the patient.
   c. Demonstrate the ability to identify the person with key information about the patient. Demonstrate the ability to identify themselves to the patient and their role in their care.
   d. Demonstrate the ability to put the patient and their family at ease.
   e. Consolidate and organize pertinent information for presentation to attending physician. Use the appropriate medical terminology while communicating with other medical staff. Demonstrate effective communication techniques with other members of the healthcare team and ancillary staff.
   f. Use appropriate terminology/language with patient and family.
   g. Learn the documentation expectations the hospital or office.
   h. Demonstrate a personal self-awareness of their interaction with the patient.

4. **Professionalism**
   a. Display respect for peers.
   b. Demonstrate a team approach to treating patients.
   c. Demonstrate responsibility, dependability, and reliability including being punctual and providing notification of an absence.
   d. Dress appropriately:
      - Professional attire as defined in the institution’s dress code.
      - If personal clothing is worn, it should be washed after each shift.

5. **Practice-Based Learning and Improvement**
   a. Apply fundamental epidemiologic concepts to practice improvement.
   b. Demonstrate understanding of medical informatics/Evidence-Based Medicine/Research.
   c. Demonstrate ability to identify personal knowledge deficits.
   d. Demonstrate ability to locate educational resources and strengthen personal medical knowledge.
   e. Display commitment to continuous quality improvement.
   f. Demonstrate ability to teach both peers and lay audiences.

6. **Systems-Based Practice**
   a. Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
   b. Recognize how delivery systems differ: controlling health care costs, allocating resources.
   c. Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
   d. Make appropriate referrals.
e. Arrange outpatient testing and follow-up with other providers.
f. Be aware of medication and treatment costs (direct patient costs).
g. Appreciate Patient's rights and responsibilities and that shared decision making improve understanding and compliance.
h. Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
i. Understand EMTALA and HIPAA.
j. Recognize how to reduce medical errors and patient and staff safety.
k. Recognize cost effective health care that does not compromise patient care.
l. Understand how information technology is used to solve patient care problems, improve knowledge base, and develop case presentations and demonstrate these skills by utilizing the local Electronic Medical Record (EMR), on-line resources, and accessing local patient instruction protocols to provide patient instructions.
m. Understand and be able to discuss any medical disparities in the community being served.

7. **Osteopathic Philosophy and Osteopathic Manipulative Medicine**
   a. Demonstrate Osteopathic diagnostic skills adapted to the physical limitations of the patient's surroundings.
   b. Recognize and diagnose somatic dysfunction in the context of common patient pain presentations.
   c. Recognize and apply osteopathic treatment modalities appropriate to the orthopedic environment for somatic dysfunction.
   d. Develop an appreciation for the need to treat the entire patient including emotional, spiritual, physical and family needs.
   e. Consider the application of OMT only if safe in the context of the patient’s current medical condition and patient care environment.

H. **COMAT Blueprint Information – N/A**

I. **Grading – Calculations**
   1. Preceptor Grade 100%

**Please note the following:**

The Clinical Education Grade Form should be submitted via email, FAX or US mail and not given to the student to return to the Statewide Campus Regional office.
The student is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor, if necessary.

Students must complete Preceptor/Site/Course Evaluations by the last day of the rotation to avoid an incomplete grade. Should you receive an incomplete grade you will have 6 weeks to complete the evaluation or the incomplete grade will become a failing grade.
4.1.16 Wound Care

A. Introduction

During the wound care rotation the student will be exposed to patients with wounds in various stages of healing. This is where the student will learn to evaluate the wound, be able to obtain a history and perform a physical on patients to better understand the healing process as well as the treatment modalities available. The student must learn to gather important History and Physical data, develop a differential diagnosis and utilize ancillary tests to develop the treatment plan for the patient.

During the rotation the student will be expected to learn specific procedures used in the care of acute and chronic wound care. This rotation requires a student to be an effective communicator and to quickly organize and analyze medical information. The student is expected to work as part of the team. The student will be challenged to have a basic knowledge of clinical medicine and expected to read on topics of interesting cases or topics suggested by your attending physician.

B. Required Textbooks

*Essentials of Surgery, Becker, Elsevier, Chapter 9 Wound Healing*
*Tintinalli’s Emergency Medicine, 8th ed. McGraw-Hill, Section 6 Wound Management*
*Wounds and Lacerations, 4th ed., Elsevier*

C. Other Resources

Suggested Text:
*The Washington Manual of Medical Therapeutics, 34th ed., Lippincott Williams & Wilkins*
*Goldman’s Cecil Medicine, 25th ed., Saunders*

D. Didactic and Reading Assignments

See Required Reading above.

E. Procedures and Clinical Skills

F. Logs – N/A

G. Core Competencies

1. **Medical Knowledge**
   a. Characterize the principles of history, physical examination and diagnostic interpretation of common problems encountered in the wound care setting.
b. Be able to develop an adequate differential diagnosis to include possibilities from any subspecialty.
c. Be able to create and implement an appropriate, cost-efficient diagnostic and treatment plan for common problems seen in the wound care department.
d. Be familiar with and able to carry out certain wound care techniques such as debridement and dressings.
e. Manage patients with common wound care problems including the use of medications and topical treatments.
f. Know when to refer the complicated patient.

2. Patient Care
   a. Demonstrate how to approach patients in the wound care department setting.
   b. Demonstrate the ability to identify the chief complaint.
   c. Perform a focused exam related to chief complaint.
   d. Demonstrate effective patient management skills.
   e. Demonstrate the ability to develop an evaluation and treatment plan.
   f. Demonstrate the ability to monitor the response to therapeutic interventions.
   g. Discuss with their attending the referral of the patient for subsequent healthcare services to insure proper transition of care including OMT.
   h. Educate patient and evaluate their comprehension of their treatment plan.
   i. Participate with the health care team to provide patient care.

3. Interpersonal and Communication Skills
   a. Demonstrate ability to effectively communicate with acutely ill or injured patients.
   b. Demonstrate ability to identify and communicate with family members, medical power of attorney, or person of authority to speak on behalf of the patient.
   c. Demonstrate the ability to identify the person with key information about the patient. Demonstrate the ability to identify themselves to the patient and their role in their care.
   d. Demonstrate the ability to put the patient and their family at ease.
   e. Consolidate and organize pertinent information for presentation to attending physician. Use the appropriate medical terminology while communicating with other medical staff. Demonstrate effective communication techniques with other members of the healthcare team and ancillary staff.
   f. Use appropriate terminology/language with patient and family.
   g. Learn the documentation expectations the hospital or office.
   h. Demonstrate a personal self-awareness of their interaction with the patient.

4. Professionalism
   a. Display respect for peers.
   b. Demonstrate a team approach to treating patients.
   c. Demonstrate responsibility, dependability, and reliability including being punctual and providing notification of an absence.
   d. Dress appropriately:
• Professional attire as defined in the institution’s dress code.
• If personal clothing is worn, it should be washed after each shift.

5. Practice-Based Learning and Improvement
   a. Apply fundamental epidemiologic concepts to practice improvement.
   b. Demonstrate understanding of medical informatics/Evidence-Based Medicine/Research.
   c. Demonstrate ability to identify personal knowledge deficits.
   d. Demonstrate ability to locate educational resources and strengthen personal medical knowledge.
   e. Display commitment to continuous quality improvement.
   f. Demonstrate ability to teach both peers and lay audiences.

6. Systems-Based Practice
   a. Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
   b. Recognize how delivery systems differ: controlling health care costs, allocating resources.
   c. Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
   d. Make appropriate referrals.
   e. Arrange outpatient testing and follow-up with other providers.
   f. Be aware of medication and treatment costs (direct patient costs).
   g. Appreciate Patient’s rights and responsibilities and that shared decision making improve understanding and compliance.
   h. Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
   i. Understand EMTALA and HIPAA.
   j. Recognize how to reduce medical errors and patient and staff safety.
   k. Recognize cost effective health care that does not compromise patient care.
   l. Understand how information technology is used to solve patient care problems, improve knowledge base, and develop case presentations and demonstrate these skills by utilizing the local Electronic Medical Record (EMR), on-line resources, and accessing local patient instruction protocols to provide patient instructions.
   m. Understand and be able to discuss any medical disparities in the community being served.

7. Osteopathic Philosophy and Osteopathic Manipulative Medicine
   a. Demonstrate Osteopathic diagnostic skills adapted to the physical limitations of the patient’s surroundings.
   b. Recognize and diagnose somatic dysfunction in the context of common patient pain presentations.
   c. Recognize and apply osteopathic treatment modalities appropriate to the orthopedic environment for somatic dysfunction.
d. Develop an appreciation for the need to treat the entire patient including emotional, spiritual, physical and family needs.

e. Consider the application of OMT only if safe in the context of the patient’s current medical condition and patient care environment.

H. COMAT Blueprint Information – N/A

I. Grading – Calculations
   1. Preceptor Grade 100%

Please note the following:

The Clinical Education Grade Form should be submitted via email, FAX or US mail and not given to the student to return to the Statewide Campus Regional office.

The student is responsible for ensuring that the Grade form is submitted in a timely fashion and should follow-up with the preceptor, if necessary.

Students **must** complete Preceptor/Site/Course Evaluations by the last day of the rotation to avoid an Incomplete Grade. Should you receive an incomplete grade you will have 6 weeks to complete the evaluation or the incomplete grade will become a failing grade.
4.2 Electives

During the third year, students are permitted to select one (1), 4 week or two (2), 2 week elective rotations. All students are strongly encouraged to do at least fifty percent (50%) of all electives in the 3rd and 4th years with an osteopathic physician.

Electives in the areas of Pediatrics, Obstetrics/Gynecology, Ophthalmology, Radiology, Cardiology, Gastroenterology, Pathology, OP&P/OMT, ENT, Nephrology, and Dermatology are recommended during year three. More advanced subspecialties such as Critical Care, Orthopedics, Rheumatology, Plastic Surgery, Neurosurgery, etc., should be reserved for 4th year after the basic core rotations have been completed.

A confidential mid-rotation evaluation with the student and their supervising physician should be done verbally or in writing. Completion of the final end of rotation Clinical Education Grade Form by the supervising physician should be in the presence of the student, so that the medical student can benefit from a frank discussion of his/her abilities. The supervising physician should add comments on the second page of the Clinical Education Grade Form, using additional paper if necessary. If a competency has not been demonstrated, the supervising physician should so indicate.

It is important that the form be completed on the last day of the student's rotation and faxed, emailed or delivered promptly (the student may provide the Preceptor with a stamped envelope addressed to the SWC Regional office) to the appropriate WVSOM Statewide Campus office by the supervising physician:

**The Clinical Education Grade Form should not be given to the student to return to the SWC.**

**The student is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor, if necessary.**

**For addresses and more detailed contact info, please see back of this manual.**

On completion of the elective, the student is required to complete and submit to his/her Statewide Campus office the Preceptor/Site/Course Evaluation. Evaluations for all rotations are due by the end of the rotation. If not received, an incomplete (I) will be placed as the grade. This incomplete will be removed when the Site Evaluation is received. If no Site Evaluation is received by the Statewide Campus office at six (6) weeks after the completion of the rotation, the Vice President for Academic Affairs and Dean will be notified in accordance with Institutional Policy E-20.

Throughout year 3 and 4 rotations, the student will not be permitted to participate with the **same preceptor** for more than **12 weeks**. Also, the student will not be permitted to rotate more than **16 weeks in any specialty or subspecialty with the exception of Family Medicine and General Internal Medicine**. For example, students wishing to
rotate in orthopedics could use their surgery selective (4 weeks) in orthopedics and then no more than 12 weeks of elective time in orthopedics.

4.3 Student Involvement on Clinical Rotations

A student of the West Virginia School of Osteopathic Medicine is not a licensed physician, and therefore is not legally or ethically permitted to practice medicine. A student may be involved in assisting in the care of a patient, but only at the direction and guidance of a licensed physician. The physician is responsible for medical care of the patient and for approving and countersigning all orders, progress notes, etc., written by the student.

A student will not administer therapy or medication until a licensed physician has seen the patient and has confirmed the diagnosis. Before treatment is administered, the student’s orders must be countersigned.

Supervision of the student and his or her activities in the clinical setting is the direct responsibility of the supervising physician. Any educational activity involving patients can only be done when the supervising physician is immediately available on the premises to assist and direct the student’s activities.

Due to legal ramifications, the student should immediately report any violation of this policy to his/her WVSOM Statewide Campus office.

A student faced with a life-threatening emergency in the absence of the supervising physician should use his/her best judgment in rendering care until the supervising or other physician arrives.

In the event a supervising physician or other authorized and appropriately licensed and privileged staff supervisor physician is not available, the student shall cease patient care activities. If such situations are frequent, the student must notify his/her WVSOM Statewide Campus office.

If a student finds him or herself in a questionable situation, he/she should immediately contact his/her WVSOM Statewide Campus office.

4.4 Rotations with Relatives

No required or selective rotation will be approved with a family member. Only an elective rotation will be approved with a family member. Elective rotations with a relative should not exceed four (4) weeks. A family member is defined as: parent, sibling, aunt, uncle, cousin, grandparent, or relative-in-law.
4.5 Elective and Selective Request Form (ESR)

The ESR forms are available online and at each Statewide Campus regional office. The online version may be obtained by logging on to My WVSOM on the WVSOM web site. The form can be found under Clinical Education or use the following link:

http://my.wvsom.edu/Students/Applications/ClinEd/Forms/index.cfm

PLEASE NOTE THAT A ROTATION IS NOT APPROVED UNTIL ALL PAPERWORK IS COMPLETED, IN THE STATEWIDE CAMPUS OFFICE, AND RECORDED ON THE ONLINE SCHEDULE. TO AVOID THE CONSEQUENCES OF PARTICIPATING IN AN UNAPPROVED ROTATION, STUDENTS MUST BE AWARE OF THE FOLLOWING:

1. No credit will be given for an unapproved rotation.
2. No student liability coverage is extended for an unapproved rotation.
3. The time on an unapproved rotation will be listed as vacation or unscheduled with no credit for the rotation.

The ESR form is to be used as a method of rotation confirmation for a student’s 3rd year elective and 4th year selective and elective rotations. The completion and timely submission of the ESR form is the responsibility of the student. You should contact your Statewide Campus Director or Administrative Assistant to discuss the ESR form and any additional steps required when requesting rotations. For most rotations the following steps should be used to set up a rotation.

1. The student should complete the student portion of the ESR and send it to their regional Statewide Campus (SWC) staff when requesting a rotation from a facility.
2. The regional SWC staff will check to see if there is an active Affiliation Agreement in place with the site (facility).
3. If an Affiliation Agreement is not in place at WVSOM with the facility, the regional SWC staff will send an Affiliation Agreement to the site to be signed by a legal representative of that facility.
4. Once the Affiliation Agreement has been completed, or if WVSOM has a prior agreement that is active, the ESR will be sent to the facility for the appropriate signature and confirmation of the rotation.
5. It is only after the rotation is confirmed with a properly executed Affiliation Agreement in place, that the SWC staff can notify the student and place the approved rotation on the student’s online schedule.
6. Should the rotation be denied or an affiliation agreement between WVSOM and the rotation site fail to be executed, the student will be notified by the SWC staff.

The Affiliation Agreement process often takes several months, involving legal representatives from WVSOM and the rotation facility to negotiate specific language.
The student portion of the ESR form must be submitted to the SWC office at least 90 days prior to the start of the rotation to ensure adequate time for all documents to be returned. Failure to follow this procedure will result in the student being listed as on vacation or unscheduled if their vacation is used up. This may result in the delay of the student’s graduation.

4.6 WVSOM Scheduling Policy

Required Year 3 rotations are scheduled for the student through the student’s Statewide Campus office and cannot be changed.

Electives and Selectives are scheduled by the student as follows:

- Complete an Elective and Selective Rotation Request Form (ESR Form) for each rotation. This form, specific to your Statewide Campus office, may be found on my.wvsom under Clinical Education or by using the following link: http://my.wvsom.edu/Students/Applications/ClinEd/Forms/index.cfm

- An ESR Form, Affiliation Agreement and all other required documentation must be completed before the rotation will be approved by the Statewide Campus regional office.

- If a student would like to schedule an elective or selective rotation within the statewide system they must complete an ESR form and submit it to their regional director. Their regional director will then contact the region of the rotation to make arrangements. In this situation, students are not to contact preceptors.

You cannot change rotations once your rotation has been approved by the rotation site and added to the student schedule.

Electives and Selectives must meet the requirements as stated in the Clinical Education Manual.

COMPLETED is defined as:
All information on the ESR Form has been legibly completed.

If ANY requested information is not supplied on the form at the time it is turned in, the ESR Form will not be accepted.

IF APPROVED PAPERWORK FROM THE ROTATION SITE IS NOT RECEIVED BY THE STATEWIDE CAMPUS OFFICE 7 DAYS BEFORE THE START DATE OF THE ROTATION:

1. THE STUDENT WILL BE PLACED ON VACATION. IF A STUDENT HAS NO REMAINING VACATION TIME, THE STUDENT WILL HAVE “UNSCHEDULED”
4.7 Limits on Rotations

Throughout 3rd and 4th year rotations, the student will not be permitted to participate with the same preceptor for more than 12 weeks. Also, the student will not be permitted to rotate more than 16 weeks in any specialty or subspecialty with the exception of Family Medicine and General Internal Medicine. For example, students wishing to rotate in orthopedics could use their surgery selective (4 weeks) in orthopedics and then no more than 12 weeks of elective time in orthopedics. Please complete an exception request form and meet with your Statewide Campus Regional Assistant Dean and/or Director to pursue this possible exception.

4.8 Scheduling Rotations for Residency Auditions

Open blocks of time, particularly between July and November of your 4th year, can be used to schedule rotations at institutions that have Graduate Medical Education (GME) programs in which you are interested. Remember that GME programs generally begin scheduling interviews shortly after a new internship or residency class begins. Traditional Osteopathic Internships and Residency Programs begin July 1st.

You will want to contact the Directors of Medical Education (DMEs) at your institutions of interest no later than spring of your 3rd year, so that you are aware of all deadlines for interviews and internship and residency program applications. Checking the web is a good place to begin.

For AOA Programs: http://opportunities.osteopathic.org/

For AMA Programs: http://www.ama-assn.org/ama/pub/education-careers/graduate-medical-education/freida-online.page

If you schedule any rotations during the 3rd-year OSCE re-education time and you are required to participate in the OSCE re-education, you will have to leave the rotation to attend re-education (no exceptions).
4.9 Mandatory Time Off and Vacation

Class of 2018

Mandatory Time Off

- The week prior to graduation week and the week of graduation:
  - Weeks of 5/14/18 – 5/25/18 (2 weeks)

  If a student is off-cycle and would like to remain on rotation the week of 5/14/18 – 5/18/18, a written request must be submitted to the Vice President for Academic Affairs and Dean.

Permitted Time Off

- To relocate as needed:
  - Weeks of 6/13/16 – 6/24/16
  - Week of 6/6/16 – 6/17/16 (Northern Region ONLY)

- In the 4th year you are permitted 2 days off to take COMLEX 2-CE and/or COMLEX PE (if not taken during vacation) during rotations for each exam (unless taken consecutively). You should seek approval from your preceptor regarding these absences and notify your Statewide Campus office of your test dates and locations once scheduled. You are not permitted to take days off from rotation for any reason unless approval is given by your Regional assistant Dean and Director via the Exception Request Form. You are responsible for scheduling all NBOME exams.

Vacation

3rd Year
- **4 weeks** of vacation scheduled during “open blocks” of time. Vacation may be taken in 2 or 4 week increments.

4th Year
- **8 weeks** of vacation scheduled by the student. Vacation may be taken in 1 or more week increments.

4.10 Exception Request

An Exception Request Form must be completed for all scheduling exceptions or policy/procedures. This form is available online or from your Statewide Campus
office. The request must be approved by the Statewide Campus Director, who will then forward the request to the Statewide Campus Assistant Dean for final approval.

The form is found online at my.wvsom under Clinical Education or by using the following link: http://my.wvsom.edu/Students/Applications/ClinEd/Forms/index.cfm

An Exception Request Form must be submitted and approved by the Regional Assistant Dean prior to missing any days of a rotation that are planned or immediately after being absent due to illness. In the case of illness the Statewide Campus office and preceptor must be notified of the absence on the 1st day of illness. The Regional Assistant Dean will determine if the Exception Request will be approved and will direct the student as to the makeup plan that will be required.

4.11 West Virginia Rural Rotation Request and Resources

Student Requirements for Rural Rotations:

Since the fall of 1994, all health sciences students in the University System of West Virginia schools and programs have been required to complete rural rotations. The requirements for the rural are as follows:

WVSOM students must complete three (3) months of rural rotations within the State of West Virginia. Rural has been defined by HEPC. The Statewide Campus offices have the most recent requirements and information of areas that meet the requirement.
**SECTION V FORMS FOR SCHEDULING STUDENT ROTATION WORKSHEETS**

**Student Rotation Worksheet**

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*H&P (Due 5th week of the Family Medicine I rotation)

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<tr>
<td>OB/GYN</td>
<td>Required</td>
<td>4 weeks</td>
<td>Pre/Posttest</td>
</tr>
<tr>
<td>Dean’s Selective</td>
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<td>4 weeks</td>
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</tr>
<tr>
<td>Elective I</td>
<td></td>
<td>4 weeks</td>
<td></td>
</tr>
<tr>
<td>Vacation</td>
<td></td>
<td>4 weeks</td>
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</tr>
<tr>
<td>Holiday Break</td>
<td></td>
<td>1 week</td>
<td></td>
</tr>
<tr>
<td>Board Study</td>
<td></td>
<td>2 weeks</td>
<td></td>
</tr>
</tbody>
</table>

Must complete EHR OMT SOAP Note

**Note:** All rotations start on a Monday and end on a Friday. The dates posted above are all Mondays. Year 3 Orientation will be held June 27-July 8, 2016.
### Student Rotation Worksheet

**Class of 2018 Third Year (Northern Region Only)**

<table>
<thead>
<tr>
<th>Date</th>
<th>Rotation</th>
<th>Date</th>
<th>Rotation</th>
<th>Date</th>
<th>Rotation</th>
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<tbody>
<tr>
<td>7/11/2016</td>
<td>11/21/2016</td>
<td>4/10/2017</td>
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<tr>
<td>7/18/2016</td>
<td>11/28/2016</td>
<td>4/24/2017</td>
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<tr>
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<td>5/15/2017</td>
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<td>5/22/2017</td>
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<tr>
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<td>6/5/2017</td>
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<td>6/26/2017 Board Study</td>
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<td>11/7/2016</td>
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*H&P (Due 5th week of the Family Medicine I rotation)*

<table>
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<tr>
<th>Rotation</th>
<th>Required</th>
<th>Duration</th>
<th>Type</th>
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<tbody>
<tr>
<td>Family Medicine I</td>
<td>Required</td>
<td>8 weeks</td>
<td>Pre/Posttest</td>
</tr>
<tr>
<td>Internal Medicine I</td>
<td>Required</td>
<td>4 weeks</td>
<td>Pre/Posttest (OPP)</td>
</tr>
<tr>
<td>Internal Medicine II</td>
<td>Required</td>
<td>4 weeks</td>
<td>Pre/Posttest</td>
</tr>
<tr>
<td>Pediatrics I</td>
<td>Required</td>
<td>4 weeks</td>
<td>Pre/Posttest</td>
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<tr>
<td>Psychiatry</td>
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<td>Surgery I</td>
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<td>4 weeks</td>
<td></td>
</tr>
<tr>
<td>Elective I</td>
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<td>4 weeks</td>
<td></td>
</tr>
<tr>
<td>Vacation</td>
<td></td>
<td>4 weeks</td>
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</tr>
<tr>
<td>Holiday Break</td>
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<td>2 weeks</td>
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<tr>
<td>Board Study</td>
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<td>2 weeks</td>
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</tbody>
</table>

Must complete EHR OMT SOAP Note

Note: All rotations start on a Monday and end on a Friday. The dates posted above are all Mondays. Year 3 Orientation will be held June 23-July 1, 2016.
## Student Rotation Worksheet

### Class of 2018 Fourth Year

<table>
<thead>
<tr>
<th>Date</th>
<th>Rotation</th>
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<tr>
<td>11/6/2017</td>
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</tbody>
</table>

- **Internal Medicine III**: Selective 4 weeks
- **Internal Medicine IV**: Selective 4 weeks
- **Family Medicine II**: Selective 8 weeks ***
- **Surgery II**: Selective 4 weeks
- **Surgery III**: Selective 4 weeks
- **Pediatrics II**: Selective 4 weeks
- **Elective 2**: 4 weeks
- **Elective 3**: 4 weeks
- **Elective 4**: 2 weeks
- **Vacation**: 7 weeks

---

**Mandatory time off**: 1 week - **Graduation off 1 week**

**Graduation is May 26, 2018**

---

**James R. Stookey**

OMT rotation 3rd and 4th Year. Must complete EHR OMT SOAP Note.

**Family Medicine II**

- Must be Rural and/or w/D.O. depending on Family Medicine I
- H&P due 5th week of this rotation
- Must be 8 weeks together
# Student Rotation Worksheet

**Berkeley Medical Students Only**

## Student Rotation Worksheet

**Class of 2018 Fourth Year**

<table>
<thead>
<tr>
<th>Date</th>
<th>Rotation</th>
<th>Date</th>
<th>Rotation</th>
<th>Date</th>
<th>Rotation</th>
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<table>
<thead>
<tr>
<th>Emergency Medicine</th>
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<th>4 weeks (To Be Completed 4th Year)</th>
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</thead>
<tbody>
<tr>
<td>Family Medicine 2</td>
<td>Selective</td>
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<tr>
<td>Internal Medicine 3</td>
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<tr>
<td>Internal Medicine 4</td>
<td>Selective</td>
<td>4 weeks</td>
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<tr>
<td>Surgery 2</td>
<td>Selective</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Surgery 3</td>
<td>Selective</td>
<td>2 weeks (Completed 2 weeks in 3rd Year)</td>
</tr>
<tr>
<td>Pediatrics 2</td>
<td>Selective</td>
<td>0 weeks (Completed 4 weeks in 3rd Year)</td>
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<td>Elective 1</td>
<td>Elective</td>
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<td>Elective 2</td>
<td>Elective</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Elective 3</td>
<td>Elective</td>
<td>4 weeks</td>
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<td>Elective 4</td>
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<td>2 weeks</td>
</tr>
<tr>
<td>Vacation</td>
<td>Elective</td>
<td>7 weeks</td>
</tr>
</tbody>
</table>

---

* Must be with a DO (rural requirement met with FM1 for BMC students)*

* Must be 8 weeks consecutive*

* OMT Case Study due 5th week of this rotation*

* Med-U Cases due at the end of this rotation (see syllabus)*

* Family Medicine Patient & Procedure Log due at the end of this rotation (see syllabus)*

**Mandatory time off** – 5/14/18 to 5/18/18 and Graduation Week

*Highlighted Rotations are different from Traditional WVSOM Student Scheduling*

---

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Educational Agreement
ELECTIVE and SELECTIVE ROTATION REQUEST FORM

Please return to:
WVSOM (West Virginia School of Osteopathic Medicine)
Jane Brownfield, SWC Regional Director
St Mary's Medical Center, #6025
2900 First Avenue
Huntington, WV 25702
jbrownfield@osteo.wvsom.edu
Phone: 304.399.7590
FAX: 304.399.7593

SECTION 1 – TO BE COMPLETED BY STUDENT AND SENT TO STATEWIDE CAMPUS OFFICE

Please Print or Type: First    Middle    Last
Student Name:_________________________ Class Year:__________
WVSOM Email:_________________________ Cell:_________________________
Elective ______ Selective ______ Rotation/Specialty:_________________________
Dates: Beginning____________________ Dates: Ending____________________
I need housing: YES____ NO____ if housing is NOT available, I still want rotation? YES____ NO____
(Marking “YES” does NOT confirm that housing will be available to you)

Preceptor Name:_______________________ Degree:______________________
Phone Number:_______________________ Fax Number:______________________
Address:______________________________ City:____________ State:_________ Zip:__________
Preceptor Email Address:________________________

Hospital/Clinic Name:________________________
Contact Person:________________________ Email Address:________________________
Phone Number:________________________ Fax Number:________________________
Address:______________________________ City:____________ State:_________ Zip:__________

SECTION II – TO BE COMPLETED BY PRECEPTOR, DME, OR DESIGNEE AND MAILED OR FAXED TO WVSOM AT ABOVE ADDRESS OR FAX NUMBER

Is housing available for the student? YES____ NO____ by marking “YES” you are confirming that the student will have housing for the dates of this clerkship as listed in Section I.

Send Good Standing Letter to:________________________ Title:________________________
Address IF different from Hospital/Clinic stated above:________________________

THIS IS TO CERTIFY THAT THE ABOVE NAMED STUDENT HAS BEEN

☐ ACCEPTED    ☐ DENIED

FOR THE CLINICAL ROTATION LISTED DURING THE DATES SPECIFIED.

Signature_________________________ Date: __________________

WVSOM/CLIN ED/SWC/FORMS/ESR
UPDATED: 02/26/15
Educational Agreement

ELECTIVE and SELECTIVE ROTATION REQUEST FORM

Please return to:
WVSOM (West Virginia School of Osteopathic Medicine)
Charles Lowry, SWC Regional Director
Princeton Community Hospital-WVSOM
122 Twelfth Street
Princeton, WV 24740
Phone: 304.461.3746
clowry1@osteowvsom.edu
FAX: 304-431-5255

SECTION I – TO BE COMPLETED BY STUDENT AND SENT TO STATEWIDE CAMPUS OFFICE

*PLEASE MAKE SURE YOU COMPLETE ALL SECTIONS OF THE EDUCATIONAL AGREEMENT, OTHERWISE YOUR SWC WILL NOT BE ABLE TO COMPLETE YOUR REQUEST*

Please Print or Type: First Middle Last

Student Name: __________________________________________ Class Year: ________

WVSOM Email: ___________________________ Cell: ___________________________

Elective _____ Selective _____ Rotation/Specialty: ___________________________

Dates: Beginning: ___________ Dates: Ending: ___________

I need housing: YES____ NO____ if housing is NOT available, I still want rotation? YES____ NO____

(Marking “YES” does NOT confirm that housing will be available to you)

Preceptor Name: ___________________________ Degree: _______

Phone Number: ___________________________ Fax Number: ___________________________

Address: ___________________________

City: ___________________________ State: ______ Zip: ______

Preceptor Email Address: ___________________________

Hospital/Clinic Name: ___________________________

Contact Person: ___________________________ Email Address: ___________________________

Phone Number: ___________________________ Fax Number: ___________________________

Address: ___________________________

City: ___________________________ State: ______ Zip: ______

SECTION II – TO BE COMPLETED BY PRECEPTOR, DME, OR DESIGNEE AND MAILED OR FAXED TO WVSOM AT ABOVE ADDRESS OR FAX NUMBER

Is housing available for the student? YES____ NO____ by marking “YES” you are confirming that the student will have housing for the dates of this clerkship as listed in Section I.

Send Good Standing Letter to: ___________________________ Title: ___________________________

Address IF different from Hospital/Clinic stated above: ___________________________

____________________________

THIS IS TO CERTIFY THAT THE ABOVE NAMED STUDENT HAS BEEN

☐ ACCEPTED  ☐ DENIED

FOR THE CLINICAL ROTATION LISTED DURING THE DATES SPECIFIED.

____________________________

Signature

____________________________

Date

WVSOM/CLN ED/SWC/FORMS/ESR

UPDATED: 02/26/15
Educational Agreement

ELECTIVE and SELECTIVE CLERKSHIP REQUEST FORM

Please return to:
WVSOM (West Virginia School of Osteopathic Medicine)
Pamela Lambert, SWC Regional Director
Phone: 304.596.6334
WVU Health Sciences, Eastern Division
2500 Foundation Way
Martinsburg, WV 25401
FAX: 304.267.0642
plambert@osteo.wvsom.edu

SECTION I – TO BE COMPLETED BY STUDENT AND SENT TO STATEWIDE CAMPUS OFFICE

*PLEASE MAKE SURE YOU COMPLETE ALL SECTIONS OF THE EDUCATIONAL AGREEMENT. OTHERWISE YOUR SWC WILL NOT BE ABLE TO COMPLETE YOUR REQUEST*

Please Print or Type:  First  Middle  Last  Class Year:

Student Name:_________________________________________ Neatly

WVSOM Email:_________________________________________ Cell:_____________________

Elective _______ Selective _______ Rotation/Specialty:______________________________

Dates: Beginning:_______________________ Ending:______________________________

I need housing: YES____ NO____ If housing is NOT available, I still want rotation? YES____ NO____

(Marking “YES” does NOT confirm that housing will be available to you)

Preceptor Name:_______________________________________ Degree:____________________

Phone Number:_____________________________ Fax Number:________________________

Address:______________________________________________________________________

City:_________________________________________ State:__________ Zip:______________

Preceptor Email Address:________________________________________

Hospital/Clinic Name:________________________________________

Contact Person:_________________________ Email Address:__________________________

Phone Number:_____________________________ Fax Number:________________________

Address:______________________________________________________________________

City:_________________________________________ State:__________ Zip:______________

SECTION II – TO BE COMPLETED BY PRECEPTOR, DME, OR DESIGNEE AND MAILED OR FAXED TO WVSOM AT ABOVE ADDRESS OR FAX NUMBER

Is housing available for the student? YES____ NO____ By marking “YES” you are confirming that the student will have housing for the dates of this clerkship as listed in Section I.

Send Good Standing Letter to:_________________________ Title:________________________

Address IF different from Hospital/Clinic stated above:______________________________________________

THIS IS TO CERTIFY THAT THE ABOVE NAMED STUDENT HAS BEEN

☐ ACCEPTED  ☐ DENIED

FOR THE CLINICAL ROTATION LISTED DURING THE DATES SPECIFIED.

Signature:_________________________________________ Date:__________________________
Educational Agreement

ELECTIVE and SELECTIVE ROTATION REQUEST FORM

Please return to:
WVSOM (West Virginia School of Osteopathic Medicine)
Jennifer Kayrouz, SWC Regional Director
CAMC Memorial, WVU Bldg. Room 3012
3110 MacCorkle Avenue, SE
Charleston, WV 25304
Phone: 304.720.8833
FAX: 304.720.8831
jikayrouz@osteowvsom.edu

SECTION I – TO BE COMPLETED BY STUDENT AND SENT TO STATEWIDE CAMPUS OFFICE

Please Print or Type: First Middle Last
Student Name: __________________________ Class Year: __________
WVSOM Email: __________________________ Cell: ______________
Elective ______ Selective _______ Rotation/Specialty: ________________
Date: Beginning _________________________ Dates: Ending ________________
I need housing: YES _____ NO _____ if housing is NOT available, I still want rotation? YES _____ NO _____
(Marking “YES” does NOT confirm that housing will be available to you)
Preceptor Name: __________________________ Degree: __________
Phone Number: __________________________ Fax Number: ________________
Address: __________________________________________
City: __________________________ State: ______ Zip: __________
Preceptor Email Address: __________________________

Hospital/Clinic Name: __________________________
Contact Person: __________________________ Email Address: ________________
Phone Number: __________________________ Fax Number: ________________
Address: __________________________________________
City: __________________________ State: ______ Zip: __________

SECTION II – TO BE COMPLETED BY PRECEPTOR, DME, OR DESIGNEE AND MAILED OR FAXED TO WVSOM AT ABOVE ADDRESS OR FAX NUMBER

Is housing available for the student? YES _____ NO _____ By marking “YES” you are confirming that the student will have housing for the dates of this clerkship as listed in Section I.
Send Good Standing Letter to: __________________________ Title: ________________
Address IF different from Hospital/Clinic stated above: __________________________

THIS IS TO CERTIFY THAT THE ABOVE NAMED STUDENT HAS BEEN

☐ ACCEPTED ☐ DENIED

FOR THE CLINICAL ROTATION LISTED DURING THE DATES SPECIFIED.

Signature __________________________ Date: ________________

WVSOM/CLIN ED/SWC/FORMS/ESR
UPDATED: 02/20/15
Educational Agreement

ELECTIVE and SELECTIVE ROTATION REQUEST FORM

Please return to:
WVSOM (West Virginia School of Osteopathic Medicine)
Kathy Fry, SWC Regional Director
Room 230, Ed. & Admin. Building
2000 Eoff Street
Wheeling, WV 26003
Phone: 304.231.3842
Fax: 304-234-8455
kfry@osteo.wvsom.edu

SECTION I – TO BE COMPLETED BY STUDENT AND SENT TO STATEWIDE CAMPUS OFFICE

*PLEASE MAKE SURE YOU COMPLETE ALL SECTIONS OF THE EDUCATIONAL AGREEMENT. OTHERWISE YOUR SWC WILL NOT BE ABLE TO COMPLETE YOUR REQUEST*

Please print or type:
First Middle Last

Student Name: _______________________________ Class Year: __________

E-mail: ___________________________ Cell: ___________________________

Elective _____ Selective _____ Rotation/Specialty: ______________________

Date: Beginning __________ Dates: Ending __________

I need housing: YES ____ NO ____ If housing is NOT available, I still want rotation? YES ____ NO ____

(Marking “YES” does NOT confirm that housing will be available to you)

Preceptor Name: ___________________________ Degree: __________

Phone Number: ___________________________ Fax Number: ___________________________

Address: __________________________________________

City: ___________________________ State: __________ Zip: __________

Preceptor Email Address: ___________________________

Hospital/Clinic Name: ___________________________

Contact Person: ___________________________ Email Address: ___________________________

Phone Number: ___________________________ Fax Number: ___________________________

Address: __________________________________________

City: ___________________________ State: __________ Zip: __________

SECTION II – TO BE COMPLETED BY PRECEPTOR, DME, OR DESIGNEE AND MAILED OR FAXED TO WVSOM AT ABOVE ADDRESS OR FAX NUMBER

Is housing available for the student? YES ____ NO ____ By marking “YES” you are confirming that the student will have housing for the dates of this clerkship as listed in Section I.

Send Good Standing Letter to: ___________________________ Title: ___________________________

Address IF different from Hospital/Clinic stated above: ___________________________

THIS IS TO CERTIFY THAT THE ABOVE NAMED STUDENT HAS BEEN

☐ ACCEPTED  ☐ DENIED

FOR THE CLINICAL ROTATION LISTED DURING THE DATES SPECIFIED.

Signature: ___________________________ Date: __________

WVSOM/CLIN ED/SWC/FORMS/ESR

UPDATED: 02/26/15
Educational Agreement

ELECTIVE and SELECTIVE ROTATION REQUEST FORM

Please return to:
West Virginia School of Osteopathic Medicine
Joan Gates, SWC Regional Director
Phone: 304.428.4930
WVSOM Central Region Office
936 Market Street, 2nd Floor
Parkersburg, WV 26101
Fax: 304.428.4940
jgates@osteo.wvsom.edu

SECTION I – TO BE COMPLETED BY STUDENT AND SENT TO STATEWIDE CAMPUS OFFICE

*PLEASE MAKE SURE YOU COMPLETE ALL SECTIONS OF THE EDUCATIONAL AGREEMENT. OTHERWISE YOUR SWC WILL NOT BE ABLE TO COMPLETE YOUR REQUEST*

Please Print or Type: First Middle Last

Student Name: ___________________________ Class Year: ________

WVSOM Email: ___________________________ Cell: ___________________________

Elective _______ Selective _______ Rotation/Specialty: ___________________________

Date: Beginning ___________ Dates: Ending ___________

I need housing: YES ____ NO _____ if housing is NOT available, I still want rotation? YES ____ NO _____

(Marking "YES" does NOT confirm that housing will be available to you)

Preceptor Name: ___________________________ Degree: ___________

Phone Number: ___________________________ Fax Number: ___________________________

Address: ___________________________

City: ___________________________ State: ___________ Zip: ___________

Preceptor Email Address:

Hospital/Clinic Name:

Contact Person: ___________________________ Email Address:

Phone Number: ___________________________ Fax Number: ___________________________

Address: ___________________________

City: ___________________________ State: ___________ Zip: ___________

SECTION II – TO BE COMPLETED BY PRECEPTOR, DME, OR DESIGNEE AND MAILED OR FAXED TO WVSOM AT ABOVE ADDRESS OR FAX NUMBER

Is housing available for the student? YES ____ NO _____ By marking “YES” you are confirming that the student will have housing for the dates of this clerkship as listed in Section I.

Send Good Standing Letter to: ___________________________ Title: ___________________________

Address IF different from Hospital/Clinic stated above: ___________________________

THIS IS TO CERTIFY THAT THE ABOVE NAMED STUDENT HAS BEEN

☐ ACCEPTED ☐ DENIED

FOR THE CLINICAL ROTATION LISTED DURING THE DATES SPECIFIED.

Signature _______________ Date: _____________

WVSOM/CLIN ED/SWC/FORMS/ESR

UPDATED: 02/26/15

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Educational Agreement

ELECTIVE and SELECTIVE ROTATION REQUEST FORM

Please return to:
WVSOM (West Virginia School of Osteopathic Medicine)
Adrienne Tucker, SWC Regional Director
Dewis Medical Center
Physicians Professional Building
909 Goman Avenue
Elkins, WV 26241
Phone: 304.637.3740
Fax: 304.428.4940
stucker@osteowvsom.edu

SECTION I – TO BE COMPLETED BY STUDENT AND SENT TO STATEWIDE CAMPUS OFFICE

"PLEASE MAKE SURE YOU COMPLETE ALL SECTIONS OF THE EDUCATIONAL AGREEMENT, OTHERWISE YOUR SWC WILL NOT BE ABLE TO COMPLETE YOUR REQUEST"

Please Print or Type:  First  Middle  Last  Class Year: 

WVSOM Email:  Cell: 

Elective  Selective  Rotation/Specialty: 

Date: Beginning  Dates: Ending  

I need housing: YES  NO if housing is NOT available. I still want rotation? YES  NO  

(Marking “YES” does NOT confirm that housing will be available to you)

Preceptor Name:  Degree: 

Phone Number:  Fax Number: 

Address: 

City:  State:  Zip: 

Preceptor Email Address:  

Hospital/Clinic Name: 

Contact Person:  Email Address:  

Phone Number:  Fax Number: 

Address: 

City:  State:  Zip: 

SECTION II – TO BE COMPLETED BY PRECEPTOR, DME, OR DESIGNEE AND MAILED OR FAXED TO WVSOM AT ABOVE ADDRESS OR FAX NUMBER

Is housing available for the student? YES  NO  by marking “YES” you are confirming that the student will have housing for the dates of this clerkship as listed in Section I.

Send Good Standing Letter to:  Title: 

Address IF different from Hospital/Clinic stated above:  

THIS IS TO CERTIFY THAT THE ABOVE NAMED STUDENT HAS BEEN

☐ ACCEPTED  ☐ DENIED

FOR THE CLINICAL ROTATION LISTED DURING THE DATES SPECIFIED.

Signature:  Date:  

WVSOM/CLIN ED/SWC/FORMS/ESR

UPDATED: 02/26/15
EXCEPTION REQUEST FORM

Today's Date__________________________

Date received by Statewide Campus office ____________________

Student Name:__________________________________________

Rotation
Dates________ to________ Rotation________________________

Exception Request Form must accompany Elective, Selective, Required Form

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

____ Approved  ____ Disapproved  ____ Approved  ____ Disapproved

Comments:_____________________________________________________
________________________________________________________________________
________________________________________________________________________

Statewide Campus Director  Date  Statewide Campus Asst. Dean  Date

Revised 3/1/13
REQUEST FOR TRANSCRIPT

Signature of Student/Graduate: ________________________________

Student’s/Graduate’s Name: ____________________________ (Printed)

No. & Street: __________________________________________

City, State & Zip Code: ________________________________

Email Address or Phone Number: __________________________

Currently Enrolled: YES ___ NO ___ Date of Request: ______

Year of Graduation: __________
(Please select from the following choices)

Official Transcript: $6.00
Unofficial Transcript: $6.00
Unofficial Transcript - Faxed to Recipient: $8.00
Official/Unofficial Transcript & NBOME Scores: $10.00
Official/Unofficial Transcript & NBOME Scores - Faxed to Recipient: $10.00
NBOME Scores Only (Level 1 and/or Level 2): $5.00
NBOME Scores Only (Level 1 and/or Level 2) - Faxed to Recipient: $5.00
Diploma Copy: $6.00
Diploma Copy - Faxed to Recipient: $6.00
Special Delivery/Overnight Delivery (Plus regular fees as appropriate): $20.00

This request must be signed and the name printed below the signature. Also, all incomplete requests will be returned to the student/graduate for completion (example: no payment, no signature, lack of complete address).

1. __________________________________________________
2. __________________________________________________
3. __________________________________________________
4. __________________________________________________
5. __________________________________________________
6. __________________________________________________

1/15/09

CREDIT CARD INFORMATION
VISA or Mastercard ONLY

Name on Card: ___________________________________________
Card Type: _____________________
Account Number: _______________________
Expiration Date: _______________________

All transcripts will include GPA & Numerical Class Rank
SECTION VI STUDENT POLICIES AND PROCEDURES

6.1 Academic

Please refer to institutional policies as appropriate.
Leave of Absence Policy E 26 (6.1.3)
Dismissal from a rotation Policy E 24 (6.1.4)
Student Academic Responsibilities E 08 (6.1.5)
Student Attendance Policy E 09 (6.1.6)
Student Professional Liability Insurance Coverage Policy E 15 (6.2.1)
Promotion Requirement National Board Examination–Passage of COMLEX Policy E 23 (6.2.2)
Student Liability Insurance Policy E 15 (6.2.4)
Immunizations Policy ST 06 (6.3.3)
Professionalism Policy ST 13 (6.3.7)
Sexual Harassment Policy GA 14 (6.4.1)

6.1.1 Illness

Should a student incur an illness during the course of a clinical rotation, he/she should immediately notify the appropriate supervising physician and State Wide Campus office of the intended absence. Should the illness necessitate an absence of more than two days the student must be seen by a physician for documentation. Said documentation must be received by the Statewide Campus Assistant Dean and supervising physician within five days of the occurrence. If said documentation is not received by the Statewide Campus Regional Assistant Dean within five days of the occurrence, the student may be placed on vacation, fail the rotation, and/or be placed on a leave of absence if no vacation time remains.

A student should not for any reason hesitate to report illness. The welfare of both the student and his/her contacts is the major consideration. If the student does not follow the above procedure the student may fail the rotation.

6.1.2 Temporary Absence

Temporary absence is defined as 4 hours or less in one day. During this time the student will be away from the rotation. This time period must be approved by the supervising physician and the Statewide Campus Regional Assistant Dean. This time will be allowed when the student has to attend to personal business that cannot be attended to after clinic or hospital rotation duties are complete. It is understood that there are no days off during a rotation except as stated that if the student works a weekend that the student will have the subsequent weekend with no responsibilities tied to the rotation.
6.1.3 Leave of Absence

Leave of Absence is defined as extended periods (more than two [2] days of time) away from service rotation activities that may become necessary due to prolonged illness or personal matters of significant gravity.

The supervising physician and the WVSOM Statewide Campus office must be informed immediately of the absence. The student should submit to the WVSOM Statewide Campus office an Exception Request Form documenting why the leave of absence is necessary. The Statewide Campus Regional Assistant Dean can then assist the student in designing a plan to make up time missed from a rotation.

Established protocol as outlined in the WVSOM Student Handbook shall govern approval for leaves of absence and the mechanisms for returning after extended absences. (See WVSOM Institutional Leave of Absence Policy, Policy E 26.)

6.1.4 Dismissal from a Rotation

Dismissal from a clinical rotation is a failure (F). The student will be required to repeat the failed rotation during vacation time. In the event that all vacation time has been depleted the student’s graduation date may be affected.

6.1.5 Student Academic Responsibilities

Supervision and Level of Student Involvement on Clinical Rotations

A student of the West Virginia School of Osteopathic Medicine is not a licensed physician and, therefore, is not legally and/or ethically permitted to practice medicine. A student may be involved in assisting in the care of a patient, but only under the direction and guidance of a licensed, supervising physician. The physician is responsible for medical care of the patient and approving and countersigning all orders, progress notes, etc., written by the student.

A student may not administer therapy or medication until a licensed supervising physician has seen the patient and has confirmed the diagnosis. Before treatment is administered, the student’s orders on the chart must be countersigned. Supervision of the student and his/her activities in the clinical setting is the direct responsibility of the supervising physician. Any educational activity involving patients can only be undertaken when the supervising physician is immediately available to assist and direct the student’s activities. Due to legal ramifications, any violation of this policy must be reported immediately to WVSOM’s Statewide Campus office.

In the event a supervising physician or other authorized physician is not available, the student should cease patient care activities. If this situation is frequent, WVSOM’s
Statewide Campus office must be notified. A student faced with a life-threatening emergency in the absence of the supervising physician should use his/her best judgment in rendering care until the supervising or other physician arrives.

6.1.6 Student Attendance Policy

Report on time: Students will report on time to the rotation site on the day they are assigned to be there. It is the responsibility of the student to contact the Director of Medical Education and/or supervising physician 3 to 5 days in advance to clarify time and location of first day orientation. Any late arrival or unexcused absence may constitute a failure of the rotation.

Departure: Students are required to remain at their rotation until the time designated by the Statewide Campus office and the supervising physician.

The student will not leave the current rotation site prior to the last scheduled day of the rotation without the consent of the WVSOM Statewide Campus office, on-site Director of Medical Education and/or supervising physician. Any departures from an assigned rotation must also be approved by the WVSOM Statewide Campus office. Any unapproved early departure will result in a failing grade for the rotation.

Interview for Residency Program: Students that are in their fourth year and need to go to an interview must complete the Exception Request Form and submit it with a copy of the interview invitation to their Statewide Campus Regional Assistant Dean prior to the interview or it will be considered an unexcused absence and will fail the rotation. Students will be allowed 2 days maximum for an interview. Students will be allowed to attend 1 interview on a 2 week rotation, 2 interviews when on a 4 week rotation, and 3 interviews on an 8 week rotation only if approved by the Regional Assistant Dean.

6.1.7 Unexcused Absence

All absences during a rotation must be reported to and approved by your Regional Statewide Campus office. An absence from any rotation without approval will be regarded as an unexcused absence. In the event of an unexcused absence, a written explanation from the student must be sent to the WVSOM Statewide Campus Regional Assistant Dean, who will handle the problem.

A student who leaves a rotation site without authorization of WVSOM’s Statewide Campus office will automatically receive a failing grade. The student will not be permitted to participate in any future rotations until the WVSOM Statewide Campus Regional Assistant Dean has authorized the return to clinical rotations.

6.1.8 Procedure for Off-Campus Student Meeting Attendance

Please see student handbook: www.wvsom.edu/OMS/students-handbook
6.2 Administrative

Please refer to institutional policies as appropriate.

Student Mental Health ST-08
Drugs, Alcohol, Testing and Treatment GA-8
Student Professional Liability Insurance Coverage E-15
Promotion Requirement National Board Examination - Passage of COMLEX E-23
Personal Hospitalization/Health Insurance ST-05

6.2.1 Student Health Insurance Coverage

All students are required to have personal hospitalization/health insurance while on clinical rotations (Policy ST-05). All students shall be required to pay a student health insurance fee that provides for that coverage. Students may apply for a waiver of the student health insurance fee by providing satisfactory proof of equivalent health insurance coverage prior to the beginning of the academic school year. The insurance must cover each state in which the student is assigned or plans to rotate. This insurance will need to be started on July 1, 2016 and renewed on July 1, 2017. Should a student be approved for WV Medicaid Insurance, they will only be allowed to complete rotations at sites where all patient care is totally carried out within the state of West Virginia. This will only be approved on specific cases during the 3rd year. Students in their 4th year will generally not be approved for WV Medicaid.

6.2.2 NBOME – COMLEX Levels 1 and 2 – Administrative

The taking and passing of Level 1 and Level 2 (including 2-PE) of the National Boards (COMLEX) is required by WVSOM for graduation.

6.2.3 Lawsuits, Litigation, or Potential Legal Action

The Statewide Campus Assistant Dean must be notified immediately if a student becomes aware of a potential situation of litigation which might involve him or her as a student. The student must keep this office informed in writing of any progression of legal action as it occurs.

The Associate Dean for Predoctoral Clinical Education and in-house legal counsel shall immediately notify the Academic Dean and Director of Personnel of such action and ensure the Board of Trustees legal counsel is notified. All of the above shall be in writing.

The student will at all times be responsible to the personnel in charge of the rotational service involved. In addition, all students will be expected to comply with the general
rules established by the hospital, clinic, or office at which they are being trained. The supervising physician must be aware of his/her duties as it relates to timely review and sign off of any transactions carried out by trainees.
6.2.4 Student Professional Liability Insurance

A student is covered under the WVSOM student liability policy only if the student’s participation in the rotation has been officially approved in writing by WVSOM’s Statewide Campus office. This applies to required, selective, and elective rotations in the continental USA, Hawaii, and Alaska. No student liability coverage is provided outside of these designated areas or while a student is on an international rotation.

6.2.5 Meals

Meals may be provided by a hospital or rotation site free or at a discount for rotating students.

6.2.6 Americans with Disabilities Act (ADA)

All clinical education sites must be in, or taking steps to be in compliance with the Americans with Disabilities Act (ADA). (Further information is available from WVSOM’s Office of Predoctoral Clinical Education.)

6.2.7 Housing

Many elective and selective rotation sites have made housing arrangements for students. This housing is for students only. Students may have members of their families accompany them on their rotations. However, the student must assume all responsibility and costs associated with family travel and housing. Other housing for the family must be found and paid for by the student, at no expense or inconvenience to the rotation site. Housing is NOT provided at every site. As a general rule, housing is not provided for Statewide Campus students at their Statewide Campus site. Any housing and/or food provided are courtesy of the training site. Any desired extras (including family housing or meals) are at the student’s own expense and the student is responsible for locating such housing on his or her own time before the rotation starts.

No pets are allowed at any site.
6.3 Clinical
Please refer to institutional policies as appropriate.
Student Professionalism ST-13

6.3.1 Dress

Students will at all times maintain a critical awareness of personal hygiene and dress in a neat, clean, and professional manner. Unless specifically required otherwise by the hospital or service, the students will wear clean white clinical jackets with a WVSOM patch.

The student’s WVSOM identification card will also be worn at all times.

Reasonable alterations in dress may be indicated by individual physicians on whose services the students are being trained.

No excessive jewelry, sandals, jeans, mini-skirts, low cut blouses, printed t-shirts, torn or ragged clothing, tight fitting pants, etc. are permitted while on rotations.

Nails must be kept closely trimmed.

To avoid situations of potential allergies or problems with asthma, it is recommended to refrain from wearing heavily scented perfume or cologne.

Students shall dress appropriately for all classes, laboratories and other educational settings where patients are present and adhere to the following standards for professional attire and appearance:

1. Professional Attire is constituted to mean:
   - Clean white coat in accordance with WVSOM Institutional Policy ST-12.
   - Identification badge is to be worn at all times.
   - Women: skirts of medium length or tailored slacks. Shoes must be comfortable, clean, in good repair and permit easy/quick movement.
   - Men: tailored slacks, dress shirt and a necktie. Shoes must be comfortable, clean and in good repair and worn with socks.
   - Reasonable alterations in dress may be indicated by individual physicians on whose service the students are being trained.

2. Scrub suits:
   - On services where scrub suits are indicated, these will be provided. They are the property of the hospital and are not to be defaced, altered or removed from the hospital.
   - These are to be worn in specific patient care areas only.
   - Scrub suits are not to be worn in public places outside of the hospital.
• If a scrub suit must be worn in public areas outside the designated hospital areas, it must be clean and then covered with a clean, white lab coat. Shoe covers, masks and hair covers must be removed before leaving the clinic area.

3. Hair Maintenance:
• Hair should be neat, clean, and of a natural human color.
• Beards/mustaches must be neatly trimmed.
• Shoulder length hair must be secured to avoid interference with patients and work.

4. Jewelry:
• Keep jewelry at a minimum in order to decrease the potential for cross infection.
• The following are permitted: a watch; up to four (4) rings; two (2) small earrings per ear (large earrings are distracting and may be pulled through the ear); modest neck chains.

5. The following items are specifically prohibited in clinical situations including student labs, shadowing or while on rotations:
• Blue jeans, regardless of color or pants of a blue jean style.
• Shorts.
• Sandals or open toed shoes, higher heeled or canvas shoes (blood or needles may penetrate the fabric).
• Midriff tops, tee shirts, halters or translucent or transparent tops; tops with plunging necklines, low slung pants or skirts that expose the midsection, tank tops or sweatshirts.
• Buttons or large pins (could interfere with function, transmit disease or be grabbed by the patient).
• Long and/or artificial finger nails.
• Visible body tattoos or visible body piercing (nose, lips, tongue, eyebrow, etc.).

6.3.2 Title

Students will be treated as professionals by all hospital personnel at all times. Students will extend similar and appropriate courtesy to all hospital personnel at all times. Students are expected to address their supervising physician as “Doctor (insert last name)” not by their first name. Similarly, students are to identify/introduce themselves as “Student Doctor (insert last name)”.

West Virginia law states that a medical student may not be identified by the title of “Doctor” on their identification card while in training.
6.3.3 Immunizations, TB Screening and Training

The student is required to carry his/her immunization record card and present it to the on-site Director of Medical Education or supervising physician at the beginning of each rotation. Students are also required to provide documentation of medical training required by hospitals while on rotation. Some hospitals may have additional requirements that the student must meet in order to rotate at that facility. Example: Some hospitals may require a Hepatitis C titer.

If you have any questions regarding immunizations, please contact WVSOM’s Office of Predoctoral Clinical Education and ask to speak to the health educator responsible for immunizations.

Immunizations, Titers, and TB Screening:
- Documented dates of primary tetanus toxoid, diphtheria toxoid, and acellular pertussis (minimum 3) vaccination
- Documented date of Tdap – a single dose if not previously received, regardless of the time since the most recent Td vaccination
- Documented date of Td booster, if ≥10 years since the prior Tdap dose
- Documented dates of polio vaccination (minimum 3)
- Documented dates of at least two measles, mumps, and rubella vaccination; or, laboratory confirmation of prior disease
- Documented dates of Hepatitis B vaccination (series of 3). Laboratory documentation showing serologic titer values for Hepatitis B immunity or if titer is negative then a repeat series of three vaccinations.
- Documented date of last annual influenza vaccination, or documentation of contraindication from further influenza immunization. Required Yearly
- Documentation of 2 varicella vaccinations or evidence of immunity.
- WVSOM screens all students for TB with two-step tuberculin skin testing (TST), prior to student rotations beginning in the 3rd year, and repeats a single TST prior to the 4th year unless hospital policies dictate otherwise. Students with positive TST will have a negative Interferon Gamma Release Assay (IGRA) or negative chest x-ray. Students will not have to repeat these tests unless required by the hospital.

Students requesting to perform International Rotations may have additional requirements.

Training:
- BLS and ACLS cards with expiration dates
- All WVSOM students must complete yearly OSHA training and education regarding needle stick/sharps procedures and prevention of blood borne pathogens.

Failure to meet this requirement will result in the following:
- You will be placed on vacation. Vacation is scheduled by weeks, not days.
• If you have no vacation available, you will be listed as unscheduled.
• If you are listed as unscheduled, you may not graduate on time.
• If you lose your card, please contact the health educator. WVSOM must have received the $50.00 replacement fee before we can forward the new card.

6.3.4 Injury Procedure – Clinical

A student who experiences an injury must immediately report the incident to the supervising physician and WVSOM’s Statewide Campus office. An Incident Report Form must be completed and returned to the WVSOM Office of Human Resources within 24 hours of the incident. The student must receive immediate care at the site. The facility where the incident took place is responsible for providing care. The student is responsible for all expenses related to the incident. The student does have health insurance. WVSOM does not accept any financial responsibility. An incident occurrence report must be filed with the rotation site and a copy sent to WVSOM’s Statewide Campus office.

A letter from the Statewide Campus Regional Assistant Dean will be mailed to the student acknowledging the incident and emphasizing that the student is responsible for follow-up care.

Follow-up will be monitored by the health educator at WVSOM.

For injuries involving needle stick, blood and body exposure see 6.3.4 a

6.3.4 a Needle stick, Blood and Body Fluid Exposure Procedure

All WVSOM students must complete yearly OSHA training and education regarding needle stick/sharps procedures and prevention of blood borne pathogens. The course is available on SOLE.

Each rotation site for students should have a working needle stick/sharps policy in place.

If a student is stuck with a needle or has other percutaneous exposure to blood or body fluids, the student must first wash the injury site with soap and water. If there is contact with the ocular mucosa, the eye should be flushed with water or saline solution. If there is contact with other mucous membranes, flush exposed membranes with water.

The student must immediately notify the site/rotation physician preceptor and WVSOM’s Statewide Campus Office of the exposure and report the incident to the Employee Health Office at the site where the exposure occurred. The facility where the incident occurred will be responsible for providing care. The student will be evaluated at the nearest emergency department if the facility where the incident occurred is unable to
provide care. The student will be evaluated by a Health Care Provider to determine the potential of the exposure to transmit Hepatitis B, Hepatitis C, or Human Immunodeficiency Virus (based on the type of body substance involved, route, and severity of exposure), to perform baseline testing as indicated, and for appropriate care and postexposure prophylaxis if warranted.

**The student will be responsible for all expenses related to the incident.** WVSOM students are required to carry a health insurance policy. WVSOM does not accept any financial responsibility.

It is recommended that the provider that sees the student reference the CDC website on treatment recommendation postexposure of bloodborne pathogens at:

[http://www.cdc.gov/niosh/topics/bbp/guidelines.html](http://www.cdc.gov/niosh/topics/bbp/guidelines.html)

If the source person or patient is known at the time of the student’s evaluation, consent should be obtained and blood drawn from the source person for testing to include: Hepatitis B Surface Antigen (HBsAg), Hepatitis C antibody (HCV-Ab), and HIV Antibody (HIV-Ab). If the source patient is Hepatitis B Surface Antigen-positive, additional consideration to testing the source for Hepatitis B e Antigen (HBeAg).

Consent for HIV testing is not required in documented medical emergencies as provided for in the West Virginia 64CSR64 and determined by a treating physician, whether the source patient’s blood is to be obtained or is already available.

In the case of HIV, anti-retroviral medications significantly lower an exposed person’s seroconversion rate. The student in consultation with the treating health care provider will decide within 2 hours of exposure to an HIV-positive patient whether or not to receive anti-retroviral medication prophylactically.

Hepatitis B Vaccine and/or Hepatitis B immune globulin are key considerations for post-exposure prophylaxis after exposure to an HBV-infected patient (Hepatitis B Surface Antigen positive). The student in consultation with the treating health care provider will decide whether additional HBV postexposure prophylaxis is warranted (based on the student’s medical history, HBV immunization status, and antibody response to prior immunization), and initiate appropriate treatment, preferably within 24 hours after the exposure, if indicated.

At present, there are no recommendations regarding postexposure prophylaxis for Hepatitis C virus. A student exposed to an HCV-positive patient’s blood or body fluids should receive appropriate counseling, testing, and follow up.

The Statewide Campus Regional Assistant Dean will assist as necessary in the notification of the appropriate medical care providers that the student is reporting to them for initiation of exposure of Blood Borne Pathogen Protocol and ensure that the plan is working smoothly. The Statewide Campus Regional Assistant Dean will make sure that the student is appropriately excused from rotation to complete this workup.
An occurrence report must be filed with the rotation site and a copy sent to WVSOM’s Statewide Campus Office. A copy of the occurrence report will also be sent to the WVSOM main campus to be placed into the student’s health file.

A letter from the Statewide Campus Regional Assistant Dean will be mailed or emailed to the student acknowledging the incident and emphasizing that the student is responsible for follow-up care. A copy of the letter will also be sent to the WVSOM main campus to be placed into the student’s health file.

A Bloodborne Pathogen Exposure Incident Report Form must be completed and returned to the WVSOM Office of Human Resources within 24 hours of the incident, or within 24 hours after the Statewide Campus is notified.

If the source person is infected, or if the source is unknown and the exposure deemed sufficient risk, the student will receive baseline testing as appropriate to the specific virus(es) (if not already performed); and, follow-up testing appropriate to the exposure based on current expert recommendations. See Table 1 for a recommended approach to bloodborne pathogen exposure evaluation and management, and laboratory testing recommendations.

If the student seroconverts to any bloodborne pathogen, appropriate treatment should begin immediately.

All student follow-up labs results will be sent to the Statewide Campus Regional Assistant Dean. A copy of all labs will also be sent to the main campus for the student health file.

Follow-up will be monitored by the nurse at WVSOM.

Failure to obtain and submit indicated laboratory testing will result in suspension from rotation sites until results are received.
### Table 1: Recommendations for the Evaluation of Potential Bloodborne Pathogen Exposure*

**Step-wise Approach to Evaluation**

<table>
<thead>
<tr>
<th>Step</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Treat the exposure site.</td>
</tr>
<tr>
<td>2</td>
<td>Report and document circumstances of the exposure and subsequent management.</td>
</tr>
<tr>
<td>3</td>
<td>Evaluate the exposure for the potential to transmit HBV, HCV, and/or HIV.</td>
</tr>
<tr>
<td>4</td>
<td>Evaluate the source (if known) or the likelihood of a high risk exposure (if source unknown).</td>
</tr>
<tr>
<td>5</td>
<td>Provide disease-specific postexposure prophylaxis management.</td>
</tr>
<tr>
<td>6</td>
<td>Provide appropriate follow-up.</td>
</tr>
</tbody>
</table>

#### Known Source Person/Patient:

1. Obtain informed consent as required by State regulation (NOTE: Consent for HIV testing is not required in documented medical emergencies as provided for in WV 64CSR64 and as determined by a treating physician.)
2. Test blood from source person for: HBsAg, HCV-Ab, and HIV-Ab (rapid HIV-Ab if available)
   a) If HBsAg-positive, consider testing for presence of HBeAg
   b) If HCV-Ab positive, consider measuring HCV viral load
   c) If HIV-Ab positive, consistent HIV viral load, resistance testing, and clinical status of patient.
3. If source person is NOT infected, baseline testing or further follow-up of health care personnel (student) is not necessary.

#### Unknown Source Person/Patient (or Unavailable for Testing):

1. Consider likelihood of BBP infection based on community infection rate, prevalence of at risk patients in clinic/hospital practice.
2. Do not test discarded needles – reliability is unknown.

#### Laboratory Testing of Health Care Personnel (Student):

<table>
<thead>
<tr>
<th>Source</th>
<th>Baseline– test as early as possible, preferably ≤72hrs</th>
<th>Follow-up testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>HBV</td>
<td>Anti-HBs (if antibody response to prior vaccination unknown)</td>
<td>1) Anti-HBs 1-2 months after last dose of vaccine. If HBIG was given, anti-HBs cannot be ascertained within 6-8 weeks 2) Consider testing for HBsAg if no antibody response after 3-dose vaccination series</td>
</tr>
<tr>
<td>HCV</td>
<td>Anti-HCV and ALT</td>
<td>1) HCV RNA at 4-6 weeks (CAUTION with interpretation of results) 2) Anti-HCV and ALT at least 4-6 months post-exposure; confirm repeatedly positive anti-HCV results with supplemental tests</td>
</tr>
<tr>
<td>HIV</td>
<td>HIV-Ab</td>
<td>1) Repeat HIV-Ab at 6 weeks, 3 months, and 6 months post-exposure 2) Extended follow-up (12 months) is recommended for HCP who become infected with HCV following exposure to source co-infected with HIV and HCV.</td>
</tr>
</tbody>
</table>

*Source: Adapted from PEP Steps, April 2006. Mountain Plains AIDS Education & Training Center in consultation with National Clinicians’ Postexposure (PEP) Hotline. Link and other resources available at [http://www.cdc.gov/niosh/topics/bbp/guidelines.html](http://www.cdc.gov/niosh/topics/bbp/guidelines.html)
6.3.5 Hours of Duty

A typical day will begin at 7:00 a.m. and end at 7:00 p.m. Deviation from these hours is at the discretion of the supervising physician or his/her designee. Under no circumstances, however, shall a student be required to work more than twelve (12) hours, unless night duty is assigned. Assignment of night and/or weekend duty must adhere to the following guidelines:

- A minimum number of hours per week is not defined, although in usual circumstances it will be no less than sixty (60) hours. Usual and customary practice will prevail. The student and supervising physician shall exercise reason in this matter.
- A work or duty week shall be limited to a maximum of seventy-two (72) hours. Any additional hours shall be on a voluntary basis only.
- The student may be given two (2) weekends off per month of rotation.
- A weekend off must be forty-eight (48) consecutive hours and may be defined as either Saturday and Sunday, or Friday and Saturday. This decision will be made by the supervising physician or on-site Director of Medical Education.
- The maximum duration of any work or duty period will be twenty-four (24) hours and must be followed by a minimum of twelve (12) hours off duty.

The student shall perform other clinical duties as assigned.

6.3.6 H&P and Progress Note Procedure

Appropriate clinical documentation is a key part of the assessment of the patient. It represents a description of the patient's presentation and your clinical findings when the patient was seen. It is key to the development of a treatment diagnosis or differential diagnosis. It will therefore be instrumental in the establishment of a treatment plan. OPP is an essential component for each type of clinical documentation.

You should strive to complete a full H&P a minimum of one patient per week and one Progress Note per day while on your clinical rotations. It is equally important that you have all of your documentation reviewed by your Preceptor with formative feedback as to how you can improve.

6.3.7 Professionalism

WVSOM believes that exemplary interpersonal relationships, professional attitude, humility, and ethical behavior are an integral part of the total osteopathic physician. Professional standards required of a member of the osteopathic profession are a requirement for passing any clinical rotation. Shortcomings in any of these areas may result in a failing grade for a rotation regardless of other academic or clinical performance.
Extemporary or Unprofessional behavior can be reported using the WVSOM Professional Behavior Form:
https://my.wvsom.edu/FacultyStaff/ProfessionalBehavior/index.cfm

6.3.8 Cell Phone Use

Restrict the use of your personal cell phone, including texting and emailing, to when you are off-duty. Consult each preceptor about his/her preference for using cell phones to access on-line resources during work hours (i.e. Up-to-date, eMedicine, etc). REMINDER: Cell phone use while operating a vehicle is illegal in many states, and is never a good idea.

6.3.9 Student/Patient Relationship

The relationship between an osteopathic student and a patient shall always be kept on a professional basis. A chaperone shall be present when indicated. A student shall not date or become intimately involved with a patient due to ethical and legal considerations.

6.3.10 Special Elective Procedure

Complete an Exception Request Form for any special request or exception. The completed Exception Request Form, as well as an Elective, Selective Request Clerkship Form must be submitted to your Statewide Campus office. Refer to Policy E-16 on the WVSOM web site. International, Research, Health Policy, and Anatomy Special Electives are listed in their own section of this manual. Forms specific to International Rotations, Research Rotations and Conference Attendance are located in the Clinical Education Forms section of My WVSOM. Please fill out these forms in addition to the Exception Request and ESR form.

6.3.11 Occupational Safety & Health Administration (OSHA)

All WVSOM students have had formal training in OSHA standards and requirements. Students should be familiar with OSHA regulations and be in compliance throughout their clinical training. Individual sites or hospitals may require the student to participate in their own program.

6.3.12 The Health Insurance Portability & Accountability Act (HIPAA)
All WVSOM students have had formal training in HIPAA standards and requirements. Students should be familiar with HIPAA regulations and be in compliance throughout their clinical training. Individual sites or hospitals may require the student to participate in their own program.

http://www.hhs.gov/ocr/privacy/.

PATIENT PROTECTIONS

The new privacy regulations ensure a national floor of privacy protections for patients by limiting the ways that health plans, pharmacies, hospitals and other covered entities can use patients' personal medical information. The regulations protect medical records and other individually identifiable health information, whether it is on paper, in computers or communicated orally. Key provisions of these new standards include:

- **Access to Medical Records.** Patients generally should be able to see and obtain copies of their medical records and request corrections if they identify errors and mistakes. Health plans, doctors, hospitals, clinics, nursing homes and other covered entities generally should provide access these records within 30 days and may charge patients for the cost of copying and sending the records.

- **Notice of Privacy Practices.** Covered health plans, doctors and other health care providers must provide a notice to their patients how they may use personal medical information and their rights under the new privacy regulation. Doctors, hospitals and other direct-care providers generally will provide the notice on the patient's first visit following the April 14, 2003, compliance date and upon request. Patients generally will be asked to sign, initial or otherwise acknowledge that they received this notice. Health plans generally must mail the notice to their enrollees by April 14 and again if the notice changes significantly. Patients also may ask covered entities to restrict the use or disclosure of their information beyond the practices included in the notice, but the covered entities would not have to agree to the changes.

- **Limits on Use of Personal Medical Information.** The privacy rule sets limits on how health plans and covered providers may use individually identifiable health information. To promote the best quality care for patients, the rule does not restrict the ability of doctors, nurses and other providers to share information needed to treat their patients. In other situations, though, personal health information generally may not be used for purposes not related to health care, and covered entities may use or share only the minimum amount of protected information needed for a particular purpose. In addition, patients would have to sign a specific authorization before a covered entity could release their medical information to a life insurer, a bank, a marketing firm or another outside business for purposes not related to their health care.
• **Prohibition on Marketing.** The final privacy rule sets new restrictions and limits on the use of patient information for marketing purposes. Pharmacies, health plans and other covered entities must first obtain an individual's specific authorization before disclosing their patient information for marketing. At the same time, the rule permits doctors and other covered entities to communicate freely with patients about treatment options and other health-related information, including disease-management programs.

• **Stronger State Laws.** The new federal privacy standards do not affect state laws that provide additional privacy protections for patients. The confidentiality protections are cumulative; the privacy rule will set a national "floor" of privacy standards that protect all Americans, and any state law providing additional protections would continue to apply. When a state law requires a certain disclosure -- such as reporting an infectious disease outbreak to the public health authorities -- the federal privacy regulations would not preempt the state law.

• **Confidential communications.** Under the privacy rule, patients can request that their doctors, health plans and other covered entities take reasonable steps to ensure that their communications with the patient are confidential. For example, a patient could ask a doctor to call his or her office rather than home, and the doctor's office should comply with that request if it can be reasonably accommodated.

• **Complaints.** Consumers may file a formal complaint regarding the privacy practices of a covered health plan or provider. Such complaints can be made directly to the covered provider or health plan or to HHS' Office for Civil Rights (OCR), which is charged with investigating complaints and enforcing the privacy regulation. Information about filing complaints should be included in each covered entity's notice of privacy practices. Consumers can find out more information about filing a complaint at [http://www.hhs.gov/ocr/privacy/psa/complaint/index.html](http://www.hhs.gov/ocr/privacy/psa/complaint/index.html) or by calling (866) 627-7748.

**HEALTH PLANS AND PROVIDERS**

The privacy rule requires health plans, pharmacies, doctors and other covered entities to establish policies and procedures to protect the confidentiality of protected health information about their patients. These requirements are flexible and scalable to allow different covered entities to implement them as appropriate for their businesses or practices. Covered entities must provide all the protections for patients cited above, such as providing a notice of their privacy practices and limiting the use and disclosure of information as required under the rule. In addition, covered entities must take some additional steps to protect patient privacy:

• **Written Privacy Procedures.** The rule requires covered entities to have written privacy procedures, including a description of staff that has access to protected
information, how it will be used and when it may be disclosed. Covered entities generally must take steps to ensure that any business associates who have access to protected information agree to the same limitations on the use and disclosure of that information.

- **Employee Training and Privacy Officer.** Covered entities must train their employees in their privacy procedures and must designate an individual to be responsible for ensuring the procedures are followed. If covered entities learn an employee failed to follow these procedures, they must take appropriate disciplinary action.

- **Public Responsibilities.** In limited circumstances, the final rule permits -- but does not require --covered entities to continue certain existing disclosures of health information for specific public responsibilities. These permitted disclosures include: emergency circumstances; identification of the body of a deceased person, or the cause of death; public health needs; research that involves limited data or has been independently approved by an Institutional Review Board or privacy board; oversight of the health care system; judicial and administrative proceedings; limited law enforcement activities; and activities related to national defense and security. The privacy rule generally establishes new safeguards and limits on these disclosures. Where no other law requires disclosures in these situations, covered entities may continue to use their professional judgment to decide whether to make such disclosures based on their own policies and ethical principles.

- **Equivalent Requirements for Government.** The provisions of the final rule generally apply equally to private sector and public sector covered entities. For example, private hospitals and government-run hospitals covered by the rule have to comply with the full range of requirements.

**OUTREACH AND ENFORCEMENT**

HHS' Office for Civil Rights (OCR) oversees and enforces the new federal privacy regulations. Led by OCR, HHS has issued extensive guidance and technical assistance materials to make it as easy as possible for covered entities to comply with the new requirements. Key elements of OCR's outreach and enforcement efforts include:

- **Guidance and technical assistance materials.** HHS has issued extensive guidance and technical materials to explain the privacy rule, including an extensive, searchable collection of frequently asked questions that address major aspects of the rule. HHS will continue to expand and update these materials to further assist covered entities in complying. These materials are available at [http://www.hhs.gov/ocr/privacy/index.html](http://www.hhs.gov/ocr/privacy/index.html).

- **Conferences and seminars.** HHS has participated in hundreds of conferences, trade association meetings and conference calls to explain and clarify the
provisions of the privacy regulation. These included a series of regional conferences sponsored by HHS, as well as many held by professional associations and trade groups. HHS will continue these outreach efforts to encourage compliance with the privacy requirements.

- **Information line.** To help covered entities find out information about the privacy regulation and other administrative simplification provisions of the Health Insurance Portability and Accountability Act of 1996, OCR and HHS' Centers for Medicare & Medicaid Services have established a toll-free information line. The number is (866) 627-7748.

- **Complaint investigations.** Enforcement will be primarily complaint-driven. OCR will investigate complaints and work to make sure that consumers receive the privacy rights and protections required under the new regulations. When appropriate, OCR can impose civil monetary penalties for violations of the privacy rule provisions. Potential criminal violations of the law would be referred to the U.S. Department of Justice for further investigation and appropriate action.

- **Civil and Criminal Penalties.** Congress provided civil and criminal penalties for covered entities that misuse personal health information. For civil violations of the standards, OCR may impose monetary penalties up to $100 per violation, up to $25,000 per year, for each requirement or prohibition violated. Criminal penalties apply for certain actions such as knowingly obtaining protected health information in violation of the law. Criminal penalties can range up to $50,000 and one year in prison for certain offenses; up to $100,000 and up to five years in prison if the offenses are committed under "false pretenses"; and up to $250,000 and up to 10 years in prison if the offenses are committed with the intent to sell, transfer or use protected health information for commercial advantage, personal gain or malicious harm.
6.4 General

Please refer to institutional policies as appropriate.
Equal Opportunity, Nondiscrimination, Sexual Misconduct, and Other Forms of Harassment GA-14
Antihazing ST-07
Standardization of Student Clinical Lab Coat an Identification Badge ST-12

6.4.1 Sexual Harassment

Any incidence of suspected sexual harassment should be reported immediately in writing to the supervising physician, on-site Director of Medical Education, WVSOM Statewide Campus Assistant Dean, and the Associate Vice President of Human Resources/Affirmative Action Officer at WVSOM.

Any student involved in sexual harassment may be brought before a hearing panel as described in the Student Handbook.

See WVSOM Institutional Policies.

6.4.2 Behavioral Health

WVSOM meets the needs of students for confidential resources for behavioral healthcare services on a 24 hour per day, 7 days a week (24/7) basis. Resources available to students can be found on the institution’s website at the following link http://www.wvsom.edu/OMS/swc-students-behavioral-resources.

<table>
<thead>
<tr>
<th>Central Region</th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Appalachian Community Health Center, Inc.</strong></td>
<td><strong>Valley HealthCare System</strong></td>
</tr>
<tr>
<td>Serving Barbour, Randolph, Tucker &amp; Upshur Counties</td>
<td>Serving Marion, Monongalia, Preston &amp; Taylor Counties</td>
</tr>
<tr>
<td>Office phone: (304) 636-3232</td>
<td>Office phone: (304) 296-1731</td>
</tr>
<tr>
<td>Crisis/after hours: (888) 357-3232</td>
<td>Crisis/after hours: (800) 232-0020</td>
</tr>
<tr>
<td><strong>Prestera Center for Mental Health Services</strong></td>
<td><strong>Westbrook Health Services</strong></td>
</tr>
<tr>
<td>Serving Boone, Cabell, Clay, Kanawha, Lincoln, Mason, Putnam &amp; Wayne Counties</td>
<td>Serving Calhoun, Jackson, Pleasants, Ritchie, Roane, Tyler, Wirt &amp; Wood Counties</td>
</tr>
<tr>
<td>Office phone: (304) 399-7776</td>
<td>Office phone: (304) 485-1721 in Wood County; (800) 579-5844 outside Wood County</td>
</tr>
<tr>
<td>Crisis/after hours: (877) 399-7776; (800) 642-3434</td>
<td>Crisis/after hours: (800)579-5844</td>
</tr>
<tr>
<td><a href="http://www.prestera.org">www.prestera.org</a></td>
<td><a href="http://www.westbrookhealth.com">www.westbrookhealth.com</a></td>
</tr>
<tr>
<td><strong>United Summit Center</strong></td>
<td></td>
</tr>
<tr>
<td>Serving Braxton, Doddridge, Gilmer, Harrison, Lewis, Marion &amp; Taylor Counties</td>
<td></td>
</tr>
<tr>
<td>Office phone: (304) 623-5661</td>
<td></td>
</tr>
<tr>
<td>Crisis/after hours: (800) 786-6480</td>
<td></td>
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</tbody>
</table>
## Southwest Region

<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Contact Information</th>
</tr>
</thead>
</table>
| **Prestera Center for Mental Health Services** | Serving Boone, Cabell, Clay, Kanawha, Lincoln, Mason, Putnam & Wayne Counties  
Office phone: (304) 399-7776  
Crisis/after hours: (877) 399-7776; (800) 642-3434  
www.prestera.org |
| **Starlite Behavioral Health Services** | Serving Cabell, Wayne, Lincoln, Mason, Putnam, Logan, Mingo, Jackson, & Kanawha Counties  
Office phone: (304) 302-2078(Huntington HQ); (304) 760-8955 (Putnam)  
www.starlightbhs.com |
| **Oasis Behavioral Health Services** | Serving the Tri-State area  
Office phone: (304) 733-3331  
http://www.psychoasis.com |
| **Huntington Behavioral Health** | Serving the Tri-State area  
Office phone: (304) 532-1142  
http://www.huntingtonbehavioralhealth.com/ |
| **Valley Health** | Office phone: (304) 525-3334  
http://www.valleyhealth.org |
| **River Park Hospital** | Open 24 hours  
Office phone: (304) 526-9111 or (800) 992-9101  
http://riverparkhospital.net |

## South Central Region

<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Contact Information</th>
</tr>
</thead>
</table>
| **FMRS Health Systems, Inc.** | Serving Fayette, Monroe, Raleigh & Summers Counties  
Office phone: 304-256-7100 (Raleigh); 304-574-2100 (Fayette); 304-772-5452 (Monroe); 304-466-3899 (Summers)  
Crisis/after hours: 304-256-7100  
http://fmrs.org |
| **Southern Highlands** | Serving McDowell, Mercer & Wyoming Counties  
Office phone: 304-425-9541 (Mercer); (304) 436-2106 (McDowell); (304) 294-5353 (Wyoming)  
Crisis/after hours: (800) 615-0122 or (304) 425-0122  
http://shcmhc.com |
| **Logan-Mingo Area Mental Health, Inc.** | Serving Logan & Mingo Counties  
Office & Crisis/after hours: 304-792-7130 (Logan); 304-235-2954 (Mingo) |
| **Prestera Center for Mental Health Services** | Serving Boone, Cabell, Clay, Kanawha, Lincoln, Mason, Putnam & Wayne Counties  
Office phone: 304-399-7776 Crisis/after hours: 1-877-399-7776; 1-800-642-3434  
www.prestera.org |
| **The Arc of Three Rivers** | Serving Boone, Clay, Kanawha, and Putnam  
Office Phone: 304-344-3403 or 1-800-435-1495  
Crisis/after hours: Inbound calls are put into an automated system listing extensions and providing the Opportunity to leave a voice mail.  
http://archreerrivers.org |

## Southeast Region

<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Contact Information</th>
</tr>
</thead>
</table>
| **FMRS Health Systems, Inc.** | Serving Fayette, Monroe, Raleigh & Summers Counties  
Office phone: (304) 256-7100 (Raleigh); (304) 574-2100 (Fayette); (304) 772-5452 (Monroe); (304) 466-3899 (Summers)  
Crisis/after hours: (304) 256-7100  
http://fmrs.org |
| **Seneca Health Services, Inc.** | Serving Greenbrier, Nicholas, Pocahontas & Webster Counties  
Office phone: (304) 872-6503  
Crisis/after hours: (304) 497-0500 (Greenbrier); (304) 872-2659 (Nicholas); (304) 799-6865 (Pocahontas); (304) 847-5425 (Webster)  
http://shsinc.org |
| **Southern Highlands** | Serving McDowell, Mercer & Wyoming Counties  
Office phone: (304) 425-9541 (Mercer); (304) 436-2106 (McDowell); (304) 294-5353 (Wyoming)  
Crisis/after hours: (800) 615-0122 or (304) 425-0122  
http://shcmhc.com |
### Eastern Region

<table>
<thead>
<tr>
<th>Appalachian Community Health Center, Inc.</th>
<th>Mental Health Associates of Frederick County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serving Barbour, Randolph, Tucker &amp; Upshur Counties</td>
<td>Serving Frederick County and the State of Maryland</td>
</tr>
<tr>
<td>Office phone: (304) 636-3232</td>
<td>Office phone: (301) 663-0011</td>
</tr>
<tr>
<td>Crisis/after hours: (888) 357-3232</td>
<td>Crisis/after hours: (800) 422-0009; 301-662-2255</td>
</tr>
<tr>
<td><a href="http://www.achcinc.org">www.achcinc.org</a></td>
<td><a href="http://www.fcmha.org">www.fcmha.org</a></td>
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</tbody>
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<thead>
<tr>
<th>East Ridge Health Services</th>
<th>Community Mental Hygiene Services (SHH site)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serving Berkeley, Jefferson &amp; Morgan Counties</td>
<td>Suffolk County Division of Community Mental Hygiene Services</td>
</tr>
<tr>
<td>Office phone: (304) 263-8954</td>
<td>Office Phone: (631) 853-8500</td>
</tr>
<tr>
<td>Crisis/after hours: (855) 807-1258</td>
<td>Crisis/after hours: (631) 751-7500</td>
</tr>
<tr>
<td><a href="http://eastridgehealthsystems.org/">http://eastridgehealthsystems.org/</a></td>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>Washington County Mental Health Authority (Maryland)</th>
<th>Potomac Highlands Mental Health Guild, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone: (301) 739-2490</td>
<td>Serving Grant, Hampshire, Hardy, Mineral &amp; Pendleton Counties</td>
</tr>
<tr>
<td>Frederick County/Washington County (combined)</td>
<td>Office phone:(304) 257-1155 (Petersburg); (304) 358-2351 (Franklin); (304) 822-3897 (Romney); (304) 538-2302 (Moorefield); (304) 788-2241 (Keyser)</td>
</tr>
<tr>
<td>Hotline: (301) 663-0011 / (800) 422-0009</td>
<td>Crisis/after hours: 1-800-545-4357</td>
</tr>
<tr>
<td>Crisis # for Washington County: 911 (any emergency)</td>
<td><a href="http://poromachighlandsguild.com/">http://poromachighlandsguild.com/</a></td>
</tr>
</tbody>
</table>

### Northern Region

<table>
<thead>
<tr>
<th>Health Ways, Inc.</th>
<th>Valley HealthCare System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serving Brooke &amp; Hancock Counties</td>
<td>Serving Marion, Monongalia, Preston &amp; Taylor Counties</td>
</tr>
<tr>
<td>Office phone: (304) 723-5440 or (800) 774-2429</td>
<td>Office phone: (304) 296-1731</td>
</tr>
<tr>
<td>Crisis/after hours: (304) 797-6000</td>
<td>Crisis/after hours: (800) 232-0020</td>
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<table>
<thead>
<tr>
<th>Northwood Health Systems, Inc.</th>
<th>Westbrook Health Services</th>
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</thead>
<tbody>
<tr>
<td>Serving Marshall, Ohio &amp; Wetzel Counties</td>
<td>Serving Calhoun, Jackson, Pleasants, Ritchie, Roane, Tyler, Wirt &amp; Wood Counties</td>
</tr>
<tr>
<td>Office &amp; Crisis/after hours:(304) 843-7860</td>
<td>Office phone:(304) 485-1721 in Wood County; (800) 579-5844 outside Wood County</td>
</tr>
<tr>
<td><a href="http://www.northwoodhealth.com/">http://www.northwoodhealth.com/</a></td>
<td>Crisis/after hours: (800) 579-5844</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.westbrookhealth.com">www.westbrookhealth.com</a></td>
</tr>
</tbody>
</table>

### 6.4.3 Research Activities on Rotations

All projects and/or research activities that are initiated with preceptors during a rotation and may result in a publication or poster presentation will require the student to fill out an OASP-1 form. This form will need to be emailed to [research@osteo.wvsom.edu](mailto:research@osteo.wvsom.edu). Further documentation may be required.

### 6.4.4 Holidays and Religious Days Off

The Statewide Campus office will excuse students on the following holidays:

- Easter Day
- Independence Day
- Thanksgiving Day
• Christmas Day
• New Year’s Day

Other religious holidays may be substituted for the above days by submitting an Exception Request Form with prior (90 days) approval by WVSOM’s Statewide Campus office. Total holidays taken will not exceed five (5) during the calendar year.

6.4.5 WVSOM/MSOPTI Graduate Medical Education Department Overview

The Graduate Medical Education Department at the West Virginia School of Osteopathic Medicine (WVSOM) is responsible for the academic and accreditation oversight, and development of WVSOM sponsored, AOA approved, postdoctoral training programs. These programs are based in hospitals and training institutions located throughout West Virginia and the surrounding region, and are collectively known as the Mountain State Osteopathic Postdoctoral Training Institutions (MSOPTI), a 501 C 3 not-for-profit education corporation accredited by the AOA. Together, the GME Department and MSOPTI also provide graduate medical education (GME) educational consultation and resources for MSOPTI training sites.

In addition to osteopathic Traditional Rotating Internships, the MSOPTI consortium offers stand-alone osteopathic and dual accredited residency programs in Family Medicine, Internal Medicine, Combined Emergency Medicine/Internal Medicine, Pediatrics, and Urological Surgery and also offers a Geriatric Medicine Fellowship. Recently, two (2) new HRSA funded, Teaching Health Centers (THCs) have joined MSOPTI: AccessHealth THC located in Beckley, WV-partnered with Raleigh General Hospital (Beckley, WV) and Cornerstone Care THC located in Mt. Morrris, PA-partnered with Mon-General Hospital (Morgantown, WV). Both offer osteopathic Family Medicine Residency programs. Two (2) new residency programs: NMM and NMM+ 1 have been approved for Greenbrier Valley Medical Center located in Fairlea, WV.

The WVSOM GME Department is headed by the WVSOM Associate Dean for Graduate Medical Education who also serves as MSOPTI’s Academic Officer. Supported by the MSOPTI Executive Director, the Associate Dean is responsible for the academic oversight of the consortium’s osteopathic postdoctoral training programs. The ERAS-VSAS Coordinator and SEAHEC offices are also located within the department, along with support staff. The Assistant Dean for GME assists the department with student counseling on GME related matters.

MSOPTI, like OPTI’s nationwide, serves as the academic sponsor for all osteopathic postdoctoral training programs and is governed by a Board of Directors comprised of member institution CEOs (or proxies) and WVSOM officials, including the Vice President for Academic Affairs and Dean who serves as the Board Chair, WVSOM’s Vice President for Finance who serves as the MSOPTI Treasurer, and the Associate Dean for GME.
Because of its accreditation oversight responsibilities, the GME department monitors hospital (postdoctoral) program functioning and supports graduate medical education at these locations with value added resources and ongoing consultation. Through MSOPTI and WVSOM resources, the department is afforded financial, technical, and staff support, all which enhance the school's mission and program success.

Many WVSOM faculty participate in MSOPTI committees responsible for GME curriculum, research, program evaluation and assessment, faculty development, and library (learning) resources, as well as, WVSOM/MSOPTI sponsored educational CME events. Significant WVSOM contributions combined with a very active MSOPTI Governing Board, afford the MSOPTI postdoctoral consortium a level of structure and functioning widely noted within the AOA.

WVSOM’s Statewide Campus System and the MSOPTI consortium complement one another and offer Statewide Campus students additional educational resources and opportunities. Students are invited to attend all MSOPTI educational broadcasts which include monthly Lunchtime Lectures and alternating, quarterly OPP Refreshers and Workshops and special educational events. Joint faculty development and educational planning programming benefit both Statewide Campus students and MSOPTI residents.

Research and mentoring opportunities are also available through MSOPTI where resident-student interaction and collaboration are encouraged. Additionally, the WVSOM GME Department and MSOPTI provide library/learning resources to MSOPTI partners and actively promote and support the development of new resources. At this time, WVSOM Statewide Campus sites are located at or near all MSOPTI training institutions which include:

- Access Health Teaching Health Center – Beckley, WV
- Camden Clark Medical Center – Parkersburg, WV
- Charleston Area Medical Center – Charleston, WV
- Cornerstone Care – Mount Morris, PA
- Greenbrier Valley Medical Center – Ronceverte, WV
- Ohio Valley Medical Center – Wheeling, WV
- Our Lady of Bellefonte Hospital – Ashland, KY
- The Toledo Hospital – Toledo, OH
- United Hospital Center – Bridgeport, WV
- Wheeling Hospital – Wheeling, WV

Affiliate training sites currently include the Beckley, WV VA Medical Center and Mon General Hospital.

In summary, the GME department at WVSOM is multi-faceted and regularly interacts with WVSOM faculty and staff, the AOA, AOA specialty colleges, OPTIs, hospitals, clinics, AHECs, medical students, interns and residents. In addition to accreditation oversight responsibilities and the educational resources described earlier, department functions include:
WVSOM student services including:

- Student consultation on postdoctoral opportunities and procedures
- Electronic Residency Application Service (ERAS) coordination
- Visiting Student Application Service (VSAS) coordination
- Match participation: D.O. Match for osteopathic medical students pursuing D.O. and dual accredited postdoctoral programs and the National Residency Matching Program (NRMP) for medical students pursuing Accreditation Council Graduate Medical Education (ACGME) or allopathic programs
- On-going GME and technical consultation to hospital sites, including program leadership, staff, and administration
- AOA committee involvement/membership
- Program recruitment, including residency fair exhibitions, brochure/website production, and retention strategy development
- Pre-inspection and on-site accreditation inspection participation/consultation
- New program applications and development, including the use of GME consultants and exploration of alternative funding mechanisms
- Promotion of partnerships and collaboration between academic medicine and community healthcare resources, including rural health development and outreach
- GME data collection and tracking
- Development of Postdoctoral OSCEs and educational seminars
- Faculty Development
- GME strategic planning
For more information about MSOPTI, its training opportunities and resources, please contact our office:

Mountain State OPTI
c/o WVSOM, 400 North Lee Street
Lewisburg, WV  24901
msopti@osteo.wvsom.edu
www.wvsom.edu/opti
(304) 647-6343
(304) 647-6344 (Fax)

GME/MSOPTI STAFF

Victoria Shuman, DO, FACOFP
Associate Dean GME and MSOPTI Academic Officer
vshuman@osteo.wvsom.edu

William (Bill) Shires, MA
MSOPTI Executive Director and DIO
wshires@osteo.wvsom.edu

Jo Ann Jackson
Administrative Assistant-MSOPTI
jjackson2@osteo.wvsom.edu

Scott Maxwell
Program Coordinator - Electronic Residency Application Service (ERAS) and Visiting Student Application Service (VSAS)
smaxwell@osteo.wvsom.edu

Angela Alston
Executive Director - Southeastern Area Health Education Center (SEAHEC)
aalston@osteo.wvsom.edu

6.4.6 WVSOM Clinical Rotation Information

Phone: 800.356.7836
Fax: 304.647.6258

Rural Health Initiative (RHI)

Useful websites

AOA Opportunities:  www.osteopathic.org  ➔ Quick Links ➔ Opportunities
NBOME:  www.nbome.org
ERAS:  www.aamc.org/students/eras
USMLE:  www.usmle.org
Military:  www.aafes.com (to buy uniforms)
VSAS:  https://www.aamc.org/students/medstudents/vsas/
How to

View personal schedule:
Go to the MY.WVSOM homepage → Students → Student Rotation Schedule
Enter user name and password. You will be able to view all rotations that have been entered.

Browse site evaluations:
Go to the MY.WVSOM homepage → Clinical Education → Browse site evaluation logs - you may then select by rotation, service, site, trainer, city, state or any combination of these.

Use Educator Lookup:
Go to the MY.WVSOM homepage → Clinical Education → Educator Search – you may then search by any combination of the criteria listed.

6.4.7 Statewide Campus Student Information
Required rotations are scheduled for you at your Statewide Campus site. Contact the WVSOM Statewide Campus Director with any questions. Contact information is located at the back of this document.

6.4.8 Statewide Campus Student Representatives & Responsibilities
One student representative from each Statewide Campus hospital is elected near the end of Year 2 by his or her peers. The Statewide student representatives for the graduating class of 2018 for your site may be obtained by contacting your State Wide Campus Regional Office.

Responsibilities
Statewide Campus student representative responsibilities may include, but are not limited to, the tasks listed below. Keep in mind that the Statewide Campus student representative may not include all of these depending on the Statewide Campus site they are representing:

- Act as spokesperson for students based at same Statewide Campus hospital including student concerns and needs
- Gather information for Statewide Campus office or Clinical Education as needed
- Represent Statewide Campus hospital site for various functions such as Hospital Day in Lewisburg, marketing and recruiting events, community events, etc.
• Be a resource for Year 1 and 2 students regarding Statewide Campus selection procedure, and information about hospital sites including rotations, housing, educational experience, the Match process, etc.
• Act as a contact for all social activities sponsored by the hospital for students
• Take student photos at your base hospital or assign someone to take photos
• Assist in other areas as requested by Clinical Education or your Statewide Campus Regional Assistant Dean or Director

6.5 Institutional Policies

To view all institutional student policies, log on to the WVSOM web page and access as follows:
http://www.wvsom.edu/OMS/student-policies

Students → Student Policies
# Statewide Campus Contact Information

## South East Region
### Princeton, Beckley, Lewisburg
- **Dwight Bundy, D.O.**
  - WVSOM SWC Regional Assistant Dean
  - 400 North Lee Street
  - Lewisburg, WV 24901
  - Phone: 304.647.6296
  - **ebundy@osteo.wvsom.edu**

- **Charles Lowry**
  - WVSOM SWC Director
  - Princeton Community Hospital
  - 122 Twelfth Street
  - Princeton, WV 24740
  - Phone: 304.461.3746
  - clowry1@osteo.wvsom.edu

- **Melissa Blankenship**, Administrative Assistant
  - Princeton Community Hospital
  - 122 Twelfth Street
  - Princeton, WV 24740
  - Phone: 304.487.7839
  - mbblankenship@osteo.wvsom.edu

## Northern Region
### Wheeling, Weirton
- **Ralph Wood, DO**
  - WVSOM Regional Assistant Dean
  - Room 232, Ed & Admin Building
  - Ohio Valley Medical Center
  - 2000 Eoff Street
  - Wheeling, WV 26003
  - Phone: 304.231.3848
  - rwood@osteo.wvsom.edu

- **Kathy L. Fry, BA**
  - WVSOM SWC Director
  - Room 230, Ed & Admin Building
  - Ohio Valley Medical Center
  - 2000 Eoff Street
  - Wheeling, WV 26003
  - Phone: 304.231.3842
  - kfry@osteo.wvsom.edu

- **Mary Beth Flitch**, Administrative Assistant
  - Room 232, Ed & Admin Building
  - Ohio Valley Medical Center
  - 2000 Eoff Street
  - Wheeling, WV 26003
  - Phone: 304.234.8455
  - klbowes@osteo.wvsom.edu

## South Central Region
### Charleston, Logan
- **Arthur Rubin, DO**
  - WVSOM Regional Assistant Dean
  - CAMC Memorial; WVU Bldg., Room 3011
  - 3110 MacCorkle Ave., SE
  - Charleston, WV 25304
  - Phone: 304.720.8834
  - arubin@osteo.wvsom.edu

- **Jennifer Kayrouz, MPH**
  - WVSOM SWC Director
  - CAMC Memorial; WVU Bldg, Rm 3012
  - 3110 MacCorkle Ave., SE
  - Charleston, WV 25304
  - Phone: 304.720.8833
  - jkayrouz@osteo.wvsom.edu

- **Leah Bowes**, Administrative Assistant
  - Room 3014
  - 3110 MacCorkle Ave., SE
  - Charleston, WV 25304
  - Phone: 304.720.8831
  - cfavinger@osteo.wvsom.edu

## Eastern Region
### Martinsburg, Petersburg, Frederick
- **James Wadding, DO**
  - WVSOM Regional Assistant Dean
  - WVU Health Sciences, Eastern Division
  - Martinsburg, WV 25401
  - Phone: 304.596.6318
  - jwadding@osteo.wvsom.edu

- **Pamela Lambert, BSN, MBA**
  - WVSOM SWC Director
  - WVU Health Sciences, Eastern Division
  - Martinsburg, WV 25401
  - Phone: 304.596.6334
  - plambert@osteo.wvsom.edu

- **Mistie Crowder**, Administrative Assistant
  - WVU Health Sciences, Eastern Division
  - Martinsburg, WV 25401
  - Phone: 304.596.6335
  - cfavinger@osteo.wvsom.edu

## South West Region
### Huntington, Ashland
- **TBA**
  - WVSOM Regional Assistant Dean
  - St. Mary’s Medical Center, #6026
  - 2900 1st Ave
  - Huntington, WV 25702
  - Phone: 304.399.7592
  - Phone: 606.833.3171
  - Phone: 304.399.7591

- **Jane Brownfield**
  - WVSOM SWC Director
  - St. Mary’s Medical Center, #6026
  - 2900 1st Avenue
  - Huntington, WV 25702
  - ibrownfield@osteo.wvsom.edu
  - Phone: 304.399.7590
  - Phone: 606.833.2277

- **Mary Frances Horton**, Administrative Assistant
  - WVU Health Sciences, Eastern Division
  - Martinsburg, WV 25401
  - Phone: 304.267-0642
  - Fax: 304.399.7593

## Central Region
### Parkersburg
- **Frank Swisher, DO**
  - WVSOM Regional Assistant Dean
  - WVSOM, SWC-Central Region
  - 936 Market Street
  - 2nd Floor
  - Parkersburg, WV 26101
  - Phone: 304.428.4935
  - Phone: 304.428.4930

- **Joan Gates**
  - WVSOM SWC Director
  - WVSOM, SWC-Central Region
  - 936 Market Street
  - 2nd Floor
  - Parkersburg, WV 26101
  - jgates@osteo.wvsom.edu
  - Phone: 304.428.4930

- **Charisse Favinger**, Administrative Assistant
  - WVU Health Sciences, Eastern Division
  - Martinsburg, WV 25401
  - Phone: 304.428.4929
  - Fax: 304.428.4940