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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)
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

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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).
- **Document—and update—an electronic handover tool.**
- **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 analysis).


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 2015-2016 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 policies, 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 2017

**West Virginia School of Osteopathic Medicine Calendar of Events**

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Date Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation of your Statewide Campus Site</td>
<td>Monday, July 20-Friday, July 24, 2015</td>
</tr>
<tr>
<td>Family Medicine I/Primary Care rotation begins for all students</td>
<td>Monday, July 27, 2015</td>
</tr>
<tr>
<td>Educational Agreement for all Fall elective rotations are due in your Statewide Campus office</td>
<td>Friday, August 21, 2015</td>
</tr>
<tr>
<td>Educational Agreement for all winter elective rotations are due into your Statewide Campus office</td>
<td>Friday, October 16, 2015</td>
</tr>
<tr>
<td>Educational Agreement for all spring elective rotations are due into your Statewide Campus office</td>
<td>Friday, January 8, 2016</td>
</tr>
<tr>
<td>According to your individual schedules, you will participate in 3rd Year OSCE</td>
<td>Spring 2016 (during 5/2-5/27 block)</td>
</tr>
<tr>
<td>First opportunity to sit for COMLEX 2 CE (If all third year requirements are met)</td>
<td>July 1, 2016</td>
</tr>
<tr>
<td>Re-education week for those who fail or receive a conditional pass on the 3rd Year OSCE</td>
<td>Monday, June 6-Friday, June 10, 2016</td>
</tr>
<tr>
<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>
<td>Friday, July 1, 2016</td>
</tr>
<tr>
<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>
<td>July 1, 2016</td>
</tr>
<tr>
<td>Last recommended day to sit for COMLEX 2-CE (first attempt)</td>
<td>Wednesday, August 31, 2016</td>
</tr>
<tr>
<td>Date</td>
<td>Event</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>Friday, December 16, 2016</td>
<td>Last day to sit for COMLEX 2-CE (second attempt)</td>
</tr>
<tr>
<td>April 30, 2017</td>
<td>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.</td>
</tr>
<tr>
<td>Friday, May 12, 2017</td>
<td>Last day to complete Year 4 curriculum requirements</td>
</tr>
<tr>
<td>Monday, May 15, 2017</td>
<td>Begin mandatory time off prior to graduation</td>
</tr>
<tr>
<td>Saturday, May 27, 2017</td>
<td>Graduation</td>
</tr>
</tbody>
</table>

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.
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 1 week

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
# Clinical Curriculum Description - Berkeley Medical Center Base Site

## Third Year Rotations

### Fall JACQUES Module -

<table>
<thead>
<tr>
<th>Module</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Medicine 1</td>
<td>8 weeks</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Surgery 3/OB-GYN</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Dean's Selective/OMT</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Pediatrics 1</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Pediatrics 2</td>
<td>4 weeks</td>
</tr>
<tr>
<td>BMC Orientation</td>
<td>2 weeks</td>
</tr>
</tbody>
</table>

### Spring CUSHING Module -

<table>
<thead>
<tr>
<th>Module</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Medicine 1</td>
<td>8 weeks</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/OMT</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Pediatrics 1</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Pediatrics 2</td>
<td>4 weeks</td>
</tr>
<tr>
<td>BMC Orientation</td>
<td>2 weeks</td>
</tr>
</tbody>
</table>

## Fourth Year Rotations

### Contains syllabi and competencies for:

<table>
<thead>
<tr>
<th>Module</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Medicine</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Family Medicine 2</td>
<td>8 weeks</td>
</tr>
<tr>
<td>Internal Medicine 3</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Internal Medicine 4</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Surgery 2</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Electives</td>
<td>14 weeks</td>
</tr>
<tr>
<td>Mandatory Time Off</td>
<td>1 week</td>
</tr>
<tr>
<td>Vacation</td>
<td>8 weeks</td>
</tr>
</tbody>
</table>

### Third Year Rotations

### Fall JACQUES Module -

<table>
<thead>
<tr>
<th>Module</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Medicine 1</td>
<td>8 weeks</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Surgery 3/OB-GYN</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Dean's Selective/OMT</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Pediatrics 1</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Pediatrics 2</td>
<td>4 weeks</td>
</tr>
<tr>
<td>BMC Orientation</td>
<td>2 weeks</td>
</tr>
</tbody>
</table>

### Spring CUSHING Module -

<table>
<thead>
<tr>
<th>Module</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<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/OMT</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Neurology Elect 1</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Vacation (at end of December)</td>
<td>2 weeks</td>
</tr>
</tbody>
</table>

## Fourth Year Rotations

### Contains syllabi and competencies for:

<table>
<thead>
<tr>
<th>Module</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Medicine</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Family Medicine 2</td>
<td>8 weeks</td>
</tr>
<tr>
<td>Internal Medicine 3</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Internal Medicine 4</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Surgery 2</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Surgery 3</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Electives</td>
<td>12 weeks</td>
</tr>
<tr>
<td>Mandatory Time Off</td>
<td>1 week</td>
</tr>
<tr>
<td>Vacation</td>
<td>8 weeks</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.*
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 taken during the 4th year of Medical School. 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 2017 the OSCE is scheduled for May 2016. 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 2017 will be scheduled June 6 through June 10, 2016.

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. This Prep Track will be at least 4 weeks but may be more (60-180 days) dependent on the score. Retaking the examination will be required by December 15th when placed on the 4 week Prep Track and no later than 180 days when placed on the more rigorous Prep Track. A second failure will require the Prep Track to be 60-180 days. 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 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 available on the COMLEX/National Boards portion of the WVSOM web site. The NBOME provides information at http://www.nbome.org.
1.7 Proctored End of Rotation Exams

Students must complete a proctored COMAT after selected third year required rotations.

- The time and date of the exams will be set by Statewide Campus personnel.
- No cell phones or electronic devices are permitted during testing.
- If a student is late for an exam the length of time late will be deducted from the time allowed for the examination.
- Students with an unexcused absence from any end of rotation exam will not be able to take the exam at a later date and will have a zero (0) recorded for the exam.
- Exceptions can be made only in the case of a dire circumstance or illness and then at the discretion of the Statewide Campus personnel.
- This Post Rotation Exam will compose 30% of your final rotation grade.
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 clinical years. A passing grade must be received for each of 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. At present, rural is defined by the HEPC as a Federal Rural Urban Commuting Area (RUCA). RUCA codes that begin with 1, 2, or 3 and those that end with .1, .2, or .3 are not counted as rural. 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 serve a minimum of four weeks in an osteopathic hospital or a hospital affiliated with an Osteopathic Postdoctoral Training Institute (OPTI).

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

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

6. 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).

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

<table>
<thead>
<tr>
<th>Component</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Education Grade Form</td>
<td>60%</td>
</tr>
<tr>
<td>Post Rotation Examination (COMAT)</td>
<td>30%</td>
</tr>
<tr>
<td>Rotation Requirement Package</td>
<td>10%</td>
</tr>
</tbody>
</table>

(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 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 a 70 (This would include any supervising physician’s evaluation, posttest evaluation and rotation requirement package). In this case the grade entered is the score of the components. A failing grade is recorded for a rotation if any failure box is checked by your supervising physician on the clinical evaluation 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 attendance policies will result in a rotation failure and a grade of 65 will be
issued. **Any student site evaluation of the rotation that is not completed at the end of the rotation will result in a grade of “I” (incomplete). If this remains in place 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 Office of Clinical Education 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>304.424.4475</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 complete the site evaluation form online. 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 Site 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 Doc.com 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 developing and managing programs focused on enhancing the WVSOM community’s international and cultural awareness by focusing on global rural and underserved populations.

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. CIMCC’s focus is rural and globally medically underserved locations.

Rotation Application Process

Third and fourth year students may have the opportunity for an international rotation anywhere in the world not listed on the USA State Department’s warning list or an area deemed unsafe by CIMCC for other reasons. Approval for a specific country must come from CIMCC. The application process for an international rotation starts at the end of first year and/or the start of second year.

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.

WVSOM Center for International Medicine and Cultural Concerns (CIMCC) Rotations Procedure Student Checklist

This student checklist is provided so that you can keep accurate track of what you submitted and what remains outstanding in your international rotation 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. It is the applicant’s responsibility to get all required materials to CIMCC in a timely fashion.
Student Check-List for Application to an International Rotation

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 applicant’s responsibility to get all required materials to CIMCC 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 – Following rules is important in the USA where a hand slap may be the only consequence for noncompliance, however, in a foreign country, the consequence could be dire. NO ROTATION SITE WILL BE APPROVED IF YOUR HOST COUNTRY APPEARS ON THE UNITED STATES STATE DEPARTMENT’S TRAVEL WARNING LIST. We are here to help you make your trip as safe and educational as possible. Following this check-list should also make your application process easy.

☐ 3rd year international rotations cannot start before mid-January of your 3rd year. **ALL** of the following (not necessarily in the listed order) first rotations must be completed before an international rotation: Family Med 1; Peds 1; OB-GYN 1; Internal Med. 1; Surgery 1 and/or ER 1.

☐ Contact CIMCC to discuss your interest and receive a pre-application form. Complete the form and return to cimcc@osteo.wvsom.edu. If you have questions, contact Adrienne Biesemeyer at cimcc@osteo.wvsom.edu. Please note that Year 3 students will not be allowed to travel before the second rotation in January.

☐ As soon as you know who your Regional Assistant Dean is, contact him/her to let them know that you are considering an international rotation and gain permission to continue the process. Then 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 and EMERGENCY Med. 1. All standard rotation paperwork must be completed before you begin international paperwork. **No approval will be given without the above.**

☐ Contact CIMCC for a full application. Return your full application **no less than nine months** before your 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 (cannot be RAD or Director), and one personal reference (no family members). **No approval will be given without this.**

☐ Check with CIMCC to see if you or CIMCC needs to contact your host site to request a written invitation, which includes your planned rotation dates and professional expectations. Send a copy of your host site invitation to CIMCC and your Dean. **No approval will be given without this.**

☐ CIMCC will send you several 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. **No approval will be given without this.**

☐ Ask your Regional Assistant Dean to email CIMCC stating that you are in good academic and professional standing and have his/her approval to travel. **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 forwarded to CIMCC. 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.**

- Acquire a passport which must not expire within six (6) months after your return date. Send a copy of the front two pages of the passport no later than three months before departure date to cimcc@osteo.wvsom.edu. Two consecutive blank sheets inside your passport should be available. Always carry a copy of your passport and your immunization records separately from your travel documents in case they are lost or stolen. **No approval will be given without this.**

- Research travel insurance and provide CIMCC with the name of the company you intend to use. 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. **No approval will be given without this.**

- All students planning to do a rotation in a developing nation will be expected to demonstrate a level of cultural awareness either by attending a cultural awareness workshop or written response to culturally-specific questions, or a written essay about the country. Research what the climate of your host country will be during your visit and pack accordingly.

- 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. Contact your credit card company and research international fees which could be charged.

- **Acquire needed visas.** Check with CIMCC to see if you need a visa. If you do need a visa, then contact your host country’s Embassy for information regarding visas. In addition to your visas, some countries may require a copy of your letter of invitation from your host site, a letter 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 CIMCC.**

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 an exam 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 written report (no less than 3000 words, size 11 or 12 font, 1.15 spaced) outlining an overview of your rotation experience. This narrative must include:
   a. A description of what you experienced
   b. A description of what you learned
   c. How you presented OPP/OMT to the host community (give examples)
   d. What living conditions were like
   e. 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. The written report needs to be turned into CIMCC and copied to your Regional Assistant Dean no more than 14-days after rotation, or if the rotation ends in May, then no less than 14-days before graduation.

3. 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.

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 written report (no less than 3000 words, size 11 or 12 font, 1.15 spaced) or a day to day journal outlining an overview of your rotation experience. The written report needs to be 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.)

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@osteo.wvsom.edu. Once you return it to CIMCC you will be sent a checklist. You must then request a full application. You can request the pre-application during your first year, but the full application process needs to be started no later than nine months before you wish to start your rotation and completed no less than 90-days before departure.

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. For medical mission trip procedures, contact CIMCC.

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

The full approval of the Associate Dean for Predoctoral Clinical Education and the student’s Regional Assistant Dean 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 or social concerns, or you have not completed a previous rotation, failed a rotation or COMLEX exam or you are 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

FORM OASP-1 5 December 2014 Page 1 of 2
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

- 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. Affiliate 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 individual’s 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 OMT rotation (with a certified Neuromuscular Medicine Specialist or a physician with a certificate of added qualification in OMT).

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 are required to complete an electronic SOAP note to the satisfaction of WVSOM OP&P faculty, and maintain a log of their OMT procedures for each Stookey rotation to complete this requirement.

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

Electronic Health Record (EHR) Stookey SOAP Note:
As a mandatory requirement for successful completion of your OMT Stookey Rotations you will be required to submit 1 case study during your Year 3 Stookey rotation and 1 case study 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 when you have completed each case and she will send forward the case to the appropriate grader who will accept or reject the case. Rejected cases must be redone within 2 weeks to receive credit.

The following elements must be included to receive credit for this exercise:
1. SUBJECTIVE (include age, chief complaint, history of present illness (problem focused), pertinent MIIMASH, pertinent SHORES, pertinent review of systems
2. OBJECTIVE (include vital signs, postural/structural exam at least 3 regions related to chief complaint, pertinent orthopedic, pertinent neurologic, pertinent visceral)
3. ASSESSMENT (include problem diagnoses, somatic dysfunction diagnoses)
4. PLAN (include OMT and response, other treatments, diagnostic testing, follow-up)
5. APPLICATION OF OSTEOPATHIC PRINCIPLES (rationale for any OMT listed in plan)

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/content/page?InstanceID=63450

SOLE 966: Statewide Campus-Course Content-Stookey Rotation-Step by Step instructions for Stookey Rotation
SECTION II THIRD YEAR ROTATION SYLLABUS

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

I. Introduction

Family medicine is an exciting, 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.

II. Osteopathic Relevance

The osteopathic family physician is in a unique position in caring for their patients throughout their lifetime. Being in this position they may use their skills as an osteopath to augment the health of their patient. As Dr. Northup states: “…manipulative therapy is a powerful and valuable method of treatment in the maintenance of body unity in health and the prevention and treatment of diseases.” Osteopathic family physicians strive to treat their patients as part of the medical team, they endeavor to know their
patient as a whole, and they make every effort to teach their patients how to achieve optimal health. They have an understanding of the body and how all the systems change throughout the cycle of life: from birth, through childhood, adolescence, adulthood, aging and death.

To quote A.T. Still: “To find health should be the object of the doctor. Anyone can find disease.”

III. Rotation Objectives and Core Competencies

Core competencies are in part evaluated by main campus staff and/or national licensing examinations as part of WVSOM’s on-going assessment of student achievement. Preceptors/Attendings for this rotation specifically, are expected to make the following competency assessments. Preceptors are expected to provide feedback on these skills, abilities and attitudes during the rotation, and to provide a final evaluation of student competence at the end of the rotation on the Clinical Education Grade Form.

1. Osteopathic Philosophy and Osteopathic Manipulative Medicine: All preceptors (DO and MD) 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).
   - Understand and integrate Osteopathic Practices and Principles into all clinical and patient care activities
   - 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
   - Integrate osteopathic concepts and OMT into the medical care provided to patients as is appropriate
   - Recognize somatic dysfunction across all age groups and how this may impact their overall health
   - Demonstrate competency in the understanding and application of OMT appropriate to family medicine across all age groups
   - Adapt osteopathic treatment modalities to adequately and safely treat those across all age groups

2. 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.
   - By the end of this rotation the student is expected to possess the knowledge, attitudes and skills to:
     o Assess and manage acute illnesses commonly seen in the office setting (as defined in Table 1-Acute Presentations)
• Access and manage chronic illnesses commonly seen in the office setting (as defined in Table 1-Chronic Diseases)
• 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, that 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 (as defined in Table 2-Adult Health Maintenance)
• Understand and implement focused evaluations of geriatric patients who present for evaluation and care

• Acute Presentations:
  By the end of the rotation, for each acute symptom listed in Table 1, the student should be able to:
  o Differentiate between common etiologies that present with that symptom
  o Recognize dangerous/emergency conditions that may present with that symptom and know when emergent referral is needed
  o Perform a focused age appropriate history and physical examination as indicated for all patients
  o Make recommendations as to labs/imaging/tests to obtain to narrow the differential
  o Appreciate the importance of a cost-effective approach to the diagnostic work-up
  o Describe the initial management of common and dangerous diagnoses that present with that symptom

• Chronic Diseases:
  For each core chronic disease listed in Table 1, the student should be able to:
  o Find and apply diagnostic criteria and surveillance strategies for that problem
  o Elicit a focused age specific history, including information on compliance, self-management, and barriers to care
  o Perform a focused age specific physical examination that includes identification of complications
  o Locate and evaluate clinical practice guidelines associated with each of the core chronic diseases
  o Access improvement or progression of the chronic disease
  o Describe major treatment modalities for those problems

• Adult Health Maintenance:
  o Define wellness as a concept that is more than “not being sick”
  o Define primary, secondary, and tertiary prevention
    o 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
For each core health maintenance condition listed in Table 2, discuss who should be screened and methods of screening
Develop a health maintenance plan for a patient of any age (including the geriatric patients) or gender that addresses the core health maintenance conditions (Table 2)

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

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.

By the end of this rotation the student is expected to possess the knowledge, attitudes and skills to:
- Gather information (evaluate), formulate a differential diagnosis, and propose initial management for patients with common acute presentations (Table 1).
- Perform a focused history and physical examination that includes identification of complications for chronic conditions.
- Manage a chronic follow-up visit for patients with common chronic diseases (Table 1)
  - 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.
- Develop an evidence-based health promotion/disease prevention plan for a patient of any age or gender (Table 2)
- For women: elicit a full menstrual, gynecological, and obstetric history
- For men: identify issues and risks related to sexual function and prostate health
- Find and apply the current guidelines for immunizations in all ages
- Conduct a physical examination on an infant, child, adolescent, and adult
- Demonstrate competency in advanced history-taking, communication, physical examination and critical thinking skills
- Incorporate OP&P into the practice of family medicine

4. **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.

- Demonstrate ability to effectively communicate with patients from the pediatric patient to the geriatric patient
- Demonstrate ability to identify and communicate with caregivers
- Demonstrate competency in communication with patients of all age groups
- Establish effective relationships with patients and families using patient-centered communication skills
- Demonstrate competency in communicating appropriately with other healthcare professionals (e.g. other physicians, physical therapists, occupational therapists, nurses, counselors, etc.)
- Be able to document an acute care visit appropriately
- Be able to document a chronic care visit appropriately
- 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)
- 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
- Provide counseling related to health promotion and disease prevention
- Regarding well child visits: be able to identify health risks, including accidental and non-accidental injuries and abuse or neglect
- Demonstrate the ability to use bidirectional communication with patients

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 professional relationships with patients and staff; responsibility, dependability, and reliability.

- Maintain a professional relationship with patients and staff
• Display empathy and cultural competency
• Demonstrate responsibility, reliability and dependability
• Demonstrate understanding of patient confidentiality/HIPAA regulations
• Demonstrate respect for peers and all members of the health care team

6. 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.

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

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 cost effective medical care.

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

You should be comfortable discussing pathophysiology, diagnosis and treatment of all topics in Table 1 and 2. Suggested readings and Med U cases associated with each topic are listed. Additional information may be found through the library web site such as texts available in Clinical Key and topics discussed in “Up to Date”. See suggested texts used by COMAT.

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<th>Foundations</th>
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<th>Med U case</th>
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<td>Depression/Cognitive problems</td>
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<td>Fall risk in elderly</td>
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<td>Intimate partner/family violence</td>
<td>20</td>
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<td>Obesity</td>
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<td>Osteoporosis</td>
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<td>Prostate Cancer</td>
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<td>Sexually transmitted infection</td>
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<tr>
<td>Substance use/abuse</td>
<td>15</td>
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<tr>
<td>Type 2 DM</td>
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<td>Immunizations</td>
<td>4, 6, 12</td>
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<tr>
<td>Child</td>
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<td>(Most are covered in CLIPP cases during Pediatric rotation)</td>
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<td>Diet/exercise/obesity</td>
<td>21, 23</td>
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<td>Family/social support</td>
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<td>Growth and development</td>
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<td>298-310</td>
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<td>Hearing</td>
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<td>Lead Exposure</td>
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<td>Nutritional deficiency</td>
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<td>Potential for Injury</td>
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<td>Sexual Activity</td>
<td>12, 27, 32</td>
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<td>Substance use/abuse</td>
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<td>Tuberculosis</td>
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<td>Vision</td>
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<tr>
<td>Immunization</td>
<td>4</td>
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</table>
Required Texts:
Essentials of Family Medicine, Sloane, et al; Lippincott, Williams and Wilkins
Foundations for Osteopathic Medicine, Lippincott Williams and Wilkins
Ham’s Primary Care Geriatrics, Sixth Edition, found online in Clinical Key (WVSOM Library)
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).

Additional Resources:

<table>
<thead>
<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>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Care (refer to Table 1, Health Maintenance)</td>
<td>Guide to Clinical Preventive Services: <a href="http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/guide/index.html">http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/guide/index.html</a> Charts showing Clinical Preventive Services for men, women, high risk adults. Current immunization guidelines.</td>
</tr>
<tr>
<td>OP&amp;P and Physical Diagnosis</td>
<td>Texts required for year 1 and 2</td>
</tr>
<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>
</tr>
<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>
</tr>
<tr>
<td>Immunization Guidelines for childhood, adolescents and adults</td>
<td><a href="http://www.cdc.gov/vaccines/schedules/index.html">http://www.cdc.gov/vaccines/schedules/index.html</a></td>
</tr>
</tbody>
</table>
V. Activities/Skills

Skills the students must learn to do:
- 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)

Activities
1. Research each of the following patient presentations, and be prepared to answer questions on your end-of-rotation exam.
   - Refer to Table 1 and 2: Acute and Chronic presentations and Health Maintenance

2. Complete MedU cases listed under Rotation Requirements.

3. Complete the Doc.Com cases listed under Rotation Requirements:

4. There is a strongly recommended pretest and required posttest.

5. 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. However, it is hoped that you will have a chance to perform or observe many of the skills listed.

Log books are available from your SWC Assistant Deans and on the WVSOM website under myWVSOM – Clinical Education forms.

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>OP&amp;P</td>
<td>OP&amp;P texts and videos</td>
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<tr>
<td>Demonstrate:</td>
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<tr>
<td>Palpatory diagnostic skills</td>
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<tr>
<td>Ability to do functional exam</td>
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<tr>
<td>Ability to record findings of exam</td>
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<tr>
<td>Ability to record treatment procedures used</td>
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<tr>
<td>Ability to use any of the following:</td>
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<tr>
<td>Soft tissue, muscle energy, myofascial,</td>
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<tr>
<td>Strain/counterstrain, HVLA, craniosacral,</td>
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<td>Articulatory</td>
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<tr>
<td>Interpret resting 12-lead EKG</td>
<td>EKG &amp; ACLS texts</td>
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<td></td>
<td>EKG Basics—LSU*</td>
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<td>ECG Learning Center*</td>
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<td></td>
<td>ECG Library*</td>
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<td></td>
<td>Rhythm Simulator*</td>
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<tr>
<td>Knowledge of venipuncture/phlebotomy</td>
<td>Clinical Skills II Handbook and video</td>
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<td>Knowledge of parenteral injections</td>
<td>Clinical Skills II Handbook</td>
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<td>Ability to suture</td>
<td>Clinical Skills II Handbook</td>
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<td></td>
<td>and video</td>
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<tr>
<td>Knowledge of splint/cast application</td>
<td>Clinical Skills II Handbook</td>
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<td>Knowledge of proper sterile procedures</td>
<td>Clinical Skills II Handbook</td>
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<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>
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<tr>
<td>Interpretation of CXR—PA and lat</td>
<td>Radiology text/notes</td>
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<td></td>
<td>Basic CXR Review—Dept of Radiology, Uniformed Services*</td>
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<tr>
<td>Skin biopsy and excisions</td>
<td>Clinical Skills II Handbook</td>
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<td></td>
<td>Clinical Keys: Skin Biopsy Techniques</td>
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<td>Joint injections</td>
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<td>Ear lavage</td>
<td>Clinical Keys: Cerumen Impaction</td>
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<tr>
<td>Anoscopy</td>
<td>Clinical Skills II Handbook</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>
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<tr>
<td>Other:</td>
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*ECG Learning Center: [http://library.med.utah.edu/kw/ecg/](http://library.med.utah.edu/kw/ecg/)

*ECG 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.usuhs.mil/rad/chest_review/index.html](http://rad.usuhs.mil/rad/chest_review/index.html)

Preceptor’s signature: ___________________________ Date:__________
7. Family Medicine I—Requirement for 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 section 7.a. The Medical Write-Up 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 by Friday of the fifth week of rotation. There is a special form to be completed and submitted electronically. To access your case study form, go to the Clinical Ed web page, student resources, then “view your personal schedule”. Next in the “case” column, click on the word “new” and your case study form will pop up. The case may be worked on and saved, but it is your responsibility to hit “submit” by the due date to avoid a deduction of points. 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. If submitted on time it will be calculated in the 10% of the total grade for that rotation requirement package (RRP). The student will lose 10% of their grade on that rotation if it is not submitted by last Friday of the (5th) week of the rotation. No paper submissions will be accepted. The case may ONLY be submitted via the link on the personal schedule of that student. The student must receive a 70% or greater on the case study to receive credit for the RRP.

7.a. 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 OLDCARRATS. For the Past Medical History and Social history, remember MIIMASH and SHORES.

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 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.

**Rotation Requirement Package (10%)**

The rotation requirement package for Family Medicine I consists of Procedure Logs, Patient Log, Case Study, MedU Cases, and Doc.com Cases. The rotation requirement package is 10% of the final rotation grade. All items of the rotation requirement package must be turned in on the last day of the rotation to receive the 10%. If any item is missing or if the case study score is < 70%, then 10% is deducted from the final grade.

- **Patient and Procedure Logs** - You will be required to log all patient contact. Use the log book provided by your statewide campus office. If additional pages are needed request a new log book from your Statewide Campus office. This log is due in your Statewide Campus office on the last day of the rotation. You should keep a copy for your own records, as this will be important documentation throughout your career for credentialing purposes.

- **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.

- 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.

- **Doc.Com Cases:** You will be required to complete the discussion questions of the Doc.Com Cases. To access the Doc.Com Cases visit: http://webcampus.drexelmed.edu/doccom/user/ you will log in using your Email address and Password.
  - 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”

- **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 OMT Case Study to receive credit for the rotation requirement package.

**Pretest/Posttest (30%)**

In the first week of the rotation, all students will take the online sample COMAT Family Medicine exam. This is a 15 question exam located at http://www.nbome.org/comat3.asp?m=coll. The pretest score will not be included in the course grade. At the end of this rotation, all students will be expected to take the COMAT Family Medicine 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. Your posttest exam will be proctored in your Statewide Campus region and will count as 30% of your grade. A date and time for the posttest will be provided by your Statewide Campus office.

**Supervising Physician Evaluation (60%)**

A confidential mid-rotation evaluation with the student 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 at the end of the Clinical Education Grade Form, using additional paper if necessary. If a competency has not been determined, 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.

Students must complete Site Evaluations by the last day of the rotation to avoid an Incomplete Grade.

For addresses and more detailed contact info, please see back of this manual.
2.2 Internal Medicine I

I. Introduction

Internal Medicine is distinct in that it involves both the inpatient and ambulatory setting, and is not only primary care, but is a direct educational link to subspecialty rotations and education. Your experience with physicians who serve the adult and geriatric patient populations will deepen your appreciation of the knowledge and skills that are required to be an effective primary care physician. Your skills in communications, diagnostic physical examinations and development of a differential diagnosis should be past the initial apprehension felt as a novice clinical medical student. You will be presented with the differences in working up and charting patients in the hospital setting, working directly with a medical team and subspecialists in the care of the same patient, and will be exposed to medical technology (including electronic medical records, digital radiology, etc.). Your greatest challenges will be both transferring your didactic knowledge gained in your basic science years to the actual patient who will sit in front of you seeking your assistance, and remembering when it is appropriate to utilize the hospital facilities (lab, radiology, specialty consultation) to assist you in confirming your diagnosis and treating your patient. To help you with the transition, we have developed focused objectives organized around the core competencies. Review the objectives frequently to help gauge your growth in knowledge and skills. As you identify areas of weakness, use the listed resources to fill in your knowledge gaps. Work with your faculty physician to identify the elements of the objectives which you have not had the clinical opportunity to experience. Share the knowledge and clinical deficits you are feeling so your faculty physician can help identify patients that will broaden your clinical experiences.

II. Osteopathic Relevance

Osteopathic Medicine provides a valuable framework for understanding the needs of the adult patient. Aging and chronic disease modify the physical structure of the body, producing changes in the function of corresponding body systems. Throughout the Internal Medicine Rotation, it is important that the student use and apply his/her osteopathic principles and education (understanding self-regulatory and healing capacities of the body) to provide the care and compassion necessary to treat both acute and chronic medical problems in ambulatory and inpatient settings.

III. Rotation Objectives and Core Competencies

Core competencies are in part evaluated by main campus staff and/or national licensing examinations, as part of WVSOM’s on-going assessment of student achievement. Preceptors/Attendings for this rotation specifically are expected to make the following competency assessments. Preceptors are expected to provide feedback on these skills, abilities and attitudes during the rotation, and to provide a final evaluation of student competence at the end of the rotation on the Clinical Education Grade Form.
1. Osteopathic Philosophy and Osteopathic Manipulative Medicine: All preceptors (DO and MD) 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).

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

2. 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 critical thinking in developing a differential diagnosis.

- Cardiovascular Diseases – Chronic CAD, CHF, Hypertension, Atrial Fibrillation (Afib)
- Gastrointestinal Diseases – GERD, IBS (Irritable Bowel Syndrome), Constipation, Pancreatitis
- Allergic and Immunologic Disorders
- Musculoskeletal and Connective Tissue Disease – Rheumatoid Arthritis
- Neurologic Disorders – Dementia/Delirium, Depression/Anxiety, Parkinson’s
- Endocrine Disorders – Diabetes, Thyroid
- Renal Disorders – Chronic Kidney Disease (CKD stages), Acid Base Disorders, Electrolyte Abnormalities, Pre and Post Renal Failure
- Musculoskeletal Disorders – Osteoporosis, Gout,
- Infectious Disease – Cellulitis, Clostridium Difficile, Community Acquired Pneumonia, UTI, URI
- Pulmonary Disorders – COPD, Asthma
• The student will demonstrate the ability to evaluate and develop a differential diagnosis for each of the following symptoms/conditions:
  o Chest Pain
  o Syncope
  o Edema
  o Anemia
  o Fatigue
  o Headache
  o Cough
  o Shortness of Breath
  o Fever
  o Abdominal Pain
  o Constipation
  o Diarrhea
  o Dizziness
  o Back Pain
  o Joint Pain
  o Rash

• The student will demonstrate an understanding of the basic principles and current recommendations for:
  o Adult Immunizations (age 16 and up)
  o Age appropriate cancer screenings  ex: Breast, Colon, Cervical, Prostate Screenings and their utilization of the USPSTF Database
  o Pain Management
  o Care of the geriatric patient

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.

• The student will:
  o Demonstrate how to approach a patient in the office and/or hospital setting
  o Demonstrate the ability to identify a pertinent chief complaint
  o Perform a complete and focused H&P exam related to chief complaint
  o Demonstrate effective patient management skills
  o Demonstrate the ability to develop an evaluation and treatment plan
  o Demonstrate an understanding of appropriate patient referrals
  o Discuss preventable injuries and illnesses with the patient
  o Educate patients and evaluate their comprehension of their outpatient/inpatient treatment plan
  o Participate with the health care team to provide Inter-Professional Collaboration (IPC) and develop a patient centered, inter-professional, evidence based management plan.
Develop a differential diagnosis appropriate to the context of the patient setting and findings.
Implement essential clinical procedure
Health promotion and disease prevention (HPDP)
Develop an understanding of the altered physiology of the geriatric patient and aging process

4. **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.

- The student will:
  - Demonstrate ability to identify yourself to the patient and your role in their care
  - Demonstrate ability to effectively communicate with Internal Medicine patients in respectful manner maintaining patient and family member’s dignity and confidentiality
  - 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
  - Demonstrate ability to identify the person with key information about the patient’s situation and obtain pertinent history and documentation from variety of sources
  - Consolidate and organize pertinent information for presentation to the attending
  - Demonstrate effective communication techniques with other members of the healthcare team and ancillary staff
  - Use appropriate terminology/language with patient and family

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 professional relationships with patients and staff; responsibility, dependability, and reliability.

- The student will:
  - Demonstrate ability to effectively communicate with patients
  - Demonstrate ability to identify and communicate with caregivers
  - Demonstrate a team approach for treating patients
  - Accept direction and critical teaching from the medical team, nurses and staff with a positive attitude
  - Display respect for peers and all members of the healthcare team
o Show sensitivity to a diverse patient population
o Understand the role of the medical student on the medical team and not overstep boundaries
o Demonstrate empathy and compassion for patients and their families.
o Maintain honesty and integrity in all communications
o Understand, appreciate and abide by all HIPAA rules
o Be aware of patient's rights and responsibilities and the need for shared decision making
o Display common courtesy and punctuality
o Demonstrate self-awareness of public image and its effect on patient care, peers, and their careers through social media (Facebook, emails, texts, etc.)

6. 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.

• The student will:
  o Apply fundamental epidemiologic concepts to practice improvement through Medical informatics/EBM/Research
  o Demonstrate ability to identify and correct personal knowledge deficits by using appropriate educational resources to strengthen personal medical knowledge
  o Display commitment to continuous quality improvement
  o Demonstrate ability to teach both peers and lay audiences
  o Understand and communicate his/her learning style to the preceptor
  o Demonstrate the appropriate application and use of technology
  o Demonstrate the ability to read and interpret an article
  o Demonstrate the appropriate use of ancillary studies

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.

• The student will:
  o Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society
  o Recognize how delivery systems differ: controlling health care costs, allocating resources
o Use patient-centered, equitable systems of care that recognizes the need to reduce medical errors and improve patient safety
o Demonstrate ability to perform cost effective practice
o Be aware of medication and treatment costs (direct patient costs/insurance coverage) and the impact of these factors on the physicians treatment plan
o Demonstrate understanding of HIPAA regulations and its impact on the communication of patient care information for patients
o Recognize the need to improve your knowledge base, develop and deliver case presentations and demonstrate these skills by utilizing the local electronic medical record, online resources and local patient instruction protocols to provide patient instructions
o Understand the training and certification pathways of sub specialties
o Demonstrate an understanding of when it is appropriate to refer to specialists
o Demonstrate knowledge of the discharge planning process
o 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

IV. Activities/Skills (IM I & II)

**Skills the students must learn to do:**
- 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)

**Activities the students 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
- Insert a nasogastric tube
- Insert a Foley catheter 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
• Thyroid function tests
• Glucose, Hemoglobin A1C
• Hepatic Proteins
• Electrolytes
• Bilirubin
• 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

V. Suggested Reading Schedule

The suggested readings are from the required text and selected internet sites. The text is required material, the internet sites are excellent resources that are highly recommended, but that the student will not be tested on.

During Internal Medicine I, the following topics should be read:
• Cardiovascular Diseases
Rotation Requirement Package (10%)
The rotation requirement package for Internal Medicine I consists of Logs, MedU Cases, and Doc.Com Cases. The rotation requirement package is 10% of the final rotation grade. All items of the rotation requirement package must be turned on the last day of the rotation to receive the 10%. If any item is missing then 10% is deducted from the final grade.

- **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 simple. 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 Cases please e-mail medusupport@i-intime.org.

Complete seven (7) cases during IM I and another six (6) cases during IM II rotation. For a total of 13 Cases. Choose from the following Cases:

- 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. Strout
- 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
- simple Case 36: 45 year old man with ascites-Mr. Berlusconi
- fm Case 22: 70 year old male with new-onset unilateral weakness-Mr. Wright

- **Doc.Com Cases:** You will be required to complete the discussion questions of the Doc.Com Cases. To access the Doc.Com Cases visit:
You will log in using your Email address and Password.

- Communicating in Specific Situations #36: Ending Doctor-Patient Relationships

- **Logs** - Log your experience on each of the procedures. At the end of the rotation, have your preceptor sign off on them. Use the log book provided by your Statewide Campus office. If additional pages are needed, request a new log book from your Statewide Campus office.

**Required Text:**
*Foundations of Osteopathic Medicine*, Lippincott, Williams and Wilkins
*Ferri: Practical Guide to the Care of the Medical Patient*, Mosby - available through Clinical Key – WVSOM Library on-line resource
*Goldman: Goldman’s Cecil Medicine*, Saunders - available through Clinical Key
*Cecil Essentials of Medicine*, Saunders – available through Clinical Key
*Ham’s Primary Care Geriatrics*, Sixth Edition, --available through Clinical Key

**Recommended Text:**
*Medicine: A Competency-Based Companion*, Israel and Tunkel available through Clinical Key
*Pocket Medicine: The Massachusetts General Hospital Handbook of Internal Medicine*, Sabatine

**Pretest**
In the first week of the rotation, all students will take the online sample COMAT Internal Medicine 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. A COMAT Internal Medicine posttest will not be administered until the conclusion of Internal Medicine II.

**COMAT Post rotation exam (30%)**
Students will take the COMAT OPP as posttest.

**Supervising Physician Evaluation (60%)**
A confidential mid-rotation evaluation with the student 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 at the end 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.

Students must complete Site Evaluation by the last day of the rotation to avoid an Incomplete Grade.

For addresses and more detailed contact info, please see back of this manual.
2.3 Internal Medicine II

I. Introduction

Internal Medicine is distinct in that it involves both the inpatient and ambulatory setting, and is not only primary care, but is a direct educational link to subspecialty rotations/education. Your experience with physicians who serve the adult patient will deepen your appreciation of the knowledge and skills that are required to be an effective primary care physician. Your skills in communications, diagnostic physical examinations and development of a differential diagnosis should be past the initial apprehension we all felt as a novice clinical medical student. You will be presented with the differences in working up and charting patients in the hospital setting, working directly with a medical team and subspecialists in the care of the same patient, and will be exposed to medical technology (including electronic medical records, digital radiology, etc.). Your greatest challenges will be both transferring your didactic knowledge gained in your basic science years to the actual patient who will sit in front of you seeking your assistance, and remembering when it is appropriate to utilize the hospital facilities (lab, radiology, specialty consultation) to assist you in confirming your diagnosis and treating your patient. To help you with the transition, we have developed focused objectives organized around the core competencies. Review the objectives frequently to help gauge your growth in knowledge and skills. As you identify areas of weakness, use the listed resources to fill in your knowledge gaps. Work with your faculty physician to identify the elements of the objectives which you have not had the clinical opportunity to experience. Share the knowledge and clinical deficits you are feeling so your faculty physician can help identify patients that will broaden your clinical experiences. During Internal Medicine II you are expected to complete any core competencies not completed in Internal Medicine I and hone the skills developed on your first Internal Medicine rotation.

II. Osteopathic Relevance

Osteopathic Medicine provides a valuable framework for understanding the needs of the adult patient. Aging and chronic disease modify the physician structure of the body, producing resulting changes in the function of corresponding body systems. Throughout the Internal Medicine Rotation, it is important that the student use and apply his/her osteopathic principles and education to (understanding self-regulatory and healing capacities of the body) provide the care and compassion necessary to treat both acute and chronic medical problems in ambulatory and inpatient settings.

III. Rotation Objectives and Core Competencies

Core competencies are in part evaluated by main campus staff and/or national licensing examinations, as part of WVSOM’s on-going assessment of student achievement. Preceptors/Attendings for this rotation specifically are expected to make the following competency assessments. Preceptors are expected to provide feedback on these skills,
abilities and attitudes during the rotation, and to provide a final evaluation of student competence at the end of the rotation on the Clinical Education Grade Form.

1. **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).

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

2. **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.

   - Cardiovascular Diseases – Chronic CAD, CHF, Hypertension, Atrial Fibrillation (Afib)
   - Gastrointestinal Diseases – GERD, IBS (Irritable Bowel Syndrome), Constipation, Pancreatitis
   - Allergic and Immunologic Disorders
   - Musculoskeletal and Connective Tissue Disease – Rheumatoid Arthritis, Lupus, Scleroderma, Gout
   - Neurologic Disorders – Dementia/Delirium, Depression/Anxiety, Parkinson’s
   - Endocrine Disorders – Diabetes, Thyroid
   - Renal Disorders – CKD (stages), Acid Base disorders, Electrolyte Abnormalities, Pre and Post Renal Failure
• Diseases of Bone and Bone Mineral Metabolism – Osteoporosis, Gout, Degenerative Arthritis
• Infectious Disease – Cellulitis, Clostridium Difficile, Community Acquired Pneumonia, UTI, URI, SIRS, Sexually Transmitted Infections
• Pulmonary Disorders – COPD, Asthma, Acute Respiratory Failure

• The student will demonstrate knowledge of the pathophysiology, diagnostic criteria and assessment of:
  o Dementia
  o Osteoporosis
  o GERD/Peptic Ulcer Disease
  o Hepatitis/Ascites
  o Lupus
  o Scleroderma
  o Sero- negative spondyloarthopathy
  o Vasculitis
  o Rheumatoid Arthritis
  o Acute Renal Failure (Kidney Injury)
  o Congestive Heart Failure
  o Sepsis/SIRS
  o Cardiac dysrhythmias
  o Substance Abuse
  o Parental Nutrition

• The student will demonstrate the ability to evaluate and develop a Differential diagnosis for:
  o Acute kidney injury
  o Jaundice
  o Weight Loss - unintentional
  o Dysuria
  o Hematuria
  o Oliguria
  o Electrolyte and Acid/Base Disturbances
  o Lymphadenopathy
  o Respiratory Failure

• The student will demonstrate an understanding of the basic principles and current recommendations for:
  o Adult Immunizations (age 16 and up)
  o Age appropriate cancer screenings ex: Breast, Colon, Cervical, Prostate Screenings and utilization of the USPSTF Database
  o Pain Management

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.

- The student will:
  - Demonstrate how to approach a patient in the office and/or hospital setting
  - Demonstrate the ability to identify a pertinent chief complaint
  - Perform a complete and focused exam related to the patient’s presenting Chief Complaint and HPI
  - Demonstrate effective patient management skills
  - Demonstrate the ability to develop an evaluation and treatment plan
  - Demonstrate an understanding of appropriate patient referrals
  - Discuss preventable injuries and illnesses with the patient
  - Educate patients and evaluate their comprehension of their outpatient/inpatient treatment plan
  - Participate with the health care team to provide Inter-Professional Collaboration (IPC) and develop a patient centered, inter-professional, evidence based management plan
  - Develop a differential diagnosis appropriate to the context of the patient setting and findings
  - Implement essential clinical procedures

4. 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.

- The student will:
  - Demonstrate ability to identify yourself to the patient and your role in their care
  - Demonstrate ability to effectively communicate with Internal Medicine patients in respectful manner maintain patient and family member’s dignity and confidentiality
  - 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
  - Demonstrate the ability to identify the person with key information about the patient’s situation and obtain pertinent history and documentation from variety of sources
  - Consolidate and organize pertinent information for presentation to the attending
  - Demonstrate effective communication techniques with other members of the healthcare team and ancillary staff
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 professional relationships with patients and staff; responsibility, dependability, and reliability.

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

6. **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.

- The student will:
  - Apply fundamental epidemiologic concepts to practice improvement through Medical informatics/EBM Research
  - Demonstrate ability to identify and correct personal knowledge deficits using appropriate educational resources and strengthen personal medical knowledge
  - Display commitment to continuous quality improvement
  - Demonstrate ability to teach both peers and lay audiences
  - Understand and communicate his/her learning style to the preceptor
  - Demonstrate the appropriate application and use of technology
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.

- The student will:
  - Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society
  - Recognize how delivery systems differ: controlling health care costs, allocating resources
  - Use patient-centered, equitable systems of care that recognizes the need to reduce medical errors and improve patient safety
  - Demonstrate ability to perform cost effective practice
  - Be aware of medication and treatment costs (direct patient costs/insurance coverage) and the impact of these factors on the physicians treatment plan
  - Demonstrate understanding of HIPAA regulations and its impact on the communication of patient care information for patients
  - 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
  - Understand the training and certification pathways of sub specialties
  - Demonstrate understanding when it is appropriate to refer to specialists
  - Demonstrate knowledge of the discharge planning process
  - 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

IV. **Activities/Skills (IM I & II)**

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

**Activities the students may observe, assist or perform:**
- Cardiac stress test
- Basic Cardiac Life Support (BCLS) and Advanced Cardiac Life Support (ACLC)
- Phlebotomy
• Administer intradermal, subcutaneous, and intramuscular injections
• Peripheral intravenous access
• Endotracheal intubation
• Insert a nasogastric tube
• Insert a Foley catheter 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
- INR (International Ratio)/Coagulation Studies
- Anemia Studies
- Fluid Analysis (cell count, culture and sensitivity, proteins)
- Lipids
- Hepatic Profile
- Thyroid function tests
- PFT (Pulmonary Function Testing) How to perform and interpret
- EKGs – How to perform and interpret
- ABGs – How to perform and interpret
  - o CXR- Normal
  - o KUB-Normal
- Glucose
- Hemoglobin A1c
- Hepatic Proteins
- Electrolytes
- Cardiac Enzymes
- Renal Function Test
- RPR
- HIV Antibody
• HIV Viral Load

V. **Suggested Reading Schedule**

During Internal Medicine II, the following topics should be read:

- Oncologic Diseases
- Gastrointestinal Diseases
- Allergic and Immunologic Disorders
- Musculoskeletal and Connective Tissue Disease
- Neurologic Disorders
- Dermatologic Disorders

**Rotation Requirement Package (10%)**

The rotation requirement package for Internal Medicine II consists of Logs, MedU Cases, and Doc.com Cases. The rotation requirement package is 10% of the final rotation grade. All items of the rotation requirement package must be turned in **on the last day** of the rotation to receive the 10%. If any item is missing then 10% is deducted from the final grade.

- **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 Simple. 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 rotation. For a total of 13 Cases. Choose from the following Cases:

- simple Case 1: 49 year old man with chest pain-Mr. Monson
- simple Case11: 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. Strout
- 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
• simple Case 36: 45 year old man with ascites-Mr. Berlusconi
• fm Case 22: 70 year old male with new-onset unilateral weakness-Mr. Wright

• **Doc.Com Case:** You will be required to complete the discussion questions of the Doc.Com Cases. 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.
• Communicating in Specific Situations #33: Giving Bad News

• **Logs** - Log your experience on each of the procedures. At the end of the rotation, have your preceptor sign off on them. Use the log book provided by your Statewide Campus office. If additional pages are needed, request a new log book from your Statewide Campus office.

**Required Texts:**
*Foundations of Osteopathic Medicine*, Lippincott, Williams and Wilkins
*Ferri: Practical Guide to the Care of the Medical Patient*, Mosby - available through Clinical Key – WVSOM Library on-line resource
*Goldman: Goldman’s Cecil Medicine*, Saunders - available through Clinical Key
*Cecil Essentials of Medicine*, Saunders – available through Clinical Key
[http://www.emedicine.com](http://www.emedicine.com)

**Recommended Text:**
*Medicine: A Competency-Based Companion*, Israel and Tunkel available through Clinical Key
*Pocket Medicine: The Massachusetts General Hospital Handbook of Internal Medicine*, Sabatine

**Pretest/Posttest (30%)**

In the first week of the rotation, all students will take the online sample COMAT Internal Medicine II 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 Internal Medicine II 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. Your exam will be proctored in your Statewide Campus region and will count as 30% of your grade. A date and time for the posttest will be provided by your Statewide Campus office.

**Supervising Physician Evaluation (60%)**

A confidential mid-rotation evaluation with the student 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 at the end 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.

Students must complete Site Evaluations by the last day of the rotation to avoid an Incomplete Grade.

For addresses and more detailed contact info, please see back of this manual.
2.4 Pediatrics I

I. Introduction

Pediatrics I will be your first formal introduction to the practice of pediatrics. This can be an exciting rotation as you discover the world through a child’s eyes. It is important to remember that children are not just small adults, with their own unique pathophysiology as they grow and develop, and should not be approached as such. This variance may be a source of anxiety for some medical students and providers alike.

Pediatrics is a broad field which encompasses not only the medical care of the patient but 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.

II. Osteopathic Relevance

Appreciation of the osteopathic tenets is of particular importance in the effective evaluation and treatment of the pediatric patient. The interdependence of structure and function is especially critical during the years when a child’s structure is developing. The student should recognize the developmental stages of a child’s self-regulatory and self-healing capabilities and this awareness should always be at the core of the rational care of the pediatric patient.

III. Rotation Objectives and Core Competencies

Core competencies are in part evaluated by main campus staff and/or national licensing examinations, as part of WVSOM’s on-going assessment of student achievement. Preceptors/Attendings for this rotation specifically are expected to make the following competency assessments. Preceptors are expected to provide feedback on these skills, abilities and attitudes during the rotation, and to provide a final evaluation of student competence at the end of the rotation on the Clinical Education Grade Form.
1. **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.

2. **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.

- The student will:
  - Acquire knowledge of normal growth and development, and apply this in a clinical context, from birth through adolescence for health supervision and disease prevention.
  - 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 medications, immunizations and age appropriate anticipatory guidance for nutrition, developmental/behavioral counseling and injury prevention including pharmacology.
  - 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.
  - 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.
  - 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.
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.

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

- The student will:
  - 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.
  - Develop interviewing and physical examination skills required to conduct interviews with children or adolescents and their families and perform age appropriate osteopathic structural examinations.
  - 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.
  - For the well child, educate the patient and/or caregiver and evaluate their comprehension of health promotion and anticipatory guidance.
  - Demonstrate the ability to accurately convey patient issues and needs when transitioning the patient to other members of the healthcare team, families, and parents.

4. **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. Preceptors are also expected to evaluate the student’s written communication when documenting the patient’s presentation in the complete history and physical and progress notes. Preceptors will provide a critique of the written documentation to the student reviewing a minimum of one progress a day and one H&P a week.

- The student will:
  - Demonstrate the ability to effectively communicate with pediatric patients.
  - Demonstrate the ability to identify and communicate with caregivers.
  - Demonstrate the ability to effectively communicate with the healthcare team.
  - Identify parental and patient concerns and perspectives including cultural and religious influences.
Develop proficiency in writing the following:
- different types of medical notes
- SOAP notes
- newborn nursery admission notes
- admission history & physicals
- discharge summaries
- procedure notes

Demonstrate awareness and understand the capabilities of electronic health records.

Develop a proficiency in sharing diagnostic plan of care, and prognostic information with patients and families.

Demonstrate insight and understanding about emotions and human responses to emotions that allow one to develop and manage interpersonal interactions.

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 professional relationships with patients, parents, caregivers and staff; responsibility, dependability, timeliness, and reliability.

- The student will:
  - Demonstrate appropriate understanding and need for supervision, chaperones and/or assistance.
  - Recognize effects of his/her demeanor, appearance and language during the interaction with patient and family.
  - Demonstrate an understanding of privacy and independence of adolescents and of the private individual interview of an adolescent during the interview process.
  - 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.
  - 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.
  - Recognize that all patients in emergency situations shall receive care regardless of medical insurance coverage, ethnicity, race, or social economic status.

6. 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.

- The student will:
Apply fundamental epidemiologic concepts to practice improvement.

Demonstrate a level of proficiency around medical informatics, evidence-based medicine and research.

Demonstrate the ability to identify personal knowledge deficits, strengths, and limits through frequent self-reflection.

Demonstrate the ability to locate educational resources and strengthen personal medical knowledge.

Display commitment to continuous quality improvement.

Participate in the education of patients, families, students, trainees, peers, and other health professions.

Construct and communicate a plan to apply guidelines to age-appropriate clinical management.

Recognize disparities in clinical research, access, and delivery of health care to younger populations and how these affect the health of the pediatric population.

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.

   - The student will:
     - Recognize quality patient care systems and how they may affect the larger health care systems.
     - Demonstrate awareness of cost and risk-benefit analysis in patient and/or populations-based care in different delivery systems and settings.
     - Advocate for quality patient care and optimal patient care systems.
     - Participate in identifying system errors and implementing potential systems solutions and patient safety.
     - 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
     - Describe reporting requirements for infectious diseases or psychosocial issues, such as child abuse or suicide.

IV. **Topics students should learn regardless of whether they see a patient with this condition:**

   - Well child care
     - Normal Growth and Development
• Assessment and documentation
  o Evaluation
    ▪ Newborn to 1 year of age
    ▪ Year 1 through year 4
    ▪ Year 5 through year 10
    ▪ Year 11 to year 21
  o Immunization schedule
  o Milestones development
  o Nutrition
  o Age appropriate history and physical
  o Anticipatory guidance and injury prevention
• Respiratory Illnesses
  o Acute respiratory distress and failure
  o Acute infections
    ▪ Pneumonia
      ▪ Viral
      ▪ Bacterial
    ▪ Otitis media and externa
    ▪ Pertussis*
    ▪ Pharyngitis
    ▪ Etc.
  o Reactive airway disease
    ▪ Asthma
    ▪ Bronchiolitis
• Cardiac
  o Congenital heart disease
  o Heart murmurs evaluation
  o Cardiac dysrhythmias
  o Heart Failure*
• Gastrointestinal
  o Constipation/encopresis
  o Abdominal pain
  o Neonatal Jaundice
  o Vomiting
  o Diarrhea
  o Dehydration
  o Pyloric stenosis
  o Intussusception
  o Inflammatory bowel diseases
  o Malabsorption
• Nutrition
  o Failure to thrive
  o Vitamin deficiency
  o Iron deficiency
  o Obesity
  o 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 exanthems
- Therapeutics
  - Medication dosing for age
  - Fluid management
  - Drug and alcohol use and abuse
  - Poisoning
- Medical legal issues
  - Informed consent
  - Emancipation
  - Child abuse and neglect
### Procedures

<table>
<thead>
<tr>
<th>Observe</th>
<th>Assist</th>
<th>Perform</th>
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<tbody>
<tr>
<td>Phlebotomy</td>
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<td>Newborn resuscitation</td>
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<td>Lumbar puncture</td>
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<td>Urinary catheterization</td>
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<td>Splinting/nursemaid’s elbow</td>
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<tr>
<td>Circumcision</td>
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<td>Lingual Frenectomy</td>
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<td>Toenail removal</td>
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<td>Arterial blood gases</td>
<td>Arterial blood gases interpretation</td>
<td>Arterial blood gases interpretation performance</td>
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<td>PNEU (Pneumatic Otoscopy)</td>
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<td>Rapid Strep/UA/RSV</td>
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<td>Immunization (administrations)</td>
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<td>OMT</td>
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<tr>
<td>APGAR scoring</td>
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<td>EKG/interpretation</td>
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<tr>
<td>Nebulizer treatment</td>
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<tr>
<td>ADHD evaluation</td>
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<td>Developmental screening</td>
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<td>Wart removal</td>
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<tr>
<td>PFT/peak flow</td>
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<tr>
<td>Umbilical granuloma destruction</td>
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<tr>
<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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<tr>
<td>Heel stick</td>
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### Required Textbooks

- *Harriet Lane Handbook* (available Clinical Key WVSOM Library Website)
- *Nelson’s Textbook of Pediatrics* (available Clinical Key WVSOM Library Website)
- *Nelson’s Essentials of Pediatrics* (available Clinical Key WVSOM Library Website)

### Recommended Textbook

- *Pediatrics: A Competency-Based Companion* (available Clinical Key WVSOM Library Website)
- *Pediatrics in Review Journal* (available Clinical Key WVSOM Library Website)

### Suggested Resources

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

### An Osteopathic Approach to Children by Jane Carreiro

Excellent source for pediatric musculoskeletal development/milestones and Osteopathy in the Cranial Field for newborns.
Redbook – concise presentations of all pediatric infectious diseases including current recommendations by the AAP by topics and specific diseases

Bright Future – 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

Blueprints – succinct, well-organized review text for key pediatric topics. Also includes practice test questions

CURRICULUM – PEDIATRICS I (Nelson’s Textbook of Pediatrics; or Nelson’s Essentials of Pediatrics)
The topics below should be studied during Pediatric I, Nelson’s Textbook and CLIPP cases, and other sources, with approximately one-fourth of the material being studied each week. Preceptors one 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.

<table>
<thead>
<tr>
<th>Topics</th>
<th>MedU (CLIPP) Cases</th>
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<tbody>
<tr>
<td>WEEK 1: NORMAL GROWTH &amp; DEVELOPMENT</td>
<td>Case 1: Evaluation and care of the newborn infant</td>
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<tr>
<td>Overview and Assessment of Variability</td>
<td>Case 2: Infant well-child (2, 6, and 9 months)</td>
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<tr>
<td>The Newborn</td>
<td>Case 3: 3-year-old, well-child check</td>
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<tr>
<td>The First Year</td>
<td>Case 4: 8-year-old, well-child check</td>
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<tr>
<td>The Second Year</td>
<td>Case 5: 16-year-old girl’s health maintenance visit</td>
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<tr>
<td>The Preschool Years</td>
<td>Case 7: Newborn with respiratory distress</td>
</tr>
<tr>
<td>Middle Childhood</td>
<td>Case 8: 6-day-old with Jaundice</td>
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<tr>
<td>Adolescence</td>
<td>Case 10: 6-month-old with a fever</td>
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<tr>
<td>Assessment of Growth</td>
<td>Case 11: 5-year-old with fever and adenopathy</td>
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<tr>
<td>Developmental-Behavioral Screening &amp; Surveillance</td>
<td>Case 12: 10-month-old with a cough</td>
</tr>
<tr>
<td>Assessment &amp; Interviewing</td>
<td>Case 13: 6-year-old with chronic cough</td>
</tr>
<tr>
<td>Pediatric Pharmacokinetics</td>
<td>Case 14: 18-month-old with congestion</td>
</tr>
<tr>
<td>Principles of Drug Therapy</td>
<td>Case 15: 4-week-old with vomiting</td>
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<tr>
<td>The Oral Cavity</td>
<td>Case 17: 4-year-old refusing to walk</td>
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<tr>
<td>Immunization Practices</td>
<td>Case 18: 2-week-old with poor feeding</td>
</tr>
<tr>
<td>WEEK 2 – CARDIOLOGY/RESPIRATORY/GYN</td>
<td>Case 19: 16-month-old with a first seizure</td>
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<tr>
<td>Evaluation of the Cardiovascular System</td>
<td>Case 20: 7-year-old with headaches</td>
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<tr>
<td>Laboratory Evaluation</td>
<td>Case 21: 6-year-old boy with bruising</td>
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<tr>
<td>Congenital Heart Disease</td>
<td>Case 26: 9-week-old with failure to thrive</td>
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<tr>
<td>Cardiac Arrhythmias</td>
<td>Case 32: 5-year-old with rash</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>Communicating in Specific Situations #21: Communication and Relationships with Children and Parents</td>
</tr>
<tr>
<td>Disorders of the Respiratory Tract</td>
<td>Communicating in Specific Situations #22: The Adolescent Interview</td>
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<td>Gyn</td>
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Computer-assisted Learning in Pediatrics Program (CLIPP)

The Computer-assisted Learning in Pediatrics Program (CLIPP) is a virtual patient program for the Pediatrics clerkship.

CLIPP’s 32 interactive virtual patient cases are designed to encompass the learning objectives of the Council on Medical Student Education in Pediatrics (COMSEP) curriculum comprehensively. CLIPP, used mostly by third-year medical students, is an excellent learning tool for health care professionals.

Go to [http://www.med-u.org/](http://www.med-u.org/) You must register to use MedU/CLIPP. Once you have registered, you can log in to the CLIPP cases using your established login and password.

If you have technical problem with the MedU Cases, please email medusupport@i-intime.org.

Completion of the CLIPP cases will have an influence on your final grade for this rotation. See the Requirements and Evaluation section for more details. The posttest examination is based upon content from this case list. All of the listed cases must be completed by the end of the rotation.

Rotation Requirement Package (10%)
The rotation package for Pediatrics I consists of Logs, MedU Cases (CLIPP), Doc.Com Cases, and the Pediatric Skills Checklist. All items must be turned in on the last day of the rotation to receive the 10%. If any item is missing, then 10% will be deducted from the final grade.

- **MedU Cases** – Print the case selection screen from the CLIPP Cases website upon completion of all required cases. This printout must be submitted to the appropriate Statewide Campus on the last day of this rotation. Failure to provide this printout within the time-frame will result in a deduction of 10% from your final rotation grade. Complete the following cases during your clinical rotation:
  - 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: 4-week-old with vomiting
• 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 #26: 9-week-old with failure to thrive
• CLIPP Case #32: 5-year-old with rash

• **Doc.Com Cases:** You will be required to complete the discussion questions of the Doc.Com Cases. To access the Doc.Com Cases go to: [http://webcampus.drexelmed.edu/doccom/user/](http://webcampus.drexelmed.edu/doccom/user/) you will log in using your Email address and Password. Failure to complete these cases by the last day of the rotation will result in a deduction of 10% from your final rotation grade. Complete the following cases during your rotation:
  - Communicating in Specific Situations # 21: Communication and Relationships with Children and Parents
  - Communicating in Specific Situations #22: The Adolescent Interview

• **Pediatric Skills Checklist and Patient Log** – A hard copy of this checklist and your patient log 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 log and 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](http://www.wvsom.edu/Academics/predoc-clinicalresources)
# WVSOM PEDIATRICS SKILLS CHECKLIST

**to document Patient Care Competencies**

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<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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</thead>
<tbody>
<tr>
<td>Maternal &amp; prenatal history</td>
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<tr>
<td>Family History</td>
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<tr>
<td>Labor and Delivery History</td>
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<tr>
<th>Obtain an infant/child history</th>
<th>Date/MR#/Invol</th>
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<td>Past Surgical History</td>
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<td>Dietary History</td>
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<td>Developmental History</td>
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<td>Family History</td>
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<td>Social History</td>
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<td>Review of Systems</td>
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<tr>
<th>Obtain an adolescent history</th>
<th>Date/MR#/Invol</th>
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<td>Medications and Allergies</td>
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<td>Past Surgical History</td>
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<td>Hospitalizations</td>
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<td>Family History</td>
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<td>Social History (HEADSS)</td>
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<td>Dietary History</td>
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<td>Review of Systems</td>
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<tr>
<th>Newborn</th>
<th>Date/MR#/Invol</th>
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<td>Attend a vaginal delivery</td>
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<td>Attend a C-section delivery</td>
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<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 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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**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>WVSOM PEDIATRICS SKILLS CHECKLIST</th>
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<tbody>
<tr>
<td><strong>Newborn</strong></td>
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<tr>
<td>Explain contra/indications of/f or</td>
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<tr>
<td>hearing screening</td>
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<tr>
<td>immunizations</td>
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<tr>
<td>circumcision</td>
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<tr>
<td>lumbar puncture</td>
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<tr>
<td>bladder aspiration</td>
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<tr>
<td>ureth catheterization</td>
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<tr>
<td>nasogastric feedings</td>
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<tr>
<td>venipuncture</td>
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<tr>
<td>injections</td>
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<tr>
<td>intubation</td>
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<tr>
<td>UAC/UVC placement</td>
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</tbody>
</table>

| **Infant/Child**                  |
| Obtain Ht, Wt, HC & plot on growth chart |
| Interpret growth pattern           |
| Obtain vital signs (T, RR, HR, BP) |
| Interpret vital signs              |
| Perform Developmental Screening    |
| Perform complete exam including structural |
| Verbalize PALS for hypovolemia     |
| tachycardia                       |
| Perform pneumatic otoscopy         |
| Perform & interpret vision and hearing screen |
| Understand the contra/indications of |
| Immunizations                      |
| lumbar puncture                   |
| ureth catheterization             |
| intubation                        |
| venipuncture                      |

| **Adolescent**                    |
| Accurately assign Sexual Maturity Rating |
| Perform pelvic exam under supervision |
| Perform complete exam including structural |
| PALS protocol                      |
| Explain contra/indications of      |
| Immunizations                      |
| lumbar puncture                   |
| gastric Lavage                    |
| intubation                        |
| venipuncture                      |
# 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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</thead>
<tbody>
<tr>
<td>Infant warmers and isollettes</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>Bilirimeter</td>
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<td>Phototherapy lights</td>
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<tr>
<td>Transilluminator</td>
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<tr>
<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>Audiometer</td>
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<td>EKG</td>
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<tr>
<td>Cultures</td>
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<td>Throat</td>
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<td>Eye</td>
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<td>Wound</td>
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<td>Vaginal</td>
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<td>Urethral</td>
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<td>Venipuncture</td>
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<td>ABG</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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</thead>
<tbody>
<tr>
<td>Cardiac and respiratory monitor data</td>
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<td>IVFs - maintenance and deficit calculation</td>
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<tr>
<td>Bilirubin levels</td>
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<tr>
<td>Audiogram</td>
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<tr>
<td>Tympanograms</td>
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<td>ABGs</td>
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<tr>
<td>Spirometry &amp; Peak flow</td>
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<tr>
<td>Oximetry</td>
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<td>Chest</td>
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<td>Abdomen</td>
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<td>Extremity</td>
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Pretest/Posttest (30%)

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Supervising Physician Evaluation (60%)

A confidential mid-rotation evaluation with the student 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 at the end 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.

Students must complete Site Evaluations by the last day of the rotation to avoid an Incomplete Grade. If the Site Evaluation is not completed in 6 weeks after the rotation ends the Incomplete Grade will then become a Failure. The registrar will be notified who will then notify the Dean.

For addresses and more detailed contact info, please see back of this manual.
2.5 Psychiatry

I. Introduction

For many students, the medical school psychiatry rotation will encompass the entirety of your formal training in psychiatry during your career in medicine. 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-propelled, 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.

II. Osteopathic Relevance

The Specialty of Psychiatric Medicine is inherently team-based and holistic. It incorporates the biopsychosocial model in the evaluation and care of patients. The approach parallels the osteopathic principal of “the person is a unit of body, mind and spirit.” It is also well known that somatic symptoms are common in psychiatric patients and this follows the osteopathic concept that “structure and function are reciprocally interrelated.” With these concepts in mind during your psychiatry rotation and with additional understanding of the body’s self-healing abilities you will see daily application of osteopathic principles and practices during these four weeks of your clinical education.
III. Rotation Objectives and Core Competencies

Core competencies are in part evaluated by main campus staff and/or national licensing examinations as part of WVSOM’s on-going assessment of student achievement. Preceptors/Attendings for this rotation are expected to make the following competency assessments. Preceptors are expected to provide feedback on these skills, abilities and attitudes during the rotation and to provide a final evaluation of student competence at the end of the rotation on the Clinical Education Grade Form.

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

   - Psychiatry is an inherently holistic discipline. The Osteopathic student will understand the tenet of mind, body and spirit interrelationship as it integrates with the use of the biopsychosocial model.

   - The student will:
     o Recognize physical manifestations of psychiatric illness
     o Recognize psychiatric/behavioral manifestations of underlying or coexisting organic illness
     o Recognize that psychiatric symptoms may be a compensatory response to homeostatic imbalance
     o Recognize that somatic/structural changes may manifest as psychiatric symptoms

2. 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.

   - The student will be able to demonstrate an understanding of:
     o A complete psychiatric evaluation
     o A plan and rationale for a treatment plan with all five diagnostic axis
     o The disease processes of psychiatric and emotional disorders
     o Symptoms, syndromes, episodes, disorders and diseases
     o The use and understanding of the current (DSM) Diagnosis and Statistical Manual of Mental Disorders
     o Psychopharmacology including side effects and interactions
     o Medical and organic etiology causing or contributing to psychiatric symptoms

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5 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.
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.

- The student will be able to:
  - Complete the psychiatric evaluation
  - Plan a rationale for the treatment plan with all five diagnostic axis
  - Perform a physical examination
  - Exhibit appropriate interviewing skills
  - Demonstrate the ability to monitor the response to therapeutic interventions
  - Educate the patient and evaluate their comprehension of the treatment plan
  - Identify and initiate management of psychiatric emergencies

4. **Interpersonal and Communication Skills:** Preceptors are expected to evaluate student competence in communication and interviewing techniques, including the appropriate use of open-ended questions, active listening, providing care appropriate for contextual factors such as the patient’s beliefs, culture, values, etc.; the 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; the ability to close an interview appropriately.

- The student will:
  - 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.
  - Establish rapport with the patient and demonstrate therapeutic interaction with patients, family members and others involved with the patient’s care.
  - Use appropriate terminology/language with the patient and their family.
  - Demonstrate the ability to appropriately document interactions and plans

5. **Professionalism:** Preceptors are expected to evaluate (1) professionalism, including demonstrated ethical, personal and professional qualities deemed necessary for the continued successful study and practice of osteopathic medicine; (2) maintenance of professional relationships with patients and staff; (3) responsibility, (4) dependability, and (5) reliability.

- The student will:
  - Demonstrate empathy, respect and cultural sensitivity towards others
  - Demonstrate a team approach
  - Dress appropriately
  - Demonstrate an understanding of confidentiality and ethical behavior

6. **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.

- The student will:
  - Demonstrate an understanding of medical informatics, evidence-based learning, and research techniques
  - Demonstrate the ability to identify personal knowledge deficits
  - Demonstrate the ability to locate educational resources to strengthen personal medical knowledge
  - Display commitment to continuous quality improvement.
  - Demonstrate the ability to teach both peers and lay audiences
  - Apply fundamental epidemiologic concepts to practice improvement
  - Understand the value of medical informatics and the differences among:
    - Evidence-based
    - Research
    - Empirical
    - Rational
    - Intuitive

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 cost effective medicine.

- The student will:
  - Recognize how patient care and professional practice affect other health care professionals, health care organizations, and society
  - Recognize how delivery systems differ in controlling health care cost and allocating resources
  - Use patient-centered and equitable systems of care that recognize the needs of the patient
  - Understand and recognize the barriers for patient access to psychiatric and medical health care
  - Understand that the Psychiatry contact may be the patient’s only access to medical care
  - Understand the stigma of seeking and receiving psychiatric care

IV. **Topics** students should learn regardless of whether they see a patient with this condition: (Included are the recommended time periods when the student should study and read on the topic)

- MSE (Mental Status Exam)
  - Psychiatric History
  - Glossary of terms
- Safety
• Biopsychosocial Model
• Mood Disorders
• Anxiety
• Post Traumatic Stress Disorder (PTSD)
• Substance Abuse
  o Intoxication
  o Withdrawal
• Suicidal Assessment
• Aggression Assessment
• Psychotic Disorders
• Childhood Disorders
  o Attention Deficit Hyperactivity Disorder (ADHD)
  o Oppositional Defiant/Conduct Disorders
  o Pervasive Development Disorders
• Cognitive Disorders
  o Dementia
  o Delirium
• Organic Causes of Mental Disorders
• Somatoform Disorders
• Ethics/legal
  o Confidentiality
  o Informed consent
  o Decision-making capacity
  o Guardianship
  o Boundary Issues
  o Transference/counter transference
  o Tarasoff Warning
• Personality Disorders

V. Activities: 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 concentration
- 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

Log all of your experience on each of the following procedures. At the end of the rotation, have your preceptor sign off on them. Use the Log book provided by your Statewide Campus office. If you need additional copies print a procedure log from the forms section of the Clinical Education Website.

- Structural exam
- MME: Mini Mental Status Exam
- Complete history/physical
- Psychotherapy
- Psychopharmacology
- OMT
- ECT (Electro-Convulsive Therapy)
- Diagnostic testing
- Psychological testing
- Vagal nerve stimulation
- Neuro feedback/bio feedback
- Hypnosis

**Required Texts**

*Massachusetts General Hospital Comprehensive Clinical Psychiatry* – available on Clinical Key

*The Diagnosis and Statistical Manual of Mental Disorders (DMS-V)*

**Pretest/Posttest (30%)**
In the first week of the rotation, all students will take the online sample COMAT Psychiatry 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 Psychiatry 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. Your exam will be proctored in your Statewide Campus region and will count as 30% of your grade. A date and time for the posttest will be provided by your Statewide Campus office.

Rotations Requirement Package (10%)

The rotation requirement package for Psychiatry consists of Logs and Doc.com cases. The rotation requirement package is 10% of the final rotation grade. All items of the rotation requirement package must be turned in on the last day of the rotation to receive the 10%. If any item is missing then 10% is deducted from the final grade.

- **Doc.Com Cases**: You will be required to complete the discussion questions of the Doc.Com Cases. To access the Doc.Com Cases visit: http://webcampus.drexelmed.edu/doccom/user/ you will log in using your Email address and Password.
  - Communicating in Specific Situations # 26: Anxiety and Panic Disorder
  - Communicating in Specific Situations # 29: Alcohol: Interviewing and Advising

- **Logs** - You will be required to log all patient contact. Use the log book provided by your Statewide Campus office. If additional pages are needed request a new log book from your Statewide Campus office. This log is due in your Statewide Campus office on the last day of your rotation. You should keep a copy for your own records, as this will be important documentation throughout your career for credentialing purposes.

Supervising Physician Evaluation (60%)

A confidential mid-rotation evaluation with the student should be done verbally or in writing. If the preceptor does not schedule this evaluation then the student should request the evaluation midway through the rotation. 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 at the end 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.

Students must complete Site Evaluations by the last day of the rotation to avoid an Incomplete Grade.

For addresses and more detailed contact info, please see back of this manual.
2.6 General Surgery

I. Introduction

The third year general surgery rotation is one where you will see both acutely ill and stable patients. You will learn how to do a thorough surgical history and physical exams as well as some invasive procedures. These will be done on patients with specific symptoms based on the patients’ presenting complaints. You will learn to develop a plan of treatment for specific surgical conditions, and understand the risk/benefit ratios of each of them. You will understand and identify conditions for which surgical intervention and consultation is necessary with an eye to understanding the etiology, pathogenesis, clinical lab and radiologic manifestations of common surgical problems.

During your rotation you will be expected to learn specific procedures such as suturing, starting IV’s, inserting foley catheters and nasogastric tubes, etc. In addition, you will come to understand the scope and limitations of surgical treatment and alternatives to surgery, surgical outcomes and possible complications. It is also important to be familiar with fundamental technical skills necessary for critical/surgical care, acute surgical emergencies and initiation of prompt diagnostic and therapeutic measures for same. Finally, you will gain understanding of the principles of pre and post-operative care, and the important role of the surgeon in the healthcare team in and out of the Operating Room.

II. Osteopathic Relevance

General Surgery provides an opportunity to experience the application of osteopathic principles utilizing diagnostic and treatment skills that often focus more on the visceral functions of the body rather than somatic function. Many surgical conditions of the thorax and abdomen have well defined viscerosomatic dysfunctions that aid in the diagnosis of the condition. Application of osteopathic skills, such as early mobilization of the patient and post-operative OMT reduces the likelihood of complications including deep vein thrombosis, atelectasis and fever. This is also a rotation where you will see patients who, during recovery, are dependent on their personal support system for spiritual, emotional and physical support. The rotation will help build your appreciation of the need to interact with the whole patient, including their family and significant others.

III. Rotation Objectives and Core Competencies

Core competencies are in part evaluated by main campus staff and/or national licensing examinations, as part of WVSOM’s on-going assessment of student achievement. Preceptors/Attendings for this rotation specifically are expected to make the following competency assessments. Preceptors are expected to provide feedback on these skills, abilities and attitudes during the rotation, and to provide a final evaluation of student competence at the end of the rotation on the Clinical Education Grade Form.
1. **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).

- The student will be able to:
  - Utilize osteopathic diagnostic skills that must be adapted to the physical limitations common to post-operative care environments
  - Recognize and diagnose somatic dysfunction in the context of common surgical pain presentations including the acute abdomen and common visceral-somatic pain reflexes
  - 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
  - Consider the application of OMT only if safe in the context of the patient’s current medical condition and patient care environment
  - Develop an appreciation for the need to treat the entire patient including emotional, spiritual, physical and family needs

2. **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.

- The student will be able to:
  - Understand basic surgical principles and terminology
  - Understand the basic principles of tissue healing
  - Understand the role of pre-operative clearance, intra-operative care and post-operative patient management
  - 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
  - Understand the role of appropriate surgical consultation
  - Understand and recognize the principles of evidence-based utilization of resources as applied to general surgery (system based)

3. **Patient Care:** Preceptors are expected to evaluate the student’s ability to consistently demonstrate competence in patient care, including the ability to

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6 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.
competently take a history, perform a physical examination, assist with medical procedures, and provide appropriate follow-up care.

- The student will be able to:
  - Perform a thorough physical exam of the abdomen, breast, thyroid, anorectal and genital areas
  - Perform, observe or assist with all procedures listed on the procedure list
  - Perform a preoperative assessment and management plan
  - Create a post-operative management plan
  - Recognize common post-operative complications

4. **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.

- The student will be able to:
  - Demonstrate ability to effectively communicate with surgical patients
  - 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
  - Understand the documentation expectations of the attending surgeon during your rotation (H&P, surgical progress notes, etc)
  - Demonstrate effective communication techniques with the surgical healthcare team and ancillary staff
  - Consolidate and organize pertinent information for presentation to the attending physician
  - Demonstrate appropriate surgical consultation skills
  - Demonstrate the ability to communicate effectively and compassionately with patients and family

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 professional relationships with patients and staff; responsibility, dependability, and reliability. Understand the role of the student as defined in the Student Manual.

- The student will be able to:
  - Demonstrate a team approach for treating surgical patients
  - Accept direction and critical teaching from the surgical team, nurses and staff with a positive attitude
  - Display respect for peers within the operating room and hospital
  - Demonstrate respect for patient’s personal privacy and values
Show sensitivity to a diverse patient population
Understand the appropriate use of operating room attire realizing this may be facility specific
Demonstrate empathy and compassion for patients and their families
Maintain honesty and integrity in all your communications
Understand, appreciate and abide by all HIPAA rules
Be aware of patient’s rights and responsibilities and the need for shared decision making

6. 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.

- The student will be able to:
  - Apply fundamental epidemiologic concepts to practice improvement
  - Include topics related to Medical informatics / EBM / Research
  - Demonstrate ability to identify personal knowledge deficits
  - Demonstrate ability to locate educational resources and strengthen personal medical knowledge
  - Display commitment to continuous quality improvement
  - Demonstrate ability to teach both peers and lay audiences

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.

- The student will be able to:
  - Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society
  - Recognize how delivery systems differ with controlling health care costs and allocating resources
  - Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety
  - Be aware of medication and treatment costs (direct patient costs) and the impact of these factors on the physician’s treatment plan
  - Demonstrate understanding of HIPAA regulations and its impact on the communication of patient care information for surgical patients
  - Understand the importance of “Time Out” procedures to reduce medical errors and improve patient and staff safety
  - 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
IV. Top 10 - 15 topics student should learn regardless of whether they see a patient with this condition:
- The acute abdomen
- Appendicitis
- Cholecystitis
- Hernias
- Colon cancer
- Breast cancer
- Diverticulitis
- Pancreatitis
- Thyroid nodules and cancer
- Small bowel obstruction
- Dyspepsia/gastritis/peptic ulcer disease
- Inflammatory bowel disease
- Upper/lower GI bleeding
- GERD
- Trauma
- Post-op management
- Pre-op evaluation
- Vascular disease
- Burn and wound management

V. Activities
Research each of the following patient presentations, and be prepared to answer questions on your end-of-rotation exam
- Left lower quadrant pain
- Right lower quadrant pain
- Right upper quadrant pain
- Nausea/vomiting
- Heartburn/atypical chest pain
- Masses/lumps - painful and painless
- Anorectal pain
- Anorectal bleeding
- Abnormal mammogram
- Skin lesions
- Hematemesis
- Abnormal labs - including but not limited to occult rectal bleeding, anemia, liver function tests (LFT)
- Post-op fever
- Preventative medicine – colon screening, mammograms
- Thromboembolic events
- Fluid management and fluid balance
Log your experience on each of the following procedures. At the end of the rotation, have your preceptor sign off on them. Use the Log Book provided by your Statewide Campus office. If additional pages are needed request another log book from your Statewide Campus office.

- **Office based**
  - Sterile technique
  - Removal of sutures and staples
  - Suturing and stapling techniques
  - Digital rectal exam
  - Dressing change
  - Injection of local anesthesia including selection of the appropriate agent
  - Abscess, incise and drain
  - Basic skin lesion removal – biopsy(punch and shave) and elliptical
  - Sebaceous cyst excision
  - Removal of ingrown toenail
  - Hemorrhoid thrombectomy
  - Seroma aspiration
  - FNA – fine needle aspiration/biopsy (observe)
  - Breast exam

- **Hospital procedures (perform)**
  - Foley catheter insertion
  - NG insertion
  - Peripheral IV insertion
  - Basic closure techniques including sutures and staples
  - Sterile technique

- **Hospital Procedures (observe/assist)**
  - Arterial line insertion
  - Central line insertion
  - Colonoscopy
  - Endoscopy
  - Herniorrhaphy
  - Appendectomy
  - Mastectomy/breast biopsy
  - Bowel resection
  - Thyroidectomy
  - Sentinel lymph node biopsy
  - Trauma resuscitation
  - Participate in “Time Out”
  - Intubation
VI. Suggested Reading Schedule

Reading topics are from the required text.

Reading Topics
- Sterile technique
- Acute abdomen
- Tissue healing
- Wound care
- Pre-op evaluation
- Fluid management/balance
- Appendicitis
- Gallbladder disease
- Hernias, Diverticulitis
- GI bleeding
- PUD/Reflux/UGI complaints
- Pancreatitis
- Breast cancer
- Colon cancer
- Skin cancer
- Thyroid
- Trauma management
- Burn management

Required Texts
Zollinger’s Atlas of Surgical Operations
Sabastian Textbook of Surgery, 9th edition – available on Clinical Key

Recommended Texts
Surgery: A Competency-Based Companion, Mann – available on Clinical Key
Core Topics in General and Emergency Surgery, 5th edition – available on Clinical Key
Essential Surgery: Problems, Diagnosis, and Management, 5th edition – available on Clinical Key

Rotation Requirement Package (10%)

The rotation requirement package for Surgery consists of Logs, MedU Cases, and Doc.com Cases. The rotation requirement package is 10% of the final rotation grade. All items of the rotation requirement package must be turned in by the last day of the rotation to receive the 10%. If any item is missing then 10% is deducted from the final grade.

- **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 WISEMD. 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 by the last day of the rotation. If you have technical problems with the Cases please e-mail [medusupport@i-intime.org](mailto:medusupport@i-intime.org).
  - Appendicitis
  - Hernia
  - Cholecystitis
  - Anorectal Disease
- Colon Cancer
- Diverticulitis
- Breast Cancer
- Thyroid nodule
- Skin Cancer
- Trauma resuscitation
- Burn management
- Bowel obstruction

- **Doc.Com Cases:** You will be required to complete the discussion questions of the Doc.Com Cases. 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.
  - Communicating in Specific Situations: #32-“Advance Directives”

- **Logs** - Log your experience on each of the procedures. At the end of the rotation, have your preceptor sign off on them. Use the log book provided by your Statewide Campus office. If additional pages are needed, request a new log book from your Statewide Campus office.

**Pretest/Posttest (30%)**

In the first week of the rotation, all students will take the online sample COMAT General Surgery 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 General Surgery 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. Your exam will be proctored in your Statewide Campus region and will count as 30% of your grade. A date and time for the posttest will be provided by your Statewide Campus office.

**Supervising Physician Evaluation (60%)**

A confidential mid-rotation evaluation with the student 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 at the end 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.

Students must complete Site Evaluations by the last day of the rotation to avoid an Incomplete Grade.

For addresses and more detailed contact info, please see back of this manual.
2.7 Dean’s Selective

Core competencies are in part evaluated by main campus staff and/or national licensing examinations, as part of WVSOM’s on-going assessment of student achievement. Preceptors/Attendings for this rotation specifically are expected to make the following competency assessments. Preceptors are expected to provide feedback on these skills, abilities and attitudes during the rotation, and to provide a final evaluation of student competence at the end of the rotation on the Clinical Education Grade Form.

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, 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 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.

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 professional relationships with patients and staff; responsibility, dependability, and reliability.

6. **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.

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7. *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.
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.

**Objectives**

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 based 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.

**References:**

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

**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)

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.

**Patient logs (10%)**
Logs are due by the last day of the rotation.

**Evaluation of goals, objectives, and competencies is achieved through preceptor evaluation.**

**Supervising Physician Evaluation (90%)**

A confidential mid-rotation evaluation with the student 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 third 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.

Students must complete Site Evaluations by the last day of the rotation to avoid an Incomplete Grade.

For addresses and more detailed contact info, please see back of this manual.
2.8 Emergency Medicine

I. Introduction

The third year Emergency Medicine rotation is unique in that you will see acutely ill or injured patients. This is where you learn how to do focused History and Physical exams. These are done on patients with specific symptoms based on the patients presenting complaint. You will normally need to only evaluate the specific reason (focused H&P) for that visit. Time management is very important. You must learn to quickly 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 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 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.

II. Osteopathic Relevance

Osteopathic Medicine provides valuable diagnostic and treatment methodologies that can be a valuable resource in the care of patients presenting to an emergency department. Students should recognize that the emergency department embraces the concept of treating the entire patient. This includes recognizing the body is a whole unit, and the presenting emergent complaint is often accompanied with issues that affect not only the patient’s physical body but also their ability to cope with their emotional response. Recognizing the role of family, friends and community support systems is integral to meeting the patient’s total needs.

The student should learn the appropriate application of osteopathic diagnostic and treatment modalities in the context of the emergency department where life threatening conditions require immediate triage and immediate definitive care. The student should learn to recognize the indications for OMT in the emergency department and when its application is best suited for the patient moved to the next level of care, either as an inpatient or by the primary care provider who provides follow-up care upon discharge.
III. Rotation Objectives and Core Competencies

Core competencies are in part evaluated by Statewide Campus personnel and/or national licensing examinations, as part of WVSOM’s ongoing assessment of student achievement. Preceptors/Attendings for this rotation specifically are expected to make the following competency assessments. Preceptors are expected to provide feedback on these skills, abilities and attitudes during the rotation, and to provide a final evaluation of student competence at the end of the rotation on the Clinical Education Grade Form. Students are encouraged to request mid-rotation evaluation to determine core competencies or any other skills that need improvement.

1. 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).

- The student will:
  - Demonstrate Osteopathic diagnostic skills adapted to the physical limitations of emergency department bed, space and staffing considerations
  - Recognize and diagnosis somatic dysfunction in the context of common patient pain presentations: Thoracic Chest Pain, Headaches, Spine Pain, Extremity pain, Overuse Syndromes, Joint pain and Abdominal Pain
  - Recognize and apply osteopathic treatment modalities appropriate to the emergency department 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

2. 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.

- The student will demonstrate knowledge of:
  - The risk factors for a specific area or system related to the chief complaint
  - The most life-threatening or organ-damaging conditions related to the presenting complaint
  - The principles of rapid EKG interpretation
  - Vascular hemodynamics
  - The life-threatening complications specific to the age of the patient
  - The serious versus benign presentations of disease involving organ systems and their differential diagnoses

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8 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.
o The principles of Emergency Medical System (EMS) pre-hospital stabilization and definitive transfer protocols
o The proper utilization and roles of consulting professionals
o The principles of evidence-based utilization of resources as applied to emergency medicine
o EMTALA (Emergency Medical Treatment Active Labor Act)
o The acute presentation of chronic diseases that are life-threatening
o The principles and application of standardized emergency protocols including First Aid, BLS, ACLS, ATLS, and PALS
o The basic principles of tissue healing
o The basic principle of poisoning and drug overdose

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 instructions.

- The student will:
  o Demonstrate how to approach a patient in the emergency medicine department
  o Demonstrate the ability to identify the chief complaint
  o Perform a focused exam related to chief complaint
  o Demonstrate effective patient management skills
  o Demonstrate the ability to develop an evaluation and treatment plan
  o Demonstrate the ability to monitor the response to therapeutic interventions
  o Discuss with their attending the referral of the patient for subsequent healthcare services to insure proper transition of care including OMT
  o Discuss preventable injuries and illnesses with the patient
  o Educate patient and evaluate their comprehension of their outpatient treatment plan
  o Participate with the health care team to provide patient care

4. **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.

- The student will:
  o Demonstrate ability to effectively communicate with acutely ill or injured patients
  o Demonstrate ability to identify and communicate with family members, medical power of attorney, or person of authority to speak on behalf of the patient
o Demonstrate the ability to identify the person with key information about the patient.
o Demonstrate the ability to identify themselves to the patient and their role in their care
o Demonstrate the ability to put the patient and their family at ease
o Consolidate and organize pertinent information for presentation to attending physician
o Use the appropriate medical terminology while communicating with emergency department staff
o Demonstrate effective communication techniques with other members of the healthcare team and ancillary staff
o Use appropriate terminology/language with patient and family
o Learn the documentation expectations of the emergency department
o Demonstrate a personal self awareness of their interaction with the patient

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 professional relationships with patients and staff; responsibility, dependability, accountability, and reliability. Understand the role of a student as defined in student manual.

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.

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

6. 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.

- The student will:
  - Apply fundamental epidemiologic concepts to practice improvement
  - Demonstrate understanding of medical informatics / Evidence-Based Medicine / Research
  - Demonstrate ability to identify personal knowledge deficits
  - Demonstrate ability to locate educational resources and strengthen personal medical knowledge
  - Display commitment to continuous quality improvement
Demonstrate ability to teach both peers and lay audiences

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.

- The student will:
  - Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
  - Recognize how delivery systems differ: controlling health care costs, allocating resources
  - Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
  - Make an appropriate referral from the emergency department
  - Arrange outpatient testing from emergency department and follow-up with other providers
  - Be aware of medication and treatment costs (direct patient costs)
  - Appreciate Patient’s rights and responsibilities and that shared decision making improve understanding and compliance.
  - Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance
  - Understand EMTALA and HIPAA relative to the emergency department
  - Recognize how to reduce medical errors and patient and staff safety
  - Recognize cost effective health care that does not compromise patient care.
  - 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
  - Understand and be able to discuss any medical disparities in the community being served

IV. **Research each of the following patient presentations, and be prepared to answer questions on your end-of-rotation exam:**

- Resuscitation: fluids/respiratory/cardiac/trauma
- Eye emergency
- Musculoskeletal complaints and back pain
- Wound/laceration management
- Pediatrics emergencies: infections/respiratory/gastrointestinal/safety
- Acute coronary syndrome and cardiac dysrhythmia
- Trauma: head/abdominal/extremity/chest
- Nontraumatic Neurologic complaints including stroke
- Fractures
• Burns
• Respiratory Presentations: pneumonia/COPD/asthma/respiratory arrest
• Sepsis/shock
• UTI/Pyelonephritis
• Diabetic ketoacidosis
• Renal Failure: acute/chronic
• Threatened spontaneous abortion
• Sexually Transmitted Diseases
• Pain presentations: chest/abdominal
• Domestic Violence: elder abuse/shaken baby/etc.
• Patient Triage
• Drug addiction/drug seeking
• Fever
• Headache
• Dyspnea
• Altered Mental status
• Epistasis
• Nausea/vomiting
• Palpitations
• Back pain
• Syncope

Log your experience on each of the following procedures. At the end of the rotation, have your preceptor sign off on them. Use the log book provided by your Statewide Campus office. If additional pages are needed request a new log book from your Statewide Campus office.

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 Diff 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

**Required Text:**
*Marx: Rosen’s Emergency Medicine*, Mosby – available on Clinical Key

**Rotation Requirement Package (10%)**

The rotation requirement package for Emergency Medicine consists of completing Logs, MedU cases, and Doc.com cases. The rotation requirement package is 10% of the final rotation grade. All items of the rotation requirement package must be turned in **by the last day** of the rotation to receive the 10%. If any item is missing then 10% is deducted from the final grade.

- **Logs** - Log your experience on each of the procedures. At the end of the rotation, have your preceptor sign off on them. Use the log book provided by your Statewide Campus office. If additional pages are needed, request a new log book from your Statewide Campus office.

- **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 **by the last day of the rotation**. **If you have technical problems with the Cases please e-mail medusupport@i-intime.org.**
  - fmCase #4: 19-year-old female with sports injury-Christina Martinez
  - fmCase # 27: 17-year-old male with groin pain-Andrew Hailey
• Simple Case # 2: 60-year-old woman with episodic chest discomfort-Ms. Johnston

• **Doc.Com Cases:** You will be required to complete the discussion questions of the Doc.Com Cases. 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.
  
  • Advanced Elements: #13-“Responding to strong emotions”

**Posttest (30%)**

At the completion of the clinical rotation, all students will take a proctored written posttest examination covering topics from the reading list *(and cases where appropriate)*. This posttest will count for 30% of your final grade. The posttest exam will be proctored in your Statewide Campus region. A date and time for the posttest will be provided by your Statewide Campus office.

**Supervising Physician Evaluation (60%)**

A confidential mid-rotation evaluation with the student 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 at the end 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.**

**Students must complete Site Evaluations by the last day of the rotation to avoid an Incomplete Grade.**

For addresses and more detailed contact info, please see back of this manual.
2.9 Obstetrics and Gynecology/Women’s Health

I. Introduction

This is a four week Obstetrics and Gynecology rotation designed to train students in both office and hospital settings. In the obstetrics portion of the rotation, students will observe or participate in prenatal diagnoses, complications, and management of the pregnant female, as well as delivery and post partum care. In the women’s health portion, students will demonstrate and understand the diagnosis and management of those gynecologic conditions most commonly encountered by the gynecologist, as well as those diagnostic and operative procedures most familiar to gynecologic surgery.

II. Osteopathic Relevance

The Practice of Obstetrics and Gynecology is in reality the Practice of Women’s Health, and for this reason should be viewed as another part of Good Osteopathic Medical Care. Students must be able to provide a comprehensive osteopathic exam in order to provide complete osteopathic care. Women’s health provides both unique opportunities and proven benefits for osteopathic manipulative skills. Structural changes incurred by pregnancy respond well to OMT and have proven to benefit the patient immediately and at time of delivery. Benefits also exist in relieving Dysmenorrhea and Dyspareunia. Special challengers also exist in care and treatment of osteoporosis. The student should never forget to be keenly aware that women’s needs and concerns revolve around their position as the anchor of the family creating more than just physical ailments. The student must be able to use and apply their osteopathic principles and education to provide the care and compassion necessary to treat both short and long term problems.

III. Rotation Objectives and Core Competencies

Core competencies are in part evaluated by main campus staff and/or national licensing examinations, as part of WVSOM’s ongoing assessment of student achievement. Preceptors/Attendings for this rotation specifically are expected to make the following competency assessments. Preceptors are expected to provide feedback on these skills, abilities and attitudes during the rotation, and to provide a final evaluation of student competence at the end of the rotation on the Clinical Education Grade Form.

1. 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).

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9 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.
2. 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.

- The student will be able to:
  - Demonstrate an understanding of sex and gender differences in normal development and pathophysiology
  - Demonstrate an understanding differences in biological functions, developmental and pharmacological responses in females, including:
    - Hormonal variations
    - Sexual response, function and dysfunction
    - Reproduction, contraception, and sterilization
    - Pharmacology
    - Discuss the pathophysiology, etiology, differential diagnoses and treatment options for conditions and functions specific to women as noted in the OB/GYN topics list

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.

- The student will:
  - Perform sex-gender and age-appropriate physical exam
  - Perform an accurate breast exam
  - Perform an accurate pelvic exam and describe size, shape and position of uterus
  - Explain how to obtain samples for microbiologic assessment in appropriate circumstances
  - Perform or assist (as appropriate) those procedures listed

4. 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.

- The student will:
  - Demonstrate ability to effectively communicate with women in an age-appropriate manner.
  - Identify and assist victims of physical, emotional and sexual violence and abuse
o Participate in and provide counseling about family planning and safe sex methods, etc.

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 professional relationships with patients and staff; responsibility, dependability, and reliability.

- The student will:
  o Integrate appropriate screening questions for identification of substance abuse, high risk sexual activity and interpersonal violence or abuse in a manner that demonstrates empathy, respect and cultural sensitivity
  o Demonstrate appropriate understanding of and need for supervision, chaperones/assistant and utilization of same
  o Recognize effects of student’s demeanor, appearance and language during interaction with patient and family

6. **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.

- The student will:
  o Apply fundamental epidemiologic concepts to practice improvement.
  o Demonstrate understanding of medical informatics / Evidence-Based Medicine / Research
  o Demonstrate ability to identify personal knowledge deficits
  o Demonstrate ability to locate educational resources and strengthen personal medical knowledge
  o Display commitment to continuous quality improvement
  o Demonstrate ability to teach both peers and lay audiences
  o Construct and communicate a plan to apply women’s health practice guidelines to age-appropriate clinical management
  o Describe disparities in clinical research, access, and delivery of women’s health care and how these affect the health of women

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.

- The student will:
  o Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
Recognize how delivery systems differ: controlling health care costs, allocating resources
Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
Discuss the impact of health care delivery systems as they relate to the delivery of health services to women
Discuss the relationship of women’s health as it relates to:
- Social and political discrimination
- Poverty
- Family caregiver role
- Population characteristics such as sexual orientation, disabilities, ethnicity, immigrants
Identify entities providing specialty care required for specific disease processes and social situations:
- Bereavement groups
- Genetics counselors
- Cancer support groups
- Domestic shelters

IV. Activities

1. Research each of the following topics and be prepared to answer questions on your end of rotation exam:
   - Preconception, antepartum, intrapartum and postpartum care
   - Complicated pregnancy
     - Pregnancy-Induced Hypertension (PIH)
     - Gestational Diabetes Mellitus (GDM)
     - Thyroid
     - Elevated Hemolysis, Liver Enzymes and Low Platelets (HELLP) syndrome
     - Thrombophilia
     - Placenta previa
     - Domestic violence
     - Substance abuse
   - Maternal-fetal physiology
   - Screening and preventive care (this includes paps, mammograms and Rhesus Isoimmunization)
   - Family Planning
   - Infertility
   - Normal and abnormal labor including fetal surveillance
   - Vaginal/Cesarean Deliveries
   - Spontaneous abortion
   - Third trimester bleeding
   - Dysfunctional uterine bleeding
   - Puberty
   - Amenorrhea, Oligomenorrhea, and Hyperandrogenic Disorders
   - Ectopic pregnancy
• Peri-menopause, Menopause and Post menopausal disorders
• Domestic Violence and Sexual Assault
• Breast Disease
• Management of abnormal PAP smears and cervical dysplasia
• Vulvar vaginal diseases
• Sexually transmitted diseases
• Urinary tract disorders and incontinence
• Nutrition and lactation
• Somatic dysfunction and viscerosomatic relationships
• Cervical, uterine and ovarian disease and neoplasms including trophoblastic neoplasia
• Obstetrical emergencies
  o Abruption
  o Postpartum hemorrhage
  o Ecclampsia
  o Shoulder dystocia
• Post Partum depression

2. Log your experience on each of the following procedures. At the end of the rotation, have your preceptor sign off on them. Use the log books provided by your Statewide Campus office.
• Procedures: The list below represents the procedures the student should be exposed to during this rotation. It is understood that the student may not be exposed to all of those procedures listed depending on hospital, time of year, etc. Whether the student is permitted to assist and/or perform these listed will be at the discretion of their individual Preceptor and/or hospital by-laws.
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<thead>
<tr>
<th>Observe</th>
<th>Assisted</th>
<th>Performed</th>
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<tbody>
<tr>
<td>Ectopic pregnancy</td>
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<td>Intrauterine Device (IUD) insertion</td>
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<td>Endometrial biopsy</td>
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<td>Endometrial ablation</td>
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<td>Loop Electrosurgical Excision</td>
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<td>Procedure (LEEP)/cold knife</td>
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<td>Colposcopy</td>
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<td>Ultrasonic diagnosis</td>
<td>Ultrasonic diagnosis</td>
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<td>Incise and drain abscess</td>
<td>Incise and drain abscess</td>
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<td>Laparoscopy</td>
<td>Laparoscopy</td>
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<td>Hysterectomy-Laparoscopic</td>
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<td>Hysterectomy-Vaginal (LAVH)</td>
<td>Hysterectomy-Vaginal (LAVH)</td>
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<td>Total Abdominal Hysterectomy (TAH)</td>
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<td>Sterilization</td>
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<td>Dilatation and Curettage (D&amp;C) GYN</td>
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<td>Dilatation and Curettage (D&amp;C) Suction</td>
<td>Dilatation and Curettage (D&amp;C) Suction</td>
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<td>Delivery-Cesarean</td>
<td>Delivery-Cesarean</td>
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<td>Delivery-Management of Labor</td>
<td>Delivery-Management of Labor</td>
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<td>Delivery-Vaginal</td>
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<td>Delivery-Episiotomy repair</td>
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<td>Pap smear</td>
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<td>Pelvic exam</td>
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<tr>
<td>Breast exam</td>
<td>Breast exam</td>
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<tr>
<td>Obtaining vaginal cultures</td>
<td>Obtaining vaginal cultures</td>
<td>Obtaining vaginal cultures</td>
</tr>
</tbody>
</table>

3. Osteopathic Manipulative Medicine (OMT): Log all OMT procedures performed in order to receive Stookey credit.

**Required Text**

*Hacker & Moore’s Essentials of Obstetrics and Gynecology*, Hacke, Gambone, and Hobel – available on Clinical Key

ObGYN Morning Rounds: [http://obgynmorninground.com](http://obgynmorninground.com)

**Recommended Text**

*Obstetrics and Gynecology: A Competency-Based Companion*, Belden – available on Clinical Key
Rotation Requirement Package (10%)

The rotation requirement package for OBGYN/Women’s Health consists of completing Logs, MedU Cases, and Doc.com cases. The rotation requirement package is 10% of the final rotation grade. All items of the rotation requirement package must be turned in by the last day of the rotation to receive the 10%. If any item is missing then 10% is deducted from the final grade.

- **Logs** - Log your experience on each of the procedures. At the end of the rotation, have your preceptor sign off on them. Use the log book provided by your rotation, have your preceptor sign off on them. Use the log book provided by your Statewide Campus office. If additional pages are needed, request a new log book from your Statewide Campus office.

- **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 by the last day of the rotation. If you have technical problems with the Cases please e-mail [medusupport@i-intime.org](mailto:medusupport@i-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

- **Doc.Com Cases**: You will be required to complete the discussion questions of the Doc.Com Cases. 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.

  - Communicating in Specific Situations: #28-“Domestic Violence”

Pretest/Posttest (30%)

In the first week of the rotation, all students will take the online sample COMAT OB/GYN 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 OB/GYN 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. Your exam
will be proctored in your Statewide Campus region and will count as 30% of your grade. A date and time for the posttest will be provided by your Statewide Campus office.

**Supervising Physician Evaluation (60%)**

A confidential mid-rotation evaluation with the student 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 at the end 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.

**Students must complete Site Evaluations by the last day of the rotation to avoid an Incomplete Grade.**

For addresses and more detailed contact info, please see back of this manual.
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)

Core competencies are in part evaluated by main campus staff and/or national licensing
examinations, as part of WVSOM's on-going assessment of student achievement. Preceptors/Attendings for this rotation specifically are expected to make the following competency assessments. Preceptors are expected to provide feedback on these skills, abilities and attitudes during the rotation, and to provide a final evaluation of student competence at the end of the rotation on the Clinical Education Grade Form.

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, 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 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.

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 professional relationships with patients and staff; responsibility, dependability, and reliability.

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10 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.
6. **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.

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.

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 internist. 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 on internal medicine.

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.

**Required Text**
*Foundations of Osteopathic Medicine*, Lippincott, Williams and Wilkins
*Ferri’s Color Atlas and Text of Clinical Medicine*, 1st edition – available on Clinical Key
*Goldman: Goldman’s Cecil Medicine*, Saunders - available on Clinical Key
*Andreoli and Carpenter’s Cecil Essentials of Medicine*, 8th edition – available on Clinical Key
[http://www.emedicine.com](http://www.emedicine.com)

**Recommended Text**
*Medicine: A Competency-Based Companion*, Israel & Tunkel – available on Clinical Key
Expected Level of Competency
(Should Exceed Internal Medicine II)

Demonstrate Cognitive Skills
- The student shall demonstrate:
  - 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
- The student shall demonstrate:
  - 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.

Supervising Physician Evaluation (100%)

A confidential mid-rotation evaluation with the student 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 third 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.

Students must complete Site Evaluations by the last day of the rotation to avoid an Incomplete Grade.

For addresses and more detailed contact info, please see back of this manual.
3.2 Surgery II and Surgery III (Selectives)

Core competencies are in part evaluated by main campus staff and/or national licensing examinations, as part of WVSOM’s on-going assessment of student achievement. Preceptors/Attendings for this rotation specifically are expected to make the following competency assessments. Preceptors are expected to provide feedback on these skills, abilities and attitudes during the rotation, and to provide a final evaluation of student competence at the end of the rotation on the Clinical Education Grade Form.

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, 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 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.

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 professional relationships with patients and staff; responsibility, dependability, and reliability.

6. **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.

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11 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.
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.

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.

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.

**Required Texts**

*Zollinger’s Atlas of Surgical Operations*

*Sabastian Textbook of Surgery, 9th edition – available on Clinical Key*

**Recommended Texts**

*Surgery: A Competency-Based Companion, Mann – available on Clinical Key*

*Core Topics in General and Emergency Surgery, 5th edition – available on Clinical Key*

*Essential Surgery: Problems, Diagnosis, and Management, 5th edition – available on Clinical Key*

Subspecialty texts as recommended by Preceptor

**Supervising Physician Evaluation (100%)**

A confidential mid-rotation evaluation with the student 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 third 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.
Students must complete Site Evaluations by the last day of the rotation to avoid an Incomplete Grade.

For addresses and more detailed contact info, please see back of this manual.
3.3 Family Medicine II

Core competencies are in part evaluated by main campus staff and/or national licensing examinations, as part of WVSOM’s on-going assessment of student achievement. Preceptors/Attendings for this rotation specifically are expected to make the following competency assessments. Preceptors are expected to provide feedback on these skills, abilities and attitudes during the rotation, and to provide a final evaluation of student competence at the end of the rotation on the Clinical Education Grade Form.

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, 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 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.

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 professional relationships with patients and staff; responsibility, dependability, and reliability.

6. **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.

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12 *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.
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.

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 and II will be expanded in this advanced rotation, since a significant amount of the responsibility for the care of the patient will rest with the student.

Family Medicine I is a basic rotation designed to introduce the student to the application of physical diagnosis and physician skills used in the diagnosis and treatment of conditions most commonly seen by the family practitioner. 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.
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 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>OP&amp;P</td>
<td>OP&amp;P texts and videos</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrate:</td>
<td></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>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to record findings of exam</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<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:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soft tissue, muscle energy, myofascial, Strain/counterstrain, HVLA, craniosacral, Articulatory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpret resting 12-lead EKG</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/phlebotomy</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>
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<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>
<td></td>
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<tr>
<td>Knowledge of urinary bladder catheterization</td>
<td>Clinical Skills II Handbook</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge of spirometry and interpreting PFT’s</td>
<td>Clinical Skills II Handbook</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpretation of CXR—PA and lat</td>
<td>Radiology text/notes Basic CXR Review—Dept of Radiology.Uniformed Services*</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Skin biopsy and excisions</td>
<td>Clinical Skills II—suturing UpToDate: Skin Biopsy Techniques</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Joint injections</td>
<td></td>
<td></td>
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<tr>
<td>Ear lavage</td>
<td>UpToDate: Cerumen</td>
<td></td>
<td></td>
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<tr>
<td>Anoscopy</td>
<td>Clinical Skills II Handbook</td>
<td></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>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
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</tbody>
</table>

* ECG Learning Center:  [http://library.med.utah.edu/kw/ecg/](http://library.med.utah.edu/kw/ecg/)
* ECG 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.usuhs.mil/rad/chest_review/index.html](http://rad.usuhs.mil/rad/chest_review/index.html)

Preceptor’s signature: ___________________________ Date:__________
Required Texts
*Essentials of Family Medicine*, Sloane, et al; Lippincott, Williams and Wilkins
*Foundations for Osteopathic Medicine*, Lippincott, Williams and Wilkins

Recommended Text
*Textbook of Family Medicine*, 9th edition – available on Clinical Key
*Signs and Symptoms in Family Medicine* – available on Clinical Key

Rotation Requirement Package (10%)

The rotation requirement package for Family Medicine II consists of Procedure Logs, Patient Log, Case Study and MedU Cases. The rotation requirement package is 10% of the final rotation grade. All items of the rotation requirement package must be turned in by the last day of the rotation to receive the 10%. If any item is missing then 10% is deducted from the final grade.

- **Patient and Procedure Logs** - You will be required to log all patient contact. Use the log book provided by your statewide campus office. If additional pages are needed request a new log book from your Statewide Campus office. This log is due in your Statewide Campus office by the last day of your rotation. You should keep a copy for your own records, as this will be important documentation throughout your career for credentialing purposes.

- **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 by 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

- **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 section 7.a. The Medical Write-Up 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 by Friday of the fifth week of rotation. There is a special form to be completed and submitted electronically. To access your case study
form, go to the Clinical Ed web page, student resources, then “view your personal schedule”. Next in the “case” column, click on the word “new” and your case study form will pop up. The case may be worked on and saved, but it is your responsibility to hit “submit” by the due date to avoid a deduction of points. 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. If submitted on time it will be calculated in the 10% of the total grade for that rotation requirement package. The student will lose 10% of their grade on that rotation if it is not submitted by last Friday of the (5th) week of the rotation. A student must receive a passing score of 70 or above on the OMT Case Study to receive credit for the rotation requirement package. No paper submissions will be accepted. The case may ONLY be submitted via the link on the personal schedule of that student.

Supervising Physician Evaluation (90%)

A confidential mid-rotation evaluation with the student 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.

Students must complete Site Evaluations by the last day of the rotation to avoid an Incomplete Grade.

For addresses and more detailed contact info, please see the back of this manual.
3.4 Pediatrics II

Core competencies are in part evaluated by main campus staff and/or national licensing examinations, as part of WVSOM’s on-going assessment of student achievement. Preceptors/Attendings for this rotation specifically are expected to make the following competency assessments. Preceptors are expected to provide feedback on these skills, abilities and attitudes during the rotation, and to provide a final evaluation of student competence at the end of the rotation on the Clinical Education Grade Form.

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,\(^{13}\) 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 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.

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 professional relationships with patients and staff; responsibility, dependability, and reliability.

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\(^{13}\) *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.
6. **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.

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.

**Rotation Goals and General Objectives**

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.

**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

Required Text
Harriet Lane Handbook - available on Clinical Key
Nelson’s Textbook of Pediatrics - available on Clinical Key

Recommended Text
Nelson’s Essentials of Pediatrics – available on Clinical Key
Pediatrics: A Competency-Based Companion, McMahon & Stryjewski – available on Clinical Key
Requirements and Evaluation

Required for promotion from your pediatrics rotation is demonstration of professionalism, scientific medical knowledge, osteopathic practices, patient care, communication, practice-based learning and systems based practice competencies.

Your pediatrics rotation grade comes from your preceptor’s evaluation of these competencies, and he or she will use your Clinical Education Grade Form, pulled from your personal schedule, to document your evaluation.

Rotation Requirement Package (10%)

- **Pediatric Skills Checklist and Patient Log** – A hard copy of this checklist and your patient log must be turned in to the appropriate Statewide Campus office by 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 log and checklist will result in reduction of 10% from your final rotation grade. The Pediatrics Skills Checklist can be found at: [http://www.wvsom.edu/Academics/predoc-clinicalresources](http://www.wvsom.edu/Academics/predoc-clinicalresources) (Same forms used in Pediatrics I)

- **Completed CLIPP Cases** (Computer-assisted Learning in Pediatrics Program) - Print the case selection screen from the CLIPP cases website showing completion of all required cases. This printout must be submitted to your Statewide Campus office by the last day of this rotation.

The Computer-assisted Learning in Pediatrics Program (CLIPP) is a comprehensive internet-based learning program for use by third year medical students during their pediatric clerkship. The CLIPP interactive virtual patient cases are designed to cover the core curriculum content of the Council on Medical Student Education in Pediatrics (COMSEP).

Log onto [http://www.med-u.org/](http://www.med-u.org/). You must register to use CLIPP. Once you have registered, you can log in to the CLIPP cases using your established login and password. A printout of the case selection screen showing completion of the following cases must be submitted to your Statewide Campus office (see requirements and evaluation for more information).

**Complete the following 12 cases during your clinical rotation:**

- 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

A list of completed cases is to be turned in with your evaluation.

**Preceptor Evaluation (90%)**

**Required attendance and participation expectations**

Your supervising physician(s) will lay out the scope of your duties and responsibilities at your specific site.

Your supervising physician(s) will give feedback during the course of your rotation and will complete a Clinical Education Grade Form documenting completion of fund of knowledge, skills, and professionalism competencies and comments.

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.**

**Students must complete Site Evaluations by the last day of the rotation to avoid an Incomplete Grade.**

**For addresses and more detailed contact info, please see back of this manual.**
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 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.

Site Evaluations for all rotations are due by the last day 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.
For addresses and more detailed contact info, please see back of this manual.

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>
</tr>
<tr>
<td>Endocrinology</td>
<td>Dermatology</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>Endocrinology</td>
</tr>
<tr>
<td>General Internal Medicine</td>
<td>General Internal Medicine</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>Gastroenterology</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>
</tr>
<tr>
<td>Rheumatology</td>
<td>Nephrology</td>
</tr>
<tr>
<td></td>
<td>Neurology</td>
</tr>
<tr>
<td></td>
<td>Occupational Medicine</td>
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<tr>
<td></td>
<td>Pulmonology</td>
</tr>
<tr>
<td></td>
<td>Rehabilitation Medicine</td>
</tr>
<tr>
<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>
<td>General Surgery</td>
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<tr>
<td>Gynecology</td>
<td>Gynecology</td>
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<tr>
<td>Neurosurgery</td>
<td>Neurosurgery</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>Obstetrics/Gynecology</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>Ophthalmology</td>
</tr>
<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>Thoracic</td>
<td>Podiatry (2 weeks only)</td>
</tr>
<tr>
<td>Urology</td>
<td>Proctology</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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<tr>
<td></td>
<td>Urology</td>
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<tr>
<td></td>
<td>Vascular Surgery</td>
</tr>
</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>Cardiology</td>
<td></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>Endocrinology</td>
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<tr>
<td>Emergency Medicine (Children’s Hospital)</td>
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<tr>
<td>Inpatient Peds</td>
<td></td>
</tr>
<tr>
<td>Hematology/Oncology</td>
<td></td>
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<tr>
<td>Infectious Disease</td>
<td></td>
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<tr>
<td>Pulmonology</td>
<td></td>
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<tr>
<td>Pediatric GI</td>
<td></td>
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<tr>
<td>Pediatric Nephrology</td>
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<tr>
<td>Pediatric Neurology</td>
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<tr>
<td>All subspecialties listed above are Pediatric subspecialties.</td>
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</tbody>
</table>
4.1.1 Allergy/Immunology

I. Introduction

The allergy/immunology rotation is unique in that you will be exposed to selected topics and patients in the area of immunological 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.

II. Osteopathic Relevance

Osteopathic Medicine provides valuable diagnostic and treatment methodologies that can be a valuable resource in the care of patients. Students should recognize that allergy/immunology embraces the concept of treating the entire patient. This includes recognizing the body is a whole unit, and the presenting emergent complaint is often accompanied with issues that affect not only the patient’s physical body but also their ability to cope with their emotional response. Recognizing the role of family, friends and community support systems is integral to meeting the patient’s total needs.

The student should learn the appropriate application of osteopathic diagnostic and treatment modalities in the context of allergy/immunology where life threatening conditions require immediate triage and immediate definitive care. The student should learn to recognize the indications for OMT in this specialty and when its application is best suited for the patient moved to the next level of care, either as an inpatient or by the primary care provider who provides follow-up care upon discharge.

III. Rotation Objectives and Core Competencies

Core competencies are in part evaluated by Statewide Campus personnel and/or national licensing examinations, as part of WVSOM’s ongoing assessment of student achievement. Preceptors for this rotation specifically are expected to make the following competency assessments. Preceptors are expected to provide feedback on these skills, abilities and attitudes during the rotation, and to provide a final evaluation
of student competence at the end of the rotation on the Clinical Education Grade Form. Students are encouraged to request mid-rotation evaluation to determine core competencies or any other skills that need improvement.

1. **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).

   The student will:
   - 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.

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

   The student will be able to:
   - Acquire knowledge and understanding of the immune response and hypersensitivity reactions as well as the management of such severe hypersensitivity reactions.
   - Acquire knowledge and skills in the diagnosis, management, and follow-up of asthma.
   - Acquire knowledge and skills in the diagnosis, management, and follow-up of rhinitis.
   - Acquire knowledge and skills in the diagnosis, management, and follow-up of dermatitis, urticarial, and adverse reactions to various exposures.
   - To attain an understanding of the indications, use, and limitations of skin testing, IGE RAST testing, and pulmonary function testing.
   - Perform a history and physical exam related to allergy/immunology.
   - Know when to refer the complicated patient.

3. **Patient Care**: Preceptors are expected to evaluate the student’s ability to consistently demonstrate competence in patient care, including the ability to

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14 *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.
competently take a history, perform a physical examination, assist with medical procedures, and provide appropriate follow-up care instructions.

The student will:
- Demonstrate how to approach an allergy/immunology patient.
- Demonstrate the ability to identify the chief complaint.
- Perform a focused exam related to chief complaint.
- Demonstrate effective patient management skills.
- Demonstrate the ability to develop an evaluation and treatment plan.
- Demonstrate the ability to monitor the response to therapeutic interventions.
- Discuss with their attending the referral of the patient for subsequent healthcare services to insure proper transition of care including OMT.
- Educate patient and evaluate their comprehension of their treatment plan.
- Participate with the health care team to provide patient care.

4. **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.

The student will:
- Demonstrate ability to effectively communicate with acutely ill or injured patients.
- Demonstrate ability to identify and communicate with family members, medical power of attorney, or person of authority to speak on behalf of the patient.
- 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.
- Demonstrate the ability to put the patient and their family at ease.
- 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.
- Use appropriate terminology/language with patient and family.
- Learn the documentation expectations the hospital or office.
- Demonstrate a personal self-awareness of their interaction with the patient.

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 professional relationships with patients and staff; responsibility, dependability, accountability, and reliability. Understand the role of a student as defined in student manual.
The Student will:

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

6. **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.

The student will:

- Apply fundamental epidemiologic concepts to practice improvement.
- Demonstrate understanding of medical informatics/Evidence-Based Medicine/Research.
- Demonstrate ability to identify personal knowledge deficits.
- Demonstrate ability to locate educational resources and strengthen personal medical knowledge.
- Display commitment to continuous quality improvement.
- Demonstrate ability to teach both peers and lay audiences.

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.

The student will:

- Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
- Recognize how delivery systems differ: controlling health care costs, allocating resources.
- Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
- Make appropriate referrals.
- Arrange outpatient testing and follow-up with other providers.
- Be aware of medication and treatment costs (direct patient costs).
- Appreciate Patient’s rights and responsibilities and that shared decision making improve understanding and compliance.
- Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
• Understand EMTALA and HIPAA.
• Recognize how to reduce medical errors and patient and staff safety.
• Recognize cost effective health care that does not compromise patient care.
• 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.
• Understand and be able to discuss any medical disparities in the community being served.

Suggested Text:

Goldman's Cecil Medicine, 24th ed. 2012 Saunders

Supervising Physician Evaluation:

A confidential mid-rotation evaluation with the student 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 at the end 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.

Students must complete Site Evaluations by the last day of the rotation to avoid an Incomplete Grade.

For addresses and more detailed contact info, please see back of this manual.
4.1.2 Anesthesiology

I. Introduction

The anesthesiology rotation is unique in that you will be exposed to selected topics and patients in the area of anesthesia. 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.

II. Osteopathic Relevance

Osteopathic Medicine provides valuable diagnostic and treatment methodologies that can be a valuable resource in the care of patients presenting to the anesthesia department. Students should recognize that anesthesiology embraces the concept of treating the entire patient. This includes recognizing the body is a whole unit, and the presenting emergent complaint is often accompanied with issues that affect not only the patient’s physical body but also their ability to cope with their emotional response. Recognizing the role of family, friends and community support systems is integral to meeting the patient’s total needs.

The student should learn the appropriate application of osteopathic diagnostic and treatment modalities in the context of anesthesiology where life threatening conditions require immediate triage and immediate definitive care. The student should learn to recognize the indications for OMT in this specialty and when its application is best suited for the patient moved to the next level of care, either as an inpatient or by the primary care provider who provides follow-up care upon discharge.

III. Rotation Objectives and Core Competencies

Core competencies are in part evaluated by Statewide Campus personnel and/or national licensing examinations, as part of WVSOM’s ongoing assessment of student achievement. Preceptors for this rotation specifically are expected to make the following competency assessments. Preceptors are expected to provide feedback on
these skills, abilities and attitudes during the rotation, and to provide a final evaluation of student competence at the end of the rotation on the Clinical Education Grade Form. Students are encouraged to request mid-rotation evaluation to determine core competencies or any other skills that need improvement.

1. **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).

   The student will:
   - 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.

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

   The student will:
   - Appreciate and understand the various skills required in the induction of general anesthesia, mechanical ventilation, deep line access and maintenance and regional anesthesia.
   - Acquire an understanding of the use and hazards of general anesthesia.
   - Acquire an understanding of various local and regional anesthetic agents.
   - Start to develop proficiency in endotracheal intubation.
   - Start to develop proficiency in the skills of central venous line placement and arterial catheter placement.
   - Acquire knowledge regarding the indications and limitations of the skills necessary for the administration of regional anesthesia.

3. **Patient Care:** Preceptors are expected to evaluate the student's ability to consistently demonstrate competence in patient care, including the ability to

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15 *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.*
competently take a history, perform a physical examination, assist with medical procedures, and provide appropriate follow-up care instructions.

The student will:
- Demonstrate how to approach patients in the anesthesia department setting.
- Demonstrate the ability to identify the chief complaint.
- Perform a focused exam related to chief complaint.
- Demonstrate effective patient management skills.
- Demonstrate the ability to develop an evaluation and treatment plan.
- Demonstrate the ability to monitor the response to therapeutic interventions.
- Discuss with their attending the referral of the patient for subsequent healthcare services to insure proper transition of care including OMT.
- Educate patient and evaluate their comprehension of their treatment plan.
- Participate with the health care team to provide patient care.

4. 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.

The student will:
- Demonstrate ability to effectively communicate with acutely ill or injured patients.
- Demonstrate ability to identify and communicate with family members, medical power of attorney, or person of authority to speak on behalf of the patient.
- 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.
- Demonstrate the ability to put the patient and their family at ease.
- 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.
- Use appropriate terminology/language with patient and family.
- Learn the documentation expectations the hospital or office.
- Demonstrate a personal self-awareness of their interaction with the patient.

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 professional relationships with patients and staff; responsibility, dependability, accountability, and reliability. Understand the role of a student as defined in student manual.
The student will:
- Display respect for peers.
- Demonstrate a team approach to treating patients.
- Demonstrate responsibility, dependability, and reliability including being punctual and providing notification of an absence.
- Dress appropriately:
  - Professional attire as defined in the institution’s dress code.
  - If personal clothing is worn, it should be washed after each shift.

6. **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.

   The student will:
   - Apply fundamental epidemiologic concepts to practice improvement.
   - Demonstrate understanding of medical informatics/Evidence-Based Medicine/Research.
   - Demonstrate ability to identify personal knowledge deficits.
   - Demonstrate ability to locate educational resources and strengthen personal medical knowledge.
   - Display commitment to continuous quality improvement.
   - Demonstrate ability to teach both peers and lay audiences.

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.

   The student will:
   - Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
   - Recognize how delivery systems differ: controlling health care costs, allocating resources.
   - Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
   - Make appropriate referrals.
   - Arrange outpatient testing and follow-up with other providers.
   - Be aware of medication and treatment costs (direct patient costs).
   - Appreciate Patient’s rights and responsibilities and that shared decision making improve understanding and compliance.
   - Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
• Understand EMTALA and HIPAA.
• Recognize how to reduce medical errors and patient and staff safety.
• Recognize cost effective health care that does not compromise patient care.
• 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.
• Understand and be able to discuss any medical disparities in the community being served.

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

Supervising Physician Evaluation:

A confidential mid-rotation evaluation with the student 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 at the end 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.

Students must complete Site Evaluations by the last day of the rotation to avoid an Incomplete Grade.

For addresses and more detailed contact info, please see back of this manual.
4.1.3 Cardiology

I. Introduction

The cardiology rotation is unique in that 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 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.

II. Osteopathic Relevance

Osteopathic Medicine provides valuable diagnostic and treatment methodologies that can be a valuable resource in the care of patients. Students should recognize that cardiology embraces the concept of treating the entire patient. This includes recognizing the body is a whole unit, and the presenting emergent complaint is often accompanied with issues that affect not only the patient’s physical body but also their ability to cope with their emotional response. Recognizing the role of family, friends and community support systems is integral to meeting the patient’s total needs.

The student should learn the appropriate application of osteopathic diagnostic and treatment modalities in the context of cardiology where life threatening conditions require immediate triage and immediate definitive care. The student should learn to recognize the indications for OMT in this specialty and when its application is best suited for the patient moved to the next level of care, either as an inpatient or by the primary care provider who provides follow-up care upon discharge.

III. Rotation Objectives and Core Competencies

Core competencies are in part evaluated by Statewide Campus personnel and/or national licensing examinations, as part of WVSOM’s ongoing assessment of student achievement. Preceptors for this rotation specifically are expected to make the following competency assessments. Preceptors are expected to provide feedback on these skills, abilities and attitudes during the rotation, and to provide a final evaluation.
of student competence at the end of the rotation on the Clinical Education Grade Form. Students are encouraged to request mid-rotation evaluation to determine core competencies or any other skills that need improvement.

1. **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).

   The student will:
   - 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.

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

   The student will:
   - Characterize the principles of cardiac physical examination, noninvasive examination and laboratory interpretation.
   - Identify indications and limitations of invasive examinations such as cardiac catheterizations.
   - 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.
   - Perform history and physical examination related to the cardiovascular system.
   - Order and interpret diagnostic tests such as EKG, chest x-ray.
   - Perform resuscitation using fluids, basic CPR and Advanced Life Support, and antiarrhythmic medications and electrical cardioversion.
   - Manage patients with chest pain, acute myocardial infarction, arrhythmias, heart failure, cardiogenic shock, and conduction abnormalities.

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16 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.
- Be familiar with advanced diagnostic treatment measures and regimens such as thrombolytics, Swan-ganz, echo and electrophysiologic studies, angioplasty.

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 instructions.

The student will:
- Demonstrate how to approach a cardiovascular patient.
- Demonstrate the ability to identify the chief complaint.
- Perform a focused exam related to chief complaint.
- Demonstrate effective patient management skills.
- Demonstrate the ability to develop an evaluation and treatment plan.
- Demonstrate the ability to monitor the response to therapeutic interventions.
- Discuss with their attending the referral of the patient for subsequent healthcare services to insure proper transition of care including OMT.
- Educate patient and evaluate their comprehension of their treatment plan.
- Participate with the health care team to provide patient care.

4. **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.

The student will:
- Demonstrate ability to effectively communicate with acutely ill or injured patients.
- Demonstrate ability to identify and communicate with family members, medical power of attorney, or person of authority to speak on behalf of the patient.
- 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.
- Demonstrate the ability to put the patient and their family at ease.
- 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.
- Use appropriate terminology/language with patient and family.
- Learn the documentation expectations the hospital or office.
- Demonstrate a personal self-awareness of their interaction with the patient.

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 professional relationships with patients and staff; responsibility, dependability, accountability, and reliability. Understand the role of a student as defined in student manual.

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

6. **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.

The student will:
- Apply fundamental epidemiologic concepts to practice improvement.
- Demonstrate understanding of medical informatics/Evidence-Based Medicine/Research.
- Demonstrate ability to identify personal knowledge deficits.
- Demonstrate ability to locate educational resources and strengthen personal medical knowledge.
- Display commitment to continuous quality improvement.
- Demonstrate ability to teach both peers and lay audiences.

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.

The student will:
- Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
- Recognize how delivery systems differ: controlling health care costs, allocating resources.
- Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
- Make appropriate referrals.
- Arrange outpatient testing and follow-up with other providers.
• Be aware of medication and treatment costs (direct patient costs).
• Appreciate Patient’s rights and responsibilities and that shared decision making improve understanding and compliance.
• Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
• Understand EMTALA and HIPAA.
• Recognize how to reduce medical errors and patient and staff safety.
• Recognize cost effective health care that does not compromise patient care.
• 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.
• Understand and be able to discuss any medical disparities in the community being served.

Suggested Text:

The Washington Manual of Medical Therapeutics, 34th ed., Lippincott, Williams & Wilkins
Goldman’s Cecil Medicine, 24th ed., Saunders
Braunwald’s Heart Disease: A Textbook of Cardiovascular Medicine, 9th ed., Saunders
Clinical Electrocardiography: A Simplified Approach, 8th ed., Saunders
Clinical Recognition of Congenital Heart Disease, 6th ed., Saunders
Hypertension: A Companion to Braunwald’s Heart Disease, 2nd ed., Saunders

Supervising Physician Evaluation:

A confidential mid-rotation evaluation with the student 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 at the end 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.
Students must complete Site Evaluations by the last day of the rotation to avoid an Incomplete Grade.

For addresses and more detailed contact info, please see back of this manual.
4.1.4 Dermatology

I. Introduction

The dermatology rotation is unique in that you will be exposed to selected topics and patients in the area of dermatological 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.

II. Osteopathic Relevance

Osteopathic Medicine provides valuable diagnostic and treatment methodologies that can be a valuable resource in the care of patients. Students should recognize that dermatology embraces the concept of treating the entire patient. This includes recognizing the body is a whole unit, and the presenting emergent complaint is often accompanied with issues that affect not only the patient’s physical body but also their ability to cope with their emotional response. Recognizing the role of family, friends and community support systems is integral to meeting the patient’s total needs.

The student should learn the appropriate application of osteopathic diagnostic and treatment modalities in the context of dermatology where life threatening conditions require immediate triage and immediate definitive care. The student should learn to recognize the indications for OMT in this specialty and when its application is best suited for the patient moved to the next level of care, either as an inpatient or by the primary care provider who provides follow-up care upon discharge.

III. Rotation Objectives and Core Competencies

Core competencies are in part evaluated by Statewide Campus personnel and/or national licensing examinations, as part of WVSOM’s ongoing assessment of student achievement. Preceptors for this rotation specifically are expected to make the following competency assessments. Preceptors are expected to provide feedback on
these skills, abilities and attitudes during the rotation, and to provide a final evaluation of student competence at the end of the rotation on the Clinical Education Grade Form. Students are encouraged to request mid-rotation evaluation to determine core competencies or any other skills that need improvement.

1. **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).

   The student will:
   - 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.

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

   The student will be able to:
   - Characterize the normal anatomy and physiology of the skin.
   - Recognize risk factors and preventive measures for skin problems.
   - Identify dermatologic manifestations of systemic disease or toxicity.
   - Recognize dermatologic conditions requiring emergency treatment.
   - 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.
   - Develop a systematic approach toward categorizing skin lesions by etiology i.e. infectious, allergic, vascular, and neoplastic.
   - Manage common skin problems utilizing topical, systemic, and physical agents.
   - Evaluate those skin disorders representing serious illness.

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17 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.
• Observe skin culture, scraping, biopsy, curettage, excision, cautery, and cryosurgery and intralesion injection.
• Counsel patient regarding skin problems.

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 instructions.

The student will:
• Demonstrate how to approach a dermatology patient.
• Demonstrate the ability to identify the chief complaint.
• Perform a focused exam related to chief complaint.
• Demonstrate effective patient management skills.
• Demonstrate the ability to develop an evaluation and treatment plan.
• Demonstrate the ability to monitor the response to therapeutic interventions.
• Discuss with their attending the referral of the patient for subsequent healthcare services to insure proper transition of care including OMT.
• Educate patient and evaluate their comprehension of their treatment plan.
• Participate with the health care team to provide patient care.

4. **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.

The student will:
• Demonstrate ability to effectively communicate with acutely ill or injured patients.
• Demonstrate ability to identify and communicate with family members, medical power of attorney, or person of authority to speak on behalf of the patient.
• 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.
• Demonstrate the ability to put the patient and their family at ease.
• 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.
• Use appropriate terminology/language with patient and family.
• Learn the documentation expectations the hospital or office.
• Demonstrate a personal self-awareness of their interaction with the patient.
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 professional relationships with patients and staff; responsibility, dependability, accountability, and reliability. Understand the role of a student as defined in student manual.

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

6. **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.

The student will:
- Apply fundamental epidemiologic concepts to practice improvement.
- Demonstrate understanding of medical informatics/Evidence-Based Medicine/Research.
- Demonstrate ability to identify personal knowledge deficits.
- Demonstrate ability to locate educational resources and strengthen personal medical knowledge.
- Display commitment to continuous quality improvement.
- Demonstrate ability to teach both peers and lay audiences.

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.

The student will:
- Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
- Recognize how delivery systems differ: controlling health care costs, allocating resources.
- Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
- Make appropriate referrals.
• Arrange outpatient testing and follow-up with other providers.
• Be aware of medication and treatment costs (direct patient costs).
• Appreciate Patient’s rights and responsibilities and that shared decision making improve understanding and compliance.
• Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
• Understand EMTALA and HIPAA.
• Recognize how to reduce medical errors and patient and staff safety.
• Recognize cost effective health care that does not compromise patient care.
• 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.
• Understand and be able to discuss any medical disparities in the community being served.

Suggested Text:

Goldman's Cecil Medicine, 24th ed., Saunders
Clinical Dermatolog: A Color Guide to Diagnosis and Therapy, 5th ed., Elsevier
Pediatric Dermatology, Elsevier
Dermatology, 3rd ed., Elsevier
Treatment of Skin Disease: Comprehensive Therapeutic Strategies, 4th ed., Elsevier

Supervising Physician Evaluation:

A confidential mid-rotation evaluation with the student 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 at the end 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.
Students must complete Site Evaluations by the last day of the rotation to avoid an Incomplete Grade.

For addresses and more detailed contact info, please see back of this manual.
4.1.5 Endocrinology

I. Introduction

The endocrinology rotation is unique in that you will be exposed to selected topics and patients in the area of endocrinologic 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.

II. Osteopathic Relevance

Osteopathic Medicine provides valuable diagnostic and treatment methodologies that can be a valuable resource in the care of patients. Students should recognize that endocrinology embraces the concept of treating the entire patient. This includes recognizing the body is a whole unit, and the presenting emergent complaint is often accompanied with issues that affect not only the patient’s physical body but also their ability to cope with their emotional response. Recognizing the role of family, friends and community support systems is integral to meeting the patient’s total needs.

The student should learn the appropriate application of osteopathic diagnostic and treatment modalities in the context of endocrinology where life threatening conditions require immediate triage and immediate definitive care. The student should learn to recognize the indications for OMT in this specialty and when its application is best suited for the patient moved to the next level of care, either as an inpatient or by the primary care provider who provides follow-up care upon discharge.

III. Rotation Objectives and Core Competencies

Core competencies are in part evaluated by Statewide Campus personnel and/or national licensing examinations, as part of WVSOM’s ongoing assessment of student achievement. Preceptors for this rotation specifically are expected to make the
following competency assessments. Preceptors are expected to provide feedback on these skills, abilities and attitudes during the rotation, and to provide a final evaluation of student competence at the end of the rotation on the Clinical Education Grade Form. Students are encouraged to request mid-rotation evaluation to determine core competencies or any other skills that need improvement.

1. **Osteopathic Philosophy and Osteopathic Manipulative Medicine:** All preceptors (MD and DO) are expected to encourage and verify application of osteopathic principles\(^{18}\), and DO preceptors are expected to encourage and evaluate appropriate use of Osteopathic Manipulative Treatment (OMT).

The student will:
- 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.

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

The student will:
- Characterize the principles of history, physical examination and diagnostic interpretation of common problems encountered in patients with common endocrinopathies.
- Be able to develop an adequate differential diagnosis.
- Be able to create and implement an appropriate, thorough and cost efficient diagnosis and treatment plan for common problems in endocrinology.
- Be familiar with such problems as diabetes, thyroid disease, Addison’s disease, pituitary disorders, and other endocrinopathies.
- Order, perform, and interpret appropriate diagnostic tests.
- Know when to refer the complicated patient.

3. **Patient Care:** Preceptors are expected to evaluate the student’s ability to consistently demonstrate competence in patient care, including the ability to

\(^{18}\) 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.
competently take a history, perform a physical examination, assist with medical procedures, and provide appropriate follow-up care instructions.

The student will:
- Demonstrate how to approach an endocrinology patient.
- Demonstrate the ability to identify the chief complaint.
- Perform a focused exam related to chief complaint.
- Demonstrate effective patient management skills.
- Demonstrate the ability to develop an evaluation and treatment plan.
- Demonstrate the ability to monitor the response to therapeutic interventions.
- Discuss with their attending the referral of the patient for subsequent healthcare services to insure proper transition of care including OMT.
- Educate patient and evaluate their comprehension of their treatment plan.
- Participate with the health care team to provide patient care.

4. **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.

The student will:
- Demonstrate ability to effectively communicate with acutely ill or injured patients.
- Demonstrate ability to identify and communicate with family members, medical power of attorney, or person of authority to speak on behalf of the patient.
- 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.
- Demonstrate the ability to put the patient and their family at ease.
- 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.
- Use appropriate terminology/language with patient and family.
- Learn the documentation expectations the hospital or office.
- Demonstrate a personal self-awareness of their interaction with the patient.

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 professional relationships with patients and staff; responsibility, dependability, accountability, and reliability. Understand the role of a student as defined in student manual.
The Student will:
- Display respect for peers.
- Demonstrate a team approach to treating patients.
- Demonstrate responsibility, dependability, and reliability including being punctual and providing notification of an absence.
- Dress appropriately:
  - Professional attire as defined in the institution’s dress code.
  - If personal clothing is worn, it should be washed after each shift.

6. **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.

The student will:
- Apply fundamental epidemiologic concepts to practice improvement.
- Demonstrate understanding of medical informatics/Evidence-Based Medicine/Research.
- Demonstrate ability to identify personal knowledge deficits.
- Demonstrate ability to locate educational resources and strengthen personal medical knowledge.
- Display commitment to continuous quality improvement.
- Demonstrate ability to teach both peers and lay audiences.

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.

The student will:
- Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
- Recognize how delivery systems differ: controlling health care costs, allocating resources.
- Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
- Make appropriate referrals.
- Arrange outpatient testing and follow-up with other providers.
- Be aware of medication and treatment costs (direct patient costs).
- Appreciate Patient’s rights and responsibilities and that shared decision making improve understanding and compliance.
- Describe the ramifications of limited patient financial resources and the need to
apply for Medicaid assistance.

- Understand EMTALA and HIPAA.
- Recognize how to reduce medical errors and patient and staff safety.
- Recognize cost effective health care that does not compromise patient care.
- 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.
- Understand and be able to discuss any medical disparities in the community being served.

Suggested Text:

Goldman’s Cecil Medicine, 24th ed., Saunders
The Washington Manual of Medical Therapeutics, 34th ed., Lippincott Williams & Wilkins
Wiliams Textbook of Endocrinology, 12th ed., Saunders
Churchill's Pocketbook of Diabetes, 2nd ed., Elsevier
Clinical Mangement of Thyroid Disease, Saunders

Supervising Physician Evaluation:

A confidential mid-rotation evaluation with the student 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 at the end 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.

Students must complete Site Evaluations by the last day of the rotation to avoid an Incomplete Grade.
For addresses and more detailed contact info, please see back of this manual.
4.1.6 Gastroenterology

I. Introduction

The gastroenterology rotation is unique in that you will be exposed to selected topics and patients in the area of GI 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 WV SOM in a professional manner on every rotation. It is important that students look and act professional during their rotation.

II. Osteopathic Relevance

Osteopathic Medicine provides valuable diagnostic and treatment methodologies that can be a valuable resource in the care of patients. Students should recognize that gastroenterology embraces the concept of treating the entire patient. This includes recognizing the body is a whole unit, and the presenting emergent complaint is often accompanied with issues that affect not only the patient’s physical body but also their ability to cope with their emotional response. Recognizing the role of family, friends and community support systems is integral to meeting the patient’s total needs.

The student should learn the appropriate application of osteopathic diagnostic and treatment modalities in the context of gastroenterology where life threatening conditions require immediate triage and immediate definitive care. The student should learn to recognize the indications for OMT in this specialty and when its application is best suited for the patient moved to the next level of care, either as an inpatient or by the primary care provider who provides follow-up care upon discharge.

III. Rotation Objectives and Core Competencies

Core competencies are in part evaluated by Statewide Campus personnel and/or national licensing examinations, as part of WV SOM’s ongoing assessment of student achievement. Preceptors for this rotation specifically are expected to make the following competency assessments. Preceptors are expected to provide feedback on these skills, abilities and attitudes during the rotation, and to provide a final evaluation
of student competence at the end of the rotation on the Clinical Education Grade Form. Students are encouraged to request mid-rotation evaluation to determine core competencies or any other skills that need improvement.

1. **Osteopathic Philosophy and Osteopathic Manipulative Medicine:** All preceptors (MD and DO) are expected to encourage and verify application of osteopathic principles\(^\text{19}\), and DO preceptors are expected to encourage and evaluate appropriate use of Osteopathic Manipulative Treatment (OMT).

   The student will:

   - 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.

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

   The student will:

   - Recognize and develop evaluation and treatment strategies for gastroenterology diseases of the adult.
   - Develop a plan to care for these patients utilizing the student’s knowledge as well as the specialist’s expertise.
   - Generate a complete problem list for each patient including a reasonable number of differential diagnoses where appropriate.
   - Perform a thorough and accurate history and physical exam and diagnostic interpretation of common problems encountered in gastroenterology.
   - Manage patients with common GI problems.
   - Know when to refer the complicated patient.

3. **Patient Care:** Preceptors are expected to evaluate the student’s ability to consistently demonstrate competence in patient care, including the ability to

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\(^{19}\) *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.*
competently take a history, perform a physical examination, assist with medical procedures, and provide appropriate follow-up care instructions.

The student will:

- Demonstrate how to approach a GI patient.
- Demonstrate the ability to identify the chief complaint.
- Perform a focused exam related to chief complaint.
- Demonstrate effective patient management skills.
- Demonstrate the ability to develop an evaluation and treatment plan.
- Demonstrate the ability to monitor the response to therapeutic interventions.
- Discuss with their attending the referral of the patient for subsequent healthcare services to insure proper transition of care including OMT.
- Educate patient and evaluate their comprehension of their treatment plan.
- Participate with the health care team to provide patient care.

4. **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.

The student will:

- Demonstrate ability to effectively communicate with acutely ill or injured patients.
- Demonstrate ability to identify and communicate with family members, medical power of attorney, or person of authority to speak on behalf of the patient.
- 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.
- Demonstrate the ability to put the patient and their family at ease.
- 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.
- Use appropriate terminology/language with patient and family.
- Learn the documentation expectations the hospital or office.
- Demonstrate a personal self-awareness of their interaction with the patient.

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 professional relationships with patients and staff; responsibility, dependability, accountability, and reliability. Understand the role of a student as defined in
student manual.

The Student will:

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

6. **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.

The student will:

- Apply fundamental epidemiologic concepts to practice improvement.
- Demonstrate understanding of medical informatics/Evidence-Based Medicine/Research.
- Demonstrate ability to identify personal knowledge deficits.
- Demonstrate ability to locate educational resources and strengthen personal medical knowledge.
- Display commitment to continuous quality improvement.
- Demonstrate ability to teach both peers and lay audiences.

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.

The student will:

- Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
- Recognize how delivery systems differ: controlling health care costs, allocating resources.
- Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
- Make appropriate referrals.
- Arrange outpatient testing and follow-up with other providers.
- Be aware of medication and treatment costs (direct patient costs).
- Appreciate Patient’s rights and responsibilities and that shared decision making improve understanding and compliance.
• Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
• Understand EMTALA and HIPAA.
• Recognize how to reduce medical errors and patient and staff safety.
• Recognize cost effective health care that does not compromise patient care.
• 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.
• Understand and be able to discuss any medical disparities in the community being served.

Suggested Text:

*The Washington Manual of Medical Therapeutics*, 34th ed., Lippincott, Williams & Wilkins
*Goldman’s Cecil Medicine*, 24th ed., Saunders
*Netter’s Gastroenterology*, 2nd ed., Saunders

**Supervising Physician Evaluation:**

A confidential mid-rotation evaluation with the student 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 at the end 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.

Students must complete Site Evaluations by the last day of the rotation to avoid an Incomplete Grade.

For addresses and more detailed contact info, please see back of this manual.
4.1.7 Hematology/Oncology

I. Introduction

The hematology/oncology rotation is unique in that you will be exposed to selected topics and patients in the area of heme/onc 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.

II. Osteopathic Relevance

Osteopathic Medicine provides valuable diagnostic and treatment methodologies that can be a valuable resource in the care of patients presenting to the hematology/oncology department. Students should recognize that hematology/oncology embraces the concept of treating the entire patient. This includes recognizing the body is a whole unit, and the presenting emergent complaint is often accompanied with issues that affect not only the patient’s physical body but also their ability to cope with their emotional response. Recognizing the role of family, friends and community support systems is integral to meeting the patient’s total needs.

The student should learn the appropriate application of osteopathic diagnostic and treatment modalities in the context of hematology/oncology where life threatening conditions require immediate triage and immediate definitive care. The student should learn to recognize the indications for OMT in this specialty and when its application is best suited for the patient moved to the next level of care, either as an inpatient or by the primary care provider who provides follow-up care upon discharge.

III. Rotation Objectives and Core Competencies

Core competencies are in part evaluated by Statewide Campus personnel and/or national licensing examinations, as part of WVSOM’s ongoing assessment of student achievement. Preceptors for this rotation specifically are expected to make the following competency assessments. Preceptors are expected to provide feedback on
these skills, abilities and attitudes during the rotation, and to provide a final evaluation of student competence at the end of the rotation on the Clinical Education Grade Form. Students are encouraged to request mid-rotation evaluation to determine core competencies or any other skills that need improvement.

1. **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).

   The student will:
   
   - 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.

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

   The student will:
   
   - Characterize the principles of history, physical examination and diagnostic interpretation of common problems encountered in hematological and oncological disorders.
   - Be able to develop an adequate differential diagnosis within this subspecialty.
   - Be able to create and implement an appropriate, thorough and cost efficient diagnostic and treatment plan for common problems in hematology/oncology.
   - Develop the knowledge, skills and attitudes necessary to address the general principals of oncology care including supportive care, screening, prevention, staging, and treatment options.
   - Manage patients with common hematological problems.

3. **Patient Care:** Preceptors are expected to evaluate the student’s ability to

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20 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.
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 instructions.

The student will:

- Demonstrate how to approach a hematology/oncology patient.
- Demonstrate the ability to identify the chief complaint.
- Perform a focused exam related to chief complaint.
- Demonstrate effective patient management skills.
- Demonstrate the ability to develop an evaluation and treatment plan.
- Demonstrate the ability to monitor the response to therapeutic interventions.
- Discuss with their attending the referral of the patient for subsequent healthcare services to insure proper transition of care including OMT.
- Educate patient and evaluate their comprehension of their treatment plan.
- Participate with the health care team to provide patient care.

4. **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.

The student will:

- Demonstrate ability to effectively communicate with acutely ill or injured patients.
- Demonstrate ability to identify and communicate with family members, medical power of attorney, or person of authority to speak on behalf of the patient.
- 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.
- Demonstrate the ability to put the patient and their family at ease.
- 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.
- Use appropriate terminology/language with patient and family.
- Learn the documentation expectations the hospital or office.
- Demonstrate a personal self-awareness of their interaction with the patient.

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 professional relationships with patients and staff; responsibility, dependability,
accountability, and reliability. Understand the role of a student as defined in student manual.

The student will:

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

6. **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.

The student will:

- Apply fundamental epidemiologic concepts to practice improvement.
- Demonstrate understanding of medical informatics/Evidence-Based Medicine/Research.
- Demonstrate ability to identify personal knowledge deficits.
- Demonstrate ability to locate educational resources and strengthen personal medical knowledge.
- Display commitment to continuous quality improvement.
- Demonstrate ability to teach both peers and lay audiences.

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.

The student will:

- Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
- Recognize how delivery systems differ: controlling health care costs, allocating resources.
- Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
- Make appropriate referrals.
- Arrange outpatient testing and follow-up with other providers.
- Be aware of medication and treatment costs (direct patient costs).
- Appreciate Patient’s rights and responsibilities and that shared decision making
improve understanding and compliance.

- Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
- Understand EMTALA and HIPAA.
- Recognize how to reduce medical errors and patient and staff safety.
- Recognize cost effective health care that does not compromise patient care.
- 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.
- Understand and be able to discuss any medical disparities in the community being served.

Suggested Text:

*The Washington Manual of Medical Therapeutics*, 34th ed., Lippincott, Williams & Wilkins
*Wintrobe’s Atlas of Clinical Hematology*, 1st ed., Lippincott Williams & Wilkins
*Abeloff’s Clinical Oncology*, 5th ed., Churchill Livingstone
*Goldman’s Cecil Medicine*, 24th ed., Saunders

**Supervising Physician Evaluation:**

A confidential mid-rotation evaluation with the student 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 at the end 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.

Students must complete Site Evaluations by the last day of the rotation to avoid an Incomplete Grade.
For addresses and more detailed contact info, please see back of this manual.
4.1.8 Nephrology

I. Introduction

The nephrology rotation is unique in that you will be exposed to selected topics and patients in the area of renal 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.

II. Osteopathic Relevance

Osteopathic Medicine provides valuable diagnostic and treatment methodologies that can be a valuable resource in the care of patients. Students should recognize that nephrology embraces the concept of treating the entire patient. This includes recognizing the body is a whole unit, and the presenting emergent complaint is often accompanied with issues that affect not only the patient’s physical body but also their ability to cope with their emotional response. Recognizing the role of family, friends and community support systems is integral to meeting the patient’s total needs.

The student should learn the appropriate application of osteopathic diagnostic and treatment modalities in the context of nephrology where life threatening conditions require immediate triage and immediate definitive care. The student should learn to recognize the indications for OMT in this specialty and when its application is best suited for the patient moved to the next level of care, either as an inpatient or by the primary care provider who provides follow-up care upon discharge.

III. Rotation Objectives and Core Competencies

Core competencies are in part evaluated by Statewide Campus personnel and/or national licensing examinations, as part of WVSOM’s ongoing assessment of student achievement. Preceptors for this rotation specifically are expected to make the following competency assessments. Preceptors are expected to provide feedback on these skills, abilities and attitudes during the rotation, and to provide a final evaluation
of student competence at the end of the rotation on the Clinical Education Grade Form. Students are encouraged to request mid-rotation evaluation to determine core competencies or any other skills that need improvement.

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

The student will:

- 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.

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

The student will:

- Develop the knowledge skills for understanding common diagnoses in nephrology.
- Develop the management skills necessary for common nephrologic conditions.
- Understand renal anatomy, physiology, and pathology.
- Be able to evaluate and manage essential and secondary hypertension.
- Be able to evaluate and manage disorders of fluids, electrolytes, and acid-base regulation.
- Understand the pathogenesis, evaluation, and management of urinary tract infections.
- Appreciate clinical pharmacology including drug metabolism and pharmacokinetics and the effects of drugs on renal structure and function.
- Understand nutritional aspects of renal disorders.

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\(^2\) *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.
• Have the knowledge of normal mineral metabolism and its alteration in renal
diseases, metabolic bone disease, and nephrolithiasis.
• 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.
• Understand tubule-interstitial renal diseases as well as glomerular and vascular
diseases including glomerulonephritis.

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 instructions.

The student will:

• Demonstrate how to approach patients in the nephrology department setting.
• Demonstrate the ability to identify the chief complaint.
• Perform a focused exam related to chief complaint.
• Demonstrate effective patient management skills.
• Demonstrate the ability to develop an evaluation and treatment plan.
• Demonstrate the ability to monitor the response to therapeutic interventions.
• Discuss with their attending the referral of the patient for subsequent healthcare
  services to insure proper transition of care including OMT.
• Educate patient and evaluate their comprehension of their treatment plan.
• Participate with the health care team to provide patient care.

4. **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.

The student will:

• Demonstrate ability to effectively communicate with acutely ill or injured patients.
• Demonstrate ability to identify and communicate with family members, medical
  power of attorney, or person of authority to speak on behalf of the patient.
• 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.
• Demonstrate the ability to put the patient and their family at ease.
• 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.

- Use appropriate terminology/language with patient and family.
- Learn the documentation expectations the hospital or office.
- Demonstrate a personal self-awareness of their interaction with the patient.

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 professional relationships with patients and staff; responsibility, dependability, accountability, and reliability. Understand the role of a student as defined in student manual.

The student will:

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

6. **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.

The student will:

- Apply fundamental epidemiologic concepts to practice improvement.
- Demonstrate understanding of medical informatics/Evidence-Based Medicine/Research.
- Demonstrate ability to identify personal knowledge deficits.
- Demonstrate ability to locate educational resources and strengthen personal medical knowledge.
- Display commitment to continuous quality improvement.
- Demonstrate ability to teach both peers and lay audiences.

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 healthcare team, the student’s understanding of local community medical resources, and the student’s understanding of providing effective and cost-effective medicine.
The student will:

- Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
- Recognize how delivery systems differ: controlling health care costs, allocating resources.
- Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
- Make appropriate referrals.
- Arrange outpatient testing and follow-up with other providers.
- Be aware of medication and treatment costs (direct patient costs).
- Appreciate Patient’s rights and responsibilities and that shared decision making improve understanding and compliance.
- Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
- Understand EMTALA and HIPAA.
- Recognize how to reduce medical errors and patient and staff safety.
- Recognize cost effective health care that does not compromise patient care.
- 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.
- Understand and be able to discuss any medical disparities in the community being served.

Suggested Text:

*Goldman’s Cecil Medicine, 24th ed.*, Saunders  
*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

**Supervising Physician Evaluation:**

A confidential mid-rotation evaluation with the student 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 at the end 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.

Students must complete Site Evaluations by the last day of the rotation to avoid an Incomplete Grade.

For addresses and more detailed contact info, please see back of this manual.
4.1.9 Neurology

I. Introduction

The neurology rotation is unique in that 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 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.

II. Osteopathic Relevance

Osteopathic Medicine provides valuable diagnostic and treatment methodologies that can be a valuable resource in the care of patients presenting to the neurology department. Students should recognize that neurology embraces the concept of treating the entire patient. This includes recognizing the body is a whole unit, and the presenting emergent complaint is often accompanied with issues that affect not only the patient’s physical body but also their ability to cope with their emotional response. Recognizing the role of family, friends and community support systems is integral to meeting the patient’s total needs.

The student should learn the appropriate application of osteopathic diagnostic and treatment modalities in the context of neurology where life threatening conditions require immediate triage and immediate definitive care. The student should learn to recognize the indications for OMT in this specialty and when its application is best suited for the patient moved to the next level of care, either as an inpatient or by the primary care provider who provides follow-up care upon discharge.

III. Rotation Objectives and Core Competencies

Core competencies are in part evaluated by Statewide Campus personnel and/or national licensing examinations, as part of WVSOM’s ongoing assessment of student achievement. Preceptors for this rotation specifically are expected to make the following competency assessments. Preceptors are expected to provide feedback on
these skills, abilities and attitudes during the rotation, and to provide a final evaluation of student competence at the end of the rotation on the Clinical Education Grade Form. Students are encouraged to request mid-rotation evaluation to determine core competencies or any other skills that need improvement.

1. **Osteopathic Philosophy and Osteopathic Manipulative Medicine:** All preceptors (MD and DO) are expected to encourage and verify application of osteopathic principles\(^{22}\), and DO preceptors are expected to encourage and evaluate appropriate use of Osteopathic Manipulative Treatment (OMT).

The student will:

- 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.

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

The student will:

- 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.
- Be able to identify the patient’s problem as being within the nervous system.
- 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).
- Assess the acuity and prognosis of the problem as it relates to the immediate management and the need for more expert assistance.

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\(^{22}\) 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.
• 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.
• Observe specific procedures such as lumbar puncture, skull and spine radiographs, audiologic testing.
• Have a special understanding of the neurologic disabilities of elderly patients and the importance of assessing, restoring, and maintaining functional capacity.

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 instructions.

The student will:

• Demonstrate how to approach a neurology patient.
• Demonstrate the ability to identify the chief complaint.
• Perform a focused exam related to chief complaint.
• Demonstrate effective patient management skills.
• Demonstrate the ability to develop an evaluation and treatment plan.
• Demonstrate the ability to monitor the response to therapeutic interventions.
• Discuss with their attending the referral of the patient for subsequent healthcare services to insure proper transition of care including OMT.
• Educate patient and evaluate their comprehension of their treatment plan.
• Participate with the health care team to provide patient care.

4. **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.

The student will:

• Demonstrate ability to effectively communicate with acutely ill or injured patients.
• Demonstrate ability to identify and communicate with family members, medical power of attorney, or person of authority to speak on behalf of the patient.
• 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.
• Demonstrate the ability to put the patient and their family at ease.
• 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.

- Use appropriate terminology/language with patient and family.
- Learn the documentation expectations of the hospital or office.
- Demonstrate a personal self-awareness of their interaction with the patient.

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 professional relationships with patients and staff; responsibility, dependability, accountability, and reliability. Understand the role of a student as defined in student manual.

The student will:

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

6. **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.

The student will:

- Apply fundamental epidemiologic concepts to practice improvement.
- Demonstrate understanding of medical informatics/Evidence-Based Medicine/Research.
- Demonstrate ability to identify personal knowledge deficits.
- Demonstrate ability to locate educational resources and strengthen personal medical knowledge.
- Display commitment to continuous quality improvement.
- Demonstrate ability to teach both peers and lay audiences.

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.
The student will:

- Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
- Recognize how delivery systems differ: controlling health care costs, allocating resources.
- Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
- Make appropriate referrals.
- Arrange outpatient testing and follow-up with other providers.
- Be aware of medication and treatment costs (direct patient costs).
- Appreciate Patient’s rights and responsibilities and that shared decision making improve understanding and compliance.
- Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
- Understand EMTALA and HIPAA.
- Recognize how to reduce medical errors and patient and staff safety.
- Recognize cost effective health care that does not compromise patient care.
- 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.
- Understand and be able to discuss any medical disparities in the community being served.

Suggested Text:

*The Washington Manual of Medical Therapeutics*, 34th ed., Lippincott Williams & Wilkins  
*Goldman’s Cecil Medicine*, 24th ed., Saunders  
*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

**Supervising Physician Evaluation:**

A confidential mid-rotation evaluation with the student 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 at the end 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.

Students must complete Site Evaluations by the last day of the rotation to avoid an Incomplete Grade.

For addresses and more detailed contact info, please see back of this manual.
4.1.10 Ophthalmology

I. Introduction

The ophthalmology rotation is unique in 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 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.

II. Osteopathic Relevance

Osteopathic Medicine provides valuable diagnostic and treatment methodologies that can be a valuable resource in the care of patients. Students should recognize that ophthalmology embraces the concept of treating the entire patient. This includes recognizing the body is a whole unit, and the presenting emergent complaint is often accompanied with issues that affect not only the patient’s physical body but also their ability to cope with their emotional response. Recognizing the role of family, friends and community support systems is integral to meeting the patient’s total needs.

The student should learn the appropriate application of osteopathic diagnostic and treatment modalities in the context of ophthalmology where life threatening conditions require immediate triage and immediate definitive care. The student should learn to recognize the indications for OMT in this specialty and when its application is best suited for the patient moved to the next level of care, either as an inpatient or by the primary care provider who provides follow-up care upon discharge.

III. Rotation Objectives and Core Competencies

Core competencies are in part evaluated by Statewide Campus personnel and/or national licensing examinations, as part of WVSOM’s ongoing assessment of student achievement. Preceptors for this rotation specifically are expected to make the following competency assessments. Preceptors are expected to provide feedback on these skills, abilities and attitudes during the rotation, and to provide a final evaluation
of student competence at the end of the rotation on the Clinical Education Grade Form. Students are encouraged to request mid-rotation evaluation to determine core competencies or any other skills that need improvement.

1. **Osteopathic Philosophy and Osteopathic Manipulative Medicine:** All preceptors (MD and DO) are expected to encourage and verify application of osteopathic principles\(^{23}\), and DO preceptors are expected to encourage and evaluate appropriate use of Osteopathic Manipulative Treatment (OMT).

   The student will:
   - 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.

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

   The student will:
   - Identify common eye disorders such as blepharitis, conjunctivitis, hordeolum, foreign bodies, and trauma.
   - Characterize appropriate screening methods to prevent sequelae from common conditions such as amblyopia, glaucoma.
   - Recognize advanced forms of ophthalmologic testing and intervention e.g. fluorescein angiography, laser, etc.
   - Conduct an appropriate history and physical examination of the eye and adnexal structures.
   - Diagnose and treat common eye problems.
   - Distinguish and refer those eye problems which require specialist care.
   - Interpret simple measures of visual health such as visual acuity, intraocular pressure, visual fields, etc.
   - Participate in ongoing care of patients being treated by ophthalmologists, i.e. diabetics, cataracts, glaucoma, etc.

\(^{23}\) 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.
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 instructions.

The student will:
- Demonstrate how to approach an ophthalmology patient.
- Demonstrate the ability to identify the chief complaint.
- Perform a focused exam related to chief complaint.
- Demonstrate effective patient management skills.
- Demonstrate the ability to develop an evaluation and treatment plan.
- Demonstrate the ability to monitor the response to therapeutic interventions.
- Discuss with their attending the referral of the patient for subsequent healthcare services to insure proper transition of care including OMT.
- Educate patient and evaluate their comprehension of their treatment plan.
- Participate with the health care team to provide patient care.

4. **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.

The student will:
- Demonstrate ability to effectively communicate with acutely ill or injured patients.
- Demonstrate ability to identify and communicate with family members, medical power of attorney, or person of authority to speak on behalf of the patient.
- 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.
- Demonstrate the ability to put the patient and their family at ease.
- 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.
- Use appropriate terminology/language with patient and family.
- Learn the documentation expectations the hospital or office.
- Demonstrate a personal self-awareness of their interaction with the patient.

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
professional relationships with patients and staff; responsibility, dependability, accountability, and reliability. Understand the role of a student as defined in student manual.

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

6. **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.

The student will:
- Apply fundamental epidemiologic concepts to practice improvement.
- Demonstrate understanding of medical informatics/Evidence-Based Medicine/Research.
- Demonstrate ability to identify personal knowledge deficits.
- Demonstrate ability to locate educational resources and strengthen personal medical knowledge.
- Display commitment to continuous quality improvement.
- Demonstrate ability to teach both peers and lay audiences.

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.

The student will:
- Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
- Recognize how delivery systems differ: controlling health care costs, allocating resources.
- Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
- Make appropriate referrals.
- Arrange outpatient testing and follow-up with other providers.
- Be aware of medication and treatment costs (direct patient costs).
- Appreciate Patient’s rights and responsibilities and that shared decision making
improve understanding and compliance.

- Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
- Understand EMTALA and HIPAA.
- Recognize how to reduce medical errors and patient and staff safety.
- Recognize cost effective health care that does not compromise patient care.
- 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.
- Understand and be able to discuss any medical disparities in the community being served.

Suggested Text:

*Goldman’s Cecil Medicine, 24th ed.*, Saunders
*Essentials of Ophthalmology*, Elsevier Inc.

**Supervising Physician Evaluation:**

A confidential mid-rotation evaluation with the student 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 at the end 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.

Students must complete Site Evaluations by the last day of the rotation to avoid an Incomplete Grade.

For addresses and more detailed contact info, please see back of this manual.
4.1.11 Orthopedics

I. Introduction

The orthopedics rotation is unique in that you will be exposed to selected topics and patients in the area of orthopedic 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.

II. Osteopathic Relevance

Osteopathic Medicine provides valuable diagnostic and treatment methodologies that can be a valuable resource in the care of patients. Students should recognize that orthopedics embraces the concept of treating the entire patient. This includes recognizing the body is a whole unit, and the presenting emergent complaint is often accompanied with issues that affect not only the patient’s physical body but also their ability to cope with their emotional response. Recognizing the role of family, friends and community support systems is integral to meeting the patient’s total needs.

The student should learn the appropriate application of osteopathic diagnostic and treatment modalities in the context of orthopedics where life threatening conditions require immediate triage and immediate definitive care. The student should learn to recognize the indications for OMT in this specialty and when its application is best suited for the patient moved to the next level of care, either as an inpatient or by the primary care provider who provides follow-up care upon discharge.

III. Rotation Objectives and Core Competencies

Core competencies are in part evaluated by Statewide Campus personnel and/or national licensing examinations, as part of WVSOM’s ongoing assessment of student achievement. Preceptors for this rotation specifically are expected to make the following competency assessments. Preceptors are expected to provide feedback on these skills, abilities and attitudes during the rotation, and to provide a final evaluation.
of student competence at the end of the rotation on the Clinical Education Grade Form. Students are encouraged to request mid-rotation evaluation to determine core competencies or any other skills that need improvement.

1. **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).

   The student will:

   - 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.

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

   The student will be able to:

   - Identify sprains, fractures, congenital, and other orthopedic problems.
   - Characterize those problems typically related to specific activities or lifestyles and their prevention.
   - Recognize the range of surgical or bracing procedures utilized for various disorders.
   - Perform a complete examination of the back, joints, extremities, and musculoskeletal system.
   - Utilize and interpret imaging and other diagnostic studies of the musculoskeletal system.
   - Diagnose and manage simple fractures and sprains, etc.
   - Recognize and refer those musculoskeletal problems requiring specialist care.
   - Evaluate and stabilize the emergency patient with musculoskeletal injury.

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24 *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.*
• Perform simple casting or splinting procedures.
• Assist with operative procedures as requested.

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 instructions.

The student will:

• Demonstrate how to approach an orthopedic patient.
• Demonstrate the ability to identify the chief complaint.
• Perform a focused exam related to chief complaint.
• Demonstrate effective patient management skills.
• Demonstrate the ability to develop an evaluation and treatment plan.
• Demonstrate the ability to monitor the response to therapeutic interventions.
• Discuss with their attending the referral of the patient for subsequent healthcare services to insure proper transition of care including OMT.
• Educate patient and evaluate their comprehension of their treatment plan.
• Participate with the health care team to provide patient care.

4. **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.

The student will:

• Demonstrate ability to effectively communicate with acutely ill or injured patients.
• Demonstrate ability to identify and communicate with family members, medical power of attorney, or person of authority to speak on behalf of the patient.
• 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.
• Demonstrate the ability to put the patient and their family at ease.
• 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.
• Use appropriate terminology/language with patient and family.
• Learn the documentation expectations the hospital or office.
• Demonstrate a personal self-awareness of their interaction with the patient.
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 professional relationships with patients and staff; responsibility, dependability, accountability, and reliability. Understand the role of a student as defined in student manual.

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

6. **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.

The student will:
- Apply fundamental epidemiologic concepts to practice improvement.
- Demonstrate understanding of medical informatics/Evidence-Based Medicine/Research.
- Demonstrate ability to identify personal knowledge deficits.
- Demonstrate ability to locate educational resources and strengthen personal medical knowledge.
- Display commitment to continuous quality improvement.
- Demonstrate ability to teach both peers and lay audiences.

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.

The student will:
- Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
- Recognize how delivery systems differ: controlling health care costs, allocating resources.
- Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
- Make appropriate referrals.
• Arrange outpatient testing and follow-up with other providers.
• Be aware of medication and treatment costs (direct patient costs).
• Appreciate Patient’s rights and responsibilities and that shared decision making improve understanding and compliance.
• Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
• Understand EMTALA and HIPAA.
• Recognize how to reduce medical errors and patient and staff safety.
• Recognize cost effective health care that does not compromise patient care.
• 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.
• Understand and be able to discuss any medical disparities in the community being served.

Suggested Text:

*Essential Orthopaedics*, Saunders
*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

**Supervising Physician Evaluation:**

A confidential mid-rotation evaluation with the student 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 at the end 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.
Students must complete Site Evaluations by the last day of the rotation to avoid an Incomplete Grade.

For addresses and more detailed contact info, please see back of this manual.
4.1.12 Otolaryngology

I. Introduction

The otolaryngology rotation is unique in that you will be exposed to selected topics and patients in the area of otolaryngological 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 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.

II. Osteopathic Relevance

Osteopathic Medicine provides valuable diagnostic and treatment methodologies that can be a valuable resource in the care of patients. Students should recognize that otolaryngology embraces the concept of treating the entire patient. This includes recognizing the body is a whole unit, and the presenting emergent complaint is often accompanied with issues that affect not only the patient’s physical body but also their ability to cope with their emotional response. Recognizing the role of family, friends and community support systems is integral to meeting the patient’s total needs.

The student should learn the appropriate application of osteopathic diagnostic and treatment modalities in the context of otolaryngology where life threatening conditions require immediate triage and immediate definitive care. The student should learn to recognize the indications for OMT in this specialty and when its application is best suited for the patient moved to the next level of care, either as an inpatient or by the primary care provider who provides follow-up care upon discharge.

III. Rotation Objectives and Core Competencies

Core competencies are in part evaluated by Statewide Campus personnel and/or national licensing examinations, as part of WVSOM’s ongoing assessment of student achievement. Preceptors for this rotation specifically are expected to make the following competency assessments. Preceptors are expected to provide feedback on
these skills, abilities and attitudes during the rotation, and to provide a final evaluation of student competence at the end of the rotation on the Clinical Education Grade Form. Students are encouraged to request mid-rotation evaluation to determine core competencies or any other skills that need improvement.

1. **Osteopathic Philosophy and Osteopathic Manipulative Medicine:** All preceptors (MD and DO) are expected to encourage and verify application of osteopathic principles\(^{25}\), and DO preceptors are expected to encourage and evaluate appropriate use of Osteopathic Manipulative Treatment (OMT).

The student will:

- 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.

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

The student will be able to:

- Identify common problems related to the nose, throat, and pharynx, such as epistaxis, sinusitis, polyps, otitis, etc.
- Characterize common head and neck masses and their causes.
- Identify those head and neck problems requiring surgical treatment.
- Perform a complete head and neck examination.
- Diagnose and treat common ENT infections and other disorders.
- Refer for timely surgical management as appropriate.
- Participate in care of hospitalized and operative patients.
- Assist in airway management of emergency patients.
- Interpret tympanograms, sinus films, audiograms, and other common ENT tests.

\(^{25}\) 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.
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 instructions.

The student will:

- Demonstrate how to approach an ENT patient.
- Demonstrate the ability to identify the chief complaint.
- Perform a focused exam related to chief complaint.
- Demonstrate effective patient management skills.
- Demonstrate the ability to develop an evaluation and treatment plan.
- Demonstrate the ability to monitor the response to therapeutic interventions.
- Discuss with their attending the referral of the patient for subsequent healthcare services to insure proper transition of care including OMT.
- Educate patient and evaluate their comprehension of their treatment plan.
- Participate with the health care team to provide patient care.

4. **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.

The student will:

- Demonstrate ability to effectively communicate with acutely ill or injured patients.
- Demonstrate ability to identify and communicate with family members, medical power of attorney, or person of authority to speak on behalf of the patient.
- 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.
- Demonstrate the ability to put the patient and their family at ease.
- 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.
- Use appropriate terminology/language with patient and family.
- Learn the documentation expectations the hospital or office.
- Demonstrate a personal self-awareness of their interaction with the patient.

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
professional relationships with patients and staff; responsibility, dependability, accountability, and reliability. Understand the role of a student as defined in student manual.

The Student will:

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

6. **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.

The student will:

• Apply fundamental epidemiologic concepts to practice improvement.
• Demonstrate understanding of medical informatics/Evidence-Based Medicine/Research.
• Demonstrate ability to identify personal knowledge deficits.
• Demonstrate ability to locate educational resources and strengthen personal medical knowledge.
• Display commitment to continuous quality improvement.
• Demonstrate ability to teach both peers and lay audiences.

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.

The student will:

• Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
• Recognize how delivery systems differ: controlling health care costs, allocating resources.
• Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
• Make appropriate referrals.
• Arrange outpatient testing and follow-up with other providers.
• Be aware of medication and treatment costs (direct patient costs).
• Appreciate Patient’s rights and responsibilities and that shared decision making improve understanding and compliance.
• Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
• Understand EMTALA and HIPAA.
• Recognize how to reduce medical errors and patient and staff safety.
• Recognize cost effective health care that does not compromise patient care.
• 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.
• Understand and be able to discuss any medical disparities in the community being served.

Suggested Text:

*Pediatric Otolaryngology: The Requisites in Pediatrics, 1st ed.*, Mosby, Inc
*Atlas of Head and Neck Surgery*, Saunders

**Supervising Physician Evaluation:**

A confidential mid-rotation evaluation with the student 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 at the end 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.

Students must complete Site Evaluations by the last day of the rotation to avoid an Incomplete Grade.

For addresses and more detailed contact info, please see back of this manual.
4.1.13 Physical Medicine & Rehabilitation

I. Introduction

The PM&R rotation is unique in that you will be exposed to selected topics and patients in the area of physical 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 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.

II. Osteopathic Relevance

Osteopathic Medicine provides valuable diagnostic and treatment methodologies that can be a valuable resource in the care of patients. Students should recognize that PM&R embraces the concept of treating the entire patient. This includes recognizing the body is a whole unit, and the presenting emergent complaint is often accompanied with issues that affect not only the patient’s physical body but also their ability to cope with their emotional response. Recognizing the role of family, friends and community support systems is integral to meeting the patient’s total needs.

The student should learn the appropriate application of osteopathic diagnostic and treatment modalities in the context of PM&R where life threatening conditions require immediate triage and immediate definitive care. The student should learn to recognize the indications for OMT in this specialty and when its application is best suited for the patient moved to the next level of care, either as an inpatient or by the primary care provider who provides follow-up care upon discharge.

III. Rotation Objectives and Core Competencies

Core competencies are in part evaluated by Statewide Campus personnel and/or national licensing examinations, as part of WVSOM’s ongoing assessment of student achievement. Preceptors for this rotation specifically are expected to make the following competency assessments. Preceptors are expected to provide feedback on these skills, abilities and attitudes during the rotation, and to provide a final evaluation.
of student competence at the end of the rotation on the Clinical Education Grade Form. Students are encouraged to request mid-rotation evaluation to determine core competencies or any other skills that need improvement.

1. **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).

The student will:
- 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.

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

The student will:
- Understand and appreciate the anatomy and physiology of the central and peripheral nervous system as well as the muscular system.
- Understand basic management and rehabilitation and treatment of patients after stroke, traumatic brain injury, or spinal cord injury.
- Appreciate and understand the medical problems encountered by traumatic brain injury, spinal cord injury, or stroke.
- Provide primary conservative care of common musculoskeletal problems.
- Understand the initial workup and appropriate use of imaging techniques for musculoskeletal problems.
- Refine the skills with regards to the neuromusculoskeletal H&P.
- Understand the uses of allied health professionals and appreciate appropriate referrals.
- Observe electrodiagnostic studies and understand their potential benefits and limitations.

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26 *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.*
• Attempt to interface with Physical Therapy, Occupational Therapy, Speech Pathology, and Prosthetics.

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 instructions.

The student will:
- Demonstrate how to approach a PM&R patient.
- Demonstrate the ability to identify the chief complaint.
- Perform a focused exam related to chief complaint.
- Demonstrate effective patient management skills.
- Demonstrate the ability to develop an evaluation and treatment plan.
- Demonstrate the ability to monitor the response to therapeutic interventions.
- Discuss with their attending the referral of the patient for subsequent healthcare services to insure proper transition of care including OMT.
- Educate patient and evaluate their comprehension of their treatment plan.
- Participate with the health care team to provide patient care.

4. **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.

The student will:
- Demonstrate ability to effectively communicate with acutely ill or injured patients.
- Demonstrate ability to identify and communicate with family members, medical power of attorney, or person of authority to speak on behalf of the patient.
- 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.
- Demonstrate the ability to put the patient and their family at ease.
- 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.
- Use appropriate terminology/language with patient and family.
- Learn the documentation expectations the hospital or office.
- Demonstrate a personal self-awareness of their interaction with the patient.

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 professional relationships with patients and staff; responsibility, dependability, accountability, and reliability. Understand the role of a student as defined in student manual.

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

6. **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.

The student will:
- Apply fundamental epidemiologic concepts to practice improvement.
- Demonstrate understanding of medical informatics/Evidence-Based Medicine/Research.
- Demonstrate ability to identify personal knowledge deficits.
- Demonstrate ability to locate educational resources and strengthen personal medical knowledge.
- Display commitment to continuous quality improvement.
- Demonstrate ability to teach both peers and lay audiences.

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.

The student will:
- Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
- Recognize how delivery systems differ: controlling health care costs, allocating resources.
- Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
- Make appropriate referrals.
- Arrange outpatient testing and follow-up with other providers.
• Be aware of medication and treatment costs (direct patient costs).
• Appreciate Patient’s rights and responsibilities and that shared decision making improve understanding and compliance.
• Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
• Understand EMTALA and HIPAA.
• Recognize how to reduce medical errors and patient and staff safety.
• Recognize cost effective health care that does not compromise patient care.
• 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.
• Understand and be able to discuss any medical disparities in the community being served.

Suggested Text:

The Washington Manual of Medical Therapeutics, 34th ed., Lippincott Williams & Wilkins
Goldman’s Cecil Medicine, 24th ed., Saunders
PM&R Secrets, Young and Stiens
Physical Medicine and Rehabilitation, 4th ed., Saunders
Essentials of Physical Medicine and Rehabilitation: Musculoskeletal Disorders, Pain, and Rehabilitation, 3rd ed., Saunders

Supervising Physician Evaluation:

A confidential mid-rotation evaluation with the student 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 at the end 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.
Students must complete Site Evaluations by the last day of the rotation to avoid an Incomplete Grade.

For addresses and more detailed contact info, please see back of this manual.
4.1.14 Pulmonology

I. 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.

II. Osteopathic Relevance

Osteopathic Medicine provides valuable diagnostic and treatment methodologies that can be a valuable resource in the care of patients. Students should recognize that pulmonology embraces the concept of treating the entire patient. This includes recognizing the body is a whole unit, and the presenting emergent complaint is often accompanied with issues that affect not only the patient’s physical body but also their ability to cope with their emotional response. Recognizing the role of family, friends and community support systems is integral to meeting the patient’s total needs.

The student should learn the appropriate application of osteopathic diagnostic and treatment modalities in the context of pulmonology where life threatening conditions require immediate triage and immediate definitive care. The student should learn to recognize the indications for OMT in this specialty and when its application is best suited for the patient moved to the next level of care, either as an inpatient or by the primary care provider who provides follow-up care upon discharge.

III. Rotation Objectives and Core Competencies

Core competencies are in part evaluated by Statewide Campus personnel and/or national licensing examinations, as part of WVSOM’s ongoing assessment of student achievement. Preceptors for this rotation specifically are expected to make the following competency assessments. Preceptors are expected to provide feedback on
these skills, abilities and attitudes during the rotation, and to provide a final evaluation of student competence at the end of the rotation on the Clinical Education Grade Form. Students are encouraged to request mid-rotation evaluation to determine core competencies or any other skills that need improvement.

1. **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).

   The student will:

   - 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.

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

   The student will:

   - Diagnose common lung problems utilizing history, physical exam, laboratory, imaging, and pulmonary function data.
   - Learn to correctly interpret arterial blood gases, pulmonary function data, and imaging such as chest x-rays.
   - Learn the indications for intubation and how to manage a patient on a ventilator.
   - Manage patients with common problems related to pulmonology such as pneumonia, etc.
   - Know when to refer the complicated patient.

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

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27 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.
procedures, and provide appropriate follow-up care instructions.

The student will:

- Demonstrate how to approach a pulmonology patient.
- Demonstrate the ability to identify the chief complaint.
- Perform a focused exam related to chief complaint.
- Demonstrate effective patient management skills.
- Demonstrate the ability to develop an evaluation and treatment plan.
- Demonstrate the ability to monitor the response to therapeutic interventions.
- Discuss with their attending the referral of the patient for subsequent healthcare services to insure proper transition of care including OMT.
- Educate patient and evaluate their comprehension of their treatment plan.
- Participate with the health care team to provide patient care.

4. 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.

The student will:

- Demonstrate ability to effectively communicate with acutely ill or injured patients.
- Demonstrate ability to identify and communicate with family members, medical power of attorney, or person of authority to speak on behalf of the patient.
- 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.
- Demonstrate the ability to put the patient and their family at ease.
- 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.
- Use appropriate terminology/language with patient and family.
- Learn the documentation expectations the hospital or office.
- Demonstrate a personal self-awareness of their interaction with the patient.

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 professional relationships with patients and staff; responsibility, dependability, accountability, and reliability. Understand the role of a student as defined in student manual.
The student will:

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

6. **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.

The student will:

- Apply fundamental epidemiologic concepts to practice improvement.
- Demonstrate understanding of medical informatics/Evidence-Based Medicine/Research.
- Demonstrate ability to identify personal knowledge deficits.
- Demonstrate ability to locate educational resources and strengthen personal medical knowledge.
- Display commitment to continuous quality improvement.
- Demonstrate ability to teach both peers and lay audiences.

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.

The student will:

- Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
- Recognize how delivery systems differ: controlling health care costs, allocating resources.
- Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
- Make appropriate referrals.
- Arrange outpatient testing and follow-up with other providers.
- Be aware of medication and treatment costs (direct patient costs).
- Appreciate Patient’s rights and responsibilities and that shared decision making improve understanding and compliance.
- Describe the ramifications of limited patient financial resources and the need to
apply for Medicaid assistance.

- Understand EMTALA and HIPAA.
- Recognize how to reduce medical errors and patient and staff safety.
- Recognize cost effective health care that does not compromise patient care.
- 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.

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

**Suggested Text:**

*The Washington Manual of Medical Therapeutics*, 34th ed., Lippincott Williams & Wilkins

*Goldman’s Cecil Medicine*, 24th ed., Saunders

*Clinical Respiratory Medicine*, 4th ed., Saunders


**Supervising Physician Evaluation:**

A confidential mid-rotation evaluation with the student 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 at the end 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.

*Students must complete Site Evaluations by the last day of the rotation to avoid an Incomplete Grade.*

For addresses and more detailed contact info, please see back of this manual.
4.1.15 Wound Care

I. Introduction

The wound care rotation is unique in that you will be exposed to selected topics and patients in the area of wound care 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 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.

II. Osteopathic Relevance

Osteopathic Medicine provides valuable diagnostic and treatment methodologies that can be a valuable resource in the care of patients presenting to the wound care department. Students should recognize that wound care embraces the concept of treating the entire patient. This includes recognizing the body is a whole unit, and the presenting emergent complaint is often accompanied with issues that affect not only the patient’s physical body but also their ability to cope with their emotional response. Recognizing the role of family, friends and community support systems is integral to meeting the patient’s total needs.

The student should learn the appropriate application of osteopathic diagnostic and treatment modalities in the context of wound care where life threatening conditions require immediate triage and immediate definitive care. The student should learn to recognize the indications for OMT in this specialty and when its application is best suited for the patient moved to the next level of care, either as an inpatient or by the primary care provider who provides follow-up care upon discharge.

III. Rotation Objectives and Core Competencies

Core competencies are in part evaluated by Statewide Campus personnel and/or national licensing examinations, as part of WVSOM’s ongoing assessment of student achievement. Preceptors for this rotation specifically are expected to make the following competency assessments. Preceptors are expected to provide feedback on
these skills, abilities and attitudes during the rotation, and to provide a final evaluation of student competence at the end of the rotation on the Clinical Education Grade Form. Students are encouraged to request mid-rotation evaluation to determine core competencies or any other skills that need improvement.

1. **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).

   The student will:

   - 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.

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

   The student will:

   - Characterize the principles of history, physical examination and diagnostic interpretation of common problems encountered in the wound care setting.
   - Be able to develop an adequate differential diagnosis to include possibilities from any subspecialty.
   - Be able to create and implement an appropriate, cost-efficient diagnostic and treatment plan for common problems seen in the wound care department.
   - Be familiar with and able to carry out certain wound care techniques such as debridement and dressings.
   - Manage patients with common wound care problems including the use of medications and topical treatments.
   - Know when to refer the complicated patient.

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28 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.
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 instructions.

The student will:

- Demonstrate how to approach patients in the wound card department setting.
- Demonstrate the ability to identify the chief complaint.
- Perform a focused exam related to chief complaint.
- Demonstrate effective patient management skills.
- Demonstrate the ability to develop an evaluation and treatment plan.
- Demonstrate the ability to monitor the response to therapeutic interventions.
- Discuss with their attending the referral of the patient for subsequent healthcare services to insure proper transition of care including OMT.
- Educate patient and evaluate their comprehension of their treatment plan.
- Participate with the health care team to provide patient care.

4. **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.

The student will:

- Demonstrate ability to effectively communicate with acutely ill or injured patients.
- Demonstrate ability to identify and communicate with family members, medical power of attorney, or person of authority to speak on behalf of the patient.
- 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.
- Demonstrate the ability to put the patient and their family at ease.
- 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.
- Use appropriate terminology/language with patient and family.
- Learn the documentation expectations the hospital or office.
- Demonstrate a personal self-awareness of their interaction with the patient.

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 professional relationships with patients and staff; responsibility, dependability, accountability, and reliability. Understand the role of a student as defined in student manual.

The Student will:

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

6. **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.

   The student will:
   - Apply fundamental epidemiologic concepts to practice improvement.
   - Demonstrate understanding of medical informatics/Evidence-Based Medicine/Research.
   - Demonstrate ability to identify personal knowledge deficits.
   - Demonstrate ability to locate educational resources and strengthen personal medical knowledge.
   - Display commitment to continuous quality improvement.
   - Demonstrate ability to teach both peers and lay audiences.

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.

   The student will:
   - Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
   - Recognize how delivery systems differ: controlling health care costs, allocating resources.
   - Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
   - Make appropriate referrals.
   - Arrange outpatient testing and follow-up with other providers.
• Be aware of medication and treatment costs (direct patient costs).
• Appreciate Patient’s rights and responsibilities and that shared decision making improve understanding and compliance.
• Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
• Understand EMTALA and HIPAA.
• Recognize how to reduce medical errors and patient and staff safety.
• Recognize cost effective health care that does not compromise patient care.
• 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.
• Understand and be able to discuss any medical disparities in the community being served.

Suggested Text:

*The Washington Manual of Medical Therapeutics, 34th ed.*, Lippincott Williams & Wilkins
*Goldman’s Cecil Medicine, 24th ed.*, Saunders
*Surgery of the Skin, 2nd ed.*, Elsevier

**Supervising Physician Evaluation:**

A confidential mid-rotation evaluation with the student 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 at the end 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.*

*Students must complete Site Evaluations by the last day of the rotation to avoid an Incomplete Grade.*
For addresses and more detailed contact info, please see back of this manual.
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 Site Evaluation. Site 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”
PLACED ON THEIR SCHEDULE. THIS MAY RESULT IN THE DELAY OF THE
STUDENT GRADUATING.

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 2017

Mandatory Time Off

- The week prior to graduation week and the week of graduation:
  - Weeks of 5/15/17 – 5/26/17 (2 weeks)

  If a student is off-cycle and would like to remain on rotation the week of 5/15/17 – 5/19/17, a written request must be submitted to the Vice President for Academic Affairs and Dean.

Permitted Time Off

- To relocate as needed:
  - Weeks of 7/6/15 – 7/17/15 (2 weeks)

- 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 unless approval is given by your Regional Assistant Dean & Director prior to the exam 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 as a Federal Rural Urban Commuting Area (RUCA). The Statewide Campus offices have the most recent requirements and information of areas that meet the requirement. At the time of the writing of this document, WVSOM is using the 2006 RUCA Codes, Version 2.0 with the 11/2007 update.

4.12 OPTI Requirements

All students must serve a minimum of 4 weeks of clinical rotations in a hospital that is a member of an Osteopathic Postgraduate Training Institute (OPTI) and/or has an AOA accredited training program. The following list includes the address and contact information of AOA accredited OPTIs throughout the United States. You can contact the individual OPTI (s) for a list of their approved residency training programs.

Visit the American Osteopathic Association website http://www.osteopathic.org/inside-aoa/Education/opti-clearinghouse/Documents/opti-partner-list.pdf for the most up-to-date listing.
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*H&P (Due 5th week of the Family Medicine I rotation)

Family Medicine I  Required  8 weeks  Pre/Posttest
Internal Medicine I Required  4 weeks  Pre/Posttest (OPP)
Internal Medicine II Required  4 weeks  Pre/Posttest
Pediatrics I     Required  4 weeks  Pre/Posttest
Psychiatry       Required  4 weeks  Pre/Posttest
Surgery I        Required  4 weeks  Pre/Posttest
Emergency Medicine Required  4 weeks  Pre/Posttest
OB/GYN           Required  4 weeks  Pre/Posttest
Dean’s Selective 4 weeks
Elective 1       4 weeks
Vacation         4 weeks

Note: All rotations start on a Monday and end on a Friday. The dates posted above are all Mondays. Year 3 Orientation Week will be held July 20-July 24, 2015.
### Student Rotation Worksheet

**Student Rotation Worksheet**  
**Class of 2017 Fourth Year**

<table>
<thead>
<tr>
<th>Date</th>
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**Internal Medicine III**  Selective  4 weeks  
**Surgery II**  Selective  4 weeks  
**Family Medicine II**  Selective  8 weeks ***  
**Internal Medicine IV**  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**  8 weeks

Mandatory time off  1 week - Graduation off 1 week  
Graduation is May 27, 2017

James R. Stookey OMT rotation 3rd and 4th year. Must complete OMT EHR SOAP Note.

**Family Medicine II**

^ Must be 8 weeks together
### Student Rotation Worksheet

**Berkeley Medical Students Only**

For students who began 3rd year in the CUSHING MODULE

#### Student Rotation Worksheet

**Class of 2017 Fourth Year**

<table>
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<tr>
<th>Date</th>
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<td>Emergency Medicine</td>
<td>4 weeks (\text{(To Be Completed 4th Year)})</td>
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<tr>
<td>Vacation</td>
<td>8 weeks</td>
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</tbody>
</table>

James R. Stockey: OMT rotation must be done 4th year under a DO Physician

4 week rotation must be completed at an Osteopathic Postdoctoral Training Institutions (OPTI) Site

Family Medicine II

- Must be Rural & with a DO, depending on Family Medicine 1
- 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 (see syllabus)

Mandatory time off - 1 week
Mandatory time off Graduation week

**Highlighted Rotations are different from Traditional WVSOM Student Scheduling**
# Student Rotation Worksheet

**For students who began 3rd Year in the JACQUES MODULE**

**Student Rotation Worksheet**  
**Class of 2017 Fourth Year**

<table>
<thead>
<tr>
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**Internal Medicine III** Selective 4 weeks  
**Surgery II** Selective 4 weeks  
**Family Medicine II** Selective * 8 weeks  
**Internal Medicine IV** Selective 4 weeks  
**Surgery III** Selective 2 weeks (Completed 2 weeks in 3rd Year)  
**Pediatrics II** Selective 0 weeks (Completed 4 weeks in 3rd Year)  
**Elective 1** 2 weeks (Completed 2 weeks in 3rd Year)  
**Elective 2** 4 weeks  
**Elective 3** 4 weeks  
**Elective 4** 2 weeks  

**Emergency Medicine** 4 weeks (To Be Completed in 4th Year)  
**Vacation** 8 weeks

---

James R. Stookey OMT rotation must be done 4th year under a DO Physician
4 week rotation must be completed at an Osteopathic Postdoctoral Training Institutions (OPTI) Site
Family Medicine II  
* Must be Rural & with a DO, depending on Family Medicine 1  
* 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 (see syllabus)

Mandatory time off - 1 week  
Mandatory time off Graduation

**Highlighted Rotations are different from Traditional WVSOM Student Scheduling**
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@osteowvsom.edu

Phone: 304.399.7590
FAX: 304.399.7593

SECTION I – TO BE COMPLETED BY STUDENT AND SENT TO STATEWIDE CAMPUIS OFFICE

*PLEASE MAKE SURE YOU COMPLETE ALL SECTIONS OF THE EDUCATIONAL AGREEMENT, OTHERWISE YOUR SWC WILL NOT BE ABLE TO PROCESS YOUR REQUEST*

Please Print or Type:
First Middle Last

Please Print or Type:
Class Year:

Please Print or Type:
Elective Selective Rotation/Specialty:

Please Print or Type:
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)

Please Print or Type:
Preceptor Name:

Please Print or Type:
Degree:

Please Print or Type:
Phone Number:

Please Print or Type:
Fax Number:

Please Print or Type:
Address:

City: State: Zip:

Please Print or Type:
Preceptor Email Address:

Hospital/Clinic Name:

Please Print or Type:
Contact Person:

Please Print or Type:
Email Address:

Please Print or Type:
Phone Number:

Please Print or Type:
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
clowry1@osteowvsom.edu

Phone: 304.461.3746
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/CLIN 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)
Melinda Lowe, SWC Regional Director
WVU Health Sciences, Eastern Division
2500 Foundation Way
Martinsburg, WV 25401
mlowe@osteo.wvsom.edu

SECTION I – TO BE COMPLETED BY STUDENT AND SENT TO STATEWIDE CAMPUSS 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:

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

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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
j.kayrouz@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

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

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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)
Kathy Fry, SWC Regional Director
Room 230, Ed. & Admin. Building
2000 Eoff Street
Wheeling, WV 26003
Phone: 304.231.3842
Fax: 304-234-8455

SECTION I – TO BE COMPLETED BY STUDENT AND SENT TO STATEWIDE CAMPUS OFFICE

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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: _______________________________ State: ____________ Zip: ___________
City: ____________
Preceptor Email Address: __________________________
Hospital/Clinic Name: __________________________
Contact Person: __________________________ Email Address: __________________________
Phone Number: _____________ Fax Number: _____________
Address: _______________________________ State: ____________ Zip: ___________
City: ____________

SECTION II – TO BE COMPLETED BY PRECEPTOR, DME, OR DESIGNEE AND MAILED OR FAXED TO WVSOM AT ABOVE ADDRESS OR FAX NUMBER

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Address IF different from Hospital/Clinic stated above: __________________________

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☐ 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)
Joan Gates, SWC Regional Director
Camden Clark Medical Center
600 18th Street, 1G
Parkersburg, WV 26101
jgates@osteowvsum.edu

Phone: 304.424.4469
FAX: 304.424.4475

SECTION I – TO BE COMPLETED BY STUDENT AND SENT TO STATEWIDE CAMPUSS 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/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)
Adrienne Tucker, SWC Regional Director
Davis Medical Center
Physicians Office Building
909 Gorman Avenue
Elkins, WV 26241
Phone: 304.637.3740
FAX: 304.424.4475
atucker@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:
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
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 ______

Comments: ____________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Statewide Campus Director Date Statewide Campus Asst. Dean Date

Revised 3/1/13
West Virginia School of Osteopathic Medicine  
Office of the Registrar  
400 North Lee Street  
Lewisburg, WV 24901  
(304) 645-6270, Ext. 829/383 or (800) 356-7836  
FAX #: (304) 647-6350  

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  

Credit Card Information  
VISA or Mastercard ONLY  
Name on Card:  
Card Type:  
Account Number:  
Expiration Date:  

All transcripts will include GPA & Numerical Class Rank  

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
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 a short period of time away from service rotation activities that may be needed from time to time to allow students to attend to personal business (i.e. banking, laundry, etc.). Permission of the supervising physicians and/or the Statewide Campus Regional Assistant Dean is required. A “short period of time” is less than one day.

No duration or frequency restrictions are defined; however, it is intended that the student and supervising physician alike employ reason pertaining to this matter.
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:** The Exception Request Form should be submitted and approved by the Statewide Campus Assistant Dean prior to the interview or it will be considered an unexcused absence.

### 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](http://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. Coverage must cover each state in which the student is assigned or plans to rotate. This insurance will need to be started on July 1, 2015 and renewed on July 1, 2016.

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 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 for appropriate care and antiviral medication if indicated.

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.

**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.

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).

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.

The Statewide Campus Regional Assistant Dean will assist 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 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 WVSOM main campus to be placed into the student 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.

The student will receive baseline testing as appropriate to the specific virus(es) if not already performed: HBs-Ab for HBV exposure; anti-HCV and ALT for HCV exposure, along with supplemental HCV testing for any reported positive anti-HCV EIA; and/or HIV-Ab for HIV exposure.
### Table 1 Repeat Lab Testing Post Exposure

<table>
<thead>
<tr>
<th>Test</th>
<th>4-6 weeks</th>
<th>3 months</th>
<th>4-6 months</th>
<th>6-12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anti-HCV</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>ALT</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HCV RNA</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**HBV exposures (source person infected with HBV or source unknown or not available for testing):** If the student has been previously infected with HBV, they are immune to reinfection and do not require post-exposure prophylaxis (PEP). If the student has received HBV vaccination and is a known responder as evidenced by adequate levels of serum Hepatitis B surface antibody (HBs-Ab or anti-HBs), no HBV PEP or further testing is indicated.

It is recommended that the provider that sees the student reference the CDC website on treatment recommendation post exposure of bloodborne pathogens at:

[http://www.cdc.gov/niosh/topics/bbp/guidelines.html](http://www.cdc.gov/niosh/topics/bbp/guidelines.html)

If the student’s antibody response to prior vaccination is unknown, they should be tested for HBs-Ab: if adequate, no treatment is necessary; if inadequate, they should be treated with a regimen appropriate to their prior immunization history. If HBV vaccine is administered for PEP, the student should be tested again for HBs-Ab (anti-HBs) 1-2 months after the last dose of vaccine. NOTE: HBs-Ab (anti-HBs) cannot be ascertained if HBIG (hepatitis B immune globulin) is given within 6-8 weeks of the blood draw.

If the student serum converts to HIV positive, treatment will begin immediately.

All 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.

### 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.

Extemporaneous 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>
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<tbody>
<tr>
<td><strong>Appalachian Community Health Center, Inc.</strong></td>
<td>Serving Barbour, Randolph, Tucker &amp; Upshur Counties</td>
</tr>
<tr>
<td>Office phone: (304) 636-3232</td>
<td>Crisis/after hours: (888) 357-3232</td>
</tr>
<tr>
<td><a href="http://www.achcinc.org">www.achcinc.org</a></td>
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<tr>
<td><strong>Valley HealthCare System</strong></td>
<td>Serving Marion, Monongalia, Preston &amp; Taylor Counties</td>
</tr>
<tr>
<td>Office phone: (304) 296-1731</td>
<td>Crisis/after hours: (800) 232-0020</td>
</tr>
<tr>
<td><a href="http://www.valleyhealthcare.org/">http://www.valleyhealthcare.org/</a></td>
<td></td>
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<tr>
<td><strong>Prestera Center for Mental Health Services</strong></td>
<td>Serving Boone, Cabell, Clay, Kanawha, Lincoln, Mason, Putnam &amp; Wayne Counties</td>
</tr>
<tr>
<td>Office phone: (304) 399-7776</td>
<td>Crisis/after hours: (877) 399-7776; (800) 642-3434</td>
</tr>
<tr>
<td><a href="http://www.prestera.org">www.prestera.org</a></td>
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<tr>
<td><strong>Westbrook Health Services</strong></td>
<td>Serving Calhoun, Jackson, Pleasants, Ritchie, Roane, Tyler, Wirt &amp; Wood Counties</td>
</tr>
<tr>
<td>Office phone: (304) 485-1721 in Wood County; (800) 579-5844 outside Wood County</td>
<td></td>
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<tr>
<td>Crisis/after hours: (800)579-5844</td>
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<tr>
<td><a href="http://www.westbrookhealth.com">www.westbrookhealth.com</a></td>
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<tr>
<td><strong>United Summit Center</strong></td>
<td>Serving Braxton, Doddridge, Gilmer, Harrison, Lewis, Marion &amp; Taylor Counties</td>
</tr>
<tr>
<td>Office phone: (304) 623-5661</td>
<td>Crisis/after hours: (800) 786-6480</td>
</tr>
<tr>
<td><a href="http://www.uscwv.org/">http://www.uscwv.org/</a></td>
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</tbody>
</table>
# Southwest Region

**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

**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

**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://arcthreerivers.org

# Southeast Region

**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

**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
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. 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. Morris, 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. Both programs are slated to start on July 1, 2015.

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 on-going 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
GME/MSOPTI STAFF

William (Bill) Shires, MA
MSOPTI Executive Director
wshires@osteo.wvsom.edu

Jennifer Freeman
Administrative Assistant-MSOPTI
jfreeman@osteo.wvsom.edu

Electronic Residency Application Service (ERAS) and Visiting Student Application Service (VSAS)
Bryan Bailey
Administrative Associate – GME
bbailey@osteo.wvsom.edu

Southeastern Area Health Education Center
Angela Alston
SE AHEC Executive Director
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.ossteopathic.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/

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 2017 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

<table>
<thead>
<tr>
<th>South East Region</th>
<th>Princeton, Beckley, Lewisburg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dwight Bundy, D.O.</td>
<td>Charles Lowry</td>
</tr>
<tr>
<td>WVSOM SWC Regional Assistant Dean</td>
<td>WVSOM SWC Director</td>
</tr>
<tr>
<td>400 North Lee Street</td>
<td>Raleigh General Hospital</td>
</tr>
<tr>
<td>Lewisburg, WV 24901</td>
<td>1710 Harper Road</td>
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<tr>
<td><a href="mailto:dbundy@osteo.wvsom.edu">dbundy@osteo.wvsom.edu</a></td>
<td>Beckley, WV 25801</td>
</tr>
<tr>
<td>Phone: 304.647.6296</td>
<td><a href="mailto:clowry1@osteo.wvsom.edu">clowry1@osteo.wvsom.edu</a></td>
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<tr>
<td></td>
<td>Phone: 304.481.3746</td>
</tr>
<tr>
<td>Melissa Blankenship, Administrative Assistant</td>
<td></td>
</tr>
<tr>
<td>Princeton Community Hospital</td>
<td>122 Twelfth Street</td>
</tr>
<tr>
<td>Princeton, WV 24740</td>
<td><a href="mailto:mbblankenship@osteo.wvsom.edu">mbblankenship@osteo.wvsom.edu</a></td>
</tr>
<tr>
<td>Fax: 304.431-5255</td>
<td>Phone: 304.487.7839</td>
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<thead>
<tr>
<th>Northern Region</th>
<th>Wheeling, Weirton</th>
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<tbody>
<tr>
<td>Ralph Wood, DO</td>
<td>Kathy L. Fry, BA</td>
</tr>
<tr>
<td>WVSOM Regional Assistant Dean</td>
<td>WVSOM SWC Director</td>
</tr>
<tr>
<td>Room 232, Ed &amp; Admin Building</td>
<td>Room 230, Ed &amp; Admin Building</td>
</tr>
<tr>
<td>Ohio Valley Medical Center</td>
<td>Ohio Valley Medical Center</td>
</tr>
<tr>
<td>2000 Eoff Street</td>
<td>2000 Eoff Street</td>
</tr>
<tr>
<td>Wheeling, WV 26003</td>
<td>Wheeling, WV 26003</td>
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<td><a href="mailto:rwood@osteo.wvsom.edu">rwood@osteo.wvsom.edu</a></td>
<td><a href="mailto:kfly@osteo.wvsom.edu">kfly@osteo.wvsom.edu</a></td>
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<tr>
<td>Phone: 304.231.3848</td>
<td>Phone: 304.414.2878</td>
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<tr>
<td>TBA, Administrative Assistant</td>
<td>Logan Regional Medical Center</td>
</tr>
<tr>
<td></td>
<td>Phone: 304.831.1466</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:jkayrouz@osteo.wvsom.edu">jkayrouz@osteo.wvsom.edu</a></td>
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<tr>
<td></td>
<td>Phone: 304.720.8834</td>
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<tr>
<th>South Central Region</th>
<th>Charleston, Logan</th>
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<tbody>
<tr>
<td>Arthur Rubin, DO</td>
<td>Jennifer Kayrouz, MPH, WVSOM SWC Director</td>
</tr>
<tr>
<td>WVSOM Regional Assistant Dean</td>
<td>CAMC Memorial; WVU Bldg. Rm 3012</td>
</tr>
<tr>
<td>CAMC Memorial; WVU Bldg., Room 3011</td>
<td>3110 MacCorkle Ave., SE</td>
</tr>
<tr>
<td>3110 MacCorkle Ave., SE</td>
<td>Charleston, WV 25304</td>
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<tr>
<td>Charleston, WV 25304</td>
<td>P: 304.720.8833</td>
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<tr>
<td><a href="mailto:arubin@osteo.wvsom.edu">arubin@osteo.wvsom.edu</a></td>
<td>Thomas Memorial Hospital</td>
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<tr>
<td>Phone: 304.720.8834</td>
<td>Phone: 304.414.2878</td>
</tr>
<tr>
<td>Leah Bowes, Administrative Assistant</td>
<td>Logan Regional Medical Center</td>
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<td></td>
<td>Phone: 304.831.1466</td>
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<tr>
<td></td>
<td><a href="mailto:jkayrouz@osteo.wvsom.edu">jkayrouz@osteo.wvsom.edu</a></td>
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<td>Phone: 304.720.8834</td>
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<tr>
<th>Eastern Region</th>
<th>Martinsburg, Petersburg, Frederick</th>
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<tr>
<td>James Wadding, DO</td>
<td>Melinda Lowe, MS</td>
</tr>
<tr>
<td>WVSOM Regional Assistant Dean</td>
<td>WVSOM SWC Director</td>
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<tr>
<td>WVU Health Sciences, Eastern Division</td>
<td>WVU Health Sciences, Eastern Division</td>
</tr>
<tr>
<td>2500 Foundation Way</td>
<td>2500 Foundation Way</td>
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<tr>
<td>Martinsburg, WV 25401</td>
<td>Martinsburg, WV 25401</td>
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<tr>
<td><a href="mailto:wadding@osteo.wvsom.edu">wadding@osteo.wvsom.edu</a></td>
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<tr>
<td>Phone: 304.596.6318</td>
<td>Phone: 304.596.6334</td>
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<tr>
<td>Mary Frances Horton, Administrative Assistant</td>
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<td>WVSOM</td>
<td>WVU Health Sciences, Eastern Division</td>
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<td>Phone: 304.596-6335</td>
<td>2500 Foundation Way</td>
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<td>Phone: 304.596-6335</td>
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<tr>
<td>Phone: 304.596-6335</td>
<td>Fax: 304.267-0642</td>
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<tr>
<th>South West Region</th>
<th>Huntington, Ashland</th>
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<tbody>
<tr>
<td>Gail Feinberg, DO</td>
<td>Jane Brownfield</td>
</tr>
<tr>
<td>WVSOM Regional Assistant Dean</td>
<td>WVSOM SWC Director</td>
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<tr>
<td>St. Mary's Medical Center, #6026</td>
<td>St. Mary's Medical Center, #6025</td>
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<tr>
<td>2900 1st Avenue</td>
<td>2900 First Avenue</td>
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<td>Huntington, WV 25702</td>
<td>Huntington, WV 25702</td>
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<td><a href="mailto:jbrownfield@osteo.wvsom.edu">jbrownfield@osteo.wvsom.edu</a></td>
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<tr>
<td>Phone: 304.399.7592</td>
<td>Phone: 304.399.7590</td>
</tr>
<tr>
<td>Ashland Phone: 606.833.3171</td>
<td>Our Lady of Bellefonte Hospital</td>
</tr>
<tr>
<td></td>
<td>Phone: 606.833.2277</td>
</tr>
<tr>
<td>Mistie Crowder, Administrative Assistant</td>
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<tr>
<td>St. Mary's Medical Center, #6022</td>
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</tr>
<tr>
<td>2900 First Avenue</td>
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<td>Fax: 304.399.7593</td>
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<thead>
<tr>
<th>Central Region</th>
<th>Parkersburg</th>
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<tbody>
<tr>
<td>Frank Swisher, DO</td>
<td>Joan Gates</td>
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<tr>
<td>WVSOM Regional Assistant Dean</td>
<td>WVSOM SWC Director</td>
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<tr>
<td>WVSOM SWC/Central Region</td>
<td>WVSOM SWC/Central Region</td>
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<tr>
<td>Camden Clark Medical Center</td>
<td>Camden Clark Medical Center</td>
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<tr>
<td>800 Garfield Avenue</td>
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<td>Adrienne Tucker</td>
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<td>WVSOM SWC/Central Region</td>
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<td>Physicians Office Building</td>
<td>Physicians Office Building</td>
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<td>812 Gorman Avenue</td>
<td>812 Gorman Avenue</td>
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<tr>
<td>Elkins, WV 26241</td>
<td>Elkins, WV 26241</td>
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<tr>
<td>Phone: 304.637.3740</td>
<td>Phone: 304.637.3740</td>
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<tr>
<td>United Hospital Center</td>
<td>United Hospital Center</td>
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<tr>
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<tr>
<td>Charisse Favinger</td>
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<td>WVSOM SWC/Central Region</td>
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<td>Camden Clark Medical Center</td>
<td>Camden Clark Medical Center</td>
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<tr>
<td>800 Garfield Avenue</td>
<td>800 Garfield Avenue</td>
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<tr>
<td>Fax: 304.424.4475</td>
<td>Phone: 304.424.4468</td>
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