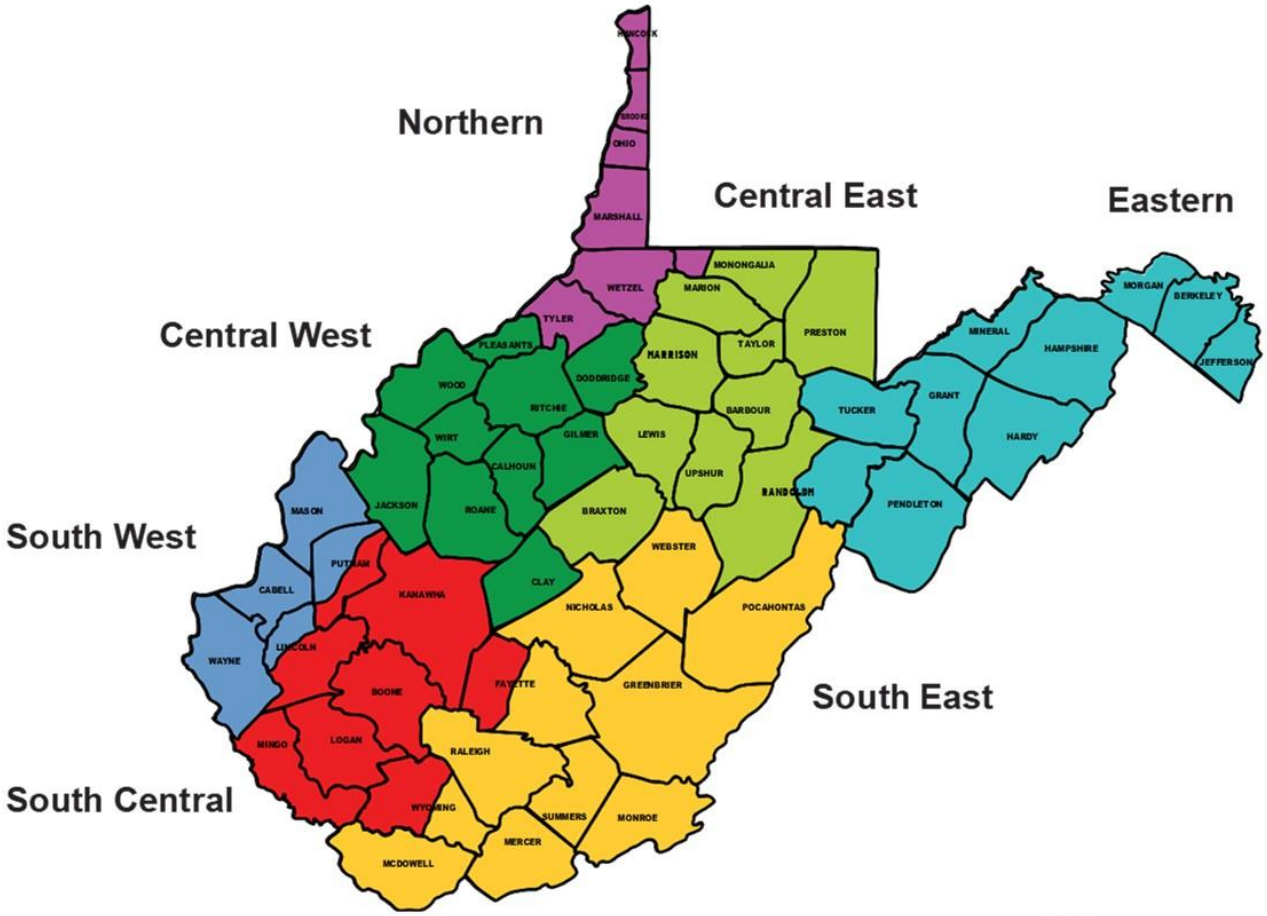
Class of 2023

Academic Year
2021-2022

Clinical Education Manual



Office of Predoctoral Clinical Education

WEST VIRGINIA SCHOOL OF OSTEOPATHIC MEDICINE

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PREFACE

The Four Tenets of Osteopathic Medicine

Professionalism and the Practice of Osteopathic Medicine

The Osteopathic Oath

Core Competencies

Core Entrustable Professional Activities for Entering Residency

The Four Tenets of Osteopathic Medicine

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

What is a DO?

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

Professionalism and the Practice of Osteopathic Medicine

Code of Ethics

The American Osteopathic Association (AOA) Code of Ethics is a document that applies to all physicians who practice osteopathically throughout the continuum of their careers, from enrollment in osteopathic medical college/school through post graduate training and the practice of osteopathic medicine. It embodies principles that serve as a guide to the prudent physician. It seeks to transcend the economic, political, and religious biases, when dealing with patients, fellow physicians, and society. It is flexible in nature in order to permit the AOA to consider all circumstances, both anticipated and unanticipated. The physician/patient relationship and the professionalism of the physician are the basis for this document.

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

Further, the AOA 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. Information shall be divulged by the physician 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 for reasons of discrimination, including, but not limited to, the patient's race, creed, color, sex, national origin, sexual orientation, gender identity, or disability. 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 should make a reasonable effort to partner with patients to promote their health and 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 she/he is actually licensed on the basis of that degree in the state or other jurisdiction in which she/he practices. A physician shall designate her/his osteopathic or allopathic credentials 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 is in the best interest 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 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 patient with whom a physician-patient relationship currently exists.

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.

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 07/24/16)

The Osteopathic Oath

I do hereby affirm my loyalty to the profession I am about to enter. I will be mindful always of my great responsibility to preserve the health and life of my patients, to retain their confidence and respect both as a physician and a friend who will guard their secrets with scrupulous honor and fidelity, to perform faithfully my professional duties, to employ only those recognized methods of treatment consistent with good judgment 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 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 may 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 imputation 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 he/she progresses 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.

- **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.

- **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).

- **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.

- **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.

- **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

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[1]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.

Medicine, maintaining professional relationships with patients and staff, responsibility, dependability, and reliability.

- **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.

- **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 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."*[2]

The EPAs integrate the core competencies and are assessed in the context of performance. The preceptor and student are encouraged 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.

Please review the American Association of Colleges of Osteopathic Medicine's guide to EPAs:

https://www.aacom.org/docs/default-source/med-ed-presentations/core-epas.pdf?sfvrsn=10

[2] Ten Cate O. Nuts and bolts of entrustable professional activities. *J Grad Med Educ*. 2013;5(1): 157-158.

SECTION I-CLINICAL ROTATION INFORMATION

Procedural Statement

The provisions of the 2021-2022 WVSOM Clinical Education Manual do not constitute a contract between the West Virginia School of Osteopathic Medicine and its students. The manual is provided to students to inform them of current procedures, activities and requirements, any of which may be altered from time to time. The most up to date version of this manual can be found on the WVSOM website. The West Virginia School of Osteopathic Medicine reserves the right to change any provisions or requirements at any time prior to the student receiving the degree of Doctor of Osteopathic Medicine. The final procedural authority is found in the Institutional Policy and Procedures Manual.

Calendar of Events, Class of 2023

West Virginia School of Osteopathic Medicine Calendar of Events

June 2021	Tokens and LOR 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 https://www.wvsom.edu/academics/gme/match-data
May 10 – June 12	COMLEX Level 1 window Once a passing score achieved on COMLEX Level 1, students should schedule their COMLEX 2-CE and COMLEX 2-PE exams
Monday, June 14 - Friday, June 25, 2021	Orientation of your Statewide Campus Site
Monday, June 28, 2021	First third year rotation begins for all students
December 2021	VSLO access will be given
November 30 – December 10, 2021	According to individual schedules, students will participate in Year 3 OSCE
December 27, 2022	First day eligible to take COMLEX 2-PE. Student must have received official notification of passing Year 3 OSCE to be eligible to take COMLEX 2-PE.
January 10-11, 2022	Re-education week for students who failed or received conditional pass on the Year 3 OSCE
May 30 – June 24, 2022	Board study block. Full access to ERAS will be given.
June 28, 2022	First opportunity to sit for COMLEX 2 CE (If all third year requirements are met)
July 29, 2022	MSPE Request Deadline

September 1, 2022	WVSOM deadline for ERAS application certification for students graduating by 6/30/23
September 23, 2022	Last recommended day to sit for COMLEX 2-CE (first attempt)
September 30, 2022	Deadline for WVSOM students to register for the NRMP Match
January 31, 2023	Last recommended date to take COMLEX 2-PE (first attempt)
February 13, 2023	Deadline for students participating in the NRMP Match to submit their Rank Order List
March 1, 2023	For students graduating in May, COMLEX 2-PE must be taken to have score in for graduation
Friday, May 12, 2023	Last day to complete Year 4 curriculum requirements
Monday, May 15, 2023	Begin mandatory time off prior to graduation
May 22 – May 26, 2023	Graduation Week Students should be on campus by the evening of Wednesday, May 24, 2023
May 27, 2023	Graduation

Please note: This is being provided to you as a resource and does not contain all important events. Certain dates are subject to change.

Clinical Curriculum Description

Third Year Rotations
Contains syllabi and competencies for:

Statewide Campus Orientation	2 weeks
Family Medicine I (Required)	8 weeks
Internal Medicine I (Required)	8 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
Board Prep	4 weeks

Fourth Year Rotations
Contains syllabi and competencies for:

Internal Medicine II (Selective)	4 weeks
Internal Medicine III (Selective)	4 weeks
Surgery II (Selective)	4 weeks
Surgery III (Selective)	4 weeks
Family Medicine II (Selective)	4 weeks
Family Medicine III (Selective)	4 weeks
Pediatrics II (Selective)	4 weeks
Electives	10 weeks
Mandatory Time Off	2 weeks
Vacation	8 weeks

CLINICAL CURRICULUM DESCRIPTION – BERKELEY MEDICAL CENTER BASE SITE

The Berkley Medical Center (BMC) base site student rotation calendar follows a longitudinal format, instead of block scheduling during Year 3. The WVSOM students assigned to the BMC base site complete their 3rd year rotations with WVU Eastern Campus students. Students at the BMC base site follow the prescribed schedule of the program, with no flexibility regarding vacation time, electives, or Dean's Selectives during Year 3. These students are not eligible to be a GTA, as the longitudinal modules cannot accommodate a leave.

Students assigned to the BMC base site complete their WVSOM scheduling requirements as listed below:

Third Year Rotations:

WVU & WVSOM Orientation	1 week
Family Medicine I (Required)	8 weeks
Internal Medicine I (Required)	8 weeks
Pediatrics I (Required)	4 weeks
*Pediatrics 2	4 weeks
Psychiatry (Required)	4 weeks
Surgery I (Required)	4 weeks
OB-GYN (Required)	4 weeks
*Surg 3/OB-GYN	2 weeks
Dean's Selective (Selective)	4 weeks
*Electives	2 weeks
Vacation	4 weeks
Board Prep	2 weeks

Fourth Year Rotations:

*Emergency Medicine (Required)	4 weeks
Internal Medicine II (Selective)	4 weeks
Internal Medicine III (Selective)	4 weeks
Surgery II (Selective)	4 weeks
Surgery III (Selective)	2 weeks
Family Medicine II (Selective)	4 weeks
Family Medicine III (Selective)	4 weeks
*Electives	12 weeks
Mandatory Time Off	2 weeks
Vacation	8 weeks

*During the Fourth Year, BMC base site students must do a four (4) week rotation in Emergency Medicine and an additional two (2) weeks of Electives, in place of four (4) weeks of Pediatrics II and two (2) weeks of Surgery III, respectively.

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 supervising physician is responsible for medical care of the patient and for approving and countersigning all orders, progress notes, etc., written by the student.

- Although virtual and telehealth are playing an increasingly important role in healthcare delivery, all clinical rotations must be done live and onsite. The evaluation of patients must occur at the physical location of the assigned or approved preceptor.

- 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 his/her 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.

- Shadowing during years 3 and 4 is not allowed. If this is done outside of the student's present rotation, it is not covered by malpractice insurance. For example, if the student's preceptor is done for the day, the student may not go to the ER to see patients or go to the OR to scrub in on a case or observe. Exceptions to shadowing may be requested through the Regional Assistant Dean.

- Continuity of care for the patients a student sees while on a rotation in a hospital is important for gaining a deeper understanding of the patient's diagnosis. When the student is on a hospital rotation and a patient on the preceptor's service is scheduled for surgery or a diagnostic procedure, the student may seek permission to attend the procedure to observe. Permission must be obtained from both the student's attending physician and the physician who will be performing the procedure. This approved observation would be considered to be part the current rotation, and as such, is covered by malpractice insurance.

Objective Structured Clinical Examination (OSCE)

The COMLEX Level 2 PE exam can be taken after the following two criteria are met:

1. A passing score has been achieved on the COMLEX Level 1 examination
2. Successful completion of the Year 3 OSCE and subsequent approval by the Director of the CEC or his/her representative. Additionally, you will not be able to advance to the fourth year unless you pass the Year 3 OSCE.

All third-year students are required to participate in the third year OSCE.

In order to be eligible to take the third year OSCE, the student must have completed at least four (4) year 3 clinical rotations. The year 3 OSCE is scheduled for December of 2021.

If a student has not yet completed four (4) year three clinical rotations, an alternate date for the OSCE will be chosen at the discretion of the Director of the CEC.

Failure to pass the third year OSCE will result in the student returning to campus for re-education in January 2021. For this reason, please do not schedule vacation or other activities that would potentially interfere with this mandatory session.

COMLEX Guidelines

WVSOM Policy E-23 requires that every student pass the COMLEX Level 1, Level 2-CE and Level 2-PE 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 advantageous to have a score prior to interviews for postgraduate training.

If a student has passed all 3rd year rotations, the 3rd year OSCE, completed all other 3rd year assignments and requirements, and received an appropriate score on a qualifying exam, he/she may take the COMLEX Level 2-CE. If a student fails the qualifying exam, he/she will go on a prep track. The student will not be able to return to rotations until the prep track is complete and he/she has taken the COMLEX Level 2-CE. The last rotation block (13) typically occurs in June and is reserved for COMLEX Level 2 CE study. Most students take the exam in July or early August of their fourth year.

Failure of the COMLEX Level 2 CE will require the student to meet with the Associate Dean for Predoctoral Clinical Education and the Director of ONBEC. As per WVSOM Policy and Procedure E-23, failure of the COMLEX Level 2-CE will require you to enter a Prep Track. In all cases, the student will not be able to continue on rotations while on a mandatory Prep Track.

The student is urged to review the COMLEX Level 2 CE Blueprint on the NBOME website:
https://www.nbome.org/exams-assessments/comlex-usa/comlex-usa-level-2-ce/

The COMLEX Level 2 PE exam may be taken upon successful passing of COMLEX Level1 and the year three OSCE. The targeted time would be between January and June of the third year. Some year four audition rotations require a documented passing score prior to accepting visiting students.

Failure of COMLEX-PE will require the student to contact the Associate Dean for Predoctoral Clinical Education whom in conjunction with the Director of the CEC, develop a specific written Learning Plan including, but not limited to, a live remediation course in Lewisburg.

The student is urged to review the Blueprint and sample videos of the Level 2 PE on the NBOME website:

https://www.nbome.org/exams-assessments/comlex-usa/comlex-usa-level-2-pe/

Full details regarding COMLEX failures and consequences can be found in Institutional Policy E-23 on the WVSOM web site.
https://www.wvsom.edu/policies/e-23

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. The student should determine an exam date that will not conflict with important or audition rotations in their 4th year.

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

You are permitted 2 days off from a rotation (if not taken during scheduled vacation) during 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

304.793.6829. Information, including narrated PowerPoint presentations, is also available on eMedley. The NBOME provides information at http://www.nbome.org.

Proctored End of Rotation Exams

Students must complete a proctored End of Rotation (COMAT) exam near the end of each Core required rotation (excluding IM 1) in the third year. The COMAT exam is an objective assessment of the student's medical knowledge. The Standard Score (as defined by the National Board of Osteopathic Examiners/NBOME) will be used to determine whether or not the student passed or failed the examination. All students will be required to pass the COMAT with a standard score of 80 or greater, which is 2 deviations below the national mean of 100. Standard scores will be converted to a percentage with standard scores greater than 122 being recorded as 100%. The standard score of 79 and below will be listed as 67% and therefore a failure of the COMAT exam. As this is a national standardized exam, failing scores are ineligible for appeal.

In the first week of the core rotations Family Medicine, Internal Medicine II, Pediatrics, Surgery, OB/GYN, Emergency Medicine and Psychiatry, all students are encouraged to take the online sample COMAT Rotation exam.
This is a 15 question exam located at
https://www.nbome.org/exams-assessments/comat/clinical-subjects/ .

The pretest is strongly recommended, but the score will not be included in the course grade

For the disciplines of Family Medicine, Internal Medicine II, Pediatrics, Surgery, OB/GYN, Emergency Medicine and Psychiatry, it is necessary to pass the COMAT with a standard score of 80 to pass the rotation, regardless of the preceptor grade.

A single retest of a failed COMAT will be permitted. If the student passes the retest of the COMAT, a final rotation grade of 70 will be recorded and the rotation will be successfully completed. Retesting is only permitted for a single COMAT failure. This excludes the OPP COMAT as that score is not included in any rotation course grade. Specific guidelines for the OPP COMAT are here.

If a standard score of at least 80 is not achieved on the repeat COMAT or if a student fails a second COMAT, a failure grade will be recorded and students will have their record remanded to the Student Promotions Committee for review. After review, the committee will make a recommendation to the Associate Dean for Predoctoral Clinical Education (See Institutional Policy and Procedure E-17 https://www.wvsom.edu/policies/e-17).

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

- No cell phones or electronic devices are permitted in the exam area during testing.
- Students are expected to be on time for the exam. If a student is late, no additional time will be allowed to take the exam.
- Students with an **unexcused absence** from the end of rotation COMAT exam **will have failed the COMAT exam. If the student is eligible for a retest, the date will be determined by their Regional Dean and/or Director.** Exceptions for taking the COMAT end of rotation examination can only be made in the case of dire circumstance or illness at the discretion of the Statewide Campus Regional Dean.
- The COMAT will be 40% of the calculated final rotation grade for the disciplines of Family Medicine, Internal Medicine II, Pediatrics, Surgery, OB/GYN, Emergency Medicine and Psychiatry.
- Professional dress is required at the time of the examination.

Proctored End of Rotation Exam - OPP

During the third-year orientation period, a COMAT on OPP will be administered.
All students are encouraged to take the online sample COMAT OPP exam. This is a 15-question exam located at https://www.nbome.org/exams-assessments/comat/clinical-subjects/comat-principles/.
The pretest is strongly recommended, but the score will not be included in the OPP COMAT grade.

The OPP COMAT exam will cover the material outlined in the NBOME objectives and consist of 125 questions that need to be completed within a two and ½ hour time limit. The OPP COMAT exam will be proctored in a Statewide Campus region and will not count as part of any rotation grade nor against eligibility for the retest. (See section Proctored End of Rotation Exams). The date, time, and place for the OPP COMAT will be assigned by the student's Statewide Campus office.

If a student does not receive a passing score on the OPP COMAT exam equal to or greater than a standard (NBOME) score of 80, the student will be required to take a repeat COMAT OPP exam.

The repeat OPP COMAT *will not count* against the single retest of the core rotation COMAT examinations.

Students who fail more than one OPP COMAT exam will have his/her record remanded to the Student Promotions Committee for review per Clinical Education Manual Section Proctored End of Rotation Exams. After review, the committee will make a recommendation to the Associate Dean for Predoctoral Clinical Education.

A remediation plan will follow, consisting of at least:

- Four weeks will be made in cooperation with the Department Chair of OPP, including, but not limited, additional readings and ComBank questions.
- The student is required to update his/her Regional Assistant Dean on a weekly basis during the remediation to report progress on studying all materials outlined in the plan as well as any additional work assigned and completed to strengthen the student's knowledge in OPP.
- The student will retake the COMAT OPP end of rotation exam per the Clinical Education Manual Section Proctored End of Rotation Exam - OPP and the approval of both the Department Chair of OPP and his/her Regional Assistant Dean.
- The student will not be allowed to move from third year to fourth year status without passage of the COMAT OPP exam.

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, formal and informal programs that occur at your base hospitals. If your base hospital has an accredited residency program, you should go to the residency didactic programs. Required didactic programs will be communicated to you by your Statewide Campus Personnel.

Rotation Specific Didactics will be required for each of the following rotations: Pediatrics, Obstetrics & Gynecology/Women's Health, Surgery and Psychiatry. Each of these rotations will have a mandatory, discipline specific half-day didactic (3 hours) during the first week of the rotation which may consist of a combination of lectures, hands-on activities, and interactive activities. All SWC students in this discipline will participate from the region where their rotation is taking place in real time via electronic means for the portions of the didactic being provided from a central location. The presentations selected for this discipline are meant to augment the student's experience on the rotation and provide topics consistent with the NBOME blueprint for this rotation discipline.

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, 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 within 3 weeks of the unexcused absence. **Failure to remediate as outlined above will result in a professionalism report.**

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**: https://www.wvsom.edu/policies/student-handbook

Clinical Case Conferences – Statewide Campus Requirement

Students are expected to present Clinical Case Conferences as requested by the supervising physician 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.

Requirements for Graduation

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

In the event of illness or a grade of incomplete in any rotation, the weeks of vacation may be utilized to make up the missed time and to complete the required rotation as designated by your Statewide Campus office and/or the office of the Associate Dean for Predoctoral Clinical Education.

- All students must complete twelve weeks of rural rotations. Eight weeks must be at a rural West Virginia site. Rural is defined by the WV Higher Education Policy Commission (WVHEPC). This definition is subject to change based on the WVHEPC and its decision on the criteria that will be utilized. The Regional Assistant Deans and Directors will assist you in the determination of what sites will meet the requirement of rural. **The following elective rotations are NOT considered completion of Rural requirements: Research, Health Policy, Anatomy Intensive, Culinary Medicine.**

- Students must complete either their FM I or FM II or FM III rotation with a DO and another 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 either your FM II or your FM III rotation. 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.

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

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

- Students are required to complete a minimum of one "James R. Stookey" OMT rotation in **each** of their 3rd and 4th years.

- Students are required to complete at least one Year 3 core rotation at a site with a resident on that rotation.

- Students are required to complete the Year 4 Interprofessional Activity as described here.

Student Clinical Education Grade Form

The student is responsible for providing the Clinical Education Grade Form to his/her preceptor if the preceptor does not use the electronic form. If the preceptor has provided an email address then eMedley will automatically send the grade form electronically. The student will need to provide a printed grade form to the preceptor if the preceptor has not received and completed the electronic form during the last 2-3 days of the rotation. 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. Evaluation forms may be completed by a resident or allied health professional but requires a preceptor signature.

The student's grade for each third year core rotation, with the exception of IM I, is based on the following:

Clinical Education Grade Form	60%
End of Rotation Examination (COMAT)	40%

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.*

Entrustable Professional Activities

Core Entrustable Professional Activities (EPAs) are tasks or responsibilities that students can perform unsupervised once they have attained sufficient competence. Students are required to obtain assessment and coaching on the EPAs listed below.

At a minimum, you are required to get one assessment for each EPA during this rotation. Students must have a personal device for educational resources and apps used for each rotation.

A one-on-one handout describing the EPAs and use of the EPA app may be shared with a preceptor and can be found in eMedley:

- Go to **educate**
- Select 005-1: Statewide Campus Information in the Search box
- Filter for **EPA One on One Handout for Preceptors**

Please direct any questions you have about the EPAs themselves to the Regional Assistant Dean.

For questions or technical support regarding the EPA app, please contact alinsenmeyer@osteo.wvsom.edu.

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

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

A failing grade will occur if the score for any one of the rotation competencies fall below 70 or the student receives a COMAT end of rotation examination grade of less than a NBOME standard score of 80. The rotation components for calculating the grade include the supervising physician's evaluation, and a passing COMAT exam score. A failing grade is recorded for a rotation if any failure box is checked by your preceptor/attending physician on the clinical grade form. In this case, a grade of 65 is recorded for the rotation regardless of any other score in the other rotation components. Failure to comply with the attendance policies will result in a rotation failure and a grade of 65 will be issued. **All patient procedure logs and skills checklists along with the preceptor/site/course evaluation must be submitted on the last day of the rotation. Failure to comply will result in a professionalism report.**

Grade appeal procedures are listed in the WVSOM Student Handbook under "Policy and Procedures for Final Grade Appeal." Refer to policy ST-01.

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. A clinical rotation failure in year 3 shall be remediated per the recommendation of the Student Promotions Committee if approved by the Dean. This remediation shall occur at a time to be determined by Statewide Campus personnel.

Should a failing grade occur, no diploma will be issued until the failure is successfully remediated.

During the final week of the rotation, the preceptor should complete and review a grade form for the student. The grade form should be submitted electronically, mailed or faxed to the appropriate Statewide Campus office. **The student is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor, if necessary.**

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

Fax Number	Region
304.905.6179	Northern Region (Wheeling, Weirton area)
304.428.4940	Central West Region (Parkersburg, Marietta area)
304.637.3436	Central East Region (Bridgeport, Morgantown, Elkins area)
304.720.8831	South Central Region (Charleston, Logan area)
304.267.0642	Eastern Region (Martinsburg, Petersburg, Hagerstown)
304.399.7593	South West Region (Huntington, Gallipolis)
304.254.3018	South East Region (Princeton, Beckley, Lewisburg area)

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

Student Site Evaluations and Log Books

Site Evaluations:

Upon completion of each rotation it is required that each student must complete the preceptor/site/course evaluation form online. The evaluation will be reviewed by the SWC regional Director and Dean. If the evaluation is not completed properly then it will be rejected and the student will have 48 hours to complete the deficiency and resubmit the form. **Failure to submit the preceptor/site/course evaluation by the last day of the rotation will result in a professionalism report.**

Log Books:

Log Books are maintained during all of the 3rd and 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.

International Rotations

Please note that the procedure for International Rotations will be changing due to COVID-19. This section will be updated at a later date to reflect those changes.

International Rotations Procedures

This student checklist is provided so that you can keep accurate track of the steps you have completed and the paperwork you have submitted and what remains outstanding in your application process. Completion of the checklist is solely your responsibility. The checklist will repeatedly say, "No approval will be given without this," and no approval will be given for incomplete application packets by the due date. It is the student applicant's responsibility to get all required materials to the Center for International Medicine and Cultural Concerns (CIMCC) and copy their SWC Director in a timely fashion. You will not be chased or reminded about missing items. Follow all rules and fill out all forms in a timely fashion. **Each applicant's request is reviewed on a case by case basis**. Do not assume because a student before you was granted permission to rotate at a given site that all students will be granted the same opportunity. Generally a ROTATION SITE WILL **NOT** BE APPROVED IF THE HOST COUNTRY APPEARS ON THE UNITED STATES STATE DEPARTMENT'S TRAVEL WARNING LIST **or** if WVSOM, for whatever reason, deems it unsafe to travel.

International rotations are not a right they are a privilege acknowledged by your Regional Assistant Dean (RAD), The Associate Dean of Clinical Education and the Director of the Center for International Medicine and Cultural Concerns (CIMCC). Please be aware that at any time during the application process or even while a student is on rotation, WVSOM-CIMCC reserves the right to cancel and or deny an international rotation. Our goal is to help make your international rotation as safe and educational as possible.

NOTE: 3rd Year Students:

1. Due to the need for the timely completion of ERAS, VSLO, Year 3 OSCE, COMSAE L 2 CE, COMLEX Level 2 CE and PE, leaving the country as a year 3 student is very difficult.
2. As such, year 3 International Rotations will not be approved.

Note: 4th Year Students

1. Fourth-year students may go on an International Rotation using an approved 3rd party rotation providers (providers list may be obtained from cimcc@osteo.wvsom.edu).
2. Fourth year students may accompany their preceptor on an International Rotation.

Note: All students thinking about applying for an international rotation:

1. Your GPA must be 80 or above and you must be in good academic, personal and professional standing to participate in an IR.

2. Pre-applications should be submitted to CIMCC **by September 1 of the year preceeding the requested** international rotation. You may request a pre-application and full application at cimcc@osteo.wvsom.edu.

3. The full application is due three months (90 days) before the departure date of when the rotation starts and no application will be considered less than 60-days before departure date and the full application must be completed 60-days before departure date.

4. If a student's preceptor is going on a mission trip while the student is on rotation with said preceptor:

a. The student may travel with the preceptor if the preceptor in going to an unchallenged area.

b. The student must notify CIMCC and copy their RAD and Director of their desire to travel with their Preceptor no less than 20-days before departure.

c. If the students wants international rotation recognition then the student must follow all the guidelines for an international rotation.

5. **Mission Trips** may only be done on a student's vacation time unless (point 4 above) the student is traveling with their present preceptor.

6. No student may rotate internationally outside of their scope of education. If you had ER1 in place of Surgery 1 you may not attend a surgery international rotation.

Check-list for application for an international rotation
All steps must be followed. If you have any questions please contact
cimcc@osteo.wvsom.edu

	Year 4 IR Procedure
Step 1	**There are a number of parts to the formal International Rotation application**
	a) The pre-application form is due September 1 of the year preceding your requested rotation date. b) The formal application is due 90-days before departure and the remainder of the paperwork must be completed no less than 60-days before departure date.
a)	Receive approval from your RAD and have your RAD send an e-mail to cimcc@osteo.wvsom.edu stating they approve of your proceeding with the IR process.
Application form b) □	Answer all questions on the form and make sure you have included 4-reference (three professional and one personal) and their contact e-mails. In addition make sure you have contacted your references and inform them they will be receiving an e-mail request from CIMCC. References **cannot be your RAD or Director or a family members**. References should be former employers, supervisors, professors, preceptors and a personal friend or family friend. **No approval will be given without 3 professional references.**
Additional paperwork c) □	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 travel plans Sign your statement and have your Regional Assistant Dean sign your statement. And include your CV/ *résumé* **No approval will be given without this.**
d) □	**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 form which must be **SIGNED, INITIALED WHERE REQUESTED AND NOTARIZED** (Signed and witnessed by the notary). **No approval will be given without this.**
	If you are considering designing your own rotation during your fourth-year, you need to contact CIMCC no less than 120 days before the rotation
	If you are using a company to arrange your rotation make sure they are approved by CIMCC. Contact CIMCC for a list of already approved 3rd party companies and/or to receive clearance for the company you have chosen.
	ALL International Rotations must be approved through CIMCC. DO NOT ASSUME all plans are approved until you have received a "Good to go" e-mail from CIMCC.

Step 2	What you need to do for yourself
a) □	Obtain needed immunizations and prophylactic medications for your host country. This requires checking the website of your host country and the Center for Disease Control (CDC) website. A copy of your immunization record must be included in your file. Required immunizations for international travel include Hep. A, Hep. A booster, Hep. B, pertussis, and oral typhoid, in addition to those required by the CDC for your specific country and those required by WVSOM for domestic rotations. No approval will be given without this. You must personally send a copy of your immunization form.
b) □	Acquire a passport which must not expire within six (6) months after your return date and you must have two consecutive blank sheets (don't ask why, it's a USA travel thing). Send a copy of the front two pages of the passport no later than three months before departure date. No approval will be given without this. Always carry a copy of your passport and your immunizations separately from your travel documents in case they are lost or stolen.
c) □	Research travel insurance. Travel insurance should include travel reimbursement coverage for unforeseen changes in travel plans, emergency medical issues and emergency evacuation coverage in case of internal crisis within your host country: weather and natural disasters, political upheaval, etc. Include insurance info with your weaver form. No approval will be given without this. The recommended company to use is Seven Corners Insurance select "Choice". https://www.sevencorners.com/trip-protection-insurance#/quote
d) □	All students planning to do a rotation in a developing nation must contact CIMCC for instructions regarding cultural awareness education. It is strongly advised that you learn about the country's culture, read Wikipedia and visit the USA State Department's country info website. However the more you know the better your experience and less likely the chance of you offending someone.
e) □	Research currency exchange rates and availability of ATMs in your host country. Contact your credit card company and your bank telling them that you will be out of country during your rotation so that they do not put a hold on unexpected out of country charges. In addition check with your credit card company and research international fees which could be charged.
f) □	**Acquire needed visas.** Check with your host organization and the embassy of your host country to see if you need a visa and how to obtain one (not necessary if you are using an approved company to arrange your rotation. In addition to your visas, some countries may require a copy of your letter of invitation from your host site, a letter of good standing from your Regional Assistant Dean with his/her approval to travel, and your round-trip air tickets.
g) □	Arrange your flights. **Do not make paid arrangements for your flight until you have been instructed to do so by CIMCC. And MAKE SURE that your travel insurance will cover trip cancelation.**
	What can cause academic non-recognition of an international rotation? 1. Not having all paperwork in order before your departure date 2. Not having the approval of the Associate Dean for Predoctoral Clinical Education 3. Not turning in your grade form after your rotation 4. Your host country was not CIMCC approved 5. You failed COMLEX or receive a failing grade from a preceptor. 6. You are not in good professional standing. 7. **WVSOM reserves the right to deny or remove a student from an international rotation if administration deems it necessary for any reason.**

STEP 3	Completion of the rotation includes the following:
a) □	1. A weekly journal with a final written conclusion (total no less than 8000 words, size 11 or 12 font, 1.15 spaced, outlining an overview of your rotation experience. **This narrative must include:** • A description of what you experienced (culture and relationship with the host community How prepared were you for entering this culture) • Clinical cases and how prepared were you clinically for this experience • A description of what you learned and experienced medically – give examples) • How you presented OPP/OMT to the host community (give examples) • What living conditions were like • At the conclusion how was the preceptor to work for/study under We request that students keep a daily journal, but weekly is acceptable, of the events that occur on rotation and either e-mail a copy at the end of each week or if internet is a problem in the host country, then email a copy of the full journal, with the conclusion, as soon as you have internet access. The above written report needs to be turned into both your Director and CIMCC no more than 14-days after rotation. However, if the rotation ends in May, then no less than 14-days before graduation. **Failure to complete the report/journal and/or exit interview could result in the rotation not counting academically.**
b)	2. You are responsible for getting you grades from your IR preceptor or on-site director and making sure your USA Director receives them in a timely fashion and it is up-loaded to your records. No completion approval will be given without this.
c)	3. You must complete and exit interview with either a CIMCC representative or the Assoc. Dean for Pre-doctoral Clinical Education No completion approval will be given without this.

EXAMPLE OF COMPLETE INTERNATIONAL ROTATION PACKAGE

1. PRE- APPLICATION
2. FULL APPLICATION AND STATEMENT OF PURPOSE (SIGNED BY REGIONAL ASSISTANT DEAN)
3. ESR FORM – ELECTIVE AND SELECTIVE ROTATION REQUEST FORM
4. STATEWIDE CAMPUS REGIONAL ASSISTANT DEAN APPROVAL EMAIL
5. VISA OR PASSPORT
6. E-STATEMENT OF PURPOSE
7. HEALTH & EMERGENCY CONTACT FORM
8. RELEASE AND WAIVER OF LIABILITY
9. WVSOM INTERNATIONAL TRAVEL REGISTRATION FORM
10. STATEMENT OF UNDERSTANDING REGARDING INTERNATIONAL ELECTIVES
11. ALL FOUR (4) REFERENCES
12. UP-TO-DATE IMMUNIZATIONS
13. TRAVEL INSURANCE
14. DEPARTURE MEETING WITH LEAH STONE
15. JOURNAL ENTRIES AND FOLLOW UP MEETING WITH LEAH STONE

Student Research and Scholarly Activity and Research (Elective) Rotations during 3rd and 4th year

https://www.wvsom.edu/research/students

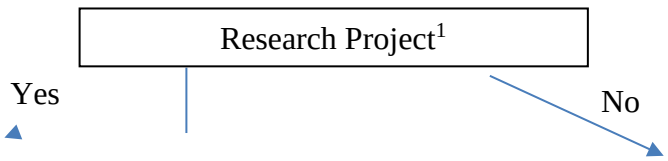
Students are encouraged to participate in research or other types of scholarly activity either as an elective rotation or while completing regular rotations. The federal Common Rule defines research as "a systematic investigation including research development, testing and evaluation designed to develop or contribute to generalizable knowledge." (Source: Code of Federal Regulations 45CFR46.102). Other types of scholarly activity include Quality Assurance/Quality Improvement (QA/QI) projects, case reports and literature reviews. Students should consult with their Regional Assistant Dean to determine which types of scholarly activity may qualify as an elective rotation. Regulatory and approval processes will differ depending on the type of project as described below.

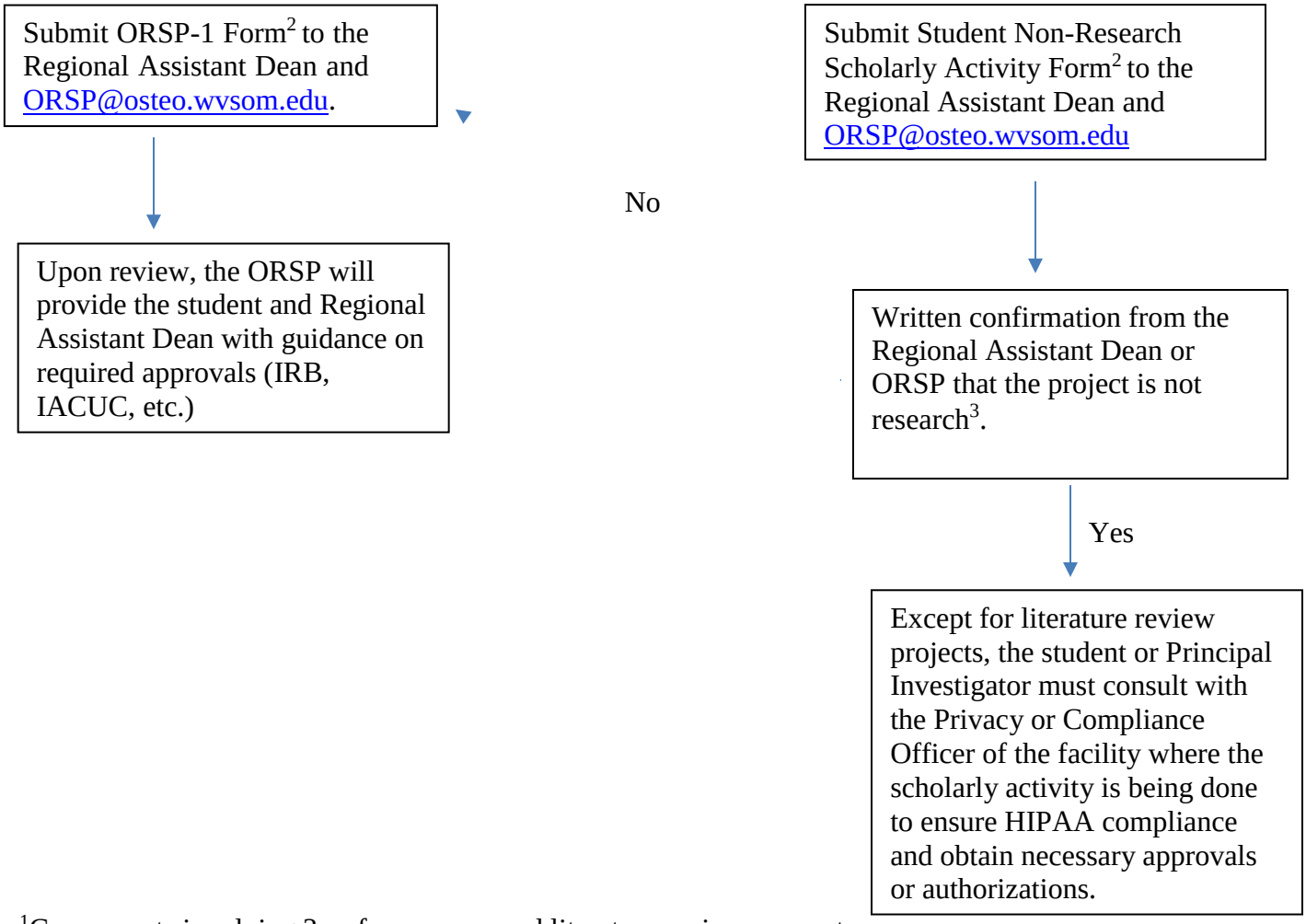
Students involved in research projects or other scholarly activity must work with a WVSOM employee who will help guide the student through the approval process and ensure that required permissions are in place prior to starting the work, **even if the project is not being done as part of an elective rotation.** This employee may or may not be the Principal Investigator (PI). For example, if a student works with a PI at a remote clinical facility, the PI at that facility is entirely responsible for the proper conduct of the study. In consultation with the PI and the WVSOM Regional Assistant Dean, the Office of Research and Sponsored Programs (ORSP) will work with the student to obtain required institutional permissions. The WVSOM Regional Assistant Dean will monitor the educational aspects if the project is being done as an elective rotation. Research/Scholarly electives may only be taken in the second six months of the third year or anytime during the fourth year. All requirements outlined in this document apply to both third and fourth year students who are on-campus or off-campus. 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)

Approval Process Overview

The approval process for scholarly activity depends on the nature of the project (summarized in the diagram below). The first step is to determine if the project meets the regulator definition of research. Guidance on determining if a project is research or other, non-research scholarly activity such as case reports or QA/QI can be found at the end of this section and on the ORSP web page. The IRB may be consulted for assistance in making this determination. Steps that must be taken for approval of research projects and other scholarly activity are described below.

Student Scholarly Activity Flow Chart





[1]Case reports involving 3 or fewer cases and literature reviews are not considered to be research for regulatory purposes. Refer to the guidance document available on the ORSP web page (https://www.wvsom.edu/research) for additional information on the differences between QA/QI and research.

[2]These forms are available on the ORSP web pages at https://www.wvsom.edu/research/forms
[3]Contact the WVSOM IRB at irb@osteo.wvsom.edu if assistance in making this determination is needed or to request an official non-human subjects research determination letter.

Timely preparation of all required materials should begin well in advance of project initiation to ensure review and approval by the appropriate Regional Assistant Dean, the PI or supervisor and other administrative departments as needed based on the nature of the project. It is recommended that you begin the approval process at least 60 days prior to the expected start date or a research project and 2 to 3 weeks prior to the expected start date for a case report or other non-research scholarly activity.

Approval Process for Research Projects

1. A project initiation request form (ORSP-1) must be submitted to the ORSP (ORSP@osteo.wvsom.edu) for all research projects. For projects on which the PI is a WVSOM employee and ORSP approval is already in place, the PI can simply request to the ORSP that the student be added to the study team. For projects on which the PI is not a WVSOM employee, submit the Project Initiation Request-form (ORSP-1) to ORSP@osteo.wvsom.edu, including all requested details. The form must be approved and signed by the Principal Investigator and the WVSOM liaison (typically the Regional Assistant Dean). WVSOM students may not serve as the Principle Investigator.

2. Following review by the ORSP, 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. Projects that do not involve human subjects may require other approvals such as HIPAA authorization, Animal Care and Use Committee approval or Biosafety Committee approval. Guidance regarding necessary approvals will be provided by the ORSP. Once a student has completed all the required trainings/approvals, an email stating such will be provided to the student and the WVSOM mentor or PI.

3. If the research is being done as an elective rotation, 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 initiation of the project.

   The Research Plan must include:
   - **a.** The name of the Principal Investigator with contact address, phone and e-mail;
   - **b.** A copy of the ORSP-1 form and ORSP approval;
   - **c.** A copy of IRB or other approval letters 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 by the PI.

All research involving human subjects must be reviewed by the WVSOM IRB, which will make a 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. Note: Any such agreement must be in place before the student may begin working on the study and the ORSP manages this process once it receives the ORSP-1 form.

QA/QI Projects and other Scholarly Activity

A Non-Research Scholarly Activity form must be submitted to the Regional Assistant Dean who will confirm, in consultation with the ORSP or IRB as needed, that the project is not

classified as research. The student will be notified in writing of this assessment. An official non-human subjects research determination letter may be requested of the IRB by checking the correct box on this form. **These letters are required by some journals for publication and must be written prior to initiation of the study**. If the project is determined to be research, the student must follow the procedures described in the above section. If the project is not classified as research, the student and/or PI must still consult with the Privacy Officer of the facility where the project is being done to obtain any necessary authorizations or waivers regarding use of private health information data.

For scholarly activity being done as an elective rotation, a project plan must then be reviewed and approved by the Regional Assistant Dean. This plan must be submitted a minimum of 30 days prior to initiation of the project and must include

a. a copy of the Non-Research Scholarly Activity Form
b. A detailed description of the project and the student's role in the project
c. For projects involving use of patient data, a copy of any necessary agreements, authorizations, waivers and/or a letter from the facility Privacy Officer approving use of data for the project.
d. Written agreement from the supervisor/mentor to oversee the student project.

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 or other scholarly activity are borne by the student, i.e., travel, meals, board, and required or optional materials.
- Proof of active health insurance is required.
- Scheduled rotations will not be revised to accommodate a special elective.
- A student grade form must be completed for elective rotations by a DO or MD for grading, though the Principal Investigator may have a different degree. If the PI is not a DO or MD, you must work with your WVSOM Regional Assistant Dean to find a DO or MD to sign your grade form.
- For elective rotations, the final data, article or report must be submitted to the Regional Assistant Dean and the Associate Dean for Predoctoral Clinical Education within 6 weeks of completion of the rotation. For research projects, a copy must also be sent to the Associate Dean for Research and Sponsored Programs who must approve it in order for the student to receive credit for the rotation.
- The term "research" should not be used in any presentations or publications regarding QA/QI projects, case studies or other non-research scholarly activity.
- Students can consult with the Principal Investigator or Associate Dean for Research and Sponsored Programs to inquire about potential funding or travel expenses to present scholarly activity. Potential funding through WVSOM is available only if the ORSP has approved the project in advance of it being undertaken, all permissions for travel are in place, and your SWC Dean has signed off on the project and travel.

Summary Checklist for Research or Scholarly Activity Elective Rotations

Submit the following documentation to the Regional Assistant Dean:

A. Copy of the ORSP-1 or Student Non-Research Scholarly Activity form and letters of approval
B. Copy of any additional necessary approvals (IRB approval, HIPAA authorization, etc.)
C. Verification/evidence that the PI has approved student participation in the research project and added the student to the IRB protocol when relevant. For other types of scholarly activity, verification that a supervisor/mentor has agreed to oversee the project
D. Copy of the research protocol or project plan
E. A one-page summary of the educational benefit of the rotation and a signed Elective/Selective Rotation (ESR) Form approving the scholarly activity with the evaluation form.
   For elective rotations, a final article or report must be submitted to the Regional Statewide Campus Office upon completion in order to receive academic credit. For research projects, a copy of the report must also be forwarded to the Associate Dean for Research and Sponsored Programs in order to receive credit.

Institutional Guidance Document*
Quality Assurance/Quality Improvement Projects

1. PURPOSE

The purpose of this guidance is to assist faculty, students and other personnel on the definition of Research versus Quality Assurance/Quality Improvement (QA/QI). In addition, the guidance provides resources to support the development of QA/QI projects. Whenever there is uncertainty as to whether a project is considered to be research or QI, the project leader should request guidance from the WVSOM Institutional Review Board (IRB). **The IRB cannot retroactively approve research.**

It is the responsibility of the project leader who initiates a project to determine if it is research or QA/QI. Research projects must comply with specific policies and regulations designed to protect human subjects and privacy rights. However, it may be difficult for a project leader to determine if his or her project is research or QA/QI. Since this determination may have a significant impact on the project design, procedures, and regulatory compliance, the project leader should not hesitate to ask the IRB for guidance. There are serious consequences for not following WVSOM research policies and procedures and federal regulations when conducting research.

2. APPLICABILITY

This guidance applies to all quality assurance/quality improvement projects undertaken by staff, faculty or students at WVSOM.

3. HOW TO USE THIS GUIDE

The first section provides definitions for Research and Quality Improvement. The second section provides certain characteristics typically associated with research and QI projects. Once you review the definitions and characteristics, you should be able to determine the appropriate category for your project. **If you determine that the project is similar to both definitions, the project is research.**

Section 1. Definitions

What is research? The federal Common Rule defines research as "a systematic investigation including research development, testing and evaluation designed to develop or contribute to generalizable knowledge". (Source: Code of Federal Regulations 45CFR46.102).

What is Quality Improvement (QI)? Quality improvement is defined as "a systematic pattern of actions that is constantly optimizing productivity, communication, and value within an organization in order to achieve the aim of measuring the attributes, properties, and characteristics of a product/service in the context of the expectations and needs of customers and users of that product. The Institute of Medicine (IOM) defines quality in health care as a direct correlation between the level of improved health services and the desired health outcomes of individuals and populations. Source: Institute of Medicine

Section 2: Characteristics of Research Projects and Quality Improvement Projects

Research	Quality Improvement

Research projects must meet IRB requirements for protection of human subjects. Researchers conducting research must also meet HIPAA and FERPA requirements regarding authorization to use or disclose protected health information.	Quality Improvement projects are not covered by IRB requirements. Members of the workforce are allowed by HIPAA to use protected health information for Quality Improvement projects without patient authorization.
Characteristics of Research: • One of the main goals of the project is to advance general knowledge in the academic, scientific, or professional community. • The project will have a specific hypothesis or research question. • The project involves a comprehensive review of relevant literature. • The project will be conducted using a research design that will lead to scientifically valid findings. Elements of a research design include: control groups; random selection of subjects, statistical tests, sample design, etc. • Most of the patients/subjects are not expected to derive a personal benefit from the knowledge gained. • One goal of the project is to generate, evaluate or confirm an expletory theory or conclusion and invite critical appraisal of that conclusion by peers through presentation and debate in public forums.	**Characteristics of Quality Improvement:** • The project identifies specific services, protocols, clinical or educational practices, or clinical processes or outcomes within a department, clinical program or facility for improvement. • The project team may review available literature and comparative data, or clinical programs, practices or protocols at other institutions in order to design improvement plan, but do not plan a full comprehensive literature review. • The project design uses established quality improvement methods (such as DMAIC, PDSA cycle) aimed at producing change within a health center, hospital and/or community setting. • The project design does not include sufficient research design elements to support a scientifically valid finding. • Most of the patients who participate in the project are expected to benefit from the knowledge gained. • The project does not impose any risk or burden to individuals. • The main goal of the project is to improve patient care, clinical care or services, and/or educational processes.

4. WORKING ON QUALITY IMPROVEMENT PROJECTS WITH CLINICS, HOSPITALS AND OTHER COMMUNITY ORGANIZATIONS

Contacting a clinical mentor or faculty member and also the health care provider (clinic, hospital, social-service agency administrator) where you will be completing a QA/QI project is a good

starting point. Health care providers must all meet Health Information and Patient Protection Act (HIPAA) guidelines and may have specific policy and procedure about accessing health care information at their site. They also will discuss HIPAA training requirements if applicable.

5. OTHER QUALITY IMPROVEMENT RESOURCES

http://www.carnegiefoundation.org/resources/publications/continuous-improvement-education/

http://www.ahrq.gov/research/findings/factsheets/quality/qipc/index.html

http://www.squire-statement.org

http://www.hhs.gov/ohrp/regulations-and-policy/guidance/faq/quality-improvment-activities/index.html

*Guidance developed by WVSOM Ad Hoc Statewide Campus Research Committee in July 2016; revisions at August 2016 Committee meeting; Committee revised document in December 2016.

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 your 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 an Education Day on your experience.**

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.

   - **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.**

Culinary Medicine Elective

	Nutrition and Culinary Medicine Elective **Two-week elective (2 weeks)**		
	Fall/Spring 2021 Credit Hours: 3 credit hours		
	Director	**Co-Director**	
	Amy Jasperse, RPh	Name: Robert Foster, D.O.	
	Office: RCB clinic	Office: A410B	
	Email: ajasperse@rcbclinic.com	Email: rfoster@osteo.wvsom.edu	
	Phone: 304-667-2965	Phone: 304-647-6285	
	Co-Director	**Co-Director**	
	Name: Brian N. Griffith	Name: Dina Schaper, D.O.	
	Office: A314	Office: C327	
	Email: bgriffith@osteo.wvsom.edu	Email: dschaper@osteo.wvsom.edu	
	Phone: 304-647-6225	Phone: 304-647-6240	

Other faculty members who teach in the course are listed in the course outline. Their contact information can be found using this link: https://my.wvsom.edu/cas-web/login?service=https://my.wvsom.edu/facultystaff/applications/staffdirectory/index.cfm

OUTCOMES AND OBJECTIVES FOR CULINARY MEDICINE ELECTIVE

A. DEVELOP KNOWLEDGE OF SIMPLE, HEALTHY EATING PRINCIPLES

1. Recognize appropriate food choices and amounts
2. Evaluate your current diet and critique to include better choices
3. Develop a shopping plan using the store's floorplan
4. Evaluate food and package labels for nutrient content per serving size
   -calculate total calories and saturated fat per portion
5. Compare nutrition of whole foods vs processed foods
   -calculate calories per gram of protein, carbohydrate, and fat

B. RECOGNIZE THE POTENTIAL IMPACT OF MEDICAL INTERACTION AND INTERVENTION IN PREVENTION OF DIET-RELATED ILLNESSES

1. Explain the significance of modest weight loss for patient with insulin resistance
2. Summarize strategies for weight loss in overweight or obese patients.
3. Discuss modification of diet for prevention and treatment of diabetes type 2, hypertension, and cardiovascular disease.

4. Calculate BMI and waist-to-hip ratio based on gender

C. UNDERSTAND THE ROLE THAT PHYSICIANS PLAY IN NURTURING HEALTHY LIFESTYLES AND ALLEVIATING DIET-RELATED ILLNESS

1. Recognize the warning signs and symptoms of patients with eating disorders
2. Utilize motivational interviewing to assess patient's willingness to make lifestyle changes
3. Describe how you, the physician, incorporate healthy choices in your life
4. Define minimal, moderate, and excessive consumption of alcohol and its role in health and disease
5. Discuss reported health risks vs benefits of fad diets

D. COMMUNICATE HEALTHY EATING PRINCIPLES TO PATIENTS AT A LEVEL THEY CAN UNDERSTAND

1. Create a food "log" by recording daily food intake
2. Evaluate the food log and classify foods by the "stoplight method"
3. Plan for cost-effective, simple, and quick meals that are healthy AND tasty
4. Explain the overall benefits of aerobic exercise on health and well-being
5. Introduce the role of water and hydration based on activity level and age
6. Recommend "My Plate" guidelines as a method of determining serving sizes

Osteopathic Relevance

By the completion of this Elective Course the student will be able to:

1. *Utilize the four tenets of Osteopathy.*
2. *Use food as medicine for prevention and healing i.e. reduction of inflammatory processes etc.*

Core Competencies

1. Osteopathic Principles and Practices

Demonstrate knowledge of the osteopathic philosophy, general precepts, and principles; demonstrate the requisite skills to address patient issues and concerns; apply knowledge of somatic dysfunction diagnosis; and apply appropriate osteopathic manipulative treatment in the clinical setting.

2. Medical Knowledge

Demonstrate the understanding and application of biomedical, clinical, epidemiologic, biomechanical, and social and behavioral sciences in the context of

patient-centered care.

3. **Patient Care**
   Demonstrate the ability to determine and monitor the nature of a patient's concern or problem, using a patient-centered approach that is appropriate to the age of the patient, level of health literacy, and culture. He/she must be able to provide safe patient care that incorporates a strong fund of applied medical knowledge and best medical evidence, osteopathic principles and practices, sound clinical judgment, and patient and family preferences.

4. **Interpersonal and Communication Skills**
   Demonstrate the knowledge, behaviors, and attitudes that facilitate accurate and efficient information gathering, empathetic rapport building and effective information giving in interactions with patients, families, and other members of health care teams.

5. **Professionalism**
   Demonstrate knowledge of the behavioral and social sciences that underpin the professionalism competency, i.e. humanistic behavior; responsiveness to the needs of patients that supersedes self-interest; accountability to patients, society, and the profession; a commitment to excellence and ongoing professional development; knowledge and application of ethical principles in practice and research; and awareness and proper attention to the issues within cultural competency.

6. **Practice-Based Learning and Improvement**
   Demonstrate the ability to describe and apply fundamental biostatistical epidemiologic concepts, clinical decision-making skills, evidence-based medicine principles and practices, fundamental information mastery skills, methods to evaluate relevance and validity of research information, and the clinical significance of research evidence.

7. **Systems-Based Practice**
   Demonstrate awareness of and responsiveness to the larger context and system of health care, and effectively identify system resources to maximize the health of the individual and the community or population at large.

Professionalism

Professionalism will be exhibited each day in class and each student will be expected to adhere to institutional policy ST-01 and their own statement below which was written by the student government association:

> "As medical students of the West Virginia School of Osteopathic Medicine, we acknowledge and value the importance of professional conduct. We recognize that the behavior and attitudes of individuals and groups reflects on all of us, our institution, and our profession. Professionalism encompasses but is not limited to the virtues of respect, integrity, honesty, confidentiality, and dependability. We will strive to uphold

these values in our endeavors at all times. We will show honesty and integrity to all those we come into contact with, meaning that we will adhere to the moral and ethical principles we have been taught and show soundness of moral character. We will be expected to maintain confidentiality in all settings no matter how small the issue. Above all else we will show self-less service to our patients, colleagues, institution and community."

For further details that relate to professional behavior, refer to the following institutional policies that can be accessed on the WVSOM Website at https://www.wvsom.edu/policies

Copyright

Materials used in this course may be copyrighted and should not be shared with individuals not currently enrolled in this course. Sharing copyrighted materials outside of WVSOM will result in having a note in the student's Dean's file regarding unprofessional conduct.

Course Policies

Attendance Policy
In keeping with WVSOM policy, attendance (online or on-site) is expected.

Evaluation Policies

Rotation grade will be 100% of the preceptor evaluation using the current Year 3/Year 4 WVSOM grade form.

Remediation Policy

There is no remediation for this elective.

Resources

Culinary medicine Specialist curriculum : https://culinarymedicinecertified.com

Course Outline

Please see the course schedule for details regarding hours and modes of learning for each topic. To contact a faculty member, consult the online directory: https://my.wvsom.edu/cas-web/login?service=https://my.wvsom.edu/facultystaff/applications/staffdirectory/index.cfm

This syllabus is subject to change upon written notification.

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 consecutive four-week rotation with a DO preceptor who incorporates the Osteopathic philosophy in their practice, including, but not limited to, OMT, using a holistic mind-body-spirit approach, and supporting the principles of the body’s ability to self-regulate.

One James R. Stookey rotation may be met in either the 3rd or 4th year, but not both, on a two-week rotation in a practice specializing in osteopathic manipulative medicine (OMM) approved by the student’s Regional Assistant Dean.

Completion of a minimum of 20 OMM procedures, observed by the DO preceptor and logged as indicated below during the 4-week rotation, must also be verified on the rotation grade form in the preceptor’s comments. For assistance in determining which preceptors are Stookey approved, please contact the Statewide Campus Regional Dean or Director.

In the 3rd year, to receive credit for the Stookey Rotation, the student must have passed the OPP COMAT as part of their graduation requirements and the requirements enabling passage from their 3rd to 4th year.

Students on a Stookey rotation are also required to submit and have approved an electronic Comprehensive OMT Note of an OMT case and to maintain and submit a log (see table below) of their **OMT procedures**. The template approved by the WVSOM OPP Department outlining the required elements for the Comprehensive OMT Note may be found at the end of this section.

Students with rejected Notes are required to review the Note and comments with their Regional Assistant Dean within 7 working days of receiving the rejection email with final resubmission of the Comprehensive OMT Note within another 3 working days (total of 10 working days for the entire process) or risk losing credit for this assignment.

Rejected Comprehensive OMT Notes may not be resubmitted without first meeting with the Regional Assistant Dean for review.

Stookey Rotation Documentation (example) maintain and submit a list of **OMT procedures**.

Age	Location of Interaction*	Date(s) of Interaction	Problems and Diagnosis@ (Be Specific)	Documentation			Procedures and OMT		Preceptor Initials
				Admit	Progress#	Discharge	Type	Involvement-	
35	Office	5/9/2017	Right arm pain, SD Right Shoulder		Yes		ME	Performed	
45	Office	5/9/2017	Tension Headache, SD Cervical Spine		Yes		CS	Performed	

ME-Muscle Energy
MF-Myofascial
CS-Counterstrain
CR-Cranial
HVLA-High velocity Low Amplitude
ART-Articulatory technique
LYM-Lymphatic

The log of OMT procedures along with the EHR SOAP note must be submitted by the last day of the Stookey Rotation.

In the 4th year, the Stookey requirement must be completed and the Comprehensive OMT Note submitted for grading no later than April 1 of that academic year. The 4th year Stookey Rotation also requires documentation of OMT procedures as previously described with a minimum of 20 OMM procedures observed by the DO preceptor and verified by the preceptor in the preceptor comments section of the grade form.

Stookey Grading Rubric (using Universal Rubric)
COMPREHENSIVE OMT NOTE
2021-2022

Must obtain at least "Average" in all categories to earn a "Pass". Otherwise, "Reject" and re-do

HISTORY

Exceptional	Average, plus **all** relevant • previous imaging/workup • previous treatment • trauma history **and** • complicating/relevant comorbid conditions
Above Average	Average, plus **one or more relevant** (but not all) • previous imaging/workup • previous treatment • trauma history **or** • complicating/relevant comorbid conditions
Average	• OLDCAARTS • PMH including PSH/Meds/Allergies/FHX/SHx • mechanism of injury or applicable visceral complaint
Needs Improvement	• missed **one** of the OLDCAARTS **or** • mechanism of injury **or** • more than one portion of PMH/SPH/Meds/All/FHx/SHx

Unsatisfactory	• missed **two or more** of the OLDCAARTS **and** • mechanism of injury **or** significant portion of PMH/PSH/Meds/All/FHx/SHx

PHYSICAL EXAM:

Exceptional	Above Average **plus** examination of other relevant areas that may be contributing to the problem.
Above Average	Average **plus** examination of area above and below the area of concern if indicated
Average	Vitals and PE pertinent to stated complaint, including as pertinent: • provocative/special tests • neurologic exam Accurate Osteopathic Structural Exam
Needs Improvement	• inaccurate osteopathic terminology • missing pertinent findings • checking inconsequential findings
Unsatisfactory	• did not include an osteopathic structural exam • did not examine the area of concern

ASSESSMENT:

Exceptional	Met criteria for Average
Above Average	Met criteria for Average
Average	• included relevant non-SD diagnosis **and** • accurate somatic dysfunction diagnoses for findings in OSE
Needs Improvement	• missed one or more of the SD diagnoses for the dysfunctions they documented or • inaccurate diagnosis for focused complaint in the history/exam • listed differential diagnosis instead of actual diagnosis (even if general)
Unsatisfactory	• did not include the non-SD diagnosis or • did not include an accurate S/D diagnosis or • included diagnoses (non-SD or SD) that are not properly supported by the rest of the note

PLAN:

Exceptional	Average plus all of the Above Average criteria
Above Average	Average plus appropriate follow-up and one or more the following: • Ancillary care (home exercises, stretches, RICE) • Relevant referrals • Future considerations (plan for next visit)
Average	Includes 1. accurate plan to do OMT to ___regions

	• obtained verbal consent • techniques used (can be a general list by modality), results of treatment, any complications and how they were addressed 2. home-care instructions/discussion of treatment reaction 3. additional workup, if needed 4. medications, if added/changed 5. follow up
Needs Improvement	• has most of the information in Average, but is missing some components • does not have OSE findings for each region treated or • does not treat pertinent region
Unsatisfactory	• does not have a plan of care for chief complaint OR • did not do OMT or state why OMT was contraindicated in this patient

OSTEOPATHIC REASONING:

Exceptional	• rationale makes sense - thorough and well thought out.
Above Average	• rationale makes sense and goes a little bit beyond the basics.
Average	• rationale given makes sense, but is very basic.
Needs Improvement	• rationale given doesn't really make sense anatomically or physiologically.
Unsatisfactory	• didn't include an actual rationale • restated the 4 tenets • described the techniques performed • did not do OMT

Electronic Health Record (EHR) Stookey Comprehensive OMT Note:

As a mandatory requirement for successful completion of the Stookey Rotations students are required to submit 1 Comprehensive OMT Note during the Year 3 Stookey rotation and 1 Comprehensive OMT Note during the Year 4 Stookey rotation on a patient of the student's choice documented in the WVSOM Greenway PrimeSuites' EHR.

Step by Step instructions for completion of the assignment can be found on eMedley:

1. Go to **educate**
2. Select 005-1: Statewide Campus Information in the Search box
3. Search for Stookey OMT SOAP Note Instructions and Sample SOAP Note

Year 3 Reflection Requirements

Self-Reflections in Year 3 Outcomes and Objectives

As a requirement prior to each quarterly meeting between a student and their Regional Assistant Dean (RAD), students will be expected to:

A. Realistically assess his/her academic performance and professionalism
- assessment data (preceptor feedback on rotation grade forms and COMAT scores) thus far in their Year 3 coursework
- experiences during clinical patient encounters
- proficiency with documentation and EPAs
- experiences concerning professional behavior thus far: including the impact of unprofessional behavior on themselves, their peers, and future colleagues in the medical community

B. Write a narrative reflection on current progress and create specific goals to address needed changes
1. Using the What? So What? Now What? format, students will create and submit a written reflection addressing the identified areas needing improvement.
2. Students will include at least two SMART (specific, measurable, achievable, relevant, time-bound) goals in their written reflection to be used as benchmarks against attainment of these goals and addressing needed improvement during their next quarterly meeting.

C. Discuss reflections and goals in a formal meeting with their Regional Assistant Dean
1. At four designated times during Year 3, students will meet with their assigned RAD to discuss his/her submitted reflection and SMART goals.
   - Meeting 1 (insert dates)
   - Meeting 2
   - Meeting 3
   - Meeting 4
2. Students will participate in a professional discourse that includes thoughtful answering of prompts and careful consideration of given feedback.

Meeting Attendance:

Scheduled quarterly meetings are **mandatory.** Students are expected to respond to requests for meetings and arrive on time.

Year 3 Self-Reflection Requirements

Requirements for each self-reflection will be as follows:

1. Students will complete a guided self-reflection submission prior to each quarterly meeting with his/her Regional Assistant Dean (RAD). These submissions are mandatory and must be uploaded in the electronic portfolio space by the dates indicated in the next requirement (#2)
2. Students will be given a two-week window to complete their assigned self-reflections before meeting with their RAD.
    a. Window 1: June 15-30, 2021
    b. Window 2: September 15-30, 2021
    c. Window 3: December 15-31, 2021
    d. Window 4: March 15-31, 2022
3. If a student does not complete the self-reflection by the posted deadline, he or she will meet with his/her RAD to discuss the missed requirement.
4. If a student has not completed the required self-reflection as specified by the quarterly meeting with the RAD or within a timeframe set by the RAD, the student will be issued a professionalism letter and referred to the Associate Dean for Predoctoral Education.
5. If a student has not remediated all self-reflection requirements by the end of Year 3 or within the timeframe set by their RAD, the student will be will be referred to the Student Promotions Committee for a professionalism review.
6. Self-reflection assignments are not graded, but must be completed in order to complete requirements for Year 3.

Year 4 Interprofessional Activity

Due to accreditation requirements, students must participate in an Interprofessional Experience (IPE) each academic year.

The following is a summary of your Year 4 IPE.

Interprofessional Experience (IPE)
Year 4 Osteopathic Medical Students and Semester 7 Pharmacy Students

Objective:

Evaluate a patient and, working as a team with a pharmacy student, develop a plan for the patient.

Procedure:

1. You will be paired with a pharmacy student (via email) to interact with, regarding a patient case. This will occur in the second semester of Year 4.
2. The patient will have data entered into the EHR to use for discussion.
3. You will have 2 synchronous sessions for discussion (FaceTime, skype, or other agreed upon platform)
   a. The first session you should talk about your education, and ask questions of how the pharmacist can assist you with care of the patient. You will briefly review the patient case and begin initial plans for the patient.
   b. The second session should be discussion of the plan for the patient, with agreement between the two of you.
   c. Between sessions, each of you will search for evidence-based best practices for treatment of your patient.
4. You will then finish a note with the treatment plan for the patient, and will write responses to specific questions about the patient and about team-based care of the patient.
5. Grading:
   a. This will be graded by WVSOM faculty
   b. Grading will be Pass/Fail (P/F). **Achieving a passing performance (P) is a requirement for graduation.**

Failure to complete and pass the Year 4 OMS/Pharmacy student IPE will require remediation prior to graduation. This will be an IPE at the discretion of the Associate Dean of Predoctoral Education and the Director of the Clinical Education Center.

SECTION II THIRD YEAR ROTATION SYLLABI

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	8 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
Elective	4 weeks
Vacation	4 weeks
Board Prep	4 weeks

Continuous growth during the third year of education is fully expected. Preceptors should evaluate students based 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.

Family Medicine I

Course Number: 806

A. Introduction

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.

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
- Population health; patient safety

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.

B. Course Rotation Objectives and Core Competencies

1. **<u>Medical Knowledge</u>**
   a. By the end of this rotation the student is expected to possess the knowledge, attitudes and skills to:
      - Assess and manage acute illnesses commonly seen in the office setting.
      - Determine the health risks of patients/populations and make recommendations for screening and health promotion (wellness visits).
      - Be able to elicit and record a complete history and physical in all age groups, from pediatric to geriatric, which includes an osteopathicstructural examination.
      - Be able to develop an appropriate assessment and treatment based on the information gathered.
      - Incorporate appropriate preventive medicine at each visit.
   b. By the end of the rotation the student should be able to:

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

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

d. Adult Health Maintenance:
- Define wellness as a concept that is more than “not being sick”.
- Define primary, secondary, and tertiary prevention.
- Identify risks for specific illnesses that affect screening and management strategies.
- Find and apply current guidelines for immunizations.

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

2. <u>Patient Care</u>

a. Perform a focused history and physical examination that includes identification of complications for chronic conditions.
b. Manage a chronic follow-up visit for patients with common chronic diseases.
    - Document a chronic care visit
    - Communicate respectfully with patients who do not fully adhere to their treatment plan
    - Educate a patient about an aspect of his/her disease respectfully, using language that the patient understands.
    - Propose an evidence-based management plan that includes pharmacologic and non-pharmacologic treatments, and appropriate surveillance and tertiary prevention.
c. Become comfortable documenting and managing acute care visits.
d. Develop an evidence-based health promotion/disease prevention plan for a patient of any age or gender.
e. For women: elicit a full menstrual, gynecological, and obstetric history.
f. For men: identify issues and risks related to sexual function and prostate health.
g. Conduct a physical examination on an infant, child, adolescent, adult, and geriatric patient.
h. Demonstrate competency in advanced history-taking, communication, physical examination and critical thinking skills.
i. Incorporate OP&P into the practice of family medicine.

3. <u>Interpersonal Communication Skills</u>

a. Demonstrate ability to effectively communicate with patients from the pediatric patient to the geriatric patient.
b. Demonstrate ability to identify and communicate with caregivers.
c. Demonstrate competency in communication with patients of all age groups.
d. Establish effective relationships with patients and families using patient-centered communication skills.
e. Demonstrate competency in communicating appropriately with other healthcare professionals (e.g. other physicians, physical therapists, occupational therapists, nurses, counselors, etc.).
f. Be able to document an acute and chronic care visit appropriately.
g. 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).
h. 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.
i. Provide counseling related to health promotion and disease prevention.
j. Regarding well child visits, be able to identify health risks, includingaccidental

and non-accidental injuries and abuse or neglect.

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

4. Professionalism

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

5. Practice Based Learning

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

6. System Based Practice

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

7. Osteopathic Philosophy and Osteopathic Manipulative Medicine

a. Understand and integrate Osteopathic Practices and Principles into all clinical and patient care activities.

b. Develop an appreciation for the need to treat the entire patient including mind, body and spirit across all ages; including interactions with their family and surrounding environment.
c. Integrate osteopathic concepts and OMT into the medical care provided to patients as is appropriate.
d. Recognize somatic dysfunction across all age groups and how this may impact their overall health.
e. Demonstrate competency in the understanding and application of OMT appropriate to family medicine across all age groups.
f. Adapt osteopathic treatment modalities to adequately and safely treat those across all age groups.

C. Study Guide

In general, the best approach to studying is to access multiple sources. Please refer to the Required Textbooks and Additional Resources as below per sections E & F.

Additionally, students may find several online references to be of assistance. The LWW Health Library (via WVSOM library page) offers free access to discipline specific clerkships such as Family Medicine. Access to multiple text books, including the Step Up series and hundreds of questions to use for self-assessment are available here as well.

It is a good habit to not let any down time go to waste. Don't forget to actively engage your preceptor in feedback and reading suggestions.

D. COMAT Blueprint

Review the NBOME web site on the COMAT Blueprint for Family Medicine. This will provide a general roadmap for your studies. However, still take the time to read about your patient encounters and any additional material that your preceptor suggests.

https://www.nbome.org/exams-assessments/comat/exam-series/comat-family-medicine/

The COMAT content is broad and fairly evenly distributed over the following topics:

a. Patient Presentation
    i. General
    ii. Hematology/Oncology & Immune Disorders
    iii. Genitourinary/Renal & Gynecologic/Reproductive

iv. Gastrointestinal
v. Endocrine
vi. Musculoskeletal/Dermatology
vii. Psychiatry/Neurology
viii. Cardiovascular
ix. Respiratory

b. Physician Tasks
i. Health Promotion/ Disease Prevention/ Health Care Delivery
ii. History & Physical/ Diagnostic Technologies
iii. Management
iv. Scientific Understanding of Mechanisms

Pretest/Posttest

Please refer to Proctored End of Rotation Exams.

E. Required Textbooks

Seidel's Guide to Physical Examination, 9th ed.
Textbook of Family Medicine, Rakel, et al; Elsevier 9th ed.
Foundations for Osteopathic Medicine, Lippincott Williams and Wilkins 4th ed.

F. Additional Resources

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

Cecil Essentials of Medicine; Elsevier, 10th ed.
Nelson Essentials of Pediatrics; Elsevier, 8th ed.
Essentials of Family Medicine, Sloane, et al; Lippincott, Williams and Wilkins 7th ed
Ham's Primary Care Geriatrics; Elsevier, 6th ed.
Case Files Family Medicine; McGraw Hill/Lange 5th ed.
Conn's Current Therapy 2020; Elsevier
First Aid for the Medicine Clerkship; McGraw Hill, 3rd ed.

The Kaplan Review Course is an additional resource you may find helpful as you proceed through the rotation. www.kaptest.com or www.kaplanmedical.com.

G. Didactic and Reading/ Written Assignments

1. OMM Modules

You will be required to read and complete one OMM Module during FM I (Osteopathic Approach to OA of the Knee). The module can be found on eMedley:

Go to educate, click the funnel icon next to the search bar, select Class of 2023 for the section, enter OPP into the search bar. Locate the correct module for the rotation (listed above). Click the plus sign to view the content.

Additionally, you must complete a 10 item formative quiz that will be released to you during FM I. It must be completed with a score of 80% or better; however, you will have multiple attempts to master it.

To access the quiz, go to educate, click the funnel icon next to the search bar, select Class of 2023 for the section, enter Test into the search bar. Locate the correct quiz for the rotation. Click the plus sign and then click Take Quiz.

2. Universal Notes (www.myuniversalnotes.com)

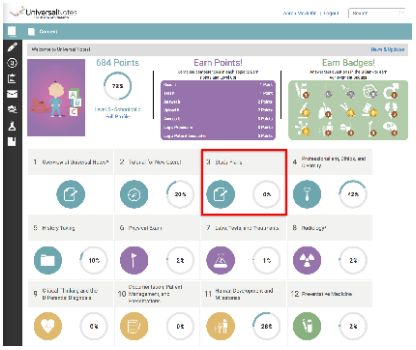
The free online resource, **Universal Notes,** offers for each clerkship:

- **Study plan**
- **Study material**
- **Question bank**

This program may offer a structured outline of important topics for you to follow during your FM rotation.

Steps to get started with Universal Notes and the Study Plan:

1. Go to www.myuniversalnotes.com
2. Click **SIGN UP**
3. Complete **SIGN UP** and choose **Medical Student** for version
4. Sign in to **Medical Student** version using the information (email and password) you used for **SIGN UP**
5. **Click on** Study Plans for Family Medicine Clerkship



If you have any questions or problems with accessing or using Universal Notes, please contact:
aaron@myuniversalnotes.com

The list of topics for the Family Medicine **Study Plan** is found below. Pairing patient encounters with related material improves understanding, enjoyment, and retention. At a minimum, students should try to get through 1-2 topics each weekday and 20 on each weekend day in order to cover the essential material. This is in addition to any articles or readings as assigned by your preceptor, journal club, didactics, case presentations, etc.

Universal Notes Family Medicine Study Outline

Introduction

Students should be familiar with the sections on History Taking, Physical Exam, Labs, Tests, and Treatments as well as pharmacology as well.

Week One

Human Development and Milestones

- Geriatrics and the Aging Process (Falls, Physiologic Changes)
- Adult Preventative Health

Cardiovascular

- Aortic and Abdominal Aneurysm
- Aortic dissection
- Atherosclerosis
- Atrial Fibrillation and Atrial Flutter
- Cardiac arrest
- Carotid Artery Stenosis
- Chest Pain (Angina)
- Congestive Heart Failure
- Coronary Artery Disease
- Deep Venous Thrombosis (DVT)
- Edema and Hypervolemia
- Hyperlipoproteinemias (Hyperlipidemia, Hypertriglyceridemia, Familial Hypercholesterolemia)
- Hypertensive Emergency and Urgency
- Hypotension (Including Orthostatic Hypotension)
- Murmurs

- Myocardial Infarction (MI or Heart Attack)
- Palpitations
- Peripheral Arterial Disease (Arterial Occlusion, Claudication)

Ear, Nose, and Throat

- Benign Positional Paroxysmal Vertigo (BPPV)
- Labyrinthitis (Vestibular Neuritis)
- Meniere's Disease
- Obstructive Sleep Apnea and Obesity Hypoventilation Syndrome (Pickwickian Syndrome)
- Otitis Externa
- Otitis Media and Perforated Tympanic Membrane
- Pharyngitis
- Sialadenitis, Parotitis, and Salivary Gland Stones
- Sinusitis

Endocrine

- Adrenal Insufficiency (Addison disease)
- Cushing Syndrome and Disease (Hypercortisolism)
- Diabetes Mellitus
- Diabetic Ketoacidosis
- Diarrhea
- Galactorrhea (Nipple Discharge)
- Hyperparathyroidism
- Hyperthyroidism (Graves Disease)
- Hypothyroidism (Hashimoto)
- Obesity

Week Two

Gastrointestinal

- Abdominal Pain (Flank, Pelvic, Suprapubic Pain)
- Anal Disorders (Fissures, Hemorrhoids, Abscesses, and Fistulas)
- Appendicitis
- Celiac Disease (Celiac sprue, Gluten-sensitive enteropathy)
- Cholelithiasis, Choledocholithiasis, and Cholecystitis
- Constipation
- Diverticular Disease (Diverticulosis, Diverticulitis)
- Gastritis
- Gastroenteritis
- Gastroesophageal Reflux Disease (GERD) and Barrett Esophagus

- Gastrointestinal Bleeding (Melena, Hematemesis)
- Inflammatory Bowel Disease
    - Crohn's Disease
    - Ulcerative Colitis
- Irritable Bowel Syndrome (IBS)
- Pancreatitis
- Peptic Ulcer Disease (PUD)

Hematology

- Overview of Anemia
- Anemia of Chronic Inflammation (Chronic Disease)
- Blood Loss Anemia
- Folate Deficiency Anemia
- Iron Deficiency Anemia
- Vitamin B12 (Cobalamin) Deficiency and Pernicious Anemia

Infectious Agents and Conditions

- Sepsis, Shock, Systemic Inflammatory Response Syndrome (SIRS)
- Bacteria
    - *Borrelia burgdorferi (Lyme Disease)*
    - *Chlamydia trachomatis (Lymphogranuloma venereum)*
    - *Escherichia coli*
    - *Gardnerella vaginalis (Bacterial Vaginosis)*
    - *Haemophilus influenzae*
    - *Helicobacter pylori*
    - *Moraxella catarrhalis*
    - *Mycobacterium tuberculosis*
    - *Mycoplasma pneumoniae*
    - *Neisseria gonorrhoeae*
    - *Neisseria meningitidis*
    - *Staphylococcus aureus*
    - *Streptococcus pneumoniae*
    - *Streptococcus pyogenes*
    - *Treponema pallidum*

Week Three

Infectious Agents and Conditions (continued)

- Fungi
    - Candida species (Candidiasis, Thrush, Onychomycosis)
    - Pityriasis versicolor (Tinea versicolor, Malassezia furfur)
    - Tinea species

- Parasites and Protozoa
    - *Sarcoptes scabeii (Scabies)*
    - *Trichomonas vaginalis*
- Viruses
    - Epstein-Barr Virus (Mononucleosis)
    - Overview of Enteroviruses
    - Hepatitis A
    - Hepatitis B
    - Hepatitis C
    - Herpes Simplex Virus 1, 2 (HSV)
    - Human Immunodeficiency Virus (HIV)
    - Human Papillomavirus (HPV, Condyloma Acuminata, Anogenital Warts)
    - Influenza
    - Parainfluenza
    - RespiratorySyncytial Virus (RSV)
    - Rhinovirus (Common Cold)

Integumentary

- Conditions
    - Acne Vulgaris
    - Actinic Keratosis
    - Atopic Dermatitis (Eczema)
    - Basal Cell Carcinoma
    - Contact Dermatitis
    - Epidermal Inclusion Cyst (Sebaceous Cyst)
    - Keratoacanthoma
    - Melanoma
    - Seborrheic Dermatitis
    - Seborrheic Keratosis
    - Squamous Cell Carcinoma
    - Urticaria
    - Warts (Verrucae)
- Procedures
    - Suturing Sutures (Lacerations)

Week Four

Musculoskeletal

- Ankle Sprain
- Back Pain (Lumbago)
- Carpal Tunnel Syndrome
- Compartment Syndrome
- Costochondritis (Tietze Syndrome)
- Dislocations

    - Hip
    - Shoulder
- Epicondylitis (Tennis or Golfer's Elbow)
- Fractures
    - Fractures and Fracture Terminology
    - Geriatrics and the Aging Process (Falls, Physiologic Changes)
- Gout
- Joint Pain and Swelling (Arthritis, Bursitis)
- Meniscal Knee Injuries
- Osteoarthritis (Degenerative Joint Disease)
- Osteomyelitis
- Osteoporosis
- Rheumatoid Arthritis
- Rotator Cuff Injury
- Septic Arthritis (Septic Joint)
- Tarsal Tunnel Syndrome
- Tendonitis (Tendinopathy)
- Patellofemoral Pain Syndrome

Neurologic

- Facial Nerve Palsy (Bell Palsy)
- Headache (Cluster, Migraine, Tension)
- Major or Minor Neurocognitive Disorders (Formerly Dementias)
- Meningitis
- Peripheral Neuropathy
- Seizures in Adults (Status Epilepticus, Epilepsy)
- Seizures in Children (Status Epilepticus, Epilepsy, Febrile Seizures)
- Spinal Cord Injury and Disease (Brown-Sequard Syndrome)
- Stroke (Cerebrovascular Accident, CVA, Subarachnoid Hemorrhage)
- Temporal Arteritis (Giant Cell Arteritis)
- Trigeminal Neuralgia
- Vertigo and Dizziness

Week Five

Oncology

- Overview of Neoplasia and Terminology
- Tumor Growth and Metastasis
- Neutropenia (Immunosuppression)
- Neutropenic Fever
- Introduction to Brain and Nervous System Tumors
- Bladder Cancer

- Cervical Cancer
- Colorectal Cancer
- Lung Cancer
- Lymphoma (Hodgkin, Non-Hodgkin)
- Multiple Myeloma
- Prostate Cancer

Ophthalmology

- Conjunctivitis and Red Eye
- Glaucoma
- Macular Degeneration
- Retinopathy (Diabetic, Hypertensive)

Psychiatric

- Anxiety Disorders
    - Introduction to Anxiety Disorders
    - Specific Phobia
    - Social Anxiety Disorder (Social Phobia)
    - Panic Disorder
    - Agoraphobia
    - Generalized Anxiety Disorder
    - Cognitive and Behavioral Therapies for Anxiety
- Depressive Disorders
- Somatic Disorders
    - Introduction to Somatic Symptoms and Related Disorders
    - Somatic Symptom Disorder
- Suicide
- Substance Related and Addictive Disorders
    - Introduction to Substance-Related and Addictive Disorders
    - Alcohol Use Disorder
    - Cannabis Use Disorder
    - Opioid Use Disorder
    - Sedative-Hypnotic and Anxiolytic Use Disorder
    - Stimulant Use Disorder

Renal

- Acute Kidney Injury (Acute Renal Failure)
- Acute Tubular Necrosis (ATN)
- Chronic Kidney Disease (CKD) and Endstage Renal Disease (ESRD)
- Glomerular Disease
    - Overview of Glomerular Disease
    - Nephrotic Syndrome and Diseases

        - Diabetic Nephropathy
        - Nephrotic Syndrome
- Hematuria
- Hypertension
- Secondary Hypertension
- Reproductive

Week Six

Gynecology

- Amenorrhea
- Bartholin Cyst and Abscess
- Breast Abnormalitites
    - Fibroadenoma
    - Fibrocystic Breast Disease
    - Mastitis and Breast Abscess
- Dysmenorrhea (Premenstrual Syndrome)
- Endometriosis
- Menopause
- Ovarian Cyst
- Ovarian Torsion
- Pelvic Inflammatory Disease (Endometritis)

Obstetrics

- Normal
    - Maternal Physiology
        - Overview of Pregnancy
        - Physiological Changes of Pregnancy
    - Antepartum Care
        - Overview of Pregnancy, Gravidity, and Parity
        - Prenatal Screening Tests
        - Prenatal Diagnosis of Genetic Disease
    - Intrapartum Care
        - Normal Labor
    - Postpartum Care
        - Newborn Screening Tests
    - Lactation
- Abnormal
    - Abnormal Labor and Delivery
    - Spontaneous Abortion and Termination of Pregnancy
    - Ectopic Pregnancy
    - Prolonged Labor, Arrest, Shoulder Dystocia, Malpresentation

- Postpartum Hemorrhage
  - Postpartum Pituitary Infarction (Sheehan's Syndrome)
  - Postpartum Hemorrhage (Uterine Atony)
- Intrapartum Fever (Chorioamnionitis)
- Postpartum Cardiomyopathy
- Postpartum Depression (PPD)

Respiratory

- Allergic Rhinitis
- Allergies
  - Environmental
  - Food

Week Seven

Respiratory (continued)

- Asthma and Status Asthmaticus
  - Adults
  - Children
- Bronchitis (Acute and Chronic)
- Chronic Obstructive Pulmonary Disease (COPD)
- Croup (Laryngotracheobronchitis)
- Foreign Body Aspiration
- Pneumonia
- Pneumothorax
- Pulmonary Embolus
- Restrictive Pulmonary Disease
  - Overview of Restrictive Lung Disease
  - Pneumoconiosis (Anthracosis, Bagassosis, Berylliosis, Byssinosis, Silicosis)
  - Sarcoidosis
- Tobacco Abuse (Second Hand Smoke)

Abuse Toxicology and Environmental Injuries

- Child Abuse and Neglect
- Domestic Violence, Elder Abuse, Stalking
- Heat Related Illness (Non-Febrile Hyperthermia, Heat Stroke)
- Ticks (Tick Bite)
- Trauma

Urinary

- Cystitis (Urinary Tract Infection)
- Dysuria
- Erectile Dysfunction
- Prostatitis
- Pyelonephritis
- Urethral Discharge (Urethritis)
- Urinary Incontinence

Week Eight

Review!

H. Additional Recommendations

Readings from Rakel's and Conn's Current Therapy using the above Universal Notes Family Medicine Study Outline to help guide you.

In addition to the Universal Notes, Rakel's Textbook of Family Medicine is a core reference text. Both primary and supplemental readings are strongly encouraged. Conn's Current Therapy has brief overviews of commonly encountered conditions and may be especially useful for a quick review, especially when you encounter patients in the office and have limited time.

You can use the COMAT categories to guide your additional readings.

Because Family Medicine is so broad, there will be significant overlap between sources; don't hesitate to consult your Internal Medicine, OB/GYN, Pediatric, and Emergency Medicine texts and references as well.

DocCom cases

- Communicating in Specific Situations: # 20 "Family Interview",
- Communicating in Specific Situations # 24 "Tobacco Intervention"
- Communicating in Specific Situations # 25 "Motivating Healthy Diet and Physical Activity"

Complete the Discussion Questions. To access the Doc.Com Cases visit: https://webcampus.med.drexel.edu/doccom/db/read.aspx you will log in using your Email address and Password.

I. Procedures/Clinical Skills

Entrustable Professional Activities

Core Entrustable Professional Activities (EPAs) are tasks or responsibilities that students can perform unsupervised once they have attained sufficient competence. Students are required to obtain assessment and coaching on the EPAs listed below.

At a minimum, you are required to get one assessment for each EPA during this rotation. Students must have a personal device for educational resources and apps used for each rotation.

A one-on-one handout describing the EPAs and use of the EPA app may be shared with a preceptor and can be found in eMedley:

- Go to **educate**
- Select 005-1: Statewide Campus Information in the Search box
- Filter for **EPA One on One Handout for Preceptors**

Please direct any questions you have about the EPAs themselves to the Regional Assistant Dean.

For questions or technical support regarding the EPA app, please contact alinsenmeyer@osteo.wvsom.edu.

First 4 Week Block:
Week 1 - EPA 1a: Gather a history
Week 2 - EPA 1b: Perform a physical examination
Week 3 - EPA 2: Prioritize a differential diagnosis following a clinical encounter
Week 4 - EPA 6: Provide an oral presentation of a clinical encounter

Second 4 Week Block:
Week 5 - EPA 3: Recommend and interpret common diagnostic and screening tests
Week 6 - EPA 4: Enter and discuss orders and prescriptions
Week 7 - EPA 5: Document a clinical encounter in the patient record
Week 8 - EPA 6: Provide an oral presentation of a clinical encounter

Electronic Health Record (EHR) Family Medicine Note

Third year students are required to submit a complete History and Physical on a case study utilizing osteopathic diagnosis and treatment to be completed during the Family Medicine I rotation **(refer to The Medical Write-Up section below for specific instructions)**.

This must be submitted electronically by the **fifth Friday of the rotation** of the FM I rotation.

This case study, in which the student actively participated, must document and demonstrate the utilization of osteopathic philosophy and, if appropriate, osteopathic diagnosis and osteopathic manipulative treatment in assessment and care of the patient.

This must be a case that was actually seen during the rotation in consultation with the supervising physician: false documentation could lead to serious academic sanctions, up to and including dismissal.

The case must be completed and submitted in the Electronic Health Records (Greenway Primesuites' EHR). It will be graded by the Regional Assistant Deans or select WVSOM full time faculty, and the graded case study will be returned to the student electronically with the grader's comments. **No paper submissions will be accepted**.

If the case is unsatisfactory, it will be rejected with comments to improve the H&P. The student will resubmit the case within 10 working days for final review and grade of Pass (>= 70) or Reject (<70). It is strongly recommended that you work with your Regional Assistant Dean if your case is rejected and you are not sure how to improve.

**If the Family Medicine Case is not successfully completed, the student will receive an Incomplete "I" for the rotation. If the "I" is not successfully resolved by six weeks following the completion date of the rotation, the rotation grade will be changed to a Failure.

Step by Step instructions for completion of the assignment are available on eMedley:

- Go to **educate**
- Select 005-1: Statewide Campus Information in the Search box
- Search for Family Medicine Case Study Instructions

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.

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 Present Illness, this should be a chronological history of

the chief complaint. Remember OLDCAARTS. For the Past Medical History and Social history, remember MMAISHIFT and HORSSES.

For allergies, remember to list the reaction the patient had to the allergen or any intolerance.

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

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

Your Review of systems (ROS) should include at a minimum 11 organ systems: General, Skin, Head, EENT (eyes, ears, nose, throat and mouth), Neck, Cardiovascular, Respiratory, Breasts, Lymphatics, Gastrointestinal, Genitourinary, Musculoskeletal, Neurologic, Hematological, Endocrine, Allergy/Immunology, and Psychiatric. You need at least 3 pertinent positive or negative complaints/symptoms listed in each of the organ systems.

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. The Physical Exam should be free texted containing 13 systems with 2 findings for each system.

Please do not simply leave the genitourinary/rectal exams 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 previously 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. Your first diagnosis listed in the assessment should be a diagnosis linked to your chief complaint or the focus of your

encounter with the patient. Please remember to include somatic dysfunctions, chronic medical illnesses, and any other pertinent diagnoses for that encounter as well.

The plan should logically follow from the assessment. Each assessment should have a corresponding plan. If stable, you can note the patient is stable and he/she will simply continue current medications, etc.

The plan may include the following:

- Additional diagnostic maneuvers needed, e.g. labs, X-rays, etc…
- Therapeutic procedures, referrals, or medications that will be employed, e.g. OMT, PT, etc…
- 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."

A discussion using the four tenets of Osteopathic Medicine and how they assisted you in developing your plan of care should be included at the end of the H&P and is **required for every H&P** even when OMT is not performed. You will be graded on your consideration for use of Osteopathic Manipulative therapy, although it may not necessarily be done in your encounter with the patient.
** Please note that fourth year students are not required to submit the EHR FM note; however, the **EHR Stookey SOAP note** is **required** during **both** the **third and fourth year** Stookey rotations.

The FM EHR outline (see below) should be used by students when completing this assignment.

Subjective:

Chief Complaint

HPI

- ☐ Onset
- ☐ Location
- ☐ Duration
- ☐ Character
- ☐ Aggravating/Relieving factors
- ☐ Timing
- ☐ Severity
- ☐ Focused ROS (elements of ROS pertinent to chief complaint)
- ☐ May include elements of PMH, FH, SH that are relevant to presenting complaint

Past Medical History (previous/current chronic conditions/illnesses, hospitalizations, injuries)

Past Surgical History

Medications/Herbals/Supplements (include dose, frequency, and route)

Allergies (include reaction)

Family History (include living/deceased, diagnosis, age at diagnosis)

Social History

- ☐ Occupation
- ☐ Relationships (who do you live with, marital status, safety of relationships)
- ☐ Living situation
- ☐ ETOH, drug use, tobacco use, vaping, substance abuse
- ☐ Sexual history
- ☐ Environment (exposures, heat source, special circumstances)
- ☐ Diet (if pertinent)
- ☐ Spirituality

ROS

- ☐ Need 11 systems with at least 3 pertinent +/- in each organ system

Objective:

Physical Exam

- ☐ VS (be sure to comment on abnormal VS & carry through to your assessment)
- ☐ Need 13 systems with at least 2 pertinent findings (including osteopathic structure exam)
    - Should include pertinent +/- findings for patient presentation

Laboratory findings/Imaging/Other studies if available at time of patient encounter

Assessment and Plan:

Assessment

- ☐ Today's pertinent problems (w/ consideration of differential diagnoses—can be eluded to via descriptors like exclude, consider, rule out, differential dx include…)
- ☐ Somatic dysfunction diagnosis(es)
- ☐ Diagnosis(es) regarding vitals (if needed)
- ☐ Chronic active problems
- ☐ Additional diagnosis(es) regarding tobacco/vaping, ETOH, drug use

Plan

- ☐ Each Assessment should have a plan (appropriate for acute diagnosis(es) as well as chronic problems)
- ☐ Comments on continuation meds/treatment for stable diagnosis(es)
- ☐ Consideration of OMT
- ☐ Addresses preventative treatment/counseling for any diagnosis (es) that is needed (such as smoking/drug/ETOH cessation, BMI/diet, med counseling, etc…)

Osteopathic Discussion:

- ☐ Discussion of the 4 osteopathic tenets and how they apply to the case
- ☐ Appropriate OMT technique consideration when applicable to the case

J. Patient Procedure Logs

Patient Logs:
While on clinical rotations the student is required to maintain a log of patient encounters and procedures while on any clinical site. The purpose of a well-documented log is to assist the student in cataloging and keeping records of the cases and procedures to which they have been exposed and to guide the student to seek out those with which they have had had limited experience. The student should become accustomed to maintaining a log, as this practice will continue through their residency training. The log books need to be initialed by the preceptor, endorsing the accuracy of the student's entries. The logs need to be reviewed by the Regional Assistant Dean and/or Director to be accepted as proper documentation of the student's rotation experience. The student may use more than one line for entries in the log book to provide adequate documentation of encounters, if needed.

Student documentation in the patient procedure log should include:

- A notation in the logbook for every patient encounter. Patients may only be identified by age and gender. Rotations such as Radiology where the encounter may be an image or Pathology where the encounter is a specimen should be documented as such.
- The location of the patient encounter, i.e. office/hospital/nursing home, etc. should be documented.
- The diagnosis or presenting complaint should be recorded in specific detail. (Example: "Acute Exacerbation of COPD," or "Uncontrolled DM type 2," rather than "COPD" or "DM")
- Any entries made by the student into the patient's medical record (admit notes, progress notes, or discharge summaries), and if the student provided an oral presentation to the preceptor on a patient encounter.
- All procedures that are observed (O), assisted (A), orperformed (P) by the student should be included in the log, as well.

The student should retain a personal copy of their patient procedure log. These can be referenced in the future when the student is questioned about their experience level in performing certain procedures while on 4th year audition rotations.

Family Medicine Procedure Log:
This form (see below) is to be signed by your preceptor and turned into your Regional Assistant Dean at the end of your rotation. Failure to comply will result in a professionalism report.

NAME:_____

FAMILY MEDICINE PROCEDURE LOG

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

Skill	Reference	Performed	Observed	Not Done (why)
OP&P -Demonstrate: -Palpatory diagnostic skills -Ability to do functional exam Ability to record findings of exam -Ability to record treatment procedures used -Ability to use any of the following: Soft tissue, muscle energy, myofascial release, strain/counterstrain,,HVLA, craniosacral and articulatory	OP&P texts and videos			
Interpret resting 12-lead EKG	EKG & ACLS texts EKG Basics-LSU• ECG Learning Center• ECG Library• Rhythm Simulator•			
Knowledge of venipuncture/phlebotomy	Clinical Skills II Handbook and video			
Knowledge of parenteral injections IM, SC	Clinical Skills II Handbook			
Ability to suture	Clinical Skills II Handbook and video			
Knowledge of splint/casting	Clinical Skills II Handbook			
Knowledge of proper sterile procedures	Clinical Skills II Handbook			
Knowledge of urinary bladder catheterization	Clinical Skills II Handbook			
Knowledge of spirometry and interpreting PFT's	Clinical Skills II Handbook			
Interpretation of CXR-PA and lat	Radiology text/notes Basic CXR Review- Dept of Radiology.Uniformed Services•			
Skin biopsy and excisions	Clinical Skills II- suturing Clinical Keys: Skin Biopsy Techniques			
Joint injections				
Ear lavage	Clinical Keys: Cerumen Impaction			
I&D of abscess				
Other:				
Other:				
Other:				

*EKG Basics-LSU: www.sh.lsuhsc.edu/fammed/Outpa1tent Manual/EKG/ec gho m e .ht m l

* ECG Learning Center: http://library.med.utah.edu/kw/ecg/

*ECG Library: www.ecglibrary.com/ecghome.html

* Rhythm Simulator: www.skillstat.com/tools/ecg-simulator

*Basic CXR Review-Dept. of Radiology, Uniformed Services, University of Health Sciences, Bethesda, MD: http://rad.usuhs.mil/rad/chest review/index.html

Preceptor'ssignature:_____Date:_____

K. Grading/Calculations

1. Preceptor grade 60%
2. Family Medicine COMAT end of rotation examination 40%
3. Completion of Patient Procedure Logs, Family Medicine Procedure Log, Preceptor/Site/Course Evaluation, OMM Module and EPA Assessments.
4. Case Study (must be turned in by Friday of the 5th week and score must be passing to receive credit)

- The patient procedure log, the preceptor/site/course evaluation, Family Medicine Procedure Log, the OMM Module and the EPA Assessments must be turned in by the last day of the rotation. Failure to comply will result in a professionalism report.

- The Family Medicine Case Study in Year 3 must be submitted by the fifth Friday of the rotation. A grade of "incomplete "I" will be recorded until the case study is successfully completed. If they are not completed after six weeks, the "I" will be converted to a rotation failure "F" and the student will be remanded to the student promotions committee "SPC".

- Note that you will have a standard score of 80 or greater on the COMAT end of rotation exam to pass the Family Medicine rotation/course. Should you score less than a standard score of 80, you will have failed the examination and will be evaluated as per grading policy E-17 to assess for eligibility to retest.

- If the retest is passed with a standard score of at least 80, a 70 will be recorded as the final rotation course grade.

- If the retest COMAT score is below standard score of 80, this will be recorded as a rotation course failure and your file will be remanded to the Student Promotions Committee for review. The committee will make recommendations to the Associate Dean for Predoctoral Clinical Education to repeat the course or other sanctions up to and including dismissal. Please see Institutional Policy: E-17.

End of Rotation Grade Submission:

The preceptor (if an email address is on file) will receive an email, generated by eMedley, one week prior to the end of student's rotation, with a link to the Clinical Education Grade Form to complete before the end of the rotation.

The student should ask the preceptor/supervising physician if

he/she has received an email with the link to the student's grade form.

If the Preceptor/Supervising physician did not receive the email, the student must provide a paper grade form, to be completed and Faxed or mailed to the SWC regional office.

The student is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor, when necessary, if the grade form has not been submitted to the statewide campus office.

Keep in mind that credit will not be received for the rotation until the grade sheet has been received by your Statewide Campus office.

Internal Medicine I

Course Number: 810

A. Introduction

Internal Medicine combines medical and clinical knowledge with patient-centered care to diagnose, treat, and prevent disease and to promote health. It encompasses the spectrum of care, from health to the care of complex disease, and includes ambulatory as well as acute care settings. The Internal Medicine I rotation consists of two four-week blocks. At least one four-week block must be conducted in an inpatient setting. During this course you will integrate your knowledge of pathology, physiology, pharmacology, OPP, and other basic sciences as you note the patient presentation, signs, symptoms, and laboratory and imaging findings. This will allow you to develop a broad differential diagnosis and ultimately will lead you to a diagnosis and treatment plan. This analytical process, along with meticulous attention to the patient's narrative, concerns, and values, will be the foundation for your evaluation and care of patients throughout your career.

B. Course Rotation Objectives and Core Competencies

1. **Medical Knowledge**
   a. Demonstrate understanding of the patient presentation and pathophysiology of common presenting complaints seen in the adult patient, including disorders of the following systems:
      - Cardiovascular
      - Gastrointestinal
      - Allergic, Dermatologic, and Immunologic
      - Musculoskeletal and Connective Tissue
      - Neurologic
      - Endocrine
      - Renal
      - Infectious
      - Pulmonary

   b. Demonstrate the ability to evaluate and develop adifferential diagnosis for each of the following symptoms/conditions:
      - Chest Pain
      - Syncope
      - Edema
      - Anemia
      - Fatigue
      - Headache
      - Cough

- Shortness of Breath
- Fever
- Abdominal Pain
- GI bleed
- Constipation
- Diarrhea
- Dizziness
- Back Pain
- Joint Pain
- Rash

c. Demonstrate an understanding of the basic principles and current recommendation for adult Immunizations based on ACIP or CDC guidelines and age appropriate cancer screenings (ex: Breast, Colon, Cervical, Prostate Screenings) and utilization of the USPSTF Database.

2. <u>Patient Care</u>

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

3. <u>Interpersonal and Communication Skills</u>

a. Explain how patient concerns and perspectives including cultural and religious influences impact careDescribe how to write the followingtypes of medical notes:
   - SOAP notes
   - admission history & physicals
   - discharge summaries
   - procedure notes

b. Describe the capabilities of electronic health records.

c. Explain how to share diagnostic plan of care, and prognostic information with patients and families.

4. Professionalism

a. Summarize understanding and need for supervision, chaperones and/or assistance.
b. Explain how sensitivity, empathy and responsiveness to diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation impacts care.
c. Explain 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.
d. Recognize that all patients in emergency situations shall receive care regardless of medical insurance coverage, ethnicity, race, or social economic status.

5. Practice-Based Learning & Improvement

a. Apply fundamental epidemiologic concepts.
b. Detail medical informatics, evidence-based medicine, and research.
c. Identify personal knowledge deficits, strengths, and limits through frequent self-reflection.
d. Explore the ability to locate educational resources and strengthen personal medical knowledge.
e. Explain quality improvement.

6. System-Based Practice

a. Be aware of medication and treatment costs (direct patient costs/insurance coverage) and the impact of these factors on the physician's treatment plan.
b. Demonstrate understanding of HIPAA regulations and its impact on the communication of patient care information for patients.
c. 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.
d. Understand the training and certification pathways of sub specialties.
e. Demonstrate an understanding of when it is appropriate to refer to specialists.

7. Osteopathic Philosophy and Osteopathic Manipulative Medicine

a. Identify common and preferred pain patterns.
b. Identify key history and physical examination findings pertinent to the working diagnosis and the differential diagnosis.
c. Use appropriate information resources to determine diagnostic evaluations for patients with common and uncommon medical problems.
d. Describe how critical pathways or practice guidelines can be useful in sequencing diagnostic evaluations for the patient.
e. Formulate a differential diagnosis based on findings from the history and physical examination of the patient.
f. Prioritize diagnostic tests and treatment (including OMT) based on sensitivity, specificity, and cost-effectiveness.

g. Apply the 4 tenets of osteopathic medicine to patient care.

C. Study Guide

There are multiple sources for the study of Internal Medicine and knowledge gaps can occur if the learner relies on too many resources or studies primarily by using a question bank. It is best to follow-though with a learning resource that encompasses the core subjects of internal medicine to assure exposure all required topics. The foundational required reading and study guide will be the Step Up to Medicine text, which can be supplemented by additional resources when needed. This is the recommended study plan for IM I:

Week 1 – Diseases of the cardiovascular and pulmonary systems
Week 2 – Diseases of the gastrointestinal, endocrine and metabolic systems
Week 3 – Diseases of the central and peripheral nervous system
Week 4 – Connective tissue and joint diseases
Week 5 – Diseases of the renal and genitourinary system,
fluids, electrolytes, and acid-base disorders
Week 6 – Hematologic diseases and neoplasms and infectious diseases
Week 7 – Skin and hypersensitivity disorders and ambulatory medicine
Week 8 – Review material for COMAT

To access Step Up to Medicine:

Go to: https://www.wvsom.edu/library/databases-portals-eresources
Scroll down and click LWW Health Library, then enter WVSOM Username and Password. Cut and paste the following link into the address bar:
https://clerkship.lwwhealthlibrary.com/book.aspx?bookid=2614&rotationId=0

Alternative: Click clerkship/clinical rotations link. Then click Text. Then find Step-Up 5th Edition under Internal Medicine.

D. COMAT Blueprint

Review the NBOME web site on the COMAT Blueprint for Internal Medicine. This will provide a general roadmap for your studies. However, still take the time to read about your patient encounters and any additional material that your preceptor suggests.

As you can see, similar to the specialty itself, the COMAT content is broad and fairly evenly distributed across the ten disciplines of Internal Medicine.

https://www.nbome.org/exams-assessments/comat/exam-series/comat-internal-medicine/

Pretest/Posttest

Please refer to Proctored End of Rotation Exams.

E. Required Textbooks

*Agagbegi, E.D., Duncan, M. D., Chuang, K., & Agabegi, S. S. (2020). Step-up to medicine (5th Ed.). Philadelphia: Wolters Kluwer/Lippincott Williams & Wilkins.**
Goldman: Goldman's Cecil Medicine, 26th edition, 2020. Saunders*
Andreoli and Carpenter's Cecil Essentials of Medicine, 9th edition, 2016. Saunders*
Ham's Primary Care Geriatrics, Sixth Edition, 2014. Saunders* *Medicine: A Competency-Based Companion*, 2013. Elsevier. * *Seidel's Guide to Physical Examination, 9th* edition, 2019. Mosby*
Foundations of Osteopathic Medicine, 3rd edition, 2011. Lippincott, Williams and Wilkins

F. Additional Resources

Pocket Medicine: the Massachusetts General Hospital Handbook of Internal Medicine, Sabatini. 2017
Ferri's Clinical Advisor 2020. Elsevier*
Ferri's Practical Guide: Fast Facts for Patient Care. 9th edition, 2014. Elsevier*
*available for free on Clinical Key through the WVSOM library

The American Academy of Dermatology (AAD) has excellent free resources available for study

1. The comprehensive skin exam:
   https://www.aad.org/member/education/residents/bdc/skin-exam

2. Other common dermatological conditions frequently encountered in Internal Medicine:
   https://www.aad.org/member/education/residents/bdc/

The Kaplan Review Course is an additional resource you may find helpful as you proceed through the rotation. www.kaptest.com or www.kaplanmedical.com

G. Didactics and Reading assignments

1. OMM Modules

You will be required to read and complete the following OMM Modules during IM I.

a. Osteopathic Approach to Heart Failure – *must be completed during the 1st four weeks*
b. Osteopathic Approach to Chronic Obstructive Pulmonary Disease – *must be*

completed during the 2nd four weeks

The modules can be found on eMedley:

Go to educate, click the funnel icon next to the search bar, select Class of 2023 for the section, enter OPP into the search bar. Locate the correct module for the rotation (listed above). Click the plus sign to view the content.

Additionally, you must complete a 10 item formative quiz that will be released to you during IM I. It must be completed with a score of 80% or better; however, you will have multiple attempts to master it.

To access the quiz, go to educate, click the funnel icon next to the search bar, select Class of 2023 for the section, enter Test into the search bar. Locate the correct quiz for the rotation. Click the plus sign and then click Take Quiz.

2. Foundational Required Reading

See Section C. Study Guide for additional required reading assignments.

H. Additional Recommendations

DocCom Cases
Communicating in Specific Situations #36: Ending Doctor-Patient Relationships
Giving Bad News #33
Complete the Discussion Questions. To access the Doc.Com Cases visit: https://webcampus.med.drexel.edu/doccom/db/read.aspx students will log in using Email address and Password.

I. Procedures/Clinical Skills

Essential Skills

Skills the student must learn to perform independently:

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

*if unable to document in the EHR, student is expected to handwrite or type

Procedures

Students should gain familiarity with the following procedures and seek opportunities to observe, assist, or perform them, under the guidance of their attending:

- 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
- Central line placement
- PICC line placement
- Endotracheal intubation
- Nasogastric tube insertion
- Foley catheter insertion in both male and female patients
- 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
- Thoracentesis
- Paracentesis
- Biopsy (example: skin, liver, bone marrow), including review with the pathologist
- Wound care and dressing
- Echocardiography
- Autopsy, if available

The student should demonstrate competency in the basic interpretation of the following laboratory and radiologic studies:

- CBC, including peripheral blood smear
- UA, including microscopic analysis
- PTT, PT, INR (International Ratio) – Coagulation Studies
- Anemia Studies including iron, ferritin, TIBC, reticulocyte count, B12, MCV, RDW
- Fluid Analysis (Thoracentesis, Paracentesis, CSF, etc.), Cell Counts, Culture and Sensitivity, and Proteins
- Lipid profile
- Hepatic Profile
- Hepatitis B and C antigens and antibodies

- Bilirubin
- Thyroid function tests
- Glucose, Hemoglobin A1C
- Electrolytes and Renal Function tests
- Cardiac Enzymes
- RPR
- HIV Antibodies and 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
    - CXR – Normal
    - KUB – Normal

Entrustable Professional Activities

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At a minimum, you are required to get one assessment for each EPA during this rotation. Students must have a personal device for educational resources and apps used for each rotation.

A one-on-one handout describing the EPAs and use of the EPA app may be shared with a preceptor and can be found in eMedley:

- Go to **educate**
- Select 005-1: Statewide Campus Information in the Search box
- Filter for **EPA One on One Handout for Preceptors**

Please direct any questions you have about the EPAs themselves to the Regional Assistant Dean.
For questions or technical support regarding the EPA app, please contact alinsenmeyer@osteo.wvsom.edu.

First 4 Week Block:
Week 1 – EPA 1: Gather a history and perform a physical examination
Week 2 – EPA 2: Prioritize a differential diagnosis following a clinical encounter
Week 3 – EPA 5: Document a clinical encounter in the patient record
Week 4 – EPA 6: Provide an oral presentation of a clinical encounter

Second 4 Week Block:
Week 5 – EPA 3: Recommend and interpret common diagnostic and screening tests

Week 6 – EPA 4: Enter and discuss orders and prescriptions
Week 7 – EPA 2: Prioritize a differential diagnosis following a clinical encounter
Week 8 – EPA 5: Document a clinical encounter in the patient record

J. Grading/Calculations

1. Preceptor grade 60%
2. COMAT IM end of rotation exam 40%
3. Completion of Patient Procedure Logs, Preceptor/Site/Course Evaluation, OMM Modules, and EPA assessments.

- The patient and procedure logs along with the preceptor/site/course evaluation, OMM Modules and EPA assessments must be turned in by the last day of the rotation. Failure to comply will result in a professionalism report.
- Note that you will have a standard score of 80 or greater on the IM COMAT end of rotation exam to pass the Internal Medicine rotation/course. Should you score less than a standard score of 80, you will have failed the examination and will be evaluated as per grading policy E-17 to assess for eligibility to retest.
- If the retest is passed with a standard score of at least 80, a 70 will be recorded as the final IM rotation course grade.
- If the retest COMAT score is below a standard score of at least 80, this will be recorded as an IM rotation course failure and your file will be remanded to the Student Promotions Committee for review. The committee will make recommendations to the Associate Dean for Predoctoral Clinical Education to repeat the course or other sanctions up to and including dismissal.

K. Patient Procedure Logs

While on clinical rotations the student is required to maintain a log of patient encounters and procedures while on any clinical site. The purpose of a well-documented log is to assist the student in cataloging and keeping records of the cases and procedures to which they have been exposed and to guide the student to seek out those with which they have had had limited experience. The student should become accustomed to maintaining a log, as this practice will continue through their residency training. The log books need to be initialed by the preceptor, endorsing the accuracy of the student's entries. The logs need to be reviewed by the Regional Assistant Dean and/or Director to be accepted as proper documentation of the student's rotation experience. The student may use more than one line for entries in the log book to provide adequate documentation of encounters, if needed.

Student documentation in the patient procedure log should include:

- A notation in the logbook for every patient encounter. Patients may only be identified by age and gender. Rotations such as Radiology where the encounter may be an image or Pathology where the encounter is a specimen should be documented as such.
- The location of the patient encounter, i.e. office/hospital/nursing home, etc. should be documented.
- The diagnosis or presenting complaint should be recorded in specific detail. (Example:

"Acute Exacerbation of COPD," or "Uncontrolled DM type 2," rather than "COPD" or "DM")

- Any entries made by the student into the patient's medical record (admit notes, progress notes, or discharge summaries), and if the student provided an oral presentation to the preceptor on a patient encounter.
- All procedures that are observed (O), assisted (A), orperformed (P) by the student should be included in the log, as well.

The student should retain a personal copy of their patient procedure log. These can be referenced in the future when the student is questioned about their experience level in performing certain procedures while on 4th year audition rotations.

Please see Institutional Policy: E-17.

End of Rotation Grade Submission:

The preceptor (if an email address is on file) will receive an email, generated by eMedley, one week prior to the end of student's rotation, with a link to the Clinical Education Grade Form to complete before the end of the rotation.

The student should ask the preceptor/supervising physician if he/she has received an email with the link to the student's grade form.

If the Preceptor/Supervising physician did not receive the email, the student must provide a paper grade form, to be completed and Faxed or mailed to the SWC regional office.

The student is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor, when necessary, if the grade form has not been submitted to the statewide campus office.

Keep in mind that credit will not be received for the rotation until the grade sheet has been received by your Statewide Campus office.

Pediatrics I

Course Number: 815

A. Introduction

Pediatrics I is the first formal introduction to pediatrics in which students learn about the care of infants, children and adolescents. Children are not “little adults”, as they have unique physiology as they develop, along with a multitude of age specific diseases and conditions.

Pediatrics encompasses preventative and medical care, which includes evaluation of developmental, emotional, and social well-being. Students must learn developmental milestones and become proficient at obtaining psychosocial and developmental histories and performing physical examinations.

In addition, pediatrics provides an introduction to the medical profession to the young patient and can set the tone for future interactions with the healthcare system. Pediatrics is often one of the most fun and rewarding rotations of the third year.

B. Course Rotation Objectives and Core Competencies

1. Medical Knowledge

a. Acquire knowledge of normal growth and development, and apply this in a clinical context, from birth through adolescence for health supervision and disease prevention.
b. Acquire knowledge needed for the diagnosis and initial management of acute and chronic illnesses of infancy and childhood including common pediatric emergencies.
c. Acquire knowledge needed for the diagnosis and initial management of congenital problems and genetic diseases of infancy and childhood.
d. Develop the knowledge, skills, and strategies necessary for health supervision including knowledge of medications, immunizations and age appropriate anticipatory guidance for nutrition, developmental/behavioral counseling and injury prevention including pharmacology.
e. Develop proficiency in different types of medical notes in both handwritten and electronic health record form, including SOAP Notes, newborn nursery admission notes, admission history & physicals, discharge summaries and procedure notes.
f. Select, justify, and interpret clinical tests and imaging with regard to both patient age and pathological processes, including concepts regarding negative and positive predictive value, test sensitivity specifically and cost utilization.
g. Create a list based on the presentation and on physical findings of differential diagnoses for common pediatric disorders and prioritize based onfindings

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

2. **Patient Care**
   a. Develop and demonstrate interviewing and physical examination skills required to conduct interviews with children or adolescents and their families and perform age appropriate physical examinations.
   b. Develop interviewing and physical examination skills required to conduct interviews with children or adolescents and their families and perform age appropriate osteopathic structural examinations.
   c. For the sick child, educate the patient and/or caregiver and evaluate their comprehension of the diagnosis and treatment plan as directed by the preceptor, including conveying clinical condition and obtaining informed consent prior to procedures.
   d. For the well child, educate the patient and/or caregiver and evaluate their comprehension of health promotion and anticipatory guidance.
   e. Demonstrate the ability to accurately convey patient issues and needs when transitioning the patient to other members of the healthcare team, families, and parents.
3. **Interpersonal and Communication Skills**
   a. Demonstrate the ability to effectively communicate with pediatric patients and their caregivers.
   b. Demonstrate the ability to effectively communicate with the healthcare team.
   c. Identify parental and patient concerns and perspectives including cultural and religious influences.
   d. Develop proficiency in writing the following:
      - different types of medical notes
      - SOAP notes
      - newborn nursery admission notes
      - admission history & physicals
      - discharge summaries
      - procedure notes
   e. Demonstrate awareness and understand the capabilities of electronic health records.
   f. Develop a proficiency in sharing diagnostic plan of care, and prognostic information with patients and families.
4. **Professionalism**
   a. Demonstrate appropriate understanding and need for supervision, chaperones and/or assistance.
   b. Recognize impact of student demeanor, appearance, and language during the interaction with patient and family.
   c. Demonstrate an understanding of privacy and independence of adolescents and of the private individual interview of an adolescent during the interview process.
   d. Demonstrate sensitivity, empathy and responsiveness to diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

e. Demonstrate a commitment to ethical principles pertaining to provision or withholding of care, confidentiality, informed consent, and business practices, including compliance with relevant laws, policies, and regulations.
f. Recognize that all patients in emergency situations shall receive care regardless of medical insurance coverage, ethnicity, race, or social economic status.

5. Practice-Based Learning and Improvement

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

6. Systems-Based Practice

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

7. Osteopathic Philosophy and Osteopathic Manipulative Medicine

All preceptors (MD and DO) are expected to encourage and verify application of osteopathic principles. The Four Tenets of Osteopathic Medicine: 1) The body is a unit; 2) Structure and function are interdependent; 3) The body has self-healing and self-regulatory capabilities; 4) Rational osteopathic care relies on the integration of these tenets in patients care. DO preceptors are expected to encourage and evaluate appropriate use of Osteopathic ManipulativeTreatment

(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.

C. Study Guide

The core foundation study program of the Pediatrics rotation is the Universal Notes program. Do your best to cover as much of the program as you can. More in-depth readings can be accessed using the reference texts, especially Nelson's Essentials.

D. COMAT Blueprint

Take the time to review the NBOME website in regards to the Pediatric COMAT exam. This will provide a general roadmap for your studies. However, still take the time to read about your patient encounters and any additional material that your preceptor suggests.

https://www.nbome.org/exams-assessments/comat/exam-series/comat-pediatrics/

Note that up to 70% of the exam may be focused on:

- Cardiovascular and Respiratory
- CNS, Behavior/Psychiatry
- Gastrointestinal
- Hematology/Oncology/Lymphatic
- Normal Growth and Development

Pretest/Posttest

Please refer to Proctored End of Rotation Exams.

E. Required Textbooks

- *Seidel's Guide to Physical Examination,* 9th ed.
- *Nelson's Essentials of Pediatrics*, 8th edition

F. Additional Resources

- *Bright Futures,* 4th edition

- *Harriet Lane Handbook*, 22nd edition
- *Nelson's Textbook of Pediatrics*, 21st edition
- *Redbook 2018: Report of the Committee on Infectious Diseases, 31st edition*
- UpToDate (www.uptodate.com)
- Pediatrics in Review (https://pedsinreview-aappublications-org.my.wvsom.edu:2443/)

The Kaplan Review Course is an additional resource you may find helpful as you proceed through the rotation. www.kaptest.com or www.kaplanmedical.com

G. Didactic and Reading/Written Assignments

1. Rotation Specific Didactics

The Pediatrics I rotation will have a mandatory, discipline specific half-day didactic (3 hours) during the first week of the rotation which may consist of a combination of lectures, hands-on activities, and interactive activities. All SWC students in this discipline will participate from the region where their rotation is taking place in real time via electronic means for the portions of the didactic being provided from a central location. The presentations selected for this discipline are meant to augment the student's experience on the rotation and provide topics consistent with the NBOME blueprint for this rotation discipline.

2. OMM Modules

You will be required to read and complete one OMM Module during PEDS I (Osteopathic Approach to Otitis Media). The module can be found on eMedley:

Go to educate, click the funnel icon next to the search bar, select Class of 2023 for the section, enter OPP into the search bar. Locate the correct module for the rotation (listed above). Click the plus sign to view the content.

Additionally, you must complete a 10 item formative quiz that will be released to you during PEDS I. It must be completed with a score of 80% or better; however, you will have multiple attempts to master it.

To access the quiz, go to educate, click the funnel icon next to the search bar, select Class of 2023 for the section, enter Test into the search bar. Locate the correct quiz for the rotation. Click the plus sign and then click Take Quiz.

3. Universal Notes (www.myuniversalnotes.com)

The free online resource, **Universal Notes**, offers for each clerkship:

- **Study plan**
- **Study material**

- **Question bank**

Steps to get started with Universal Notes and the Study Plan:

1. Go to www.myuniversalnotes.com
2. Click **SIGN UP**
3. Complete **SIGN UP** and choose **Medical Student** for version
4. Sign in to **Medical Student** version using the information (email and password) you used for **SIGN UP**
5. Click on **Study Plan for Pediatrics Clerkship**

If you have any questions or problems with accessing or using Universal Notes, please contact:
aaron@myuniversalnotes.com

The list of topics for the **Pediatrics Study Plan** is found below. Students should focus their reading on **weekdays** for topics that involve the common patient conditions seen in the clinical setting, and reserve **weekend reading** for conditions that are unlikely to be encountered during the rotation. Pairing patient encounters with related material improves understanding, enjoyment, and retention. At a minimum, students should try to get through 15 topics each weekday and 20 on each weekend day in order to cover the essential material.

Universal Notes Pediatrics Study Outline

Introduction

The **Pediatrics Study Plan** contains topics that are considered the highest yield for understanding pediatrics and performing well on the COMAT examination.

Students should focus their reading on **weekdays** for topics that involve the common patient conditions seen in the clinical setting, and reserve **weekend reading** for conditions that are unlikely to be encountered during the rotation. Pairing patient encounters with related material improves understanding, enjoyment, and retention.

At a minimum, students should try to get through 15 topics each weekday and 20 on each weekend day in order to cover the essential material.

Students who complete the entire study outline routinely score 99th percentile on their COMAT exams.

Proposed Study Plan:

- **WEEK 1: NORMAL GROWTH & DEVELOPMENT**

    - Overview and Assessment of Variability
    - The Newborn
    - The First Year
    - The Second Year
    - The Preschool Years
    - Middle Childhood
    - Adolescence
    - Assessment of Growth
    - Developmental-Behavioral Screening & Surveillance
    - Assessment & Interviewing
    - Pediatric Pharmacokinetics
    - Principles of Drug Therapy
    - The Oral Cavity
    - Immunization Practices
- **WEEK 2 – CARDIOLOGY/RESPIRATORY/GYN**
    - Evaluation of the Cardiovascular System
    - Laboratory Evaluation
    - Congenital Heart Disease
    - Cardiac Arrhythmias
    - Cardiac Therapeutics
    - Diseases of the Peripheral Vascular System
    - Respiratory System – Development & Function
    - Disorders of the Respiratory Tract
    - Gynecology
- **WEEK 3 – CNS/BEHAVIORAL & PSYCHIATRIC DISORDERS/ALLERGY**
    - Behavioral & Psychiatric Disorders
    - Nervous System
    - Nutrition
    - Allergic Disorders
    - Skin
- **WEEK 4 – MISC**.
    - Bone & Joint Disorders
    - Endocrine
    - GI
    - GU
    - Hematology
    - Oncology
    - HEENT Infections

Essential Pediatric Topics to Read in Universal Notes Study Plan

History Taking

- History Taking in Newborns
- History Taking in Infants and Children
- History Taking in Adolescents (Preparticipation Sports History)

Physical Exam

- Physical Exam of the Newborn
- Physical Exam of the Infant
- Physical Exam of the Adolescent (Preparticipation Sports Physical)
- Health Maintenance: Birth - 12 Months
- Health Maintenance: 15 months - 5 Years
- Health Maintenance: 6 -18 Years
- Dental Care (Teeth Hygiene, Teething)

Growth and Development

- Developmental Milestones: Birth
- Developmental Milestones: 1 - 6 Months
- Developmental Milestones: 9 - 12 Months
- Developmental Milestones: 15 Months to 5 Years
- Developmental Milestones: 6-10 Years
- Developmental Milestones: 11-12 Years
- Developmental Milestones: 13-18 Years
- Tanner Stages (Puberty and Pubertal Development)
- Stranger Anxiety Disorder
- Sleep or Night Terror Disorder, Nightmares

Immunizations (Vaccines)

- Introduction to Immunizations
- Immunization Schedule
- Special Immunization Considerations
- Influenza Vaccine

Breast Feeding and Breast Milk

- Breast Feeding Benefits and Education
- Breast Milk Composition and Supplementation
- Breast Feeding Complications and Contraindications

Failure to Thrive

Malnutrition and BMI Obesity

Prematurity and Nutrition

Vitamin Abnormalities

- Vitamin D Deficiency
- Vitamin K Deficiency (Hemorrhagic Disease of Newborn)

Overview of Pediatric Heart Disease

Fetal Circulation

Murmurs

Early cyanotic heart diseases

- Hypoplastic Left Heart Syndrome
- Tetralogy of Fallot
- Total Anomalous Pulmonary Venous Connection
- Transposition of the Great Vessels
- Truncus Arteriosus

Acyanotic Heart Disease and Structural Abnormalities

- Atrial Septal defect
- Coarctation of Aorta
- Patent Ductus Arteriosus
- Ventricular Septal Defect

Valvular Disorders

- Aortic Stenosis
- Mitral Stenosis

Miscellaneous Conditions

- Cardiomyopathy (Hypertrophic Obstructive Cardiomyopathy)
- Kawasaki Disease (Mucocutaneous Lymph Node Syndrome)
- Patent Foramen Ovale (PFO)
- Rheumatic Heart Disease (Rheumatic Fever)

Skin Conditions in Newborns

- Acne Neonatorum
- Erythema Toxicum Neonatorum

Skin Conditions of Infants and Children

- Acne vulgaris
- Eczema (Atopic Dermatitis, Dyshidrotic Eczema, Nummular Eczema)
- Diaper Rash (Diaper Dermatitis)
- Hemangioma
- Mongolian Spots (Congenital Dermal Melanocytosis)
- Seborrheic Dermatitis (Dandruff, Cradle Cap)
- Viral Exanthems and Enanthems

Infections Conditions of the Skin

- Cellulitis
- Impetigo
- Molluscum Contagiosum
- Staphylococcal Scalded Skin Syndrome (SSSS, Ritter Disease)
- Toxic Shock Syndrome
- Warts (Verrucae)

Other Conditions

- Contact Dermatitis (Allergic, Irritant)

- Drug Allergies (Drug Reactions) and Drug Fever
- Erythema Multiforme
- Pityriasis Rosea
- Stevens-Johnson Syndrome and Toxic Epidermal Necrolysis
- Urticaria (Wheals, Hives)

Conditions of the Lips, Mouth, Parotid, Teeth, and Tongue

- Ankyloglossia (Tongue-Tied)
- Aphthous Ulcer (Aphthous Stomatitis, Canker Sore)
- Dental Caries (Cavities), Periapical Abscess, Periodontal Abscess, Pulpitis
- Cleft Palate and Lip (Orofacial Cleft)
- Teeth Abnormalities (Natal Teeth, Fluorosis, Trauma)

Conditions of the Ear

- Foreign Body in Ear Including Cerumen Impaction
- Mastoiditis
- Otitis externa
- Otitis Media and Perforated Tympanic Membrane

Conditions of the Neck

- Branchial Cleft Cyst (Branchial Sinus)
- Neck Masses
- Thyroglossal Duct Cyst
- Torticollis

Conditions of the Nose and Sinuses

- Allergic rhinitis (Hay Fever)
- Epistaxis (Nose Bleed)
- Foreign body: Nose
- Sinusitis

Conditions of the Throat (Larynx, Pharynx)

- Epiglottitis
- Laryngotracheobronchitis (Croup)
- Pharyngitis
- Retropharyngeal Abscess
- Tonsillitis and Peritonsillar Abscess

Conditions of Growth and Development

- Precocious Puberty
- Short Stature

Conditions of the Pancreas

- Diabetes Mellitus (DM)
- Diabetic Ketoacidosis (DKA)

- Infant of Diabetic Mother

Conditions of the Thyroid

- Congenital Hypothyroidism (Cretinism)
- Hyperthyroidism (Grave's Disease)
- Hypothyroidism

Gastrointestinal Conditions of Neonates

- Diaphragmatic Hernia
- Esophageal and Duodenal Atresia
- Gastroschisis
- Hirschsprung Disease (Congenital Aganglionic Megacolon)
- Jaundice in Neonates (Direct Hyperbilirubinemia, including Dubin-Johnson and Rotor Syndromes)
- Jaundice in Neonates (Indirect Hyperbilirubinemia, Kernicterus, including Gilbert-Syndrome)
- Meconium Ileus and Meconium Plug
- Necrotizing Enterocolitis (NEC)
- Omphalocele
- Tracheoesophageal Fistula

Conditions of Infants and Children

- Celiac Disease (Celiac sprue, Gluten-sensitive enteropathy)
- Constipation and Fecal Impaction
- Foreign Body Ingestion
- Fussy Infant (Colic)
- Intussusception
- Malrotation of the Midgut with Volvulus
- Meckel Diverticulum
- Mesenteric Lymphadenitis
- Pyloric Stenosis

Biochemical Disorders

- Galactosemia
- Glucose-6-Phosphate Dehydrogenase Deficiency (G6PD)
- Phenylketonuria (PKU)

Genetic Abnormalities

- Angelman Syndrome
- Cystic Fibrosis (CF)
- DiGeorge Syndrome (Velocardiofacial Syndrome, Thymic Aplasia)
- Fetal Alcohol Syndrome (FAS)
- Fragile X Syndrome
- Kallman Syndrome

- Klinefelter Syndrome
- Marfan Syndrome
- Noonan Syndrome
- Osteogenesis Imperfecta
- Potter Syndrome (Sequence)
- Prader-Willi Syndrome
- Sickle Cell Trait
- Tuberous Sclerosis
- Turner Syndrome (45 XO)
- Wiskott-Aldrich Syndrome
- Xeroderma Pigmentosum

Trisomies

- Trisomy 13 (Patau Syndrome)
- Trisomy 18 (Edwards Syndrome)
- Trisomy 21 (Down Syndrome)

Genitourinary Disorders

- Cryptorchidism (Undescended Testes)
- Epididymitis and Orchitis
- Hydrocele
- Hypospadias and Epispadias
- Posterior Urethral Valves
- Testicular Torsion
- Ureteropelvic Junction Obstruction
- Urinary Tract Infection (Cystitis)
- Varicocele
- Vesicoureteral Reflux

Anemias and Associated Disorders

- Overview of Anemia
- Anemia in Newborns, Infants, and Children
- Overview of Hemolytic Anemias
- Iron Deficiency Anemia
- Sickle Cell Disease (Sickle Cell Anemia)
- Thalassemia
- Transient Erythroblastopenia of Childhood (TEC)

Bleeding Disorders

- Factor VIII Deficiency (Hemophilia A)
- Factor IX Deficiency (Hemophilia B, Christmas Disease)
- Immune Thrombocytopenia (ITP)
- Von Willevrand's Disease

Henoch Schönlein

Purpura Hereditary

spherocytosis Splenectomy

(Asplenia)

Splenic Injury (Spleen Trauma)

Immune Disorders

- Selective IgA Deficiency
- Severe Combined Immunodeficiency (SCID)

Infectious Agents and Conditions

- Bacteremia, SIRS, Sepsis
- Bacteria
  - Bordetella pertussis
  - Borrelia burgdorferi
  - Chlamydophila trachomatis
  - Clostridium difficile
  - Escherichia coli
  - Haemophilus influenzae
  - Mycobacterium tuberculosis
  - Mycoplasma pneumoniae
  - Neisseria gonorrhoeae
  - Neisseria meningitidis
  - Pasteurella multocida
  - Staphylococcus aureus
  - Streptococcus agalactiae
  - Streptococcus pneumoniae
  - Streptococcus pyogenes
- Fungi
  - Candida species (Candidiasis, Thrush, Onychomycosis)
  - Pityriasis versicolor (Tinea versicolor, Malassezia furfur)
  - Tinea species
- Parasites and Protozoa
  - Enterobius vermicularis (pinworm)
  - Pediculus humanus (Lice)
  - Sarcoptes scabiei (Scabies)
- Viruses
  - Congenital Cytomegalovirus (CMV)
  - Congenital Herpes Simplex Virus
  - Congenital Rubella
  - Congenital Syphilis
  - Congenital Toxoplasmosis
  - Overview of Enteroviruses

- Coxsackieviruses A and B (Hand, Foot, and Mouth)
- Echovirus

        - Poliovirus
    - Epstein Barr Virus (mononucleosis)
    - Hepatitis A
    - Hepatitis B
    - Hepatitis C
    - Herpes Simplex Virus 1, 2
    - Human Herpes Viruses 6, 7 (Roseola, Exanthem Subitum)
    - Human Papillomavirus (HPV, Condyloma Acuminata, Anogenital Warts)
    - Influenza
    - Measles
    - Mumps
    - Parainfluenza
    - Parvovirus B19 (Erythema infectiosum, Fifth disease)
    - Respiratory syncytial virus
    - Rhinovirus
    - Rotavirus
    - Rubella Virus (German measles)
    - Varicella-Zoster Virus (Chicken Pox, Shingles)
    - Yellow fever

Musculoskeletal and Rheumatology

- Club foot (Talipes Equinovarus)
- Costochondritis (Tietze Syndrome)
- Developmental Dysplasia of Hip
- Legg Calve Perthes disease (Avascular Necrosis of Proximal Femur)
- Muscular Dystrophy (Becker, Duchenne)
- Osgood Schlatter Disease
- Radial head subluxation (Nursemaid elbow)
- Rickets
- Scoliosis
- Slipped capital femoral epiphysis (SCFE)
- Torticollis

Nervous System Conditions of Neonates

- Arnold-Chiari Malformation
- Dandy-Walker Malformation
- Intraventricular Hemorrhage (Germinal Matrix Hemorrhage, IVH)
- Neural Tube Defects (Anencephaly, Spina Bifida, Meningocele, Meningomyelocele, Rachischisis)

Nervous System Conditions of Infants and Children

- Cerebral Palsy
- Concussion (Mild Traumatic Brain Injury, MTBI)
- Encephalitis
- Epidural Hematoma (Extradural Hemorrhage)

- Headaches in Children
- Hydrocephalus in Infants and Children
- Meningitis
- Seizures in Children (Status Epilepticus, Epilepsy)
- Subdural hematoma
- Syncope

Oncology

- Ewing Sarcoma
- Leukemia (ALL, AML, CLL, CML, Hairy Cell)
- Lymphoma (Hodgkin, Non-Hodgkin)
- Introduction to Brain and Nervous System Tumors
- Nephroblastoma (Wilms tumor)
- Neuroblastoma
- Osteosarcoma
- Retinoblastoma

Ophthalmology

- Conjunctivitis
- Corneal Abrasion and Ulcer
- Ophthalmia Neonatorum (Neonatal Conjunctivitis)
- Periorbital and Orbital Cellulitis
- Retinopathy of Prematurity (ROP)
- Strabismus/Esotropia/Exotropia

Psychiatry and Behavioral Medicine

- Anxiety Disorders
  - Introduction to Anxiety Disorders
  - Separation Anxiety Disorder
  - Panic Disorder
  - Agoraphobia
  - Generalized Anxiety Disorder
  - Substance-Induced Anxiety Disorder
  - Cognitive and Behavioral Therapies for Anxiety
- Attention Deficit Hyperactivity Disorder (ADHD)
- Autism spectrum disorder
- Conduct disorder
- Mood Disorders
  - Bipolar Disorder (Bipolar I and Bipolar II)
  - Depressive Disorders
- Eating Disorders
  - Anorexia Nervosa
  - Bulimia Nervosa
- Elimination disorders
  - Encopresis

    - Enuresis
  - Intermittent Explosive Disorder
  - Oppositional Defiant Disorder
  - Suicide

Renal, Electrolyte, and Acid-Base Disorders

- Fluid and Electrolyte Management
    - Dehydration
    - Intravenous and Intraosseous Fluids (Lactated Ringers, Normal Saline)
  - Overview of Glomerular Disease
    - Minimal Change Disease
    - Postinfectious Glomerulonephritis
  - Proteinuria
  - Pyelonephritis

Reproductive, Obstetrical, and Gynecological

- Amenorrhea
- Imperforate Hymen
- Labial Adhesion
- Ovarian Cyst
- Ovarian Torsion
- Pelvic Inflammatory Disease (Endometritis)
- Pregnancy

Respiratory

- Anaphylaxis
- Apnea, Apnea of Prematurity, and Periodic Breathing
- Asthma in Children
- Breath-Holding Spell (Temper-Tantrums)
- Bronchiolitis
- Foreign body Aspiration
- Neonatal Respiratory Distress Syndrome (Hyaline Membrane Disease)
- Pneumonia
- Sudden Infant Death Syndrome (SIDS)
- Transient Tachypnea of Newborn (TTN)

Abuse Disorders

- Introduction to Substance-Related and Addictive Disorders
- Alcohol Use Disorder
- Cannabis Use Disorder
- Cocaine
- Inhalant Abuse (Hydrocarbons)
- Lysergic Acid Diethylamide (LSD)
- Neonatal Abstinence Syndrome (NAS, Neonatal Withdrawal)
- Opioid Use Disorder

- Stimulant Use Disorder
- Phencyclidine (PCP) Abuse

Overdose

- Acetaminophen Toxicity
- Aspirin Overdose
- Iron Toxicity

Environmental Injuries

- Bites (Cats, Dogs, Humans, Rodents, Spiders)
- Burns
- Child Abuse and Neglect
- Gunshot Wounds (Firearms)
- Heat Related Illness (Non-Febrile Hyperthermia, Heat Stroke)
- Shaken Baby Syndrome (Abusive Head Trauma)
- Snake Bites
- Ticks (Tick Bites)

Toxins

- Carbon Monoxide Toxicity
- Caustic Ingestion (Acids and Alkalis)
- Lead Toxicity
- Organophosphate Toxicity

H. Additional Recommendations

DocCom Cases

Communicating in Specific Situations # 21: Communication and Relationships with Children and Parents

Communicating in Specific Situations #22: The Adolescent Interview

Complete the Discussion Questions. To access the Doc.Com Cases visit: https://webcampus.med.drexel.edu/doccom/db/read.aspx you will log in using your Email address and Password.

I. Procedures and Clinical Skills

Students should log patient encounters, procedures, and clinical skills during their Pediatric Clerkship Experience.

Pediatric Skills Checklist:

This checklist initialed by the preceptor must be turned into the appropriate SWC 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. Failure to turn in your Pediatric Skills Checklist will lead to a professionalism report.

Students should gain familiarity with the following procedures and seek opportunities to observe, assist, or perform them under the guidance of their attending. The following Pediatrics Skills Checklist can be found on eMedley:

1. Go to **educate**
2. Select 005-1: Statewide Campus Information in the Search box
3. Search for Pediatric Skills Checklist

NAME:_____

WVSOM PEDIATRIC SKILLS CHECKLIST

Patient Type	Date	Patient Age	Preceptor Initials
Well Visits			
Well visit newborn			
Well visit 1-month-old			
Well visit 2-month-old			
Well visit 4-month-old			
Well visit 6-month-old			
Well visit 9-month-old			
Well visit 12-month-old			
Well visit 15-month-old			
Well visit 18-month-old			
Well visit 2-year-old			
Well visit 3-year-old			
Well visit 4-year-old			
Well visit 5 to 6-year-old			
Well visit 7 to 11-year-old			
Well visit 12 to 18-year-old FEMALE			
Well visit 12 to 18-year-old MALE			
Sick Visits			
Abdominal pain			
Asthma			
Back pain			
Behavioral concern (e.g. ADHD)			
Cardiac concern (e.g. chest pain, palpitations)			
Child abuse (suspected or confirmed)			
Constipation			
Cough			
Developmental concerns (e.g. motor, speech)			
Diarrhea			
Dizziness (vertigo, lightheadedness, pre-syncope)			
Dysuria			
Ear complaint (pulling ears, ear pain)			
Eye complaint (red eye, drainage, pain, vision)			
Gastroesophageal reflux (GERD, Spitting up)			
Fever			
Fussy infant (colic, irritability)			
Headache			
Hematuria			
Injury (burn, laceration)			
Jaundice			
Lymphadenopathy (enlarged lymph nodes)			
Musculoskeletal complaint (back, neck)			
Musculoskeletal complaint (lower extremity)			
Musculoskeletal complaint (upper extremity)			
Nasal concern (congestion, rhinorrhea, epistaxis)			

NAME:_____

WVSOM PEDIATRIC SKILLS CHECKLIST

Rash (neonate < 28 days)			
Rash (infant 1-12 months)			
Rash (child 1-11 years)			
Rash (adolescent 12-18 years)			
Sore throat			
Testicular concern (pain, swelling)			
Vomiting (nausea)			

NAME:_____

WVSOM PEDIATRIC SKILLS CHECKLIST

Procedure or Clinical Skill	Date	Patient Age	Preceptor Initials
Clinical Skills			
Administration and evaluation of ADHD (Vanderbilt forms for parent and teacher)			
Administration and evaluation of Autism Spectrum Disorder (MCHAT form)			
Perform Physical Exam Newborn			
Perform Physical Exam Infant 1-12 months			
Perform Physical Exam 1-4 years			
Perform Physical Exam 5-11 years			
Perform Physical Exam 12-18 FEMALE			
Perform Physical Exam 12-18 MALE			
Perform vital signs on infant 0-12 months (length, weight, head circumference, respiratory rate, pulse, oxygen saturation, temperature)			
Perform vital signs on child 1-4 years (height, weight, respiratory rate, pulse, oxygen saturation, blood pressure, temperature)			
Perform vital signs on child 5-11 years (height, weight, respiratory rate, pulse, blood pressure, temperature)			
Perform vital signs on adolescent 12-18 years (height, weight, respiratory rate, pulse, blood pressure, temperature)			
Procedures (Observe or Perform)			
Circumcision			
Cryotherapy (liquid nitrogen)			
EKG lead placement			
Hearing screening			
Immunizations			
Incision and drainage			
Intravenous line placement			
Lumbar puncture			
Nasal swab			
Nebulizer treatment			
Identify newborn making normal transition after birth			
Apply neonatal resuscitation interventions			
Assign APGAR scores			
Phlebotomy finger stick			
Phlebotomy heel stick			
Phlebotomy venous stick			
Silver nitrate application to umbilical granuloma			
Throat swab			
Urinary catheterization			
Vision screening			

Entrustable Professional Activities

Core Entrustable Professional Activities (EPAs) are tasks or responsibilities that students can perform unsupervised once they have attained sufficient competence. Students are required to obtain assessment and coaching on the EPAs listed below.

At a minimum, you are required to get one assessment for each EPA during this rotation. Students must have a personal device for educational resources and apps used for each rotation.

A one-on-one handout describing the EPAs and use of the EPA app may be shared with a preceptor and can be found in eMedley:

- Go to **educate**
- Select 005-1: Statewide Campus Information in the Search box
- Filter for **EPA One on One Handout for Preceptors**

Please direct any questions you have about the EPAs themselves to the Regional Assistant Dean.

For questions or technical support regarding the EPA app, please contact alinsenmeyer@osteo.wvsom.edu.

Week 1 – EPA 1a & 1b: Gather a history and perform a physical exam
Week 2 – EPA 2: Prioritize a differential diagnosis following a clinical encounter
Week 3 – EPA 3: Recommend and interpret common diagnostic and screening tests
Week 4 – EPA 6: Provide an oral presentation of a clinical encounter

J. Patient Procedure Logs

While on clinical rotations the student is required to maintain a log of patient encounters and procedures while on any clinical site. The purpose of a well-documented log is to assist the student in cataloging and keeping records of the cases and procedures to which they have been exposed and to guide the student to seek out those with which they have had had limited experience. The student should become accustomed to maintaining a log, as this practice will continue through their residency training. The log books need to be initialed by the preceptor, endorsing the accuracy of the student's entries. The logs need to be reviewed by the Regional Assistant Dean and/or Director to be accepted as proper documentation of the student's rotation experience. The student may use more than one line for entries in the log book to provide adequate documentation of encounters, if needed.

Student documentation in the patient procedure log should include:

- A notation in the logbook for every patient encounter. Patients may only be

identified by age and gender. Rotations such as Radiology where the encounter may be an image or Pathology where the encounter is a specimen should be documented as such.

- The location of the patient encounter, i.e. office/hospital/nursing home, etc. should be documented.
- The diagnosis or presenting complaint should be recorded in specific detail. (Example: “Acute Exacerbation of COPD,” or “Uncontrolled DM type 2,” rather than “COPD” or “DM”)
- Any entries made by the student into the patient’s medical record (admit notes, progress notes, or discharge summaries), and if the student provided an oral presentation to the preceptor on a patient encounter.
- All procedures that are observed (O), assisted (A), orperformed (P) by the student should be included in the log, as well.

The student should retain a personal copy of their patient procedure log. These can be referenced in the future when the student is questioned about their experience level in performing certain procedures while on 4th year audition rotations.

K. Grading/Calculations

1. Preceptor grade 60%
2. Pediatric COMAT end of rotation examination 40%
3. Completion of Patient Procedure Logs, EPA assessments, Pediatric Skills Checklist, OMM Module and Preceptor/Site/Course Evaluation

- The patient procedure log, the preceptor/site/course evaluation, the EPA assessments and the OMM module must be turned in by the last day of the rotation. Failure to comply will result in a professionalism report.

- Note that you will have a standard score of 80 or greater on the COMAT end of rotation exam to pass the Pediatrics I rotation/course. Should you score less than a standard score of 80, you will have failed the examination and will be evaluated as per grading policy E-17 to assess for eligibility to retest.

- If the retest is passed with a standard score of at least 80, a 70 will be recorded as the final rotation course grade.

- If the retest COMAT score is below standard score of at least 80, this will be recorded as a rotation course failure and your file will be remanded to the Student Promotions Committee for review. The committee will make recommendations to the Associate Dean for Predoctoral Clinical Education to repeat the course or other sanctions up to and including dismissal. Please see Institutional Policy: E-17.

End of Rotation Grade Submission:

The preceptor (if an email address is on file) will receive an email, generated by eMedley, one week prior to the end of student's rotation, with a link to the Clinical Education Grade Form to complete before the end of the rotation.

The student should ask the preceptor/supervising physician if he/she has received an email with the link to the student's grade form.

If the Preceptor/Supervising physician did not receive the email, the student must provide a paper grade form, to be completed and Faxed or mailed to the SWC regional office.

The student is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor, when necessary, if the grade form has not been submitted to the statewide campus office.

Keep in mind that credit will not be received for the rotation until the grade sheet has been received by your Statewide Campus office.

Psychiatry

Course Number: 801

A. Introduction

No matter which field of medicine you pursue, it is important to understand how a patient's behavioral health affects their general wellbeing. This rotation will expose you to the complexities of psychiatric diagnoses and psychopharmacology. .

Psychiatric diagnoses can be complex, as often longitudinal interviewing is necessary to form an accurate assessment. Many patients have two or three concurrent diagnoses, such as anxiety and depression. The situation can be further complicated by issues such as substance use disorders and social instability. Past students have recommended the benefit of learning about psychotropic medications. This study should include mechanisms of action, drug-drug interactions and common side effects. Many of your medical standardized examinations will emphasize these topics.

We encourage you to meet with as many patients as possible. Each patient brings a different story and will help you build a foundation of psychiatric knowledge.

We will approach each person individually, utilizing the biopsychosocial model, to come up with diagnoses and treatment plans.

B. Course Rotation Objectives and Core Competencies

1. **Medical Knowledge**
   a. Understand the medical and organic etiology causing or contributing to psychiatric symptoms.
   b. Understand psychiatric psychopharmacology to include side effects and interactions.
   c. Demonstrate an understanding of the most recent DSM (Diagnostic and Statistical Manual of Mental Disorders).
   d. Demonstrate an understanding of the symptoms and signs of psychiatric disorders.
2. **Patient Care**
   a. Perform and present a complete psychiatric evaluation (to includedifferential diagnosis, rationale and treatment plan).
   b. Complete a suicide assessment.
   c. Perform a relevant physical evaluation (e.g., AIMS test, musculoskeletal, tremors, substance abuse).
   d. Demonstrate the ability to educate the patient and support system about the proposed diagnosis, treatment plan, and therapeutic options.
   e. Demonstrate the ability to assess patient's barriers to treatment and response to therapeutic interventions.

f. Identify and manage psychiatric emergencies.
g. Demonstrate an understanding of the biopsychosocial model of diagnostic formulation.

3. Interpersonal and Communication Skills

a. Demonstrate the ability to effectively communicate with a culturally diverse patient population with consideration of demographic and mental status variabilities.
b. Demonstrate the ability to receive and provide appropriate information with the patient's support system.
c. Demonstrate an ability to effectively collaborate with immediate team members (nursing, administration, case managers, therapists, etc.) and external community resource teams.
d. Demonstrate the ability to appropriately document interactions and treatment plans in a manner that supports the diagnosis and provides continuity of care.

4. Professionalism

a. Demonstrate empathy, respect and cultural sensitivity toward others.
b. Demonstrate the ability to lead a therapeutic team.
c. Understand how your mannerisms, appearance and behaviors affect therapeutic interactions.
d. Demonstrate an understanding of the role of confidentiality and ethical behavior in the practice of psychiatry.
e. Understand the common causes of malpractice and disciplinary proceedings in the field of psychiatry.
f. Understand the different settings where psychiatrists and other mental health workers might practice (forensic, hospitals, private practice, community mental health, etc.)

5. Practice-Based Learning and Improvement

a. Demonstrate an understanding of medical informatics, evidence based learning and research techniques.
b. Demonstrate the ability to identify personal knowledge deficits.
c. Demonstrate the ability to locate educational resources to strengthen medical knowledge.
d. Demonstrate a commitment to continuous quality improvement of medical knowledge and treatment.
e. Demonstrate the ability to teach audiences of varying levels of clinical expertise.
f. Develop an understanding of current CPT, ICD and DSM codes relevant to psychiatry.
g. Demonstrate an understanding of psychiatric residency and board certification requirements.
h. Become familiar with the missions of several national psychiatric professional organizations.

6. Systems-Based Practice

a. Understand how your anticipated specialty of medicine interrelates with other health care practitioners, organizations and the community to promote psychiatric wellbeing.

b. Develop an understanding of financial considerations for allocating psychiatric resources.
c. Understand barriers for patient access to psychiatric services (social, logistical, financial, etc.).
d. Understand how electronic medical records can impact psychiatric services.

7. **Osteopathic Philosophy and Osteopathic Manipulative Medicine**
   a. Recognize how homeostatic imbalance can impact psychiatric symptoms.
   b. Understand the impact of underlying and coexisting organic illnesses on psychiatric symptoms.
   c. Understand how somatic and structural changes can influence psychiatric symptoms.

C. Study Guide

In general, the best approach to studying psychiatry medicine is to use multiple sources. For Psychiatry, the foundational required reading and study guide will be Kaplan and Sadock. In addition, First Aid for Psychiatry Clerkship is an excellent overall summary of fundamental concepts. First Aid should be used more as an overall outline, with more in-depth study with Kaplan.
This should be supplemented by other sources such as readings assigned to you by your preceptor.

D. COMAT Blueprint

Review the NBOME web site on the COMAT Blueprint for Psychiatry. This will provide a general roadmap for your studies. However, still take the time to read about your patient encounters and any additional material that your preceptor suggests.

https://www.nbome.org/exams-assessments/comat/clinical-subjects/comat-psychiatry/

The exam focuses on the following concepts:

- Anxiety Disorders/Trauma and Stressor Related Disorders/Dissociative Disorders/Obsessive Compulsive Related Disorders/Adjustment Disorders
- Neurocognitive Disorders
- Neurodevelopmental Disorders/Gender Dysphoria/Disruptive, Impulse-Control and Conduct Disorders
- Depressive, Bipolar and Related Disorders
- Personality Disorders
- Psychiatric Illness Due to Another Medical Condition
- Schizophrenia Spectrum and Other Psychotic Disorders
- Somatic-Symptom and Related Disorders
- Substance-Related and Addictive Disorders/Feeding, Eating, and Elimination Disorders/Sexual Dysfuntions and Paraphilic Disorders
- Sleep-Wake Disorders

Pretest/Posttest

Please refer to Proctored End of Rotation Exams.

E. Required Textbooks

First Aid for the Psychiatry clerkship, 5th edition (2018):
This is a high yield guide to the psychiatry rotation, and gives you the core information you need to understand the most important concepts in the rotation.

Kaplan and Sadock, Synopsis of Psychiatry 11th edition (2014): This is an excellent reference book and provides narrative and descriptive information for most topics you will experience during your clinical rotation.

Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5; 2013): The full edition of DSM 5 is an excellent reference book and provides detailed, descriptive information. If you are not planning to make a career of psychiatry, it may be more information than you need for your rotation. Your preceptor will certainly have a copy of the full DSM 5, which you should periodically review. We recommend that you at least purchase the pocket size version; the material is condensed, with shorter narrative explanations.

Case Files: Psychiatry, 5th edition (2015): This book provides a wide variety of cases and sample question. It is a useful tool to help you think about patient presentations and stimulate discussion with your preceptor.

F. Additional Resources

Stahl's Essential Psychopharmacology, 4th edition: The full textbook tells you how diseases act in the brain and how drugs act on the diseases. It reviews the psychotropic medications, including their assumed mechanisms of action and side effect profiles.

Students may access this guide by scrolling down to it at the following link (you must log in with your WVSOM username and password to access):
https://libguides.wvsom.edu/c.php?g=691555

The Kaplan Review Course is an additional resource you may find helpful as you proceed through the rotation. www.kaptest.com or www.kaplanmedical.com

G. Didactic and Reading/Written Assignments:

1. Rotation Specific Didactics

The Psychiatry rotation will have a mandatory, discipline specific half-day didactic (3 hours) during the first week of the rotation which may consist of a combination of lectures, hands-on activities, and interactive activities. All SWC students in this discipline will participate from the region where their rotation is taking place in real time via electronic means for the portions of the didactic being provided from a central location. The presentations selected for this discipline are meant to augment the student's experience on the rotation and provide topics consistent with the NBOME blueprint for this rotation discipline.

2. OMM Modules

You will be required to read and complete one OMM Module during your Psychiatry rotation (Osteopathic Approach to Migraine Headache). The module can be found on eMedley→

Go to educate, click the funnel icon next to the search bar, select Class of 2023 for the section, enter OPP into the search bar. Locate the correct module for the rotation (listed above). Click the plus sign to view the content.

Additionally, you must complete a 10 item formative quiz that will be released to you during the Psychiatry rotation. It must be completed with a score of 80% or better; however, you will have multiple attempts to master it.

To access the quiz, go to educate, click the funnel icon next to the search bar, select Class of 2023 for the section, enter Test into the search bar. Locate the correct quiz for the rotation. Click the plus sign and then click Take Quiz.

3. Review these topics in Synopsis of Psychiatry, Case Files: Psychiatry, or First Aid for Psychiatry. It is important not only to read in preparation for COMAT, but also about patient conditions that you encounter. Be proactive about asking for additional readings from your preceptors.

Topic	**Sub-topic**
Child Psychiatry	Autism spectrum Disorders
	ADHD and Disruptive Disorders
Mood Disorders	Major Depression
	Bipolar Disorder
Anxiety Disorders	Generalized Anxiety Disorder
	Panic Disorder
	Phobias
Trauma Disorders	Post-Traumatic Stress Disorder
Psychotic Disorders	Schizophrenia
Eating Disorders	Anorexia Nervosa
	Bulimia Nervosa

Personality Disorders	Cluster A, B and C

Substance Abuse	Opioid Disorders
	Alcohol Use Disorders
Emergency Psychiatry	Suicide
Neurocognitive Disorders	Dementia
	Delirium
Obsessive-compulsive and related disorders	OCD
	Trichotillomania
Dissociative disorders	Depersonalization/derealization disorders
	Dissociative amnesia
Somatic Symptom and related disorders	Somatic symptoms disorder Somatoform disorders Factitious disorder
Sleep-wake disorders	Insomnia disorder
	Breathing-related sleep disorder
Paraphilic disorders	Voyeuristic disorder

H. Additional Recommendations

DocCom Cases:

- Communicating in Specific Situations #29: Alcohol: Interviewing and Advising

Complete the Discussion Questions. To access the Doc.Com Cases visit: https://webcampus.med.drexel.edu/doccom/db/read.aspx you will log in using your Email address and Password.

I. Procedures/Clinical Skills

As with other areas of medicine, patients will come to your office with a list of signs and symptoms rather than a medical diagnosis. You will need to be able to understand how signs and symptoms overlap among a variety of diagnoses. Below are listed several presenting complaints with examples of overlap. We have started the list to help you appreciate the overlap. You should develop your own list during this rotation.

Presenting complaints:

1) Depression - Depression can be found with major depressive disorder, dysthymia, bipolar disorder, anxiety, posttraumatic stress disorder, psychotic disorders,

substance use disorders and a variety of personality disorders. Consider other diagnoses where you have seen depressed mood as a presenting symptom. Importantly, do not jump to a major depressive disorder diagnosis when the patient starts the interview by stating they are depressed. Stay open to other possible diagnoses.

2) Anxiety - Anxiety can be found in social phobia, panic disorder, obsessive-compulsive disorder, somatic disorder, depressive disorders, delirium, substance use disorders, personality disorders as well as other illnesses. Consider the variety of diagnoses where you have seen anxiety as a presenting complaint.

3) Fatigue - Fatigue can be found among patients with depression and anxiety. You should also think about sleep disorders and substance use disorders as well as others. Consider laboratory data to explore medical causes of fatigue to include thyroid disorder and anemia.

4) Gastrointestinal distress - Gastrointestinal distress is often seen with anxiety disorders and as a side effect to medication. Consider how chronic alcohol use affects the gastrointestinal system.

Psychiatry, like most of medicine, is best served by a collaborative team approach. The team extends beyond the walls of your rotation facility. You will learn about numerous resources in the community. It is recommended that you attend at least one AA (Alcoholics Anonymous) meeting or NA (Narcotics Anonymous) meeting. You should consider attending a meeting of NAMI (National Alliance on Mental Illness) or meetings of other advocacy groups. If permitted, you should observe a drug court proceeding.

To learn more about involuntary commitments, it is recommended that you attend at least one such hearing. You should familiarize yourself with the process and criteria for an involuntary commitment as well as the implications for the patient and provider.

There is probably a crisis facility near your rotation site. It would be valuable to meet with members of a crisis team to discuss their role in the field psychiatry. If there is an ACT (Assertive Community Treatment) team in your area, you would find it valuable to schedule a visit and learn about their role in treating patients. You might also find it valuable to interview members of an emergency response team (ambulance, firefighters, and police department) to learn about their perspective on interactions with psychiatry patients.

You should volunteer to present new cases to your treatment team and become familiar with the unique format for psychiatric evaluations. You should also present a didactic topic to your treatment team after a review of the literature.

Entrustable Professional Activities

Core Entrustable Professional Activities (EPAs) are tasks or responsibilities that

students can perform unsupervised once they have attained sufficient competence. Students are required to obtain assessment and coaching on the EPAs listed below.

At a minimum, you are required to get one assessment for each EPA during this rotation. Students must have a personal device for educational resources and apps used for each rotation.

A one-on-one handout describing the EPAs and use of the EPA app may be shared with a preceptor and can be found in eMedley:

- Go to **educate**
- Select 005-1: Statewide Campus Information in the Search box
- Filter for **EPA One on One Handout for Preceptors**

Please direct any questions you have about the EPAs themselves to the Regional Assistant Dean.

For questions or technical support regarding the EPA app, please contact alinsenmeyer@osteo.wvsom.edu.

Week 1 - EPA 1a & 1b: Gather a history and perform a physical examination (for Psychiatry, these assessments will be based on students performing the psychiatric interview and mental status exam)
Week 2 - EPA 2: Prioritize a differential diagnosis following a clinical encounter
Week 3 - EPA 3: Recommend and interpret common diagnostic and screening tests (for Psychiatry, common examples may involve not only the typical medical interpretation of routine laboratory studies like thyroid function tests or CBC issues like agranulocytosis, but also the interpretation of the mini mental examination of Folstein for cognitive disorders and Columbia suicide scales, etc.)
Week 4 - EPA 6: Provide an oral presentation of a clinical encounter

J. Patient Procedure Logs

While on clinical rotations the student is required to maintain a log of patient encounters and procedures while on any clinical site. The purpose of a well-documented log is to assist the student in cataloging and keeping records of the cases and procedures to which they have been exposed and to guide the student to seek out those with which they have had had limited experience. The student should become accustomed to maintaining a log, as this practice will continue through their residency training. The log books need to be initialed by the preceptor, endorsing the accuracy of the student's entries. The logs need to be reviewed by the Regional Assistant Dean and/or Director to be accepted as proper documentation of the student's rotation experience. The student may use more than one line for entries in the log book to provide adequate documentation of encounters, if needed.

Student documentation in the patient procedure log should include:

- A notation in the logbook for every patient encounter. Patients may only be identified by age and gender. Rotations such as Radiology where the encounter may be an image or Pathology where the encounter is a specimen should be documented as such.
- The location of the patient encounter, i.e. office/hospital/nursing home, etc. should be documented.
- The diagnosis or presenting complaint should be recorded in specific detail. (Example: “Acute Exacerbation of COPD,” or “Uncontrolled DM type 2,” rather than “COPD” or “DM”)
- Any entries made by the student into the patient’s medical record (admit notes, progress notes, or discharge summaries), and if the student provided an oral presentation to the preceptor on a patient encounter.
- All procedures that are observed (O), assisted (A), orperformed (P) by the student should be included in the log, as well.

The student should retain a personal copy of their patient procedure log. These can be referenced in the future when the student is questioned about their experience level in performing certain procedures while on 4th year audition rotations.

Your Psychiatry log should document your experiences with evaluations, follow-up progress visits, mental status exams, relevant physical exams, pharmacological treatment, therapy treatment, OMT, office diagnostic screen (e.g. depression, anxiety, and autism) and more lengthy psychological testing. Additionally, you should document any observations of electro-convulsive therapy, vagal nerve stimulation, transcranial stimulation, neuro feedback, hypnosis or other unique treatments.

K. Grading/Calculations

1. Preceptor grade 60%
2. Psychiatry COMAT end of rotation examination 40%
3. Completion of Patient Procedure Logs, Preceptor/Site/Course Evaluation, OMM Module and EPA assessments.

- The patient procedure log, the preceptor/site/course evaluation, the OMM Module and the EPA assessments must be turned in by the last day of the rotation. Failure to comply will result in a professionalism report.

- Note that you will have a standard score of 80 or greater on the COMAT end of rotation exam to pass the Psychiatry rotation/course. Should you score less than a standard score of 80, you will have failed the examination and will be evaluated as per grading policy E-17 to assess for eligibility to retest.
- If the retest is passed with a standard score of at least 80, a 70 will be recorded as the final rotation course grade.

- If the retest COMAT score is below standard score of 80, this will be recorded as a rotation course failure and your file will be remanded to the Student Promotions Committee for review. The committee will make recommendations to the Associate Dean for Predoctoral Clinical Education to repeat the course or other sanctions up to and including dismissal. Please see Institutional Policy: E-17.

End of Rotation Grade Submission:

The preceptor (if an email address is on file) will receive an email, generated by eMedley, one week prior to the end of student's rotation, with a link to the Clinical Education Grade Form to complete before the end of the rotation.

The student should ask the preceptor/supervising physician if he/she has received an email with the link to the student's grade form.

If the Preceptor/Supervising physician did not receive the email, the student must provide a paper grade form, to be completed and Faxed or mailed to the SWC regional office.

The student is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor, when necessary, if the grade form has not been submitted to the statewide campus office.

Keep in mind that credit will not be received for the rotation until the grade sheet has been received by your Statewide Campus office.

General Surgery

Course Number: 825

A. Introduction

The third-year general surgery rotation is your introduction to the surgical disciplines. The student will learn how to evaluate patients with presenting complaints that may require surgical intervention. Although scrubbing and assisting with various surgeries is an important component of this rotation, the evaluation of the pre-operative and the care of the post-operative patients compose the core content for the third-year osteopathic medical student.

As there are strict protocols in the operating room, communication with your preceptor is critically important. It is excellent practice to review the expectations and duties of this rotation, either just prior (by email if possible) or on the first day of your rotation.

Surgical rotation days typically are long. Your preceptor may have you round on his/her patients early in the morning, scrub into surgeries, then round on his/her patients at the end of the day.

B. Course Rotation Objectives and Core Competencies

1. **Medical Knowledge**
   a. Understand basic surgical principles and terminology.
   b. Understand the basic principles of tissue healing.
   c. Understand the role of pre-operative **risk assessment**, intra-operative care and post-operative patient management.
   d. Understand the presentations, pathophysiology, etiology, differential diagnosis and surgical management of the following complaints or diagnosis:
      - acute abdominal pain
      - Cholecystitis
      - dyspepsia/peptic ulcer disease
      - Diverticulitis
      - inflammatory bowel disease
      - upper and lower GI bleeding
      - burn management
      - thyroid nodules
      - Appendicitis
      - Pancreatitis
      - Hernias
      - small bowel obstruction
      - colon cancer
      - trauma management
      - breast cancer
      - thyroid cancer

   e. Understand the role of the surgeon when consulted in the care of a patient.
   f. Understand and recognize the principles of evidence-based utilization of resources as applied to general surgery (system based).

2. **Patient Care**
    a. Perform a thorough history and physical of surgical patients.
    b. Perform skin inspection including evaluation of skin lesions.
    c. Perform a thorough physical exam of the abdomen, anorectal and genital areas, breast, thyroid, and lymph nodes (including neck, axilla, and inguinal areas).
    d. Perform, observe, or assist with all procedures listed on the procedure list.
    e. Perform a preoperative assessment and management plan.
    f. Create a post-operative management plan.
    g. Recognize common post-operative complications.
3. **Interpersonal and Communication Skills**
    a. Demonstrate ability to effectively communicate with surgical patients.
    b. Demonstrate ability to identify and communicate with appropriate family members, medical power of attorney, or person of authority to speak on behalf of the patient.
    c. Understand the documentation expectations of the attending surgeon during your rotation (H&P, surgical progress notes, etc).
    d. Demonstrate effective communication techniques with the surgicalhealthcare team, consulting physicians, and ancillary staff.
    e. Consolidate and organize pertinent information and present to the attending physician.
    f. Demonstrate the ability to communicate effectively and compassionately with patients and family.
4. **Professionalism**
    a. Demonstrate a team approach for treating surgical patients.
    b. All students should arrive daily in appropriate attire. This would include; business casual dress, white coat and identifying name badge. Wearing scrubs in and out of the hospital is against many hospital by-laws for the department of surgery due to risk of contamination.
    c. Students should arrive 15-30 min prior to the start of any day. This includes office, hospital rounds, and surgery.
    d. **Communication**: Students should demonstrate a positive attitude when contacting the office, accepting direction and critical teaching from the surgical team, nurses and staff.
    e. Display respect for all members of the patient care team including peers.
    f. Demonstrate respect for patients' personal privacy and values.
    g. Show sensitivity to a diverse patient population.
    h. Understand the appropriate use of operating room attire realizing this may be facility specific.
    i. Demonstrate empathy and compassion for patients and their families.
    j. Maintain honesty and integrity in all your communications.

k. Understand and abide by all HIPAA rules.
l. Be aware of patient's rights and responsibilities and the need for shared decision making.

5. Practice-Based Learning and Improvement

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

6. System Based Practice

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

7. Osteopathic Philosophy and Osteopathic Manipulative Medicine

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

C. Study Guide

In general, the best approach to studying clinical medicine is to use more than one source type. Please note the required textbooks. It is recommended that you employ a least three types of reading for General Surgery. Work through the Lawrence text for general reading. Completing Lawrence is within reach for a 4 week rotation. Utilize Mann for cases and more direct application of concepts. Finally, have a reading source on hand at all times during your rotation. Both the Mann text and Lange's "Surgery on Call" are excellent resources and are portable enough to carry to the hospital or office. Keep in mind the required cases via WiseMD.

In surgery, it is especially important to read about the anatomy and pathology of the surgical cases prior to surgery.

Sabiston is the classic reference text and is the go to source for more in-depth explanations of common surgical problems.
Supplement your readings with other sources such as readings assigned to you by your preceptor.

D. COMAT Blueprint

Review the NBOME web site on the COMAT Blueprint for Surgery.
This will provide a general roadmap for your studies. However, still take the time to read about your patient encounters and any additional material that your preceptor suggests.
https://www.nbome.org/exams-assessments/comat/exam-series/comat-surgery/

(Note: the majority of the surgery COMAT exam is focused on endocrine/breast, fluids, gastrointestinal, hepatobiliary, hernias, and trauma.)

Pretest/Posttest

Please refer to Proctored End of Rotation Exams.

E. Required Textbooks

Seidel's Guide to Physical Examination, 9th ed.
Essentials of General Surgery, Lawrence

F. Additional Resources

Surgery on Call, 4th edition, Lange
Zollinger's Atlas of Surgical Operations
Sabiston Textbook of Surgery, 20th edition

Core Topics in General and Emergency Surgery, 5th edition

The Kaplan Review Course is an additional resource you may find helpful as you proceed through the rotation. www.kaptest.com or www.kaplanmedical.com

G. Didactic and Reading/Written Assignments

1. Rotation Specific Didactics

The General Surgery rotation will have a mandatory, discipline specific half-day didactic (3 hours) during the first week of the rotation which may consist of a combination of lectures, hands-on activities, and interactive activities. All SWC students in this discipline will participate from the region where their rotation is taking place in real time via electronic means for the portions of the didactic being provided from a central location. The presentations selected for this discipline are meant to augment the student's experience on the rotation and provide topics consistent with the NBOME blueprint for this rotation discipline.

2. OMM Modules

You will be required to read and complete one OMM Module during your General Surgery rotation (Osteopathic Approach to Post Op Ileus). The module can be found on eMedley→

Go to educate, click the funnel icon next to the search bar, select Class of 2023 for the section, enter OPP into the search bar. Locate the correct module for the rotation (listed above). Click the plus sign to view the content.

Additionally, you must complete a 10 item formative quiz that will be released to you during your General Surgery rotation. It must be completed with a score of 80% or better; however, you will have multiple attempts to master it.

To access the quiz, go to educate, click the funnel icon next to the search bar, select Class of 2023 for the section, enter Test into the search bar. Locate the correct quiz for the rotation. Click the plus sign and then click Take Quiz.

3. The following is a list of topics that should be reviewed during your rotation in surgery.

Topic	**Sub-Topic**		
Abdominal Defects and Hernias	Hernia		
Endocrine	Thyroid		
	Parathyroid Adrenal Pancreas Breast		

Preoperative Care and Risk Assessment			
Fluids	Shock		
	Fluids and Electrolytes		
	Surgical Nutrition		
	Coagulation, Blood		
Gastrointestinal	Esophagus		
	Diaphragm		
	Stomach and Duodenum		
	Small Intestine		
	Large Intestine and Rectum		
	Appendix		
General Surgery in:	Urology		
	Pediatrics		
Hepatobiliary	Pancreas		
	Biliary Tract		
	Liver		
	Spleen		
Vascular			
Surgical Oncology			
Trauma			
Wounds and Infections	Skin and subcutaneous tissues		
Anesthesia			
Postoperative Care			

4. Wise MD/Aquifer cases

You will be required to complete Wise MD Cases. These are not a substitute for the required readings, but are to be done in addition to them. You will receive a registration email inviting you to join Aquifer/WiseMD. Follow the instructions in this email to set up your password. To access the WiseMD Cases go to https://aquifer.org/

You can access and work on WiseMD courses via the website on your computer as well as on the go, on or offline, via a simple app download to your Apple or Android mobile device. Your work will automatically sync between devices, so you can start a case on one device and finish it on another. The student

dashboard will let you track your own case completion and performance. If you have technical problems with the Aquifer Cases please email support@aquifer.org or submit a ticket through the Aquifer helpdesk https://aquifer.org/resources-tools/support-ticket/

Wise MD: Inguinal Hernia
Wise MD: Pediatric Hernia
Wise MD: Thyroid Nodule
Wise MD: Hypercalcemia
Wise MD: Adrenal Adenoma
Wise MD: Pancreatitis
Wise MD: Breast Cancer
Wise MD: Bowel Obstruction
Wise MD: Colon Cancer
Wise MD: Diverticulitis
Wise MD: Anorectal Disease
Wise MD: Appendicitis
Wise MD: Cholecystitis
Wise MD: Abdominal Aortic Aneurysms
Wise MD: Carotid Stenosis
Wise MD Lung Cancer
Wise MD: Skin Cancer
Wise MD: Trauma Resuscitation
Wise MD: Burn Management
Wise MD: Best Practices
Wise MD: Foley Catheter Placement
Wise MD: Suturing and Instrument Tie
Wise MD: Two Handed Knot tie
Wise MD: Venous Thromboembolism
Wise MD: Ultrasound Basics Principles
Wise MD: Ultrasound: For Vascular Access
Wise MD: Ultrasound: E-Fast Exam

H. Additional Recommendations

DocCom cases

- Communicating in Specific Situations: #32 “Advance Directives”

Complete the Discussion Questions. To access the Doc.Com Cases visit: https://webcampus.med.drexel.edu/doccom/db/read.aspx you will log in using your Email address and Password.

There are conditions that have been classified as conditions with high potential for increased morbidity and mortality if not diagnosed in a timely fashion.

- Abdominal Aortic Aneurysm (AAA)

- Perforated “viscous”
- Acute arterial occlusion
- Compartment syndrome
- DVT/PE
- Acute Appendicitis
- Ischemic Bowel
- Biliary tract disease
- Acute Burns – Assessment & Stabilization

I. Procedures/Clinical Skills

Entrustable Professional Activities

Core Entrustable Professional Activities (EPAs) are tasks or responsibilities that students can perform unsupervised once they have attained sufficient competence. Students are required to obtain assessment and coaching on the EPAs listed below.

At a minimum, you are required to get one assessment for each EPA during this rotation. Students must have a personal device for educational resources and apps used for each rotation.

A one-on-one handout describing the EPAs and use of the EPA app may be shared with a preceptor and can be found in eMedley:

- Go to **educate**
- Select 005-1: Statewide Campus Information in the Search box
- Filter for **EPA One on One Handout for Preceptors**

Please direct any questions you have about the EPAs themselves to the Regional Assistant Dean.

For questions or technical support regarding the EPA app, please contact alinsenmeyer@osteo.wvsom.edu.

Week 1 - EPA 1: Gather a history and perform a physical examination
Week 2 - EPA 2: Prioritize a differential diagnosis following a clinical encounter
Week 3 - EPA 3: Recommend and interpret common diagnostic and screening tests
Week 4 - EPA 6: Provide an oral presentation of a clinical encounter

Procedure	Observe	Assist	Perform
Sterile technique			
Basic Wound Closure (staples, sutures)			
Suture and Staple removal			
Wound care and dressing changes			
Foley Catheter Placement			
IV Insertion			
Laceration repair			
Central line			
Chest tube placement			
Paracentesis			
Thoracentesis			
Fine needle aspiration			
Arterial line insertion			
Colonoscopy			
Upper endoscopy			
Herniorrhaphy			
Appendectomy			
Breast biopsy			
Thyroidectomy			
Sentinel lymph node biopsy			
Trauma resuscitation			

J. Patient Procedure Logs:

While on clinical rotations the student is required to maintain a log of patient encounters and procedures while on any clinical site. The purpose of a well-documented log is to assist the student in cataloging and keeping records of the cases and procedures to which they have been exposed and to guide the student to seek out those with which they have had had limited experience. The student should become accustomed to maintaining a log, as this practice will continue through their residency training. The log books need to be initialed by the preceptor, endorsing the accuracy of the student's entries. The logs need to be reviewed by the Regional Assistant Dean and/or Director to be accepted as proper documentation of the student's rotation experience. The student may use more than one line for entries in the log book to provide adequate documentation of encounters, if needed.

Student documentation in the patient procedure log should include:

- A notation in the logbook for every patient encounter. Patients may only be identified by age and gender. Rotations such as Radiology where the encounter may be an image or Pathology where the encounter is a specimen should be documented as such.
- The location of the patient encounter, i.e. office/hospital/nursing home, etc. should be documented.
- The diagnosis or presenting complaint should be recorded in specific detail. (Example: "Acute Exacerbation of COPD," or "Uncontrolled DM type 2," rather than "COPD" or "DM")
- Any entries made by the student into the patient's medical record (admit notes, progress notes, or discharge summaries), and if the student provided an oral presentation to the preceptor on a patient encounter.
- All procedures that are observed (O), assisted (A), orperformed (P) by the student should be included in the log, as well.

The student should retain a personal copy of their patient procedure log. These can be referenced in the future when the student is questioned about their experience level in performing certain procedures while on 4th year audition rotations.

K. Grading/Calculations

1. Preceptor grade, 60%
2. Surgery COMAT end of rotation examination, 40%
3. Completion of Patient Procedure Logs, Preceptor/Site/Course Evaluation, OMM Modules and EPA assessments.

- The patient procedure logs, preceptor/site/course evaluation, OMM modules and the EPA assessments must be turned in by the last day of the rotation. Failure to comply will result in a professionalism report.

- Note that you will have a standard score of 80 or greater on the COMAT end of rotation exam to pass the General Surgery rotation/course. Should you score less than a standard score of 80, you will have failed the examination and will be evaluated as per grading policy E-17 to assess for eligibility to retest.

- If the retest is passed with a standard score of at least 80, a 70 will be recorded as the final rotation course grade.

- If the retest COMAT score is below standard score of 80, this will be recorded as a rotation course failure and your file will be remanded to the Student Promotions Committee for review. The committee will make recommendations to the Associate Dean for Predoctoral Clinical Education to repeat the course or other sanctions up to and including dismissal. Please see Institutional Policy: E-17.

End of Rotation Grade Submission:

The preceptor (if an email address is on file) will receive an email, generated by eMedley, one week prior to the end of student's rotation, with a link to the Clinical Education Grade Form to complete before the end of the rotation.

The student should ask the preceptor/supervising physician if he/she has received an email with the link to the student's grade form.

If the Preceptor/Supervising physician did not receive the email, the student must provide a paper grade form, to be completed and Faxed or mailed to the SWC regional office.

The student is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor, when necessary, if the grade form has not been submitted to the statewide campus office.

Keep in mind that credit will not be received for the rotation until the grade sheet has been received by your Statewide Campus office.

Dean's Selective

Course Numbers: 831, 832, 833

A. Introduction

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

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

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

B. Course (Rotation) Objectives and Core Competencies

1. **Medical Knowledge**
   Preceptors are expected to evaluate medical knowledge, understanding of disease process, and the student's ability to apply cognitive skills in differential diagnosis.
2. **Patient Care**
   Preceptors are expected to evaluate the student's ability to consistently demonstrate competence in patient care, including the ability to competently take a history, perform a physical examination, assist with medical procedures, and provide appropriate follow-up care.
3. **Interpersonal and Communication Skills**
   Preceptors are expected to evaluate student competence in communication and interviewing techniques, including appropriate use of open-ended questions, active listening, providing care appropriate for contextual factors such as the patient's beliefs, culture, values, etc; ability to accept and deal appropriately with patient feelings; ability to use language the patient can understand; skill in encouraging patient participation in decision making; ability to close an interview appropriately, etc.
4. **Professionalism**
   Preceptors are expected to evaluate professionalism, including demonstrated ethical, personal and professional qualities deemed necessary for the continued successful study and practice of Osteopathic Medicine; maintaining professional relationships with patients and staff; responsibility, dependability, and reliability.
5. **Practice-Based Learning and Improvement**

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

6. **Systems-based Practice**
   Preceptors are expected to evaluate the student's system based practice skills, including the student's ability to understand his/her role as a member of the health care team, the student's understanding of local community medical resources, and the student's understanding of providing effective and cost effective medicine.
7. **Osteopathic Philosophy and Osteopathic Manipulative Medicine**
   All preceptors (MD and DO) are expected to encourage and verify application of osteopathic principles, and DO preceptors are expected to encourage and evaluate appropriate use of Osteopathic Manipulative Treatment (OMT).

C. Study Guide

This will be rotation dependent.

Students should focus their reading on **weekdays** for topics that involve the common patient conditions seen in the clinical setting, and reserve **weekend reading** for conditions that are unlikely to be encountered during the rotation. Pairing patient encounters with related material improves understanding, enjoyment, and retention.

D. COMAT Blueprint

There is no COMAT exam associated with the Dean's selective unless this is used as a Stookey rotation.

E. Required textbooks

Seidel's Guide to Physical Examination, 9th ed.
Dependent upon the rotation selected. You are encouraged to ask the preceptor for his/her recommendations for a reference(s).

F. Other resources

Evidence Medicine Sites:

www.ahrq.gov/clinic/cps3dix.htm
www.clinicalkey.com
www.cochrane.org/

G. Didactic and reading assignments

Reading assignments will often be required by your preceptor.

H. Additional Recommendations

None

I. Procedures and Clinical Skills

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

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

J. Patient Procedure Logs

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

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

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

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

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).

K. Grading/Calculations

1. Preceptor grade 100%
2. Completion of Patient Procedure Logs and Preceptor/Site/Course Evaluation
   - The patient procedure logs along with the preceptor/site/course evaluation must be turned in by the last day of the rotation. Failure to comply will result in a professionalism report.

Please note the following:

The preceptor (if an email address is on file) will receive an email with a link to the Clinical Education Grade Form to complete before the end of the rotation. The student needs to inquire if the preceptor/supervising physician has received the email with the link to the form. If the Preceptor/Supervising physician did not receive the email, then the student must provide a paper grade form to be completed and Faxed or mailed to the SWC regional office.

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

Emergency Medicine

Course Number: 802

A. Introduction

The Emergency Medicine rotation will cover a wide spectrum of patients and presentations: from infants to the elderly and from the routine respiratory infections to the critically ill. The job of the EM physician revolves around timely and accurate triage: identifying the unstable patient, the stable ill patient requiring hospital admission, and those who can be safely treated and sent home with proper follow-up.

The history and physical will initially be more focused on the presenting complaint. You will find that the vital signs are often of paramount importance. It is a prudent approach never to ignore an abnormal vital sign or pertinent historical findings. This information, along with a focused accurate physical exam will aid in developing a differential diagnosis.

Utilize ancillary tests to support or refute your differential diagnosis. In Emergency Medicine, we have to be comfortable with some amount of uncertainty and often treatment is initiated before a firm diagnosis can be established. Therefore, observing the patient's response to treatment and making rapid modifications if necessary is a pivotal component of this rotation.

During your rotation you will be expected to learn specific procedures such as suturing, starting an IV, and other EM procedures. The Emergency Department works as a team and expects you to function as a team member in taking care of seriously ill or injured patients.

You will be challenged to have a basic knowledge of clinical medicine and expected to read the required reading list of topics, your patient's diagnoses, or topics as suggested by your attending physician. You must always remember that you represent WVSOM and present yourself in a professional manner on every rotation.

B. Course Rotation Objectives and Core Competencies

1. <u>Medical Knowledge</u>

a. Risk factors for a specific area or system related to the chief complaint.
b. Life-threatening or organ-damaging conditions related to the presenting complaint.
c. Principles of rapid EKG interpretation.
d. Vascular hemodynamics.

e. Serious versus benign presentations of disease involving organ systems and their differential diagnoses.
f. Principles of Emergency Medical System (EMS) pre-hospital stabilization and definitive transfer protocols.
g. Proper utilization and roles of consulting professionals.
h. Principles of utilization of evidence-based resources as applied to emergency medicine.
i. EMTALA (Emergency Medical Treatment Active Labor Act).
j. Principles and application of standardized emergency protocols including First Aid, BLS, ACLS, ATLS, and PALS.
k. Basic principles of tissue healing.
l. Basic principles of common toxidromes, poisonings, and drug overdose.

2. <u>Patient Care</u>

a. Demonstrate how to approach a patient who has presented for emergency evaluation and care.
b. Demonstrate the ability to identify the chief complaint.
c. Perform a focused exam related to chief complaint.
d. Demonstrate the ability to develop an evaluation and treatment plan.
e. Demonstrate the ability to monitor the response to therapeutic interventions.
f. Discuss with their attending the referral of the patient for subsequent healthcare services to ensure proper transition of care
g. Educate patient and evaluate their comprehension of their outpatient treatment plan.
h. Participate with the health care team to provide patient care.

3. <u>Interpersonal and Communication Skills</u>

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

4. Professionalism

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

a. Display respect for EMS providers, peers within the emergency department and hospital staff.
b. Demonstrate a team approach to treating emergency department patients.
c. Demonstrate responsibility, dependability, and reliability including being punctual and providing notification of an absence.
d. Dress appropriately for emergency department work environment.

5. Practice-Based Learning & Improvement

a. Apply fundamental epidemiologic concepts to practice improvement.
b. Demonstrate understanding of Medical Informatics/Evidence-Based Medicine/Research.
c. Demonstrate ability to identify personal knowledge deficits.
d. Demonstrate ability to locate educational resources and strengthen personal medical knowledge.
e. Display commitment to continuous quality improvement.

6. System-Based Practice

a. Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
b. Recognize how delivery systems differ: controlling health care costs, allocating resources.
c. Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
d. Make appropriate referrals from the emergency department and arrange for. outpatient testing from emergency department and follow-up with other providers.
e. Be aware of medication and treatment costs (direct patient costs).
f. Appreciate patient's rights and responsibilities and that shareddecision-making improves understanding and compliance.
g. Understand EMTALA and HIPAA relative to the emergency department.
h. Recognize how to reduce medical errors and patient and staff safety.
i. Recognize cost effective health care that does not compromise patient care.
j. 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.
k. Understand and be able to discuss any medical disparities in the community being served.

7. Osteopathic Philosophy and Osteopathic Manipulative Medicine

a. Demonstrate Osteopathic diagnostic skills adapted to the physical limitations of emergency department bed, space and staffing considerations.
b. Recognize and diagnose somatic dysfunction in the context of common patient pain presentations:
   - Thoracic chest pain
   - Headache
   - Spine pain
   - Extremity pain
   - Overuse syndromes
   - Joint pain
   - Abdominal pain
c. Recognize and apply osteopathic treatment modalities appropriate to the emergency department environment for somatic dysfunction.
d. Develop an appreciation for the necessity for treating the entire patient, including addressing emotional, spiritual, physical and family needs.
e. Consider the application of OMT only if safe in the context of the patient's current medical condition and patient care environment.

C. Study Guide

There is no one all-inclusive, authoritative text in emergency medicine, thus the best approach for studying is to use multiple sources. The original and classic core reference textbook used by almost every emergency department is the *Tintinalli's Emergency Medicine: A Comprehensive Study Guide, 9th Edition.* Although it is a large reference textbook, it is foundational and strongly recommended as the primary source of study for the student on EM rotation. It is should also be supplemented by other sources such as readings assigned by the preceptor.

D. COMAT Blueprint

Review the NBOME web site on the COMAT Blueprint for Emergency Medicine. This will provide a general roadmap for your studies. However, still take the time to read about your patient encounters and any addition material that your preceptor suggests.

https://www.nbome.org/exams-assessments/comat/exam-series/comat-emergency-medicine/

(Note: up to a third of the COMAT exam is focused on altered mental status or changes in cognition, musculoskeletal complaints, and evaluation of dyspnea.)

Pretest/Posttest

Please refer to Proctored End of Rotation Exams.

E. Required Textbooks

Tintinalli's Emergency Medicine: A Comprehensive Study Guide, *9th edition*
(Available on Access Medicine on WVSOM Online Library)

F. Additional Resources

Marx: Rosen's Emergency Medicine, Mosby, 9th Ed.
Seidel's Guide to Physical Examination, 9th Ed.

The Kaplan Review Course is an additional resource you may find helpful as you proceed through the rotation. www.kaptest.com or www.kaplanmedical.com

G. Didactic and Reading/Written Assignments

1. OMM Modules

You will be required to read and complete one OMM Module during your EM rotation (Osteopathic Approach to Pneumonia). The module can be found on eMedley→

Go to educate, click the funnel icon next to the search bar, select Class of 2023 for the section, enter OPP into the search bar. Locate the correct module for the rotation (listed above). Click the plus sign to view the content.

Additionally, you must complete a 10 item formative quiz that will be released to you during your EM rotation. It must be completed with a score of 80% or better; however, you will have multiple attempts to master it.

To access the quiz, go to educate, click the funnel icon next to the search bar, select Class of 2023 for the section, enter Test into the search bar. Locate the correct quiz for the rotation. Click the plus sign and then click Take Quiz.

2. The reading assignments are intentionally broad, as is the scope of emergency medicine. The core textbook of emergency medicine is the full textbook version of *Tintinalli's Emergency Medicine.* It is also the reference book for the COMAT. Therefore, it is strongly suggested that the student utilize this text for the foundation of suggested Emergency Medicine readings.

In addition to the suggested topics, the student should review information pertinent to the individual patients encountered during the clinical time and any other additional topics assigned by the preceptor.

Suggested Topics:

- Abdominal Pain
- Mental Status change/Weakness
- Chest Pain

- Environmental/Travel Disorders
- HEENT Disorders
- Gastrointestinal Bleeding
- Poisoning/Overdose
    - Carbon Monoxide Overdose
    - Overdose of Toxic Alcohols
- Psychiatric/Behavioral
    - Psychosis
    - Depression
    - Substance Abuse
    - Suicide
- Resuscitation/Shock
    - Airway Management
- Shortness of Breath
- Traumatic Injuries
- OB/Gyn
- Wound Care

H. Additional Recommendations

- DocCom cases: Advanced Elements: #13-"Responding to strong emotions"

  Complete the Discussion Questions**.** To access the Doc.Com Cases visit: https://webcampus.med.drexel.edu/doccom/db/read.aspx the student will log in using his/her email address and password.

- Review ACLS

I. Procedures/Clinical Skills:

Observed, Assisted and/or performed the following:

- Dictation (written) note of patient encounter
    - Chief complaint
    - History
    - ROS
    - Social history
    - Exam
    - Differential diagnosis
    - Lab/x-ray
    - Impression
    - Treatment
    - Disposition
    - 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

Selected Specific Learner-Centered Objectives for Emergency Medicine:

For the discipline of Emergency Medicine, the student will be required to demonstrate the ability to diagnose and manage selected patient presentations and clinical situations involving, but not limited to the following:

1. **Abdominal Pain:** Aortic aneurysm, appendicitis, bowel obstruction, cholecystitis/cholelithiasis and diverticulitis.
2. **Mental Status Change/Weakness:** Cerebrovascular disease, hypoglycemia, infection, delirium, seizure, syncope, and metabolic disorders.
3. **Chest Pain:** Acute Coronary Syndromes, Aortic dissection, pneumothorax, and pulmonary embolism.
4. **Environmental/Travel Disorders:** Chemical and thermal burns, envenomation and hypothermia/hyperthermia.
5. **HEENT Disorders:** Infections, headache including migraine and subarachnoid hemorrhage, glaucoma, epistaxis, and trauma.
6. **Gastrointestinal Bleeding:** Upper including peptic ulcer disease and variceal, and lower including diverticulosis, hemorrhoids and malignancy.
7. **Poisoning/overdose:** Anion gap acidosis, decontamination, and overdoses of acetaminophen, carbon monoxide, opioids, salicylates, tricyclic antidepressants and toxic alcohols.

8. **Psychiatric/Behavioral:** Psychosis, depression, substance abuse and suicidal ideation or attempt.
9. **Resuscitation/Shock:** Basic airway management, cardiopulmonary resuscitation, dysrhythmia identification and treatment, treatment of shock states including anaphylaxis, cardiogenic, hypovolemia, and septic.
10. **Shortness of Breath:** Airway obstruction, asthma/COPD, heart failure, pulmonary embolism, and infections including pneumonia, bronchitis, and epiglottitis,
11. **Traumatic injuries:**
    Abdominal injuries (including bowel, hepatic, and splenic injuries)
    Chest injuries (including hemothorax, pneumothorax, and tension pneumothorax)
    Extremity injuries (including dislocations, fractures and splinting)
    Head injuries (including epi-/subdural hematoma)
    Neck injuries (including cervical fractures and spinal cord damage)
    Pediatric non-accidental trauma/domestic violence.
12. **OB/GYN:** Abortion including complete, incomplete, inevitable and threatened; ectopic pregnancy, placenta previa and placental abruption. Infections including pelvic inflammatory disease and sexual transmitted infections.
13. **Wound Care:** Irrigation, local anesthesia, primary closure, and tetanus prophylaxis

Entrustable Professional Activities

Core Entrustable Professional Activities (EPAs) are tasks or responsibilities that students can perform unsupervised once they have attained sufficient competence. Students are required to obtain assessment and coaching on the EPAs listed below.

At a minimum, you are required to get one assessment for each EPA during this rotation. Students must have a personal device for educational resources and apps used for each rotation.

A one-on-one handout describing the EPAs and use of the EPA app may be shared with a preceptor and can be found in eMedley:

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- Filter for **EPA One on One Handout for Preceptors**

Please direct any questions you have about the EPAs themselves to the Regional Assistant Dean.

For questions or technical support regarding the EPA app, please contact alinsenmeyer@osteo.wvsom.edu.

Week 1 - EPA 1a & 1b: Gather a history and perform a physical examination
Week 2 - EPA 2: Prioritize a differential diagnosis following a clinical encounter
Week 3 - EPA 6: Provide an oral presentation of a clinical encounter
Week 4 - EPA 10: Recognize a patient requiring urgent or emergent car and initiate evaluation and management

J. Patient Procedure Logs

While on clinical rotations the student is required to maintain a log of patient encounters and procedures while on any clinical site. The purpose of a well-documented log is to assist the student in cataloging and keeping records of the cases and procedures to which they have been exposed and to guide the student to seek out those with which they have had had limited experience. The student should become accustomed to maintaining a log, as this practice will continue through their residency training. The log books need to be initialed by the preceptor, endorsing the accuracy of the student's entries. The logs need to be reviewed by the Regional Assistant Dean and/or Director to be accepted as proper documentation of the student's rotation experience. The student may use more than one line for entries in the log book to provide adequate documentation of encounters, if needed.

Student documentation in the patient procedure log should include:

- A notation in the logbook for every patient encounter. Patients may only be identified by age and gender. Rotations such as Radiology where the encounter may be an image or Pathology where the encounter is a specimen should be documented as such.
- The location of the patient encounter, i.e. office/hospital/nursing home, etc. should be documented.
- The diagnosis or presenting complaint should be recorded in specific detail. (Example: "Acute Exacerbation of COPD," or "Uncontrolled DM type 2," rather than "COPD" or "DM")
- Any entries made by the student into the patient's medical record (admit notes, progress notes, or discharge summaries), and if the student provided an oral presentation to the preceptor on a patient encounter.
- All procedures that are observed (O), assisted (A), orperformed (P) by the student should be included in the log, as well.

The student should retain a personal copy of their patient procedure log. These can be referenced in the future when the student is questioned about their experience level in performing certain procedures while on 4th year audition rotations.

K. Grading/Calculations

2. Preceptor grade 60%
3. EM COMAT end of rotation examination 40%
4. Completion of Patient Procedure Logs, Preceptor/Site/Course Evaluation, OMM Modules and EPA Assessments

- The patient procedure log, the preceptor/site/course evaluation, the OMM Modules and the EPA Assessments must be turned in by the last day of the rotation. Failure to comply will resultin a professionalism report.
- The student shall achieve a standard score of 80 or greater on the COMAT end of rotation exam to pass the Emergency Medicine rotation/course. Should the student score less than a standard score of 80, this will constitute failure of the examination and will be evaluated as per grading policy E-17 to assess for eligibility to retest.

- If the retest is passed with a standard score of at least 80, a 70 will be recorded as the final rotation course grade.

- If the retest COMAT score is below standard score of 80, this will be recorded as a rotation course failure and the student's file will be remanded to the Student Promotions Committee for review. The committee will make recommendations to the Associate Dean for Predoctoral Clinical Education to repeat the course or other sanctions up to and including dismissal. Please see Institutional Policy: E-17.

End of Rotation Grade Submission:

The preceptor (if an email address is on file) will receive an email, generated by eMedley, one week prior to the end of student's rotation, with a link to the Clinical Education Grade Form to complete before the end of the rotation.

The student should ask the preceptor/supervising physician if he/she has received an email with the link to the student's grade form.

If the Preceptor/Supervising physician did not receive the email, the student must provide a paper grade form, to be completed and Faxed or mailed to the SWC regional office.

The student is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor, when necessary, if the grade form has not been submitted to the statewide campus office.

Keep in mind that credit will not be received for the rotation

until the grade sheet has been received by your Statewide Campus office.

Obstetrics and Gynecology/Women's Health

Course Number: 803

A. Introduction

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

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

B. Course (Rotation) Objectives and Core Competencies

1. Medical Knowledge

a. Demonstrate knowledge of preconception care including the impact of genetic, medical conditions and environmental factors on maternal health and fetal development.
b. Explain the normal physiologic changes of pregnancy including interpretation of common diagnostic tests.
c. Describe common problems in Obstetrics, including impact of opioids, drug addiction and drug use during pregnancy.
d. Demonstrate knowledge of postpartum care and the impact of postpartum depression.
e. Describe menstrual cycle physiology, discuss Tanner stages, puberty and menopause and explain normal and abnormal bleeding.
f. Demonstrate knowledge of common benign gynecological conditions.
g. Describe common breast conditions and outline the evaluation of breast complaints.
h. Describe gynecological malignancies including risk factors, signs and symptoms and initial evaluation.
i. Develop a thorough understanding of contraception, including sterilization and abortion.

2. Patient Care

a. Apply recommended prevention strategies to women throughout the lifespan.
b. Demonstrate knowledge of intrapartum care of the mother and newborn.
c. Formulate a differential diagnosis of the acute abdomen and chronic pelvic pain.
d. Demonstrate knowledge of perioperative care and familiarity with

gynecological procedures.

e. Be able to provide a preliminary assessment of patients with sexual concerns.
f. Be able to identify sexually transmitted diseases and treatment for them.

3. Interpersonal and Communication Skills

a. Complete a comprehensive women's interview, including: Menstrual history, obstetric history, gynecologic history contraceptive history, sexual history, family/genetic history and social history.
b. Perform accurate examinations in a sensitive manner, including a breast examination, an abdominal examination, and a complete pelvic examination.
c. Assess the patient's adherence to the recommended screening measures.
d. Produce well-organized written and oral reports to communicate the results of the ob-gyn and general medical interview and examination.

4. Professionalism

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

5. Practice-Based Learning and Improvement

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

6. Systems-Based Practice

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

7. Osteopathic Philosophy and Osteopathic Manipulative Medicine

a. Understand the basic tenets and fundamental techniques utilized to evaluate, diagnose and treat the female patient osteopathically.
b. Demonstrate the ability to properly document an osteopathic structural examination on an Obstetrical patient.

C. Study Guide

In general, the best approach to studying OB/GYN is utilizing multiple sources. This area is complicated by the fact that it is a relatively short time to learn an area that includes medical and surgical components. The APGO/UWISE resource provides an excellent introduction to common topics. The extensive test questions are an excellent foundation from which to base your review and readings Beckman is a core OB/GYN text and is highly recommended. For a shorter "handbook" style reference, the Obstetrics, Gynecology, and Infertility Handbook would be a useful resource during downtime in clinic or as a quick review before a surgery.

D. COMAT Blueprint

Review the NBOME web site on the COMAT Blueprint for OB/GYN. This will provide a general roadmap for your studies. However, still take the time to read about your patient encounters and any additional material that your preceptor suggests.

https://www.nbome.org/exams-assessments/comat/exam-series/comat-obgyn/

As you can see, similar to the specialty itself, the COMAT content is broad and fairly evenly distributed over the following topics:

- Abnormal Obstetrics
- General Gynecology
- Gynecologic Oncology
- Normal Obstetrics
- Reproductive Endocrinology

Pretest/Posttest

Please refer to Proctored End of Rotation Exams.

E. Required textbooks

Seidel's Guide to Physical Examination, 9th ed.

Beckmann, Obstetrics and Gynecology. 8th ed. Philadelphia, PA: Lippincott Williams and Wilkins, Wolters Kluwer Health 2014

Obstetrics, Gynecology & Infertility: Handbook for Clinicians

F. Additional resources

WVSOM has an active subscription to the Association of Professors of Gynecology and Obstetrics (APGO) **uWISE** self-assessment tool which allows you to have a personal subscription while you are in the ob/gyn clerkship rotation. The APGO Undergraduate Web-Based Interactive Self-Evaluation **(uWISE)** is a 600-question interactive self-exam designed to help medical students acquire the necessary basic knowledge in obstetrics and gynecology. Students find this resource to be an extremely valuable study tool since it allows you to gain feedback on each of the questions as you move through the various exams.

Students will receive an email link for login access at the start of their OB/GYN rotation.

After you register, you can also access the APGO YouTube channel that has brief videos as listed below. (You must be a registered user to view the videos.)

https://www.youtube.com/playlist?list=PLy35JKgvOASnHHXni4mjXX9kwVA_YMDpq

The Kaplan Review Course is an additional resource you may find helpful as you proceed through the rotation. www.kaptest.com or www.kaplanmedical.com

G. Didactic and Reading/Written Assignments

1. Rotation Specific Didactics

The Obstetrics and Gynecology/Women's Health rotation will have a mandatory, discipline specific half-day didactic (3 hours) during the first week of the rotation which may consist of a combination of lectures, hands-on activities, and interactive activities. All SWC students in this discipline will participate from the region where their rotation is taking place in real time via electronic means for the portions of the didactic being provided from a central location. The presentations selected for this discipline are meant to augment the student's experience on the rotation and provide topics consistent with the NBOME blueprint for this rotation discipline.

2. OMM Modules

You will be required to read and complete one OMM Module during OB (Osteopathic Approach to Dysmenorrhea). The module can be found on eMedley:

Go to educate, click the funnel icon next to the search bar, select Class of 2023 for the section, enter OPP into the search bar. Locate the correct module for the rotation (listed above). Click the plus sign to view the content.

Additionally, you must complete a 10 item formative quiz that will be released to you during your OB rotation. It must be completed with a score of 80% or better; however, you will have multiple attempts to master it.

To access the quiz, go to educate, click the funnel icon next to the search bar, select Class of 2023 for the section, enter Test into the search bar. Locate the correct quiz for the rotation. Click the plus sign and then click Take Quiz.

3. uWise topics and questions

Topic	**Videos and uWise question topics**
PAP Smears and Cultures ***You will note that Pap smears are emphasized on the COMAT testing. If you read any Pap guidelines, you will see that the recommendations somewhat vary as to timing and test(s) of choice. Instead of memorizing specific timing intervals, focus on what the Pap and HPV tests are screening for and have a general idea as to what the different classifications of abnormal Paps signify. UptoDate provides an excellent general overview.***	#3
Preventive Care and Health Management	#7
Maternal-Fetal Physiology	#8
Preconception Care	#9
Antepartum Care	#10
Intrapartum Care	#11
Postpartum Care	#13
Lactation	#14
Ectopic Pregnancy	#15
Preeclampsia-Eclampsia Syndrome	#18
Abnormal Labor	#22
Third-Trimester Bleeding	#23
Preterm Labor	#24
Premature Rupture of Membranes	#25
Intrapartum Fetal Surveillance	#26
Postpartum Hemorrhage	#27
Post term Pregnancy	#30
Fetal Growth Abnormalities	#31
Contraception and Sterilization	#33
Vulvar and Vaginal Disease	#35
Sexually Transmitted Infections and UTIs	#36
Pelvic Relaxation and Urinary Incontinence	#37
Endometriosis	#38
Chronic Pelvic Pain	#39

Disorders of the Breasts	#40
Puberty	#42
Amenorrhea	#43
Hirsutism and Virilization	#44
Normal and Abnormal Uterine Bleeding	#45
Dysmenorrhea	#46
Menopause	#47
Infertility	#48
Gestational Trophoblastic Neoplasia	#50
Vulvar Neoplasia	#51
Cervical Disease and Neoplasia	#52
Uterine Leiomyomas	#53
Endometrial Hyperplasia and Carcinoma	#54
Ovarian Neoplasms	#55

H. Additional Recommendations:

The following is a list of common procedures that you should take the time to view: (Consider using the Procedures Consult web site)

- Vacuum Assisted Delivery
- Circumcision
- IUD insertion and removal
- Nexplanon insertion
- 1st Trimester Ultrasound
- Endometrial Biopsy
- C-Section

DocCom Cases:

Communicating in Specific Situations: #28-Domestic Violence
Complete the Discussion Questions. To access the Doc.Com Cases visit: https://webcampus.med.drexel.edu/doccom/db/read.aspx you will log in using your Email address and Password.

I. Procedures and Clinical Skills:

It is highly suggested that you perform, at least once, each of the skills listed below. See the checklist below for a summary of essential OB/GYN experiences.

Obstetrics

1. Perform history and physical examination on the obstetrical patient.
2. Properly perform a bladder catheterization on an obstetrical patient in the delivery room.
3. Properly scrub, gown and glove, and maintain sterile technique.
4. Do an accurate vaginal examination on a patient in labor and delivery then

describe to the attending the fetal position, station, cervical dilation and effacement.
5. Perform a normal vaginal delivery with supervision.
6. Perform, adequately, a bulb and DeLee suction of an infant with supervision.
7. Properly clamp and cut the umbilical cord and obtain cord blood samples.
8. Properly deliver the placenta and examine its surface maternal and fetal sides.
9. Evaluate post-delivery of the placenta the cervix and vagina for lacerations.
10. Adequately assist during or watch a Cesarean section.
11. Write a post-partum note and post-op note.

Gynecology/Gynecological Surgery

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

Procedures to observe and know the indications for:

1. Endometrial Biopsy
2. Ablation of the endometrium
3. Hysterectomy
4. Episiotomy/laceration repair
5. Obstetrical and Gynecologic ultrasound

NAME:_____

WVSOM OBIGYN SKILLS CHECKLIST

Clinical **Skills** and Procedures	Date	Patient **MRN**	Preceptor Initials
Clinical Skills			
Pelvic Exam/Pap Smear			
Pelvic Exam/Pap Smear			
Pelvic Exam/Pap Smear			
Pelvic Exam/Pap Smear			
Clinical Breast Exam			
Clinical Breast Exam			
Clinical Breast Exam			
Clinical Breast Exam			
Follow an obpatient from admission to delivery			
Assessment of cervical exam during labor			
Admission H&P & L&D note for obpatient			
Progress note for. 1) obpatient in office 2) gyn patient in office 3) well female exam			
Procedures (Observe, Assist, or Perform)			
Circumcision			
Cervical biopsy			
IUD insertion/removal			
Endometrial biopsy			
Vulvar biopsy			
Colposcopy			
Vaginal hysterectomy			
Abdominal hysterectomy			
Laparoscopy			
Dilation & curettage (D&C)			
Tubal ligation			
SVD spontaneous vaginal delivery			
Cesarean section			
Laceration Repair 1st/2nd deg reel			
Laceration Repair 3rd/4th deg reel			
Other:			
Other:			
Other:			

Entrustable Professional Activities

Core Entrustable Professional Activities (EPAs) are tasks or responsibilities that students can perform unsupervised once they have attained sufficient competence. Students are required to obtain assessment and coaching on the EPAs listed below.

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Week 1 – EPA 1: Gather a history and perform a physical examination
Week 2 – EPA 2: Prioritize a differential diagnosis following a clinical encounter
Week 3 – EPA 3: Recommend and interpret common diagnostic and screening tests
Week 4 – EPA 4: Enter and discuss orders and prescriptions

J. Patient Procedure Logs

While on clinical rotations the student is required to maintain a log of patient encounters and procedures while on any clinical site. The purpose of a well-documented log is to assist the student in cataloging and keeping records of the cases and procedures to which they have been exposed and to guide the student to seek out those with which they have had had limited experience. The student should become accustomed to maintaining a log, as this practice will continue through their residency training. The log books need to be initialed by the preceptor, endorsing the accuracy of the student's entries. The logs need to be reviewed by the Regional Assistant Dean and/or Director to be accepted as proper documentation of the student's rotation experience. The student may use more than one line for entries in the log book to provide adequate documentation of encounters, if needed.

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documented as such.

- The location of the patient encounter, i.e. office/hospital/nursing home, etc. should be documented.
- The diagnosis or presenting complaint should be recorded in specific detail. (Example: “Acute Exacerbation of COPD,” or “Uncontrolled DM type 2,” rather than “COPD” or “DM”)
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- All procedures that are observed (O), assisted (A), orperformed (P) by the student should be included in the log, as well.

The student should retain a personal copy of their patient procedure log. These can be referenced in the future when the student is questioned about their experience level in performing certain procedures while on 4th year audition rotations.

K. Grading/Calculations

1. Preceptor grade 60%
2. Women’s Health/OB/GYN COMAT end of rotation examination 40%
3. Completion of Patient Procedure Logs, Preceptor/Site/Course Evaluation, OMM Module and EPA assessments.
    - The patient procedure logs along with the preceptor/site/course evaluation, OMM module and EPA assessments must be turned in by the last day of the rotation. Failure to comply will result in a professionalism report.

    - Note that you will have a standard score of 80 or greater on the COMAT end of rotation exam to pass the Obstetrics and Gynecology/Women’s Health rotation/course. Should you score less than a standard score of 80, you will have failed the examination and will be evaluated as per grading policy E-17 to assess for eligibility to retest.
    - If the retest is passed with a standard score of at least 80, a 70 will be recorded as the final rotation course grade.

    - If the retest COMAT score is below standard score of 80, this will be recorded as a rotation course failure and your file will be remanded to the Student Promotions Committee for review. The committee will make recommendations to the Associate Dean for Predoctoral Clinical Education to repeat the course or other sanctions up to and including dismissal. Please see Institutional Policy: E-17.

End of Rotation Grade Submission:

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Keep in mind that credit will not be received for the rotation until the grade sheet has been received by your Statewide Campus office.

SECTION III FOURTH YEAR ROTATION SYLLABI

Introduction to Fourth Year

All students must have successfully completed the requirements of year three before being permitted to begin year four. Rotations include four (4) weeks of Family Medicine II; four (4) weeks of Family Medicine III; 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; (10) weeks of electives; and two weeks of Mandatory Time Off. During year four, each student must complete one of the above rotations so it satisfies the Stookey rotation requirement.

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.

Internal Medicine II and Internal Medicine III (Selective)

Course Numbers: 812, 914, 972, 973

A. Introduction

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

Internal Medicine II and III 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 four (4) separate rotations in general internal medicine or a subspecialty. See section Approved Selective Rotations.

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, attend hospital lectures, and be generally introduced to hospital routine. Students in Medicine are expected to attend morning report, internal medicine conferences, and medical grand rounds. Presentation of cases by students should be encouraged early and their performance should be observed and critiqued.

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

B. Course Rotation Objectives and Core Competencies

1. Medical Knowledge

a. Demonstrate understanding of patient presentation and pathophysiology of common presenting complaints seen in the adult patient, including:

- Cardiovascular Diseases
- Gastrointestinal Diseases.
- Allergic, Dermatologic, and Immunologic Disorders
- Musculoskeletal and Connective Tissue
- Neurologic Disorders
- Endocrine Disorders
- Renal Disorders
- Infectious Disorders

- Pulmonary Disorders

b. The student will demonstrate the ability to evaluate and develop adifferential diagnosis for each of the following symptoms/conditions:

- Chest Pain
- Syncope
- Edema
- Anemia
- Fatigue
- Headache
- Cough
- Shortness of Breath
- Fever
- Abdominal Pain
- GI bleed
- Constipation
- Diarrhea
- Dizziness
- Back Pain
- Joint Pain
- Rash

c. Demonstrate an understanding of the basic principles and current recommendation for adult Immunizations based on ACIP or CDC guidelines and age appropriate cancer screenings (ex: Breast, Colon, Cervical, Prostate Screenings) and utilization of the USPSTF Database.

2. <u>Patient Care</u>

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

l. Develop an understanding of the altered physiology of the geriatric patient and aging process.

3. Interpersonal and Communication Skills

a. Explain how patient concerns and perspectives including cultural and religious influences impact care
b. Describe how to write the following types of medical notes:
c. SOAP notes
d. admission history & physicals
e. discharge summaries
f. procedure notes
g. Describe the capabilities of electronic health records.
h. Explain how to share diagnostic plan of care, and prognostic information with patients and families.

4. Professionalism

a. Summarize understanding and need for supervision, chaperones and/or assistance.
b. Explain how sensitivity, empathy and responsiveness to diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation impacts care.
c. Explain 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.
d. Recognize that all patients in emergency situations shall receive care regardless of medical insurance coverage, ethnicity, race, or social economic status.

5. Practice-Based Learning & Improvement

a. Apply fundamental epidemiologic concepts.
b. Detail medical informatics, evidence-based medicine, and research.
c. Identify personal knowledge deficits, strengths, and limits through frequent self-reflection.
d. Explore the ability to locate educational resources and strengthen personal medical knowledge.
e. Explain quality improvement.

6. System-Based Practice

a. Be aware of medication and treatment costs (direct patient costs/insurance coverage) and the impact of these factors on the physician's treatment plan.
b. Demonstrate understanding of HIPAA regulations and its impact on the communication of patient care information for patients.
c. 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.
d. Understand the training and certification pathways of sub specialties.
e. Demonstrate an understanding of when it is appropriate to refer to specialists.

7. Osteopathic Philosophy and Osteopathic Manipulative Medicine

a. Identify common and preferred pain patterns.
b. Identify key history and physical examination findings pertinent to the working

diagnosis and the differential diagnosis.

c. Use appropriate information resources to determine diagnostic evaluations for patients with common and uncommon medical problems.
d. Describe how critical pathways or practice guidelines can be useful in sequencing diagnostic evaluations for the patient.
e. Formulate a differential diagnosis based on findings from the history and physical examination of the patient.
f. Prioritize diagnostic tests and treatment (including OMT) based on sensitivity, specificity, and cost-effectiveness.
g. Apply the 4 tenets of osteopathic medicine to patient care.

C. Study Guide

Continued use of *Step Up to Medicine.*
This should be supplemented by other sources such as the required texts and readings assigned to you by your preceptor.

To access Step Up to Medicine:

Go to: https://www.wvsom.edu/library/databases-portals-eresources
Scroll down and click LWW Health Library, then enter WVSOM Username and Password. Cut and paste the following link into the address bar:
https://clerkship.lwwhealthlibrary.com/book.aspx?bookid=2614&rotationId=0

Alternative: Click clerkship/clinical rotations link. Then click Text. Then find Step-Up 5th Edition under Internal Medicine.

D. COMAT Blueprint

No COMAT

E. Required Textbooks

Agagbegi, E.D., Duncan, M. D., Chuang, K., & Agabegi, S. S. Step-up to Medicine (5th Ed.). Philadelphia: Wolters Kluwer/Lippincott Williams & Wilkins.*
Goldman: Goldman's Cecil Medicine, 26th edition, 2020. Saunders*
Andreoli and Carpenter's Cecil Essentials of Medicine, 9th edition, 2016. Saunders*
Ham's Primary Care Geriatrics, Sixth Edition, 2014. Saunders*
Medicine: A Competency-Based Companion, 2013. Elsevier. *
Seidel's Guide to Physical Examination, 9th edition, 2019. Mosby*

Students should be attending all morning report, internal medicine conferences, and medical grand rounds while on these rotations

F. Additional Resources:

Pocket Medicine: the Massachusetts General Hospital Handbook of Internal Medicine, Sabatine. 2017
Ferri's Clinical Advisor 2020. Elsevier*
Ferri's Practical Guide: Fast Facts for Patient Care. 9th edition, 2014. Elsevier*
*available for free on ClinicalKey through the WVSOM library

The American Academy of Dermatology (AAD) has excellent free resources available for study

1. The comprehensive skin exam: https://www.aad.org/member/education/residents/bdc/skin-exam

2. Other common dermatological conditions frequently encountered in Internal Medicine: https://www.aad.org/member/education/residents/bdc/

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G. Didactic and Reading/Written Assignments

1. OMM Modules

You will be required to read and complete the following OMM Modules during IM II & IM III. The modules can be found on eMedley→

a. For IM II - Osteopathic Approach to Myocardial Infarction
b. For IM III - Osteopathic Approach to Asthma

Additionally, you must complete a 10 item formative quiz that will be released to you during IM II & IM III. It must be completed with a score of 80% or better; however, you will have multiple attempts to master it.

2. The foundation of your required study will be continued use of Step-Up to Medicine.

Agagbegi, E.D., Duncan, M. D., Chuang, K., & Agabegi, S. S. (2020). Step-up to medicine (5th Ed.). Philadelphia: Wolters Kluwer/Lippincott Williams & Wilkins.

Additionally, the student is expected to set time aside each day for reading about patient encounters, preceptor assigned reading, and commonly encountered conditions.

H. Additional Recommendations:

Cecil's Essentials of Medicine is a foundational textbook and should be in the personal library and heavily referred to by every medical student.

Can access the free online program Universal Notes for supplemental review questions (program already used in FM 1 and 2 and Pediatrics)

I. Procedures/Clinical Skills

Continue to advance the skills and core competencies learned in the IM 1 course.

Essential Skills

Students must continue to progress with the goal of being able to perform the following skills independently (this list is not comprehensive and should serve as a foundational skills list as the student approaches post graduate training programs):

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

*if unable to document in the EHR, student is expected to handwrite or type

Procedures:

Students should gain familiarity with the following procedures and seek opportunities to observe, assist or perform them, under the guidance of their attending:

- 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
- Central line placement
- PICC line placement
- Endotracheal intubation
- Nasogastric tube insertion
- Foley catheter insertion in both male and female patients
- 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
- Thoracentesis
- Paracentesis
- Biopsy (example: skin, liver, bone marrow), including review with the pathologist
- Wound care and dressing
- Echocardiography
- Autopsy, if available

The student should demonstrate competency in the basic interpretation of the following laboratory and radiologic studies:

- CBC, including peripheral blood smear
- UA, including microscopic analysis
- PTT, PT, INR (International Ratio) – Coagulation Studies
- Anemia Studies including iron, ferritin, TIBC, reticulocyte count, B12, MCV, RDW
- Fluid Analysis (Thoracentesis, Paracentesis, CSF, etc.), Cell Counts, Culture and Sensitivity, and Proteins
- Lipid profile
- Hepatic Profile
- Hepatitis B and C antigens and antibodies
- Bilirubin
- Thyroid function tests
- Glucose, Hemoglobin A1C
- Electrolytes and Renal Function tests
- Cardiac Enzymes
- RPR
- HIV Antibodies and 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
    - CXR – Normal
    - KUB – Normal

Entrustable Professional Activities

Core Entrustable Professional Activities (EPAs) are tasks or responsibilities that students can perform unsupervised once they have attained sufficient competence. Students are required to obtain assessment and coaching on the EPAs listed below.

At a minimum, you are required to get one assessment for each EPA during this rotation. Students must have a personal device for educational resources and apps used for each rotation.

A one-on-one handout describing the EPAs and use of the EPA app may be shared with a preceptor and can be found in eMedley:

- Go to **educate**
- Select 005-1: Statewide Campus Information in the Search box
- Filter for **EPA One on One Handout for Preceptors**

Please direct any questions you have about the EPAs themselves to the Regional Assistant Dean.

For questions or technical support regarding the EPA app, please contact alinsenmeyer@osteo.wvsom.edu.

IM II:
Week 1 – EPA 7: Form clinical questions and retrieve evidence to advance patient care
Week 2 – EPA 4: Enter and discuss orders and prescriptions
Week 3 – EPA 9: Collaborate as a member of an interprofessional team
Week 4 – EPA 10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management

IM III:
Week 1 – EPA 5: Document a clinical encounter in the patient record
Week 2 – EPA 6: Provide an oral presentation of a clinical encounter
Week 3 – EPA 3: Recommend and interpret common diagnostic and screening tests
Week 4 – EPA 13: Identify system failures and contribute to a culture of safety and improvement

J. Patient and Procedure Logs

Patient Logs:
While on clinical rotations the student is required to maintain a log of patient encounters and procedures while on any clinical site. The purpose of a well-documented log is to assist the student in cataloging and keeping records of the cases and procedures to which they have been exposed and to guide the student to seek out those with which they have had had limited experience. The student should become accustomed to maintaining a log, as this practice will continue through their residency training. The log books need to be initialed by the preceptor, endorsing the accuracy of the student's entries. The logs need to be reviewed by the Regional Assistant Dean and/or Director to be accepted as proper documentation of the student's rotation experience. The student may use more

than one line for entries in the log book to provide adequate documentation of encounters, if needed.

Student documentation in the patient procedure log should include:

- A notation in the logbook for every patient encounter. Patients may only be identified by age and gender. Rotations such as Radiology where the encounter may be an image or Pathology where the encounter is a specimen should be documented as such.
- The location of the patient encounter, i.e. office/hospital/nursing home, etc. should be documented.
- The diagnosis or presenting complaint should be recorded in specific detail. (Example: “Acute Exacerbation of COPD,” or “Uncontrolled DM type 2,” rather than “COPD” or “DM”)
- Any entries made by the student into the patient’s medical record (admit notes, progress notes, or discharge summaries), and if the student provided an oral presentation to the preceptor on a patient encounter.
- All procedures that are observed (O), assisted (A), orperformed (P) by the student should be included in the log, as well.

The student should retain a personal copy of their patient procedure log. These can be referenced in the future when the student is questioned about their experience level in performing certain procedures while on 4th year audition rotations.

K. Grading - Calculations

1. Preceptor grade 100 %
2. Completion of Preceptor/Site/Course Evaluation, OMM Modules and EPA assessments.

- The preceptor/site/course evaluation, OMM Modules and EPA assessments must be submitted electronically by the last day of the rotation. Failure to comply will result in a professionalism report.

End of Rotation Grade Submission:

The preceptor (if an email address is on file) will receive an email, generated by eMedley, one week prior to the end of student’s rotation, with a link to the Clinical Education Grade Form to complete before the end of the rotation.

The student should ask the preceptor/supervising physician if he/she has received an email with the link to the student’s grade form.

If the Preceptor/Supervising physician did not receive the email, the student must provide a paper grade form, to be completed and Faxed or mailed to the SWC regional office.

The student is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor, when necessary, if the grade form has not been submitted to the statewide campus office.

Keep in mind that credit will not be received for the rotation until the grade sheet has been received by your Statewide Campus office.

Surgery II and Surgery III (Selectives)

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

A. Introduction

Surgery II and Surgery III (Selective) are designed to further train the student in basic surgical skills, preoperative patient evaluations, operating room procedures, and postoperative patient care.
During these rotations the student will:

- Continue to develop skills in their performance of a detailed pre-surgical history and physical examination
- Learn the indications 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
- Exposure to the considerations employed in the selection of the anesthetic agents
- Become 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 selective, the student is required to complete and submit to the Office of Clinical Education the Site Evaluation and Log Form. No grade will be recorded in the Registrar's Office until the site evaluation/log form is received.

B. Course Rotation Objectives and Core Competencies

1. **<u>Medical Knowledge</u>**
   a. Understand basic surgical principles and terminology.
   b. Understand the basic principles of tissue healing.
   c. Understand the role of pre-operative risk assessment, intra-operative care and post- operative patient management.
   d. Disease Specific Objectives

Gastrointestinal

- Define hematemesis, melena, and hematochezia and where the primary source of bleeding may be based on this.
- List the most common sites of bleeding from a GI source in an adult patient.
- Define and outline the treatment for a patient with GI tract hemorrhage to include correction of volume deficiency, identification of source of bleeding with appropriate diagnostic and therapeutic modalities.

Gastrointestinal Reflux

- Describe conditions leading to reflux esophagitis.
- Describe the signs and symptoms of reflux esophagitis.
- Describe dysphagia.
- Describe the medical and surgical options for the treatment of gastroesophageal reflux disease.
- Discuss the merits of both surgical treatment and medical treatment of this condition.

Peptic Ulcer Disease

- Describe the anatomy of the stomach and the location of most ulcers.
- Describe the diagnostic work up of peptic ulcer disease to include lab
- studies. upper gastrointestinal tract radiology, and endoscopy.
- Discuss the role of helicobacter in peptic ulcer disease.
- Discuss appropriate surgery for peptic ulcer disease that fails medical treatment.
- Discuss medical treatment.

Acute Appendicitis

- Describe the signs and symptoms of appendicitis.
- Describe confounding factors such as gynecologic problems which could mimic
- Appendicitis.
- Describe appropriate lab and the use of CT scan in the diagnosis of appendicitis.
- Describe the operation.

Small Bowel Obstruction

- Describe the signs and symptoms of ileus and mechanical small bowel obstruction.
- Describe the initial management of both of these entities.
- Outline a rationale for surgical intervention.

Diverticulitis

- Describe the signs and symptoms.
- Discuss the use of appropriate labs and CT scans in the diagnosis and treatment
- of diverticulitis.
- Discuss the indications for operation.
- Discuss the role of interventional radiology.
- Describe appropriate antibiotics for the treatment of diverticulitis.

Colorectal Carcinoma

- Describe the signs and symptoms.
- Discuss appropriate labs, CT scan, CEA, and endoscopic means of diagnosis.
- Discuss the role of barium enema.
- Describe the decreasing role of proctosigmoidoscopy.
- Describe the appropriate operation for right colon tumor, left colon tumor, or rectal tumor and its potential complications.
- Discuss the role of chemotherapy either preoperatively or postoperatively in colorectal carcinoma.
- Discuss the role of postoperative follow up in colorectal carcinoma to include CEA and colonoscopy.

Rectal Bleeding (benign)

- Describe the necessity of confirming the benign nature of the bleeding.
- Describe the pathophysiology and treatment of anal fissure and its appropriate operation if necessary.
- Describe the pathophysiology and treatment of internal hemorrhoids.

Biliary Disease

- Describe the signs and symptoms of cholecystitis.
- Describe appropriate lab and ultrasound findings in cholecystitis as well as choledocholithiasis.
- Define Courvoisier's sign, Charcot's triad, and Reynolds's pentad.
- Describe the operation of cholecystectomy done laparoscopically and the indications for the use of cholangiography.

Pancreatic Mass

- Describe the signs and symptoms of an occlusion of the ampulla of Vater.
- List appropriate lab work and the findings of a CT scan in this entity.
- Describe a Whipple Procedure and its indication in this entity.
- Describe the work up of a pancreatic pseudocyst and its treatment.

Breast

- Describe the work up of a breast mass to include physical examination, ultrasound, mammography, and MRI.
- Describe indications for biopsy and potential biopsy routes to include stereotactic biopsy, biopsy of a palpable mass, or ultrasound guided biopsy.
- Describe a modified radical mastectomy as well as a lumpectomy with axillary node dissection and appropriate patient selection.
- Describe the necessity for postoperative radiation in breast conservation surgery.
- Describe appropriate follow up for a patient with a known breast cancer.
- Describe risk factors for breast carcinoma.

Hernia

- Describe the signs and symptoms of a femoral hernia, inguinal hernia, umbilical hernia or ventral abdominal wall incisional hernia.
- Describe the differences between an indirect and direct hernia.
- Describe the difference between an incarcerated vs. strangulated hernia.

- Describe a Richter's hernia.
- Define Hesselbach's triangle.
- Describe appropriate operations for hernia to include tension free repair as well as the use of mesh and laparoscopic techniques.

Surgical Infections

- Define clean, clean contaminated, contaminated, and dirty wounds.
- Describe the diagnostic features and treatment for a wound infection.
- Describe the diagnostic and therapeutic modalities used for deep wound infections or intra-abdominal infections.
- Describe appropriate antibiotics based upon the site of infection and the most common organism felt to originate from this site.

Shock

- Define shock.
- Describe the four most common types of shock as outlined in ATLS.
- Describe appropriate treatment for each type of shock.
- Describe appropriate fluids in the setting of different types of shock.
- Describe shock classification and hemorrhagic shock based upon the amount of volume lost and the need for blood products in higher classifications.

e. Basic Procedures

IV's

- Describe the 4 types of shock and their appropriate IV fluid type and amount.
- Describe the placement of a central venous catheter and if possible assist in its placement.
- Describe the potential complications of a CVC and their appropriate response.
- Describe the contents of normal saline, lactated ringers, and D5W.

NGT

- Describe the placement and potential complications of a NGT
- Describe the electrolyte disturbance associated with NGT suction
- Describe the appropriate fluid to replace NGT

Foley Catheter

- Describe the placement and potential complications of a Foley catheter.
- Why use a Foley catheter.

Chest Tube

- Describe the placement, indications for (pneumothorax and hemothorax), and potential complications of a chest tube.
- Describe the function of a Pleurovac canister.

Essential Skills

- Tie a two-handed knot.
- Instrument tie.
- Recognize signs of healing as well as signs of infection within a wound.
- Remove sutures and/or staples.

- Understand the use of perioperative antibiotics.
- Write appropriate orders for preop and postop surgical patients.
- Write preop and postop notes as well as progress notes and history and physical for surgical patients.
- Follow patients and write appropriate notes to assist senior house staff and surgeons with their patients.

f. 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.
g. Understand the role of appropriate surgical consultation.
h. Understand and recognize the principles of evidence-based utilization of resources as applied to general surgery (system based).

2. Patient Care

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

3. Interpersonal and Communication Skills

a. Demonstrate ability to effectively communicate with surgical patients.
b. Demonstrate ability to identify and communicate with appropriate family members, medical power of attorney, or person of authority to speak on behalf of the patient.
c. Understand the documentation expectations of the attending surgeon during your rotation (H&P, surgical progress notes, etc).
d. Demonstrate effective communication techniques with the surgical healthcare team and ancillary staff.
e. Consolidate and organize pertinent information for presentation to the attending physician.
f. Demonstrate appropriate surgical consultation skills.
g. Demonstrate the ability to communicate effectively and compassionately with patients and family.

4. Professionalism

a. Demonstrate a team approach for treating surgical patients.
b. All students should arrive daily in appropriate attire. This would include; business casual dress, white coat and identifying name badge. Wearing scrubs in and out of the hospital is against many hospital by-laws for the department of surgery due to risk of contamination.
c. Students should arrive 15-30 min prior to the start of any day. This includes

both office and surgery.

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

5. <u>Practice-Based Learning and Improvement</u>

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

6. <u>System Based Practice</u>

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

7. <u>Osteopathic Philosophy and Osteopathic Manipulative Medicine</u>

a. Utilize osteopathic diagnostic skills that must be adapted to the physical limitations common to pre- and post-operative care environments.
b. Recognize and diagnose somatic dysfunction in the context of common surgical presentations including respiratory dysfunction, visceral dysfunction, and common viscerosomatic pain reflexes.
c. Recognize and apply osteopathic treatment modalities appropriate to the pre- and post-surgical environment for somatic dysfunction, including the need for

early ambulation and fluid mobilization techniques.

d. Consider the application of OMT only if safe in the context of the patient's current medical condition and environment.
e. Develop an appreciation for the need to treat the entire patient including emotional, spiritual, physical, and family needs.

C. Study Guide

For General Surgery, "Essentials of General Surgery" by Peter F. Lawrence and "Surgical Recall" by Lorne Blackbourne. Also, Mann and Lange "Surgery on Call" are excellent resources and are portable enough to carry to the hospital or office.

In surgery, it is especially important to read about the anatomy and pathology of the surgical cases before you scrub in.

For more in depth review of surgery, Sabiston is the classic reference text and is the go to source for explanations of common procedures.

D. COMAT Blueprint

No COMAT

E. Required Textbooks

Seidel's Guide to Physical Examination, 9th ed.
Essentials of General Surgery, Lawrence

F. Additional Resources

Surgery on Call, 4th edition, Lange
Zollinger's Atlas of Surgical Operations
Sabiston Textbook of Surgery, 20th edition
Core Topics in General and Emergency Surgery, 5th edition

G. Didactics and Reading/Written Assignments

1. OMM Modules

You will be required to read and complete an OMM Module during Surg II/III:

a. For Surg II: Osteopathic Approach to Atelectasis in Post Surgical Patient
b. For Surg III: Osteopathic Approach to Post Thoracotomy Pain

The modules can be found on eMedley

Additionally, you must complete a 10 item formative quiz that will be released to you during Surg II/III. It must be completed with a score of 80% or better; however, you will have multiple attempts to master it.

2. Discuss specific topics with your preceptor.

Review and reinforce basic anatomy and pathophysiology prior to each case.
Review the following common surgical topics and any additional topics as recommended by your preceptor as encountered during the rotation:

Hernia	
Thyroid	
Parathyroid	Large Intestine and Rectum
Fever in perioperative period	Appendix
Adrenal	Urology
Pancreas	Pediatrics
Breast	Pancreas
Shock	Biliary Tract
Fluids and Electrolytes	Liver
Surgical Nutrition	Spleen
Coagulation, Blood	Post-operative complications
Esophagus	Hemostasis
Diaphragm	
Stomach and Duodenum	Skin and subcutaneous tissues
Small Intestine	

H. Additional Recommendations:

Review the Wise MD videos on specific procedures:

- Wise MD: Inguinal Hernia
- Wise MD: Pediatric Hernia
- Wise MD: Thyroid Nodule
- Wise MD: Hypercalcemia
- Wise MD: Adrenal Adenoma
- Wise MD: Pancreatitis
- Wise MD: Breast Cancer
- Wise MD: Bowel Obstruction

- Wise MD: Colon Cancer
- Wise MD: Diverticulitis
- Wise MD: Anorectal Disease
- Wise MD: Appendicitis
- Wise MD: Cholecystitis
- Wise MD: Abdominal Aortic Aneurysms
- Wise MD: Carotid Stenosis
- Wise MD Lung Cancer
- Wise MD: Skin Cancer
- Wise MD: Trauma Resuscitation
- Wise MD: Burn Management
- Wise MD: Best Practices
- Wise MD: Foley Catheter Placement
- Wise MD: Suturing and Instrument Tie
- Wise MD: Two Handed Knot tie
- Wise MD: Ultrasound Basics Principles
- Wise MD: Ultrasound: For Vascular Access
- Wise MD: Ultrasound: E-Fast Exam

I. Procedures/Clinical Skills

Entrustable Professional Activities

Core Entrustable Professional Activities (EPAs) are tasks or responsibilities that students can perform unsupervised once they have attained sufficient competence. Students are required to obtain assessment and coaching on the EPAs listed below.

At a minimum, you are required to get one assessment for each EPA during this rotation. Students must have a personal device for educational resources and apps used for each rotation.

A one-on-one handout describing the EPAs and use of the EPA app may be shared with a preceptor and can be found in eMedley:

- Go to **educate**
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- Filter for **EPA One on One Handout for Preceptors**

Please direct any questions you have about the EPAs themselves to the Regional Assistant Dean.

For questions or technical support regarding the EPA app, please contact alinsenmeyer@osteo.wvsom.edu.

Week 1 - EPA 2: Prioritize a differential diagnosis following a clinical encounter

Week 2 - EPA 3: Recommend and interpret common diagnostic and screening tests
Week 3 - EPA 6: Provide an oral presentation of a clinical encounter
Week 4 - EPA 10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management

J. Patient Procedure Logs

Patient Logs:
While on clinical rotations the student is required to maintain a log of patient encounters and procedures while on any clinical site. The purpose of a well-documented log is to assist the student in cataloging and keeping records of the cases and procedures to which they have been exposed and to guide the student to seek out those with which they have had had limited experience. The student should become accustomed to maintaining a log, as this practice will continue through their residency training. The log books need to be initialed by the preceptor, endorsing the accuracy of the student's entries. The logs need to be reviewed by the Regional Assistant Dean and/or Director to be accepted as proper documentation of the student's rotation experience. The student may use more than one line for entries in the log book to provide adequate documentation of encounters, if needed.

Student documentation in the patient procedure log should include:

- A notation in the logbook for every patient encounter. Patients may only be identified by age and gender. Rotations such as Radiology where the encounter may be an image or Pathology where the encounter is a specimen should be documented as such.
- The location of the patient encounter, i.e. office/hospital/nursing home, etc. should be documented.
- The diagnosis or presenting complaint should be recorded in specific detail. (Example: "Acute Exacerbation of COPD," or "Uncontrolled DM type 2," rather than "COPD" or "DM")
- Any entries made by the student into the patient's medical record (admit notes, progress notes, or discharge summaries), and if the student provided an oral presentation to the preceptor on a patient encounter.
- All procedures that are observed (O), assisted (A), orperformed (P) by the student should be included in the log, as well.

The student should retain a personal copy of their patient procedure log. These can be referenced in the future when the student is questioned about their experience level in performing certain procedures while on 4th year audition rotations.

K. Grading – Calculations

1. Preceptor grade 100%
2. Completion of Preceptor/Site/Course Evaluation, OMM modules and EPA assessments.

    - The preceptor/site/course evaluation, OMM modules and EPA assessments must be turned in by the last day of the rotation. Failure to comply will result in a professionalism report.

End of Rotation Grade Submission:

The preceptor (if an email address is on file) will receive an email, generated by eMedley, one week prior to the end of student's rotation, with a link to the Clinical Education Grade Form to complete before the end of the rotation.

The student should ask the preceptor/supervising physician if he/she has received an email with the link to the student's grade form.

If the Preceptor/Supervising physician did not receive the email, the student must provide a paper grade form, to be completed and Faxed or mailed to the SWC regional office.

The student is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor, when necessary, if the grade form has not been submitted to the statewide campus office.

Keep in mind that credit will not be received for the rotation until the grade sheet has been received by your Statewide Campus office.

Family Medicine II

Course Number: 931, 932, 933

See discussion of Family Medicine III requirements.

Family Medicine III

Course Number: 960, 961, 962

A. Introduction

Between FMI, FM II, or FM III students must complete at least one of these rotations with a DO and at least 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.

FM II & III are each four (4) weeks in length and can be done as either a singular four-week block or two (2) two-week blocks.

This rotation takes place in a clinic or other outpatient setting. It is expected that he/she will gain considerable experience in the evaluation and treatment of a wide variety of cases that are seen in general practice. It is anticipated that the clinical skills acquired during training in Family Medicine I will be expanded in this advanced rotation.

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

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

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

At this level of clinical education, the student must not misinterpret a less structured academic program as being a lesser opportunity to learn. Self-motivation to seek out

knowledge is an essential ingredient for the successful physician. Fourth year students are expected to display this quality as they pursue, on their own, the additional studies required during each rotation.

B. Course Rotation Objectives and Core Competencies

1. Medical Knowledge

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

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

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

- Describe major treatment modalities for those problems.

d. Adult Health Maintenance:
   - Define wellness as a concept that is more than “not being sick”.
   - Define primary, secondary, and tertiary prevention.
   - Identify risks for specific illnesses that affect screening and management strategies.
   - Find and apply current guidelines for immunizations.

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

2. **Patient Care**

a. Perform a focused history and physical examination that includes identification of complications for chronic conditions.

b. Manage a chronic follow-up visit for patients with common chronic diseases.
   - Document a chronic care visit
   - Communicate respectfully with patients who do not fully adhere to their treatment plan
   - Educate a patient about an aspect of his/her disease respectfully, using language that the patient understands.
   - Propose an evidence-based management plan that includes pharmacologic and non-pharmacologic treatments, and appropriate surveillance and tertiary prevention.

c. Become comfortable documenting and managing acute care visits.

d. Develop an evidence-based health promotion/disease prevention plan for a patient of any age or gender.

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

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

g. Conduct a physical examination on an infant, child, adolescent, adult, and geriatric patient.

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

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

3. Interpersonal Communication Skills

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

4. Professionalism

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

5. Practice-Based Learning

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

6. System Based Practice

a. Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
b. Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
c. Be able to apply quality improvement concepts, including problem identification, barriers to optimal patient care and design improvement

interventions.

d. Be able to describe the nature and scope of family practice and how it interacts with other health professionals.
   - Discuss the value of family physicians within any health care system.
   - Discuss the principles of osteopathic family medicine care.
e. Be able to identify community resources available to enhance patient care.
f. Appreciate the importance of a cost-effective approach to the diagnostic work-up.
g. Have a basic understanding of Medicare, Medicaid, Third Party, and HMO services.

7. <u>Osteopathic Philosophy and Osteopathic Manipulative Medicine</u>

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

C. Study Guide

In general, the best approach to studying is to access multiple sources. Please refer to the Required Textbooks and Additional Resources as below per sections E & F.

Additionally, students may find several online references to be of assistance. The LWW Health Library (via WVSOM library page) offers free access to discipline specific clerkships such as Family Medicine. Access to multiple text books, including the Step Up series and hundreds of questions to use for self-assessment are available here.

It is a good habit to not let any down time go to waste. Don't forget to actively engage your preceptor in feedback and reading suggestions.

D. COMAT Blueprint

No COMAT.

E. Required Textbooks

Seidel's Guide to Physical Examination, 9th ed.

Textbook of Family Medicine, Rakel, et al; Elsevier 9th ed.
Foundations for Osteopathic Medicine, Lippincott Williams and Wilkins 4th ed

F. Additional Resources

These are additional textbooks that you may find helpful and have additional information on the topics for the COMAT blueprint. You will see some of these textbooks listed in the other disciplines as you progress.

Cecil Essentials of Medicine; Elsevier, 10th ed.
Nelson Essentials of Pediatrics; Elsevier, 8th ed.
Essentials of Family Medicine, Sloane, et al; Lippincott, Williams and Wilkins 7th ed
Ham's Primary Care Geriatrics; Elsevier, 6th ed.
Case Files Family Medicine; McGraw Hill/Lange 5th ed.
Conn's Current Therapy 2018; Elsevier
First Aid for the Medicine Clerkship; McGraw Hill, 3rd ed.

G. Didactic and Reading/Written Assignments

1. OMM Modules

You will be required to read and complete one OMM Module during each FM II & FM III rotations. During FM II, your assigned module will be an Osteopathic Approach to BPPV (Benign Positional Vertigo) and during FM III, your assigned module will be an Osteopathic Approach to IBS (Irritable Bowel Syndrome). The modules can be found on eMedley→

Additionally, you must complete a 10 item formative quiz that will be released to you during each FM II & FM III rotation. It must be completed with a score of 80% or better; however, you will have multiple attempts to master it.

2. Read about the specific patients you encounter during the week.

Try to read at least two hours during the work week and six hours daily on off days. Use the recommended and required texts. You can also use online resources for further in- depth readings on the WVSOM library.
Use Universal Notes (www.myuniversalnotes.com) to read about subjects that you didn't cover or want to review from FM 1.

H. Additional Recommendations

Readings from Rakel's and Conn's Current Therapy using the Universal Notes Family Medicine Study Outline from FM I will help guide you.

In addition to the Universal Notes, Rakel's Textbook of Family Medicine is a core reference text. Both primary and supplemental readings are strongly encouraged. Conn's Current Therapy has brief overviews of commonly encountered conditions and may be especially useful for a quick review, especially when you

encounter patients in the office and have limited time.

Because Family Medicine is so broad, there will be significant overlap between sources; don't hesitate to consult your Internal Medicine, OB/GYN, Pediatric, and Emergency Medicine texts and references as well.

I. Procedures/Clinical Skills

Entrustable Professional Activities

Core Entrustable Professional Activities (EPAs) are tasks or responsibilities that students can perform unsupervised once they have attained sufficient competence. Students are required to obtain assessment and coaching on the EPAs listed below.

At a minimum, you are required to get one assessment for each EPA during this rotation. Students must have a personal device for educational resources and apps used for each rotation.

A one-on-one handout describing the EPAs and use of the EPA app may be shared with a preceptor and can be found in eMedley:

- Go to **educate**
- Select 005-1: Statewide Campus Information in the Search box
- Filter for **EPA One on One Handout for Preceptors**

Please direct any questions you have about the EPAs themselves to the Regional Assistant Dean.

For questions or technical support regarding the EPA app, please contact alinsenmeyer@osteo.wvsom.edu.

During FM II:
Week 1 - EPA 1a: Gather a history
Week 2 - EPA 1b: Perform a physical examination
Week 3 - EPA 2: Prioritize a differential diagnosis following a clinical encounter
Week 4 - EPA 6: Provide an oral presentation of a clinical encounter

During FM III:
Week 1: EPA 3: Recommend and interpret common diagnostic and screening tests
Week 2: EPA 4: Enter and discuss orders and prescriptions
Week 3: EPA 5: Document a clinical encounter in the patient record
Week 4: EPA 6: Provide an oral presentation of a clinical encounter

** Please note that fourth year students are not required to submit the EHR FM note; however, the **EHR Stookey SOAP note** is **required** during **both** the **third and fourth year** Stookey rotations.

J. Patient Procedure Logs

Patient Logs:
While on clinical rotations the student is required to maintain a log of patient encounters and procedures while on any clinical site. The purpose of a well-documented log is to assist the student in cataloging and keeping records of the cases and procedures to which they have been exposed and to guide the student to seek out those with which they have had had limited experience. The student should become accustomed to maintaining a log, as this practice will continue through their residency training. The log books need to be initialed by the preceptor, endorsing the accuracy of the student's entries. The logs need to be reviewed by the Regional Assistant Dean and/or Director to be accepted as proper documentation of the student's rotation experience. The student may use more than one line for entries in the log book to provide adequate documentation of encounters, if needed.

Student documentation in the patient procedure log should include:

- A notation in the logbook for every patient encounter. Patients may only be identified by age and gender. Rotations such as Radiology where the encounter may be an image or Pathology where the encounter is a specimen should be documented as such.
- The location of the patient encounter, i.e. office/hospital/nursing home, etc. should be documented.
- The diagnosis or presenting complaint should be recorded in specific detail. (Example: "Acute Exacerbation of COPD," or "Uncontrolled DM type 2," rather than "COPD" or "DM")
- Any entries made by the student into the patient's medical record (admit notes, progress notes, or discharge summaries), and if the student provided an oral presentation to the preceptor on a patient encounter.
- All procedures that are observed (O), assisted (A), orperformed (P) by the student should be included in the log, as well.

The student should retain a personal copy of their patient procedure log. These can be referenced in the future when the student is questioned about their experience level in performing certain procedures while on 4th year audition rotations.

Family Medicine Procedure Log:
This form (see below) is to be signed by your preceptor and turned into your Regional Assistant Dean at the end of your rotation. Failure to comply will result in a professionalism report.

NAME:_____

FAMILY MEDICINE PROCEDURE LOG

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

Skill	Reference	Performed	Observed	Not Done (why)
OP&P -Demonstrate: -Palpatory diagnostic skills -Ability to do functional exam Abilityto record findings of exam -Ability to record treatment procedures used -Ability to use any of the following: Soft tissue, muscle energy, myofascial release, strain/counterstrain,,HVLA, craniosacral and articulatory	OP&P texts and videos			
Interpret resting 12-lead EKG	EKG & ACLS texts EKG Basics-LSU• ECG Learning Center• ECG Library• Rhythm Simulator•			
Knowledge of venipuncture/phlebotomy	Clinical Skills II Handbook and video			
Knowledge of parenteral injections IM, SC	Clinical Skills II Handbook			
Ability to suture	Clinical Skills II Handbook and video			
Knowledge of splint/casting	Clinical Skills II Handbook			
Knowledge of proper sterile procedures	Clinical Skills II Handbook			
Knowledge of urinary bladder catheterization	Clinical Skills II Handbook			
Knowledge of spirometry and interpreting PFT's	Clinical Skills II Handbook			
Interpretation of CXR-PA and lat	Radiology text/notes Basic CXR Review- Dept of Radiology.Uniformed Services•			
Skin biopsy and excisions	Clinical Skills II- suturing Clinical Keys: Skin Biopsy Techniques			
Joint injections				
Ear lavage	Clinical Keys: Cerumen Impaction			
I&D of abscess				
Other:				
Other:				
Other:				

*EKG Basics-LSU: www.sh.lsuhsc.edu/fammed/Outpa1tent Manual/EKG/ec gho m e .ht m l

* ECG Learning Center: http://library.med.utah.edu/kw/ecg/

*ECG Library: www.ecglibrary.com/ecghome.html

* Rhythm Simulator: www.skillstat.com/tools/ecg-simulator

*Basic CXR Review-Dept. of Radiology, Uniformed Services, University of Health Sciences, Bethesda, MD: http://rad.usuhs.mil/rad/chest review/index.html

Preceptor'ssignature:_____Date:_____

K. Grading/Calculations

1. Preceptor grade is 100% of rotation grade.
2. The patient procedure log, Family Medicine procedure log, the preceptor/site/course evaluation, the OMM Module and the EPA Assessments must be turned in by the last day of the rotation. Failure to comply will result in a professionalism report.

End of Rotation Grade Submission:

The preceptor (if an email address is on file) will receive an email, generated by eMedley, one week prior to the end of student's rotation, with a link to the Clinical Education Grade Form to complete before the end of the rotation.

The student should ask the preceptor/supervising physician if he/she has received an email with the link to the student's grade form.

If the Preceptor/Supervising physician did not receive the email, the student must provide a paper grade form, to be completed and Faxed or mailed to the SWC regional office.

The student is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor, when necessary, if the grade form has not been submitted to the statewide campus office.

Keep in mind that credit will not be received for the rotation until the grade sheet has been received by your Statewide Campus office.

Pediatrics II

Course Numbers: 950, 951, 952

A. Introduction

The Pediatrics II rotation is designed to further refine the knowledge and skills required for the unique care of infants, children and adolescents. This rotation is 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 may be a four-week rotation or two 2-week rotations.

B. Course (Rotation) Objectives and Core Competencies

1. **Medical Knowledge**
   a. Acquire knowledge of normal growth and development, and apply this in a clinical context, from birth through adolescence for health supervision and disease prevention.
   b. Acquire knowledge needed for the diagnosis and initial management of acute and chronic illnesses of infancy and childhood including common pediatric emergencies.
   c. Acquire knowledge needed for the diagnosis and initial management of congenital problems and genetic diseases of infancy and childhood.
   d. Develop the knowledge, skills, and strategies necessary for health supervision including knowledge of medications, immunizations and age appropriate anticipatory guidance for nutrition, developmental/behavioral counseling and injury prevention including pharmacology.
   e. Develop proficiency in different types of medical notes in both handwritten and electronic health record form, including SOAP Notes, newborn nursery admission notes, admission history & physicals, discharge summaries and procedure notes.
   f. Select, justify, and interpret clinical tests and imaging with regard to both patient age and pathological processes, including concepts regarding negative and positive predictive value, test sensitivity specifically and cost utilization.
   g. Create a list based on the presentation and on physical findings of differential diagnoses for common pediatric disorders and prioritize based on findings and probability. Propose a work-up and treatment plan for patients seen in the clinic and hospital.

2. **Patient Care**

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

3. <u>Interpersonal and Communication Skills</u>

a. Demonstrate the ability to effectively communicate with pediatric patients and their caregivers.
b. Demonstrate the ability to effectively communicate with the healthcare team.
c. Identify parental and patient concerns and perspectives including cultural and religious influences.
d. Develop proficiency in writing the following:
   - different types of medical notes
   - SOAP notes
   - newborn nursery admission notes
   - admission history & physicals
   - discharge summaries
   - procedure notes
e. Demonstrate awareness and understand the capabilities of electronic health records.
f. Develop a proficiency in sharing diagnostic plan of care, and prognostic information with patients and families.

4. <u>Professionalism</u>

a. Demonstrate appropriate understanding and need for supervision, chaperones and/or assistance.
b. Recognize impact of student demeanor, appearance and language during the interaction with patient and family.
c. Demonstrate an understanding of privacy and independence of adolescents and of the private individual interview of an adolescent during the interview process.
d. Demonstrate sensitivity, empathy and responsiveness to diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

e. Demonstrate a commitment to ethical principles pertaining to provision or withholding of care, confidentiality, informed consent, and business practices, including compliance with relevant laws, policies, and regulations.
f. Recognize that all patients in emergency situations shall receive care regardless of medical insurance coverage, ethnicity, race, or social economic status.

5. <u>Practice-Based Learning and Improvement</u>

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

6. <u>Systems-Based Practice</u>

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

7. <u>Osteopathic Philosophy and Osteopathic Manipulative Medicine</u>

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 hasself-

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.

C. Study Guide

The core foundation study program of the Pediatrics II rotation is continuing use of the Universal Notes program. You should cover the assignments you were unable to complete during Pediatrics 1. Specific topics to focus on will vary on this rotation depending on which Peds II discipline you have chosen from the Clinical Education Manual to satisfy the requirements. Your preceptor can help guide you to specific resources. Also, in-depth readings can be accessed using the reference texts, especially Nelson's Essentials

D. COMAT Blueprint

No COMAT

E. Required Textbooks

- *Seidel's Guide to Physical Examination,* 9th ed.
- *Nelson's Essentials of Pediatrics*, 8th edition

F. Additional Resources

- *Bright Futures,* 4th edition
- *Harriet Lane Handbook*, 22nd edition
- *Nelson's Textbook of Pediatrics*, 21st edition
- *Redbook 2018: Report of the Committee on Infectious Diseases, 31st edition*
- UpToDate (www.uptodate.com)
- Pediatrics in Review (https://pedsinreview-aappublications-org.my.wvsom.edu:2443/)

G. Didactic and Reading/Written Assignments

This will vary based upon your specific service and the patient presentations. Use

your preceptor's recommendations for specific readings. Use the core texts for common topics and more in-depth explorations.

1. OMM Modules

You will be required to read one article during PEDS II ("A multicenter, randomized, controlled trail of Osteopathic Manipulative Treatment on Preterms") The article can be found on eMedley→

Additionally, you must complete a 10-item formative quiz that will be released to you during PEDS II. It must be completed with a score of 80% or better; however, you will have multiple attempts to master it.

2. Universal Notes (www.myuniversalnotes.com)

The Universal Notes program is also useful as a rather comprehensive review of pediatrics for the medical student, including review questions.
The free online resource, Universal Notes, offers for each clerkship:

- **Study plan**
- **Study material**
- **Question bank**

Study Guide

The core foundational study program for the Pediatrics rotation is Universal Notes (www.myuniversalnotes.com).
1. Log in/create an account to Universal Notes (www.myuniversalnotes.com)
2. Click on Chapter 2 "Study Plans"
3. Find Pediatrics and click on it

There are two Pediatrics Study Plans available in Universal Notes:
• Study Plan Pediatrics: Comprehensive
• Study Plan Pediatrics: Inpatient

These can be found in Chapter 2 of the on-line curriculum. The specific topics required for study will vary depending on the service to which you are assigned. Your preceptor can help guide you to specific in-depth readings, especially Nelson's Essentials of Pediatrics.

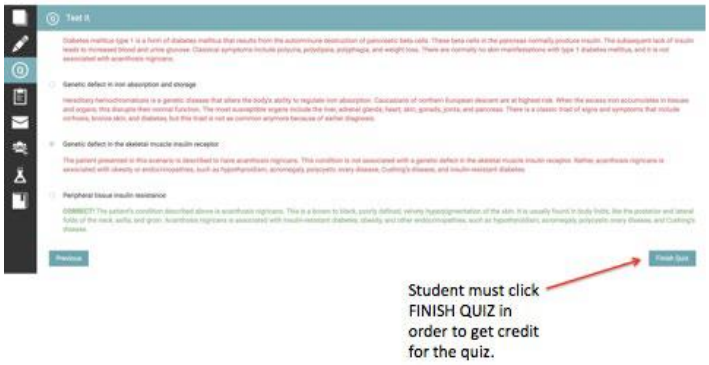
Practice Exams

Students should complete the following practice exams in Universal Notes for Pediatrics II:
• Practice Exam: Pediatrics Emergency Medicine I
• Practice Exam: Pediatrics Inpatient I
• Practice Exam: Pediatrics Neonatal Intensive Care Unit I
• Practice Exam: Pediatrics Prenatal Evaluation and Newborn Nursery I
• Practice Exam: Pediatrics Subspecialties I

The Practice Exams can be accessed through the Quiz Bank in Universal Notes by selecting TOPIC and then typing in the name of the practice exam as shown above.

Students are required to complete each of the five practice exams and score 70% or greater on each of them in order to pass the rotation. Students must retake each exam until the passing score is achieved.

Students **MUST complete ALL of the assigned questions in the exam in one sitting and click FINISH QUIZ on the last question to get credit for the exam**, as the system does not have the ability to "Save Progress" and if left dormant for a time will "Time Out" and you will have to log in again and start over.



Students **CANNOT do portions of the test (i.e. 10 questions at a time)**, as the system ALWAYS RANDOMIZES the questions, thus that will not guarantee that you have completed the assigned questions in totality.

H. Additional Recommendations

Review the basic components of the pediatric normal physical exam, including newborn, infant, and toddler, including developmental milestones. Frequent review of preventive care, such as parental counseling on diet and safety as well as vaccination schedules is prudent.

I. Procedures and Clinical Skills

Pediatric Skills Checklist:

This checklist initialed by the preceptor must be turned into the appropriate SWC 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. Failure to turn in your Pediatric Skills Checklist will lead to a professionalism report.

Students should gain familiarity with the following procedures and seek opportunities to observe, assist, or perform them under the guidance of their attending.

The following Pediatrics Skills Checklist can be found on eMedley:

1. Go to **educate**
2. Select 005-1: Statewide Campus Information in the Search box
3. Search for Pediatric Skills Checklist

NAME:_____

WVSOM PEDIATRIC SKILLS CHECKLIST

Patient Type	Date	Patient Age	Preceptor Initials
Well Visits			
Well visit newborn			
Well visit 1-month-old			
Well visit 2-month-old			
Well visit 4-month-old			
Well visit 6-month-old			
Well visit 9-month-old			
Well visit 12-month-old			
Well visit 15-month-old			
Well visit 18-month-old			
Well visit 2-year-old			
Well visit 3-year-old			
Well visit 4-year-old			
Well visit 5 to 6-year-old			
Well visit 7 to 11-year-old			
Well visit 12 to 18-year-old FEMALE			
Well visit 12 to 18-year-old MALE			
Sick Visits			
Abdominal pain			
Asthma			
Back pain			
Behavioral concern (e.g. ADHD)			
Cardiac concern (e.g. chest pain, palpitations)			
Child abuse (suspected or confirmed)			
Constipation			
Cough			
Developmental concerns (e.g. motor, speech)			
Diarrhea			
Dizziness (vertigo, lightheadedness, pre-syncope)			
Dysuria			
Ear complaint (pulling ears, ear pain)			
Eye complaint (red eye, drainage, pain, vision)			
Gastroesophageal reflux (GERD, Spitting up)			
Fever			
Fussy infant (colic, irritability)			
Headache			
Hematuria			
Injury (burn, laceration)			
Jaundice			
Lymphadenopathy (enlarged lymph nodes)			
Musculoskeletal complaint (back, neck)			
Musculoskeletal complaint (lower extremity)			
Musculoskeletal complaint (upper extremity)			
Nasal concern (congestion, rhinorrhea, epistaxis)			

NAME:_____

WVSOM PEDIATRIC SKILLS CHECKLIST

Rash (neonate < 28 days)			
Rash (infant 1-12 months)			
Rash (child 1-11 years)			
Rash (adolescent 12-18 years)			
Sore throat			
Testicular concern (pain, swelling)			
Vomiting (nausea)			

NAME:_____

WVSOM PEDIATRIC SKILLS CHECKLIST

Procedure or Clinical Skill	Date	Patient Age	Preceptor Initials
Clinical Skills			
Administration and evaluation of ADHD (Vanderbilt forms for parent and teacher)			
Administration and evaluation of Autism Spectrum Disorder (MCHAT form)			
Perform Physical Exam Newborn			
Perform Physical Exam Infant 1-12 months			
Perform Physical Exam 1-4 years			
Perform Physical Exam 5-11 years			
Perform Physical Exam 12-18 FEMALE			
Perform Physical Exam 12-18 MALE			
Perform vital signs on infant 0-12 months (length, weight, head circumference, respiratory rate, pulse, oxygen saturation, temperature)			
Perform vital signs on child 1-4 years (height, weight, respiratory rate, pulse, oxygen saturation, blood pressure, temperature)			
Perform vital signs on child 5-11 years (height, weight, respiratory rate, pulse, blood pressure, temperature)			
Perform vital signs on adolescent 12-18 years (height, weight, respiratory rate, pulse, blood pressure, temperature)			
Procedures (Observe or Perform)			
Circumcision			
Cryotherapy (liquid nitrogen)			
EKG lead placement			
Hearing screening			
Immunizations			
Incision and drainage			
Intravenous line placement			
Lumbar puncture			
Nasal swab			
Nebulizer treatment			
Identify newborn making normal transition after birth			
Apply neonatal resuscitation interventions			
Assign APGAR scores			
Phlebotomy finger stick			
Phlebotomy heel stick			
Phlebotomy venous stick			
Silver nitrate application to umbilical granuloma			
Throat swab			
Urinary catheterization			
Vision screening			

Entrustable Professional Activities

Core Entrustable Professional Activities (EPAs) are tasks or responsibilities that students can perform unsupervised once they have attained sufficient competence. Students are required to obtain assessment and coaching on the EPAs listed below.

At a minimum, you are required to get one assessment for each EPA during this rotation. Students must have a personal device for educational resources and apps used for each rotation.

A one-on-one handout describing the EPAs and use of the EPA app may be shared with a preceptor and can be found in eMedley:

- Go to **educate**
- Select 005-1: Statewide Campus Information in the Search box
- Filter for **EPA One on One Handout for Preceptors**

Please direct any questions you have about the EPAs themselves to the Regional Assistant Dean.

For questions or technical support regarding the EPA app, please contact alinsenmeyer@osteo.wvsom.edu.

Week 1 – EPA 1a & 1b: Gather a history and perform a physical exam
Week 2 – EPA 2: Prioritize a differential diagnosis following a clinical encounter
Week 3 – EPA 6: Provide an oral presentation of a clinical encounter
Week 4 – EPA 7: Form clinical questions and retrieve evidence to advance patient care

J. Patient Procedure Logs

While on clinical rotations the student is required to maintain a log of patient encounters and procedures while on any clinical site. The purpose of a well-documented log is to assist the student in cataloging and keeping records of the cases and procedures to which they have been exposed and to guide the student to seek out those with which they have had had limited experience. The student should become accustomed to maintaining a log, as this practice will continue through their residency training. The log books need to be initialed by the preceptor, endorsing the accuracy of the student's entries. The logs need to be reviewed by the Regional Assistant Dean and/or Director to be accepted as proper documentation of the student's rotation experience. The student may use more than one line for entries in the log book to provide adequate documentation of encounters, if needed.

Student documentation in the patient procedure log should include:

- A notation in the logbook for every patient encounter. Patients may only be identified by age and gender. Rotations such as Radiology where the encounter may be an image or Pathology where the encounter is a specimen should be documented as such.
- The location of the patient encounter, i.e. office/hospital/nursing home, etc. should be documented.
- The diagnosis or presenting complaint should be recorded in specific detail. (Example: “Acute Exacerbation of COPD,” or “Uncontrolled DM type 2,” rather than “COPD” or “DM”)
- Any entries made by the student into the patient’s medical record (admit notes, progress notes, or discharge summaries), and if the student provided an oral presentation to the preceptor on a patient encounter.
- All procedures that are observed (O), assisted (A), orperformed (P) by the student should be included in the log, as well.

The student should retain a personal copy of their patient procedure log. These can be referenced in the future when the student is questioned about their experience level in performing certain procedures while on 4th year audition rotations.

K. Grading/Calculations

2. Preceptor grade 100%
3. Completion of Patient Procedure Logs, Pediatric Skills Checklist, EPA assessments, OMM Module and Preceptor/Site/Course Evaluation

- The patient procedure log, the preceptor/site/course evaluation, the EPA Assessments and the OMM module must be turned in by the last day of the rotation. Failure to comply will result in a professionalism report.

End of Rotation Grade Submission:

The preceptor (if an email address is on file) will receive an email, generated by eMedley, one week prior to the end of student’s rotation, with a link to the Clinical Education Grade Form to complete before the end of the rotation.

The student should ask the preceptor/supervising physician if he/she has received an email with the link to the student’s grade form.

If the Preceptor/Supervising physician did not receive the email, the student must provide a paper grade form, to be completed and Faxed or mailed to the SWC regional office.

The student is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor, when necessary, if the grade form has not been submitted to the statewide campus office.

Keep in mind that credit will not be received for the rotation until the grade sheet has been received by your Statewide Campus office.

SECTION IV SCHEDULING ROTATIONS

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 section Elective and Selective Request Form). **To request a rotation in another Statewide Campus Region you must go through your respective Regional Director for initiation and approval.**

Log Books are to be maintained for every selective and elective rotation. The log books are to be presented to the Statewide Campus Regional Assistant Dean at the end of each rotations for approval.

A confidential mid-rotation evaluation with the student and his/her 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 to the appropriate WVSOM Statewide Campus office by the supervising physician:

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

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

Students must complete Preceptor/Site/Course Evaluations by the last day of the rotation. Failure to comply will result in a Professionalism report.

A table of approved selective rotations appears on the following pages.

Approved Selective Rotations

Internal Medicine II (2 or 4 weeks) *		Internal Medicine III (2 or 4 weeks) *
Addiction Medicine		Addiction Medicine
Allergy/Immunology		Allergy/Immunology
Cardiology		Cardiology
Critical Care/ICU		Critical Care/ICU
Dermatology		Dermatology
Endocrinology		Endocrinology
Gastroenterology		Gastroenterology
General Internal Medicine		General Internal Medicine
Geriatrics (Must be with IM Board Certified Geriatrician)		Geriatrics (Must be with IM Board Certified Geriatrician)
Hematology/Oncology		Hematology/Oncology
Infectious Disease		Infectious Disease
Invasive Cardiology		Invasive Cardiology
Nephrology		Nephrology
Neurology		Neurology
Occupational Medicine		Occupational Medicine
Palliative Care		Palliative Care
Pulmonology		Pulmonology
Rehabilitation Medicine		Rehabilitation Medicine
Rheumatology		Rheumatology
Pathology		Pathology
Sleep Medicine**		Sleep Medicine**
***No more than 4 weeks total of any subspecialty may be used between Internal Medicine II and III** ****No more than 2 weeks and can only be done for IM II OR IM III, not both.**		

Pediatrics II (2 or 4 weeks)		
Adolescent Medicine		Peds Psych
Pediatric Anesthesiology		Peds Radiology
Pediatric Cardiology		Peds Orthopedic Surgery
Critical Care (NICU) or (PICU)		Peds Rheum
Developmental Pediatrics		Pediatric Dermatology
Pediatric Endocrinology		Pediatric/Adolescent Sports Medicine
Pediatric Emergency Medicine (Children's Hospital)		Pediatric Rehabilitation
Pediatric ENT		Pediatric Surgery
Inpatient Peds		Pediatric Urology
Pediatric Hematology/Oncology		
Pediatric Immunology/Allergy		
Pediatric Infectious Disease		
Pediatric Pulmonology		
Pediatric GI		
Pediatric Nephrology		
Pediatric Neurology		
Pediatric Rheumatology		
All subspecialties listed above are Pediatric subspecialties.		

Surgery II (2 or 4 weeks) *		Surgery III (2 or 4 weeks) *
Anesthesiology		Anesthesiology
Bariatric Surgery		Bariatric Surgery
Colorectal Surgery		Colorectal Surgery
Dermatology		Dermatology
ENT		ENT
General Surgery		General Surgery
Gynecology		Gynecology
Interventional Radiology		Interventional Radiology
Maternal Fetal Medicine		Maternal Fetal Medicine
Neurosurgery		Neurosurgery
Obstetrics/Gynecology		Obstetrics/Gynecology
Oncology		Oncology
Ophthalmology		Ophthalmology
Orthopedics		Orthopedics
Pediatric Surgery		Pediatric Surgery
Plastic Surgery		Plastic Surgery
Podiatry (2 weeks only)**		Podiatry (2 weeks only)**
Proctology		Proctology
Surgical ICU (SICU) (must be done with a board certified surgeon)		Surgical ICU (SICU) (must be done with a board certified surgeon)
Thoracic Surgery		Thoracic Surgery
Trauma Surgery (must be done with a board certified surgeon)		Trauma Surgery (must be done with a board certified surgeon)
Urology		Urology
Vascular Surgery		Vascular Surgery
Wound Care (must be done with a board certified surgeon)		Wound Care (must be done with a board certified surgeon)
***No more than 4 weeks total of any subspecialty may be used between Surgery II and III** ****No more than 2 weeks and can only be done for Surgery II or Surgery III, not both**		

Electives

During the third year, students are permitted to select one 4 week or two 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 his/her 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 in the space provided 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 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.

During the final week of the rotation, the preceptor should complete and review a grade form for the student. The grade form should be submitted electronically, mailed or faxed to the appropriate Statewide Campus office.

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

Students must complete Preceptor/Site/Course Evaluations by the last day of the rotation. Failure to comply will result in a Professionalism report.

Allergy/Immunology

A. Introduction

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

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

B. Required Textbooks

Suggested Text: *Goldman's Cecil Medicine*, 26th ed. 2020 Saunders

C. Other Resources

D. Didactic and Reading Assignments

- Approach to the Patient with Allergic or Immunologic Diseases
- Primary Immunodeficiency
- Allergic Rhinitis and Chronic Sinusitis
- Urticaria and Angioedema
- Systemic Anaphylaxis, Food Allergy, and Insect Sting Allergy
- Drug Allergy
- Mastocytosis
- The Innate Immune System
- The Adaptive Immune System
- Mechanisms of Immune-Mediated Tissue Injury
- Mechanisms of Inflammation and Tissue Repair
- Transplantation Immunology
- Complement System Disease

You will also have recommendations from the Preceptor as to sources and topics to read.

E. Procedures and Clinical Skills

F. Logs – N/A

G. Core Competencies

1. <u>Medical Knowledge</u>

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

2. <u>Patient Care</u>

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

3. <u>Interpersonal and Communication Skills</u>

a. Demonstrate ability to effectively communicate with acutely ill or injured patients.
b. Demonstrate ability to identify and communicate with family members, medical power of attorney, or person of authority to speak on behalf of the patient.
c. Demonstrate the ability to identify the person with key information about the patient. Demonstrate the ability to identify themselves to the patient and their role in their care.

d. Demonstrate the ability to put the patient and their family at ease.
e. Consolidate and organize pertinent information for presentation to attending physician. Use the appropriate medical terminology while communicating with other medical staff Demonstrate effective communication techniques with other members of the healthcare team and ancillary staff.
f. Use appropriate terminology/language with patient and family.
g. Learn the documentation expectations the hospital or office.
h. Demonstrate a personal self-awareness of their interaction with the patient.

4. <u>Professionalism</u>

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

5. <u>Practice-Based Learning and Improvement</u>

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

6. <u>Systems-Based Practice</u>

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

k. Recognize cost effective health care that does not compromise patient care.
l. Understand how information technology is used to solve patient care problems, improve knowledge base, and develop case presentations and demonstrate these skills by utilizing the local Electronic Medical Record (EMR), on-line resources, and accessing local patient instruction protocols to provide patient instructions.
m. Understand and be able to discuss any medical disparities in the community being served.

7. <u>Osteopathic Philosophy and Osteopathic Manipulative Medicine</u>

a. Demonstrate Osteopathic diagnostic skills adapted to the physical limitations of the patient's surroundings.
b. Recognize and diagnose somatic dysfunction in the context of common patient pain presentations.
c. Recognize and apply osteopathic treatment modalities appropriate to the orthopedic environment for somatic dysfunction.
d. Develop an appreciation for the need to treat the entire patient including emotional, spiritual, physical and family needs.
e. Consider the application of OMT only if safe in the context of the patient's current medical condition and patient care environment.

H. COMAT Blueprint Information – N/A

I. Grading - Calculations

1. Preceptor Grade 100%

<u>Please note the following:</u>

The preceptor (if an email address is on file) will receive an email with a link to the Clinical Education Grade Form to complete before the end of the rotation. The student needs to inquire if the preceptor/supervising physician has received the email with the link to the form. If the Preceptor/Supervising physician did not receive the email, then the student must provide a paper grade form to be completed and Faxed or mailed to the SWC regional office.

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

Students must complete Preceptor/Site/Course Evaluations by the last day of the rotation. Failure to comply will result in a Professionalism report.

Anesthesiology

A. Introduction

During the anesthesiology rotation you will be exposed to selected topics and patients in the practice of anesthesia in the hospital or a surgical center. This is where you learn how to evaluate a patient who will be going to surgery and the types of different anesthetics, indications and contraindications. You must learn to gather important History and Physical data, and develop an understanding of the need for specific anesthesia dependent on the patient's medical condition and acuity.

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

B. Required Textbooks

Faust's Anesthesiology Review, 4th ed., Elsevier (Clinical Key)

C. Other Resources

Suggested Text:

Anesthesia: A Comprehensive Review, 4th ed., Mayor Foundation for Medical Education and Research
Clinical Cases in Anesthesia, 4th ed., Saunders
Essence of Anesthesia Practice, 3rd ed., Saunders

D. Didactic and Reading Assignments

- Carbon Dioxide retention and capnography
- Tracheal Tubes
- Pulse oximetry
- Intermittent noninvasive blood pressure monitoring
- Depth of anesthesia
- Interpretation of arterial blood gases
- Factors affecting pulmonary compliance and airway resistance
- Pulmonary ventilation and perfusion
- Physiologic determinants of cardiac output
- Myocardial oxygen supply and demand

- Tachyarrhythmias
- Bradyarrhythmias
- The autonomic system: Anatomy and receptor pharmacology
- The parasympathetic nervous system: Anatomy and receptor pharmacology
- Factors affecting cerebral blood flow
- Electrolyte abnormalities: potassium, sodium, calcium and magnesium.
- Spinal cord anatomy and blood supply
- Brachial plexus anatomy
- Central venous cannulation
- Inhalation anesthetic agents
- Nitrous oxide
- Cardiovascular effects of inhalation agents
- Central nervous system effects of the inhalation agents
- Renal effects of inhalation agents
- Hepatic effects of inhalation agents
- Thiopental
- Propofol
- Etomidate
- Opioid pharmacology
- Cardiovascular effects of opioids
- Opioid side effects: Muscle rigidity and biliary colic
- Nondepolarizing neuromuscular blocking agents
- Succinylcholine side effects
- Pharmacology of atropine, scopolamine, and glycopyrrolate
- Type screen and crossmatch of red blood cells
- Preoperative evaluation of the patient with cardiac disease for noncardiac operations
- Tobacco use in surgical patients
- Obstructive sleep apnea
- Postoperative nausea and vomiting
- Local anesthetic agents: mechanism of action
- Local anesthetic agents: pharmacology
- Toxicity of local anesthetic agents
- Spinal and Epidural anesthesia
- Malignant Hyperthermia
- Anaphylactic and anaphylactoid reactions

Your attending may provide you with additional topics to read or journal articles. The above list is recommended for Anesthesiology rotations that are 4 weeks in duration. If the student is on a 2 week rotation the student should discuss with the preceptor at the beginning of the rotation the topics that are most important to read. Student must read the last two items on the list whether it is a 2 or 4 week rotation.

E. Procedures and Clinical Skills

The following procedures will be allowed at the discretion of the Preceptor.

- Intubation
- Starting IVs
- Placement of foley catheters in male and female patient if indicated
- Placement of central venous access under direct supervision

F. Logs – N/A

G. Core Competencies

1. Medical Knowledge

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

2. Patient Care

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

3. Interpersonal and Communication Skills

a. Demonstrate ability to effectively communicate with acutely ill or injured patients.
b. Demonstrate ability to identify and communicate with family members, medical power of attorney, or person of authority to speak on behalf of the patient.
c. Demonstrate the ability to identify the person with key information about the patient. Demonstrate the ability to identify themselves to the patient and their role in their care.

d. Demonstrate the ability to put the patient and their family at ease.
e. Consolidate and organize pertinent information for presentation to attending physician. Use the appropriate medical terminology while communicating with other medical staff Demonstrate effective communication techniques with other members of the healthcare team and ancillary staff.
f. Use appropriate terminology/language with patient and family.
g. Learn the documentation expectations the hospital or office.
h. Demonstrate a personal self-awareness of their interaction with the patient.

4. <u>Professionalism</u>

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

5. <u>Practice-Based Learning and Improvement</u>

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

6. <u>Systems-Based Practice</u>

a. Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
b. Recognize how delivery systems differ: controlling health care costs, allocating resources.
c. Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
d. Make appropriate referrals.
e. Arrange outpatient testing and follow-up with other providers.
f. Be aware of medication and treatment costs (direct patient costs).
g. Appreciate Patient's rights and responsibilities and that shared decision making improve understanding and compliance.
h. Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
i. Understand EMTALA and HIPAA.
j. Recognize how to reduce medical errors and patient and staff safety.
k. Recognize cost effective health care that does not compromise patient care.

l. Understand how information technology is used to solve patient care problems, improve knowledge base, and develop case presentations and demonstrate these skills by utilizing the local Electronic Medical Record (EMR), on-line resources, and accessing local patient instruction protocols to provide patient instructions.
m. Understand and be able to discuss any medical disparities in the community being served.

7. <u>Osteopathic Philosophy and Osteopathic Manipulative Medicine</u>

a. Demonstrate Osteopathic diagnostic skills adapted to the physical limitations of the patient's surroundings.
b. Recognize and diagnose somatic dysfunction in the context of common patient pain presentations.
c. Recognize and apply osteopathic treatment modalities appropriate to the orthopedic environment for somatic dysfunction.
d. Develop an appreciation for the need to treat the entire patient including emotional, spiritual, physical and family needs.
e. Consider the application of OMT only if safe in the context of the patient's current medical condition and patient care environment.

H. COMAT Blueprint Information - N/A

I. Grading – Calculations

1. Preceptor Grade 100%

<u>Please note the following:</u>

The preceptor (if an email address is on file) will receive an email with a link to the Clinical Education Grade Form to complete before the end of the rotation. The student needs to inquire if the preceptor/supervising physician has received the email with the link to the form. If the Preceptor/Supervising physician did not receive the email, then the student must provide a paper grade form to be completed and Faxed or mailed to the SWC regional office.

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

Students must complete Preceptor/Site/Course Evaluations by the last day of the rotation. Failure to comply will result in a Professionalism report.

Cardiology

A. Introduction

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

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

B. Required Textbooks

Goldman's Cecil Medicine, 26th ed., Saunders

C. Other Resources

Suggested Text:

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

D. Didactic and Reading Assignments

1. Epidemiology of Cardiovascular Disease
2. Heart Failure: Pathophysiology and Diagnosis
3. Heart Failure: Management and Prognosis
4. Diseases of the Myocardium and Endocardium
5. Principles of Electrophysiology
6. Approach to the Patient with Suspected Arrhythmia

7. Approach to Cardiac arrest and Life-Threatening Arrhythmias
8. Cardiac Arrhythmias with Supraventricular Origin
9. Ventricular Arrhythmias
10. Electrophysiologic Intervention Procedures and Surgery
11. Arterial Hypertension
12. Pulmonary Hypertension
13. Angina Pectoris and Stable Ischemic Heart Disease
14. Acute Coronary Syndrome: Unstable Anginia and Non-ST Elevation Myocardial
15. Valvular Heart Disease
16. Infective Endocarditis
17. Pericardial Disease
18. Other topics provided by the Attending Preceptor

E. Procedures and Clinical Skills

The procedures that you should observe during this rotation include the following:

1. Stress testing
2. Echocardiography
3. Cardiac Catheterization and Angiography
4. Noninvasive Cardiac Imaging
5. You should spend time reviewing Electrocardiograms

F. Logs – N/A

G. Core Competencies

1. <u>Medical Knowledge</u>

a. Characterize the principles of cardiac physical examination, noninvasive examination and laboratory interpretation.
b. Identify indications and limitations of invasive examinations such as cardiac catheterizations.
c. Identify the pathophysiology and management and rehabilitative measures for coronary artery disease, arrhythmias, hypertension, congestive heart failure, thromboembolic disease, congenital heart and valvular disease, and other cardiac disorders.
d. Perform history and physical examination related to the cardiovascular system.
e. Order and interpret diagnostic tests such as EKG, chest x-ray.
f. Perform resuscitation using fluids, basic CPR and Advanced Life Support, and antiarrhythmic medications and electrical cardioversion.
g. Manage patients with chest pain, acute myocardial infarction, arrhythmias, heart failure, cardiogenic shock, and conduction abnormalities.

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

2. <u>Patient Care</u>

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

3. <u>Interpersonal and Communication Skills</u>

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

4. <u>Professionalism</u>

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

5. <u>Practice-Based Learning and Improvement</u>

a. Apply fundamental epidemiologic concepts to practice improvement.

b. Demonstrate understanding of medical informatics/Evidence-Based Medicine/Research.
c. Demonstrate ability to identify personal knowledge deficits.
d. Demonstrate ability to locate educational resources and strengthen personal medical knowledge.
e. Display commitment to continuous quality improvement.
f. Demonstrate ability to teach both peers and lay audiences.

6. <u>Systems-Based Practice</u>

a. Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
b. Recognize how delivery systems differ: controlling health care costs, allocating resources.
c. Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
d. Make appropriate referrals.
e. Arrange outpatient testing and follow-up with other providers.
f. Be aware of medication and treatment costs (direct patient costs).
g. Appreciate Patient's rights and responsibilities and that shared decision making improve understanding and compliance.
h. Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
i. Understand EMTALA and HIPAA.
j. Recognize how to reduce medical errors and patient and staff safety.
k. Recognize cost effective health care that does not compromise patient care.
l. Understand how information technology is used to solve patient care problems, improve knowledge base, and develop case presentations and demonstrate these skills by utilizing the local Electronic Medical Record (EMR), on-line resources, and accessing local patient instruction protocols to provide patient instructions.
m. Understand and be able to discuss any medical disparities in the community being served.

7. <u>Osteopathic Philosophy and Osteopathic Manipulative Medicine</u>

a. Demonstrate Osteopathic diagnostic skills adapted to the physical limitations of the patient's surroundings.
b. Recognize and diagnose somatic dysfunction in the context of common patient pain presentations.
c. Recognize and apply osteopathic treatment modalities appropriate to the orthopedic environment for somatic dysfunction.
d. Develop an appreciation for the need to treat the entire patient including emotional, spiritual, physical and family needs.
e. Consider the application of OMT only if safe in the context of the patient's current medical condition and patient care environment.

H. COMAT Blueprint Information – N/A

I. Grading – Calculations

1. Preceptor Grade 100%

Please note the following:

The preceptor (if an email address is on file) will receive an email with a link to the Clinical Education Grade Form to complete before the end of the rotation. The student needs to inquire if the preceptor/supervising physician has received the email with the link to the form. If the Preceptor/Supervising physician did not receive the email, then the student must provide a paper grade form to be completed and Faxed or mailed to the SWC regional office.

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

Students must complete Preceptor/Site/Course Evaluations by the last day of the rotation. Failure to comply will result in a Professionalism report.

Dermatology

A. Introduction

The dermatology rotation is unique in that you will be exposed to selected topics and patients. This is where you learn how to perform a focused History and Physical exams on patients with Dermatology complaints. These are done with specific symptoms based on the patient's presenting complaint. You will normally need to only evaluate the specific reason for that visit, however you must remember that dermatologic problems may have a systemic origin. You must learn to gather important History and Physical data, develop a differential diagnosis and utilize ancillary tests to rule in or out your diagnosis. You will then learn to develop a plan of treatment for specific medical conditions.

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

B. Required Textbooks

Clinical Dermatology: A Color Guide to Diagnosis and Therapy, 6th ed., Elsevier

C. Other Resources

Suggested Text:

*Goldman's Cecil Medicine, 26*th ed., Saunders
Pediatric Dermatology, Elsevier
Dermatology, 3rd ed., Elsevier
Treatment of Skin Disease: Comprehensive Therapeutic Strategies, 4th ed., Elsevier

D. Didactic and Reading Assignments

You will need to review the anatomy of the skin and be able to describe the lesions using the appropriate terminology. The following list of chapters are suggested for your reading while on a dermatology rotation.

1. Topical therapy and topical corticosteroids
2. Exzema
3. Contact dermatitis

4. Atopic dermatitis
5. Acne, rosacea and related disorders
6. Psoriasis
7. Superficial fungal infections
8. Exanthems and drug eruptions
9. Hypersensitivity syndromes and vasculitis
10. Benign Skin Tumors
11. Premalignant and malignant nonmelanoma skin tumors
12. Nevi and malignant melanoma
13. Dermatologic surgical procedures

E. Procedures and Clinical Skills

F. Logs – N/A

G. Core Competencies

1. <u>Medical Knowledge</u>

a. Characterize the normal anatomy and physiology of the skin.
b. Recognize risk factors and preventive measures for skin problems.
c. Identify dermatologic manifestations of systemic disease or toxicity.
d. Recognize dermatologic conditions requiring emergency treatment.
e. Recognize that the skin is a very important organ in mirroring the emotions and recognize that the patient who presents with dermatological complaints may have a serious disorder or has significant concerns even with what appears to be very minor problems.
f. Develop a systematic approach toward categorizing skin lesions by etiology i.e. infectious, allergic, vascular, and neoplastic.
g. Manage common skin problems utilizing topical, systemic, and physical agents.
h. Evaluate those skin disorders representing serious illness.
i. Observe skin culture, scraping, biopsy, curettage, excision, cautery, and cryosurgery and intra-lesional injection.
j. Counsel patient regarding skin problems.

2. <u>Patient Care</u>

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

i. Participate with the health care team to provide patient care.

3. Interpersonal and Communication Skills

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

4. Professionalism

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

5. Practice-Based Learning and Improvements

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

6. Systems-Based Practice

a. Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
b. Recognize how delivery systems differ: controlling health care costs, allocating resources.
c. Use patient-centered, equitable systems of care that recognize the need to

reduce medical errors and improve patient safety.

d. Make appropriate referrals.
e. Arrange outpatient testing and follow-up with other providers.
f. Be aware of medication and treatment costs (direct patient costs).
g. Appreciate Patient's rights and responsibilities and that shared decision making improve understanding and compliance.
h. Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
i. Understand EMTALA and HIPAA.
j. Recognize how to reduce medical errors and patient and staff safety.
k. Recognize cost effective health care that does not compromise patient care.
l. Understand how information technology is used to solve patient care problems, improve knowledge base, and develop case presentations and demonstrate these skills by utilizing the local Electronic Medical Record (EMR), on-line resources, and accessing local patient instruction protocols to provide patient instructions.
m. Understand and be able to discuss any medical disparities in the community being served.

7. <u>Osteopathic Philosophy and Osteopathic Manipulative Medicine</u>

a. Demonstrate Osteopathic diagnostic skills adapted to the physical limitations of the patient's surroundings.
b. Recognize and diagnose somatic dysfunction in the context of common patient pain presentations.
c. Recognize and apply osteopathic treatment modalities appropriate to the orthopedic environment for somatic dysfunction.
d. Develop an appreciation for the need to treat the entire patient including emotional, spiritual, physical and family needs.
e. Consider the application of OMT only if safe in the context of the patient's current medical condition and patient care environment.

H. COMAT Blueprint Information - N/A

I. Grading – Calculations

1. Preceptor Grade 100%

<u>Please note the following:</u>

The preceptor (if an email address is on file) will receive an email with a link to the Clinical Education Grade Form to complete before the end of the rotation. The student needs to inquire if the preceptor/supervising physician has received the email with the link to the form. If the

Preceptor/Supervising physician did not receive the email, then the student must provide a paper grade form to be completed and Faxed or mailed to the SWC regional office.

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

Students must complete Preceptor/Site/Course Evaluations by the last day of the rotation. Failure to comply will result in a Professionalism report.

Endocrinology

A. Introduction

The endocrinology rotation you will be exposed to selected topics and patients who have abnormalities for the endocrine system. You learn how to do focused History and Physical exams on patients with specific symptoms that are due to abnormalities of the endocrine system. You may normally need to only evaluate the specific reason for that visit. You must learn to gather important History and Physical data, develop a differential diagnosis and utilize ancillary tests to rule in or out your diagnosis. You will then learn to develop a plan of treatment for specific medical conditions.

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

B. Required Textbooks

*Goldman's Cecil Medicine, 26*th ed., Saunders

C. Other Resources

Suggested Text:

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

D. Didactic and Reading Assignments

1. Neuroendocrinology and the Neuroendocrine System
2. Anterior Pituitary
3. Posterior Pituitary
4. Thyroid
5. Adrenal Cortex
6. Adrenal Medulla, Catecholamines, and Pheochromocytoma

7. Type 1 Diabetes Mellitus
8. Type 2 Diabetes Mellitus
9. Hypoglycemia/Pancreatic Islet Cell Disorders
10. Polyglandular disorders
11. Carcinoid Syndrome
12. Other reading as assigned by the preceptor

E. Procedures and Clinical Skills

1. You should become familiar with Diabetic Ketoacidosis diagnosis and treatment.
2. You should become familiar with the use of all types of insulin both in hospital and in treatment of the patient in the outpatient setting.
3. Imaging studies for the thyroid and pituitary glands.

F. Logs – N/A

G. Core Competencies

1. Medical Knowledge

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

2. Patient Care

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

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

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

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

6. **Systems-Based Practice**
   a. Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
   b. Recognize how delivery systems differ: controlling health care costs, allocating resources.
   c. Use patient-centered, equitable systems of care that recognize the need

to reduce medical errors and improve patient safety.

d. Make appropriate referrals.
e. Arrange outpatient testing and follow-up with other providers.
f. Be aware of medication and treatment costs (direct patient costs).
g. Appreciate Patient's rights and responsibilities and that shared decision making improve understanding and compliance.
h. Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
i. Understand EMTALA and HIPAA.
j. Recognize how to reduce medical errors and patient and staff safety.
k. Recognize cost effective health care that does not compromise patient care.
l. Understand how information technology is used to solve patient care problems, improve knowledge base, and develop case presentations and demonstrate these skills by utilizing the local Electronic Medical Record (EMR), on-line resources, and accessing local patient instruction protocols to provide patient instructions.
m. Understand and be able to discuss any medical disparities in the community being served.

7. <u>Osteopathic Philosophy and Osteopathic Manipulative Medicine</u>

a. Demonstrate Osteopathic diagnostic skills adapted to the physical limitations of the patient's surroundings.
b. Recognize and diagnose somatic dysfunction in the context of common patient pain presentations.
c. Recognize and apply osteopathic treatment modalities appropriate to the orthopedic environment for somatic dysfunction.
d. Develop an appreciation for the need to treat the entire patient including emotional, spiritual, physical and family needs.
e. Consider the application of OMT only if safe in the context of the patient's current medical condition and patient care environment.

H. COMAT Blueprint Information – N/A

I. Grading – Calculations

1. Preceptor Grade 100%

<u>Please note the following:</u>

The preceptor (if an email address is on file) will receive an email with a link to the Clinical Education Grade Form to complete before the end of the rotation. The

student needs to inquire if the preceptor/supervising physician has received the email with the link to the form. If the Preceptor/Supervising physician did not receive the email, then the student must provide a paper grade form to be completed and Faxed or mailed to the SWC regional office.

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

Students must complete Preceptor/Site/Course Evaluations by the last day of the rotation. Failure to comply will result in a Professionalism report.

Gastroenterology (GI)

A. Introduction

During the GI rotation you will be exposed to selected topics and patients who have diagnosis involving the GI system. You will be expected to perform focused History and Physical exams on patients with specific symptoms based on the patient's presenting complaint. You may need to only evaluate the specific reason for that visit. You must learn to gather important History and Physical data, develop a differential diagnosis and utilize ancillary tests to rule in or out your diagnosis. You will then learn to develop a plan of treatment for specific medical conditions.

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

B. Required Textbooks

*Goldman's Cecil Medicine, 26*th ed., Saunders

C. Other Resources

Suggested Text:

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

Netter's Gastroenterology, 2nd ed., Saunders

D. Didactic and Reading Assignments

1. Diagnostic Imaging Procedures in Gastroenterology
2. Gastrointestinal Endoscopy
3. Gastrointestinal Hemorrhage and Occult Gastrointestinal Bleeding
4. Functional Gastrointestinal Disorders: Irritable Bowel Syndrome, Dyspepsia and Functional Chest Pain of Presumed Esophageal Origin
5. Diseases of the Esophagus
6. Acid Peptic Ulcer Disease
7. Approach to the Patient with Diarrhea and Malabsorption
8. Inflammatory Bowel Disease
9. Inflammatory and Anatomic Diseases of the Intestine, Peritoneum, Mesentery and Omentum.

10. Vascular Diseases of the Gastrointestinal Tract
11. Pancreatitis
12. Diseases of the Rectum and Anus
13. Acute Viral Hepatitis
14. Diseases of the Gallbladder and Bile Ducts

E. Procedures and Clinical Skills

1. Observe Upper and Lower Endoscopy
2. Become familiar with the indications and contraindications for ERCP, Upper and Lower Endoscopy.
3. Become familiar with laboratory and imaging studies indications.

F. Logs – N/A

G. Core Competencies

1. Medical Knowledge

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

2. Patient Care

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

3. Interpersonal and Communication Skills

a. Demonstrate ability to effectively communicate with acutely ill or injured

patients.

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

4. <u>Professionalism</u>

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

5. <u>Practice-Based Learning and Improvement</u>

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

6. <u>Systems-Based Practice</u>

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

f. Be aware of medication and treatment costs (direct patient costs).
g. Appreciate Patient's rights and responsibilities and that shared decision making improve understanding and compliance.
h. Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
i. Understand EMTALA and HIPAA.
j. Recognize how to reduce medical errors and patient and staff safety.
k. Recognize cost effective health care that does not compromise patient care.
l. Understand how information technology is used to solve patient care problems, improve knowledge base, and develop case presentations and demonstrate these skills by utilizing the local Electronic Medical Record (EMR), on-line resources, and accessing local patient instruction protocols to provide patient instructions.
m. Understand and be able to discuss any medical disparities in the community being served.

7. <u>Osteopathic Philosophy and Osteopathic Manipulative Medicine</u>

a. Demonstrate Osteopathic diagnostic skills adapted to the physical limitations of the patient's surroundings.
b. Recognize and diagnose somatic dysfunction in the context of common patient pain presentations.
c. Recognize and apply osteopathic treatment modalities appropriate to the orthopedic environment for somatic dysfunction.
d. Develop an appreciation for the need to treat the entire patient including emotional, spiritual, physical and family needs.
e. Consider the application of OMT only if safe in the context of the patient's current medical condition and patient care environment.

H. COMAT Blueprint Information – N/A

I. Grading-Calculations

1. Preceptor Grade 100%

<u>Please note the following:</u>

The preceptor (if an email address is on file) will receive an email with a link to the Clinical Education Grade Form to complete before the end of the rotation. The student needs to inquire if the preceptor/supervising physician has received the email with the link to the form. If the

Preceptor/Supervising physician did not receive the email, then the student must provide a paper grade form to be completed and Faxed or mailed to the SWC regional office.

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

Students must complete Preceptor/Site/Course Evaluations by the last day of the rotation. Failure to comply will result in a Professionalism report.

Hematology/Oncology

A. Introduction

The hematology/oncology rotation is unique in that you will be exposed to selected topics and patients that require evaluation for abnormal blood chemistries and individuals that have or are being evaluated for the diagnosis of cancer. This is where you learn how to do focused History and Physical exams. These are done on patients with specific symptoms based on the patient's presenting complaint. You must learn to gather important History and Physical data, develop a differential diagnosis and utilize ancillary tests to rule in or out your diagnosis. You will then learn to develop a plan of treatment for specific medical conditions.

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

B. Required Textbooks

Goldman's Cecil Medicine, 26th ed., 2020 Saunders (Clinical Key)

C. Other Resources

Suggested Text:

The Washington Manual of Medical Therapeutics, 35th ed., Lippincott, Williams & Wilkins
Wintrobe's Clinical Hematology, 13th ed., Lippincott Williams & Wilkins
Abeloff's Clinical Oncology, 5th ed., Elsevier (Clinical Key)
Manual of Pediatric Hematology and Oncology, 5th or 6th ed., Academic Press (Clinical Key)

D. Didactic and Reading Assignments

- Approach to the Anemias
- Microcytic and Hypochromic Anemias
- Auto immune and Intravascular Hemolytic Anemias
- Hemolytic Anemias: Red Blood Cell Membrane and Metabolic Defects
- The Thalassemias
- Sickle Cell and other Hemoglobinopathies
- Megaloblastic Anemias
- Aplastic Anemia and related Bone Marrow Failure States

- Polycythemia Vera, Essential
- Thrombocythemia and Primary Myelofibrosis
- Leukocytosis and leukopenia
- Approach to the A Patient with Lymphadenopathy and Splenomegaly
- Disorders of Phagocyte Function
- Eosinophilic Syndromes
- Thrombocytopenia
- Von Willebrand Disease and Hemorrhagic Abnormalities of Platelet and Vascular Function
- Hemorrhagic Disorders: Coagulation Factor Deficiencies
- Hemorrhagic Disorders: Disseminated Itravasculare Coagulation, Liver Failure and Vitamin K Deficiency
- Thrombotic Disorders: Hypercoagulable States
- Transfusion Medicine
- Epidemiology of Cancer
- Cancer Biology and Genetics
- Myelodysplastic Syndromes
- The Acute Leukemias
- The Chronic Leukemias
- Non-Hodgkin Lymphomas
- Hodgkin Lymphoma
- Plasma Cell Disorders
- Amyloidosis
- Tumors of the Central Nervous System
- Head and Neck Cancer
- Lung Cancer and other Pulmonary Neoplasms
- Neoplasms of the Esophagus and Stomach
- Neoplasms of the Small and Large Intestine
- Pancreatic Cancer
- Pancreatic Neuroendocrine Tumors
- Liver and Biliary Tract Cancers
- Tumors of the Kidney, Bladder, Ureters and Renal Pelvis
- Breast Cancer and Benign Breast Disorders
- Gynecologic Cancers
- Testicular Cancer
- Prostate Cancer
- Malignant Tumors of Bone, Sarcomas and Other Soft Tissue Neoplasms
- Melanoma and Nonmelanoma Skin Cancers

E. Procedures and Clinical Skills

F. Logs – N/A

G. Core Competencies

1. Medical Knowledge

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

2. Patient Care

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

3. Interpersonal and Communication Skills

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

4. Professionalism

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

5. <u>Practice-Based Learning and Improvement</u>

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

6. <u>Systems-Based Practice</u>

a. Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
b. Recognize how delivery systems differ: controlling health care costs, allocating resources.
c. Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
d. Make appropriate referrals.
e. Arrange outpatient testing and follow-up with other providers.
f. Be aware of medication and treatment costs (direct patient costs).
g. Appreciate Patient's rights and responsibilities and that shared decision making improve understanding and compliance.
h. Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
i. Understand EMTALA and HIPAA.
j. Recognize how to reduce medical errors and patient and staff safety.
k. Recognize cost effective health care that does not compromise patient care.
l. Understand how information technology is used to solve patient care problems, improve knowledge base, and develop case presentations and demonstrate these skills by utilizing the local Electronic Medical Record (EMR), on-line resources, and accessing local patient instruction protocols to provide patient instructions.
m. Understand and be able to discuss any medical disparities in the community being served.

7. <u>Osteopathic Philosophy and Osteopathic Manipulative Medicine</u>

a. Demonstrate Osteopathic diagnostic skills adapted to the physical

limitations of the patient's surroundings.

b. Recognize and diagnose somatic dysfunction in the context of common patient pain presentations.
c. Recognize and apply osteopathic treatment modalities appropriate to the orthopedic environment for somatic dysfunction.
d. Develop an appreciation for the need to treat the entire patient including emotional, spiritual, physical and family needs.
e. Consider the application of OMT only if safe in the context of the patient's current medical condition and patient care environment.

H. COMAT Blueprint Information – N/A

I. Grading – Calculations

1. Preceptor grade 100%

Please note the following:

The preceptor (if an email address is on file) will receive an email with a link to the Clinical Education Grade Form to complete before the end of the rotation. The student needs to inquire if the preceptor/supervising physician has received the email with the link to the form. If the Preceptor/Supervising physician did not receive the email, then the student must provide a paper grade form to be completed and Faxed or mailed to the SWC regional office.

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

Students must complete Preceptor/Site/Course Evaluations by the last day of the rotation. Failure to comply will result in a Professionalism report.

Diagnostic Imaging (Radiology)

A. Introduction

The imaging rotation is unique in that you will be exposed to selected topics and patients in the area of radiological medicine. This is where you learn how to do focused History and Physical exams. These are done on patients with specific symptoms based on the patient's presenting complaint. You will normally need to only evaluate the specific reason for that visit. You must learn to gather important History and Physical data, develop a differential diagnosis and utilize ancillary tests to rule in or out your diagnosis. You will then learn to develop a plan of treatment for specific medical conditions.

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

B. Required Textbooks

C. Other Resources

Suggested Text:

Chapman & Nakielny's Aids to Radiological Differential Diagnosis, 6th ed., Elsevier Ltd
Chapman & Nakielny's Guide to Radiological Procedures, 6th ed., Elsevier Ltd
Essentials of Radiology, 3rd ed., Saunders
Grainger & Allison's Diagnostic Radiology Essentials, Elsevier Ltd

D. Didactic and Reading Assignments

E. Procedures and Clinical Skills

F. Logs – N/A

G. Core Competencies

1. **<u>Medical Knowledge</u>**
   a. Be able to interpret the most commonly ordered plain films.
   b. Understand the techniques for doing plain radiographs, ultrasounds, nuclear medicine studies, CT scans, MRI, mammograms, and fluoroscopic procedures.

c. Understand the indications for CT guided and stereotactic biopsies.
d. Understand the risks and complications surrounding certain types of diagnostic studies including risks of radiation exposure.
e. Appreciate the appropriate techniques and specialty consultations in the diagnostic imaging and nuclear medicine therapy of body systems.
f. Appreciate the radiographic film/diagnostic imaging interpretation and nuclear medicine therapy pertinent to primary care.

2. <u>Patient Care</u>

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

3. <u>Interpersonal and Communication Skills</u>

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

4. <u>Professionalism</u>

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

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

6. **Systems-Based Practice**
   a. Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
   b. Recognize how delivery systems differ: controlling health care costs, allocating resources.
   c. Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
   d. Make appropriate referrals.
   e. Arrange outpatient testing and follow-up with other providers.
   f. Be aware of medication and treatment costs (direct patient costs).
   g. Appreciate Patient's rights and responsibilities and that shared decision making improve understanding and compliance.
   h. Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
   i. Understand EMTALA and HIPAA.
   j. Recognize how to reduce medical errors and patient and staff safety.
   k. Recognize cost effective health care that does not compromise patient care.
   l. Understand how information technology is used to solve patient care problems, improve knowledge base, and develop case presentations and demonstrate these skills by utilizing the local Electronic Medical Record (EMR), on-line resources, and accessing local patient instruction protocols to provide patient instructions.
   m. Understand and be able to discuss any medical disparities in the community being served.

7. **Osteopathic Philosophy and Osteopathic Manipulative Medicine**
   - Demonstrate Osteopathic diagnostic skills adapted to the physical limitations of the patient's surroundings.
   - Recognize and diagnose somatic dysfunction in the context of common patient pain presentations.
   - Recognize and apply osteopathic treatment modalities appropriate to the orthopedic environment for somatic dysfunction.
   - Develop an appreciation for the need to treat the entire patient including emotional, spiritual, physical and family needs.

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

H. COMAT Blueprint Information – N/A

I. Grading – Calculations

1. Preceptor Grade 100%

Please note the following:

The preceptor (if an email address is on file) will receive an email with a link to the Clinical Education Grade Form to complete before the end of the rotation. The student needs to inquire if the preceptor/supervising physician has received the email with the link to the form. If the Preceptor/Supervising physician did not receive the email, then the student must provide a paper grade form to be completed and Faxed or mailed to the SWC regional office.

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

Students must complete Preceptor/Site/Course Evaluations by the last day of the rotation. Failure to comply will result in a Professionalism report.

Nephrology

A. Introduction

The nephrology rotation is unique in that you will be exposed to selected topics and patients who will have varying diagnosis and at different stages of chronic kidney disease. This is where you learn how to do History and Physical exams that focus on renal pathology. These are done on patients with specific symptoms based on the patient's presenting complaint. You may need to only evaluate the specific reason for that visit. You must learn to gather important History and Physical data, develop a differential diagnosis and utilize ancillary tests to rule in or out your diagnosis. You will then learn to develop a plan of treatment for specific medical conditions.

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

B. Required Textbooks

Goldman's Cecil Medicine, 26th ed., Saunders

C. Other Resources

Suggested Text:

Comprehensive Clinical Nephrology, 4th ed., Saunders
Brenner and Rector's the Kidney, 9th ed., Saunders
The Washington Manual of Medical Therapeutics, 34th ed., Lippincott Williams & Wilkins

D. Didactic and Reading Assignments:

During this rotation you should plan on reading on the following topics:

1. Disorders of Sodium and Water Homeostasis
2. Potassium disorders
3. Acid-Base disorders
4. Disorders of magnesium and Phosphorus
5. Acute Kidney Injury
6. Glomerular Disorders and Nephrotic Syndromes

7. Tubulointerstitial Diseases
8. Obstructive Uropathy
9. Diabetes and the Kidney
10. Vascular disorders of the Kidney
11. Nephrolithiasis
12. Cystic Kidney Diseases
13. Hereditary Nephropathies and Developmental Abnormalities of the Urinary tract
14. Benign Prostatic Hyperplasia and Prostatitis
15. Chronic Kidney Disease
16. Treatment of irreversible Renal Failure

E. Procedures and Clinical Skills

F. Logs – N/A

G. Core Competencies

1. <u>Medical Knowledge</u>

a. Develop the knowledge skills for understanding common diagnoses in nephrology.
b. Develop the management skills necessary for common nephrologic conditions.
c. Understand renal anatomy, physiology, and pathology.
d. Be able to evaluate and manage essential and secondary hypertension.
e. Be able to evaluate and manage disorders of fluids, electrolytes, and acid-base regulation.
f. Understand the pathogenesis, evaluation, and management of urinary tract infections.
g. Appreciate clinical pharmacology including drug metabolism and pharmacokinetics and the effects of drugs on renal structure and function.
h. Understand nutritional aspects of renal disorders.
i. Have the knowledge of normal mineral metabolism and its alteration in renal diseases, metabolic bone disease, and nephrolithiasis.
j. Understand the pathogenesis, natural history, and management of congenital and acquired diseases of the urinary tract and renal diseases associated with systemic disorders such as diabetes, collagen-vascular disease and pregnancy.
k. Understand tubule-interstitial renal diseases as well as glomerular and vascular diseases including glomerulonephritis.

2. <u>Patient Care</u>

a. Demonstrate how to approach patients in the nephrology department setting.
b. Demonstrate the ability to identify the chief complaint.
c. Perform a focused exam related to chief complaint.
d. Demonstrate effective patient management skills.

e. Demonstrate the ability to develop an evaluation and treatment plan.
f. Demonstrate the ability to monitor the response to therapeutic interventions.
g. Discuss with their attending the referral of the patient for subsequent healthcare services to insure proper transition of care including OMT.
h. Educate patient and evaluate their comprehension of their treatment plan.
i. Participate with the health care team to provide patient care.

3. <u>Interpersonal and Communication Skills</u>

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

4. <u>Professionalism</u>

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

5. <u>Practice-Based Learning and Improvement</u>

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

6. <u>Systems-Based Practice</u>

a. Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
b. Recognize how delivery systems differ: controlling health care costs, allocating resources.
c. Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
d. Make appropriate referrals.
e. Arrange outpatient testing and follow-up with other providers.
f. Be aware of medication and treatment costs (direct patient costs).
g. Appreciate Patient's rights and responsibilities and that shared decision making improve understanding and compliance.
h. Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
i. Understand EMTALA and HIPAA.
j. Recognize how to reduce medical errors and patient and staff safety.
k. Recognize cost effective health care that does not compromise patient care.
l. Understand how information technology is used to solve patient care problems, improve knowledge base, and develop case presentations and demonstrate these skills by utilizing the local Electronic Medical Record (EMR), on-line resources, and accessing local patient instruction protocols to provide patient instructions.
m. Understand and be able to discuss any medical disparities in the community being served.

7. <u>Osteopathic Philosophy and Osteopathic Manipulative Medicine</u>

a. Demonstrate Osteopathic diagnostic skills adapted to the physical limitations of the patient's surroundings.
b. Recognize and diagnose somatic dysfunction in the context of common patient pain presentations.
c. Recognize and apply osteopathic treatment modalities appropriate to the orthopedic environment for somatic dysfunction.
d. Develop an appreciation for the need to treat the entire patient including emotional, spiritual, physical and family needs.
e. Consider the application of OMT only if safe in the context of the patient's current medical condition and patient care environment.

H. COMAT Blueprint Information – N/A

I. Grading – Calculations

1. Preceptor Grade 100%

<u>Please note the following:</u>

The preceptor (if an email address is on file) will receive an email with a link to the Clinical Education Grade Form to complete before the end of the rotation. The student needs to inquire if the preceptor/supervising physician has received the email with the link to the form. If the Preceptor/Supervising physician did not receive the email, then the student must provide a paper grade form to be completed and Faxed or mailed to the SWC regional office.

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

Students must complete Preceptor/Site/Course Evaluations by the last day of the rotation. Failure to comply will result in a Professionalism report.

Neurology

A. Introduction

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

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

B. Required Textbooks

Goldman's Cecil Medicine, 26th ed., Saunders

C. Other Resources

Suggested Text:

The Washington Manual of Medical Therapeutics, 34th ed., Lippincott Williams & Wilkins
Bradley's Neurology in Clinical Practice, 6th ed., Saunders
Netter's Neurology, 2nd ed., Saunders
Swaiman's Pediatric Neurology: Principles and Practice, 5th ed., Elsevier

D. Didactic and Reading Assignments

While you are on this rotation you should read on the following topics:

1. Headaches and other head pain
2. Traumatic Brain Injury and Spinal Cord injury
3. Regional Cerebral Dysfunction: Higher Mental Functions
4. Alzheimer's disease and Other Dememtias
5. Epilepsies
6. Coma, Vegetative state and Brain Death
7. Disorders of Sleep
8. Approach to Cerebrovascular Diseases

9. Ischemic Cerebrovascular Diseases
10. Hemorrhagic Cerebrovascular Diseases
11. Parkinsonism
12. Other Movement Disorders
13. Amyotrophic Lateral Sclerosis and Other Motor Neuron Diseases
14. Multiple Sclerosis and Demyelinating Conditions
15. Meningitis: Bacterial, Viral and Other
16. Brain Abscess and Paramenigeal Infections
17. Acute Viral Encephalitis
18. Nutritional and Alcohol-Related Neurologic Disorders
19. Autonomic Disorders and their management
20. Peripheral Neuropathies

E. Procedures and Clinical Skills

F. Logs – N/A

G. Core Competencies

1. Medical Knowledge

a. Characterize the principles of history, physical examination and diagnostic interpretation of common problems encountered in neurology with emphasis on the neurologic and mental status exam including the pediatric developmental exam.
b. Be able to identify the patient's problem as being within the nervous system.
c. Be able to localize the abnormal process within the general level of the nervous system (hemisphere, brain stem, cerebellum, spinal cord, peripheral nerve, myoneural nerve, myoneural junction or muscle).
d. Assess the acuity and prognosis of the problem as it relates to the immediate management and the need for more expert assistance.
e. Know the appropriate indication for special procedures in neurology and neuroradiology such as CT, MRI, arteriography, etc. EEG/EMG/sensory evoked responses, etc. lumbar puncture, caloric testing.
f. Observe specific procedures such as lumbar puncture, skull and spine radiographs, audiologic testing.
g. Have a special understanding of the neurologic disabilities of elderly patients and the importance of assessing, restoring, and maintaining functional capacity.

2. Patient Care

a. Demonstrate how to approach a neurology patient.
b. Demonstrate the ability to identify the chief complaint.
c. Perform a focused exam related to chief complaint.
d. Demonstrate effective patient management skills.
e. Demonstrate the ability to develop an evaluation and treatment plan.
f. Demonstrate the ability to monitor the response to therapeutic interventions.

g. Discuss with their attending the referral of the patient for subsequent healthcare services to insure proper transition of care including OMT.
h. Educate patient and evaluate their comprehension of their treatment plan.
i. Participate with the health care team to provide patient care.

3. Interpersonal and Communication Skills

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

4. Professionalism

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

5. Practice-Based Learning and Improvement

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

6. Systems-Based Practice

a. Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
b. Recognize how delivery systems differ: controlling health care costs, allocating resources.
c. Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.

d. Make appropriate referrals.
e. Arrange outpatient testing and follow-up with other providers.
f. Be aware of medication and treatment costs (direct patient costs).
g. Appreciate Patient's rights and responsibilities and that shared decision making improve understanding and compliance.
h. Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
i. Understand EMTALA and HIPAA.
j. Recognize how to reduce medical errors and patient and staff safety.
k. Recognize cost effective health care that does not compromise patient care.
l. Understand how information technology is used to solve patient care problems, improve knowledge base, and develop case presentations and demonstrate these skills by utilizing the local Electronic Medical Record (EMR), on-line resources, and accessing local patient instruction protocols to provide patient instructions.
m. Understand and be able to discuss any medical disparities in the community being served.

7. <u>Osteopathic Philosophy and Osteopathic Manipulative Medicine</u>

a. Demonstrate Osteopathic diagnostic skills adapted to the physical limitations of the patient's surroundings.
b. Recognize and diagnose somatic dysfunction in the context of common patient pain presentations.
c. Recognize and apply osteopathic treatment modalities appropriate to the orthopedic environment for somatic dysfunction.
d. Develop an appreciation for the need to treat the entire patient including emotional, spiritual, physical and family needs.
e. Consider the application of OMT only if safe in the context of the patient's current medical condition and patient care environment.

H. COMAT Blueprint Information – N/A

I. Grading – Calculations

1. Preceptor Grade 100%

<u>Please note the following:</u>

The preceptor (if an email address is on file) will receive an email with a link to the Clinical Education Grade Form to complete before the end of the rotation. The student needs to inquire if the preceptor/supervising physician has received the email with the link to the form. If the

Preceptor/Supervising physician did not receive the email, then the student must provide a paper grade form to be completed and Faxed or mailed to the SWC regional office.

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

Students must complete Preceptor/Site/Course Evaluations by the last day of the rotation. Failure to comply will result in a Professionalism report.

Ophthalmology

A. Introduction

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

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

B. Required Textbooks

Opthalmic Surgery: Principles and Practice, 4th edition, Elsevier

C. Other Resources

Suggested Text:
Goldman's Cecil Medicine, 26th ed., Saunders

D. Didactic and Reading Assignments

You should read during this rotation the following and assignments from the Preceptor:

1. The evaluation and surgery of Cataracts
2. Corneal Surgery
3. Glaucoma evaluation and management medical and surgical
4. Laser surgery of the eye
5. Principles of vitreoretinal surgery
6. Retinal detachment and PVR
7. Proliferative diabetic retinopathy
8. Oncology

E. Procedures and Clinical Skills

F. Logs – N/A

G. Core Competencies

1. **Medical Knowledge**
   a. Identify common eye disorders such as blepharitis, conjunctivitis, hordeolum, foreign bodies, and trauma.
   b. Characterize appropriate screening methods to prevent sequelae from common conditions such as amblyopia, glaucoma.
   c. Recognize advanced forms of ophthalmologic testing and intervention e.g. fluorescein angiography, laser, etc.
   d. Conduct an appropriate history and physical examination of the eye and adnexal structures.
   e. Diagnose and treat common eye problems.
   f. Distinguish and refer those eye problems which require specialist care.
   g. Interpret simple measures of visual health such as visual acuity, intraocular pressure, visual fields, etc.
   h. Participate in ongoing care of patients being treated by ophthalmologists, i.e. diabetics, cataracts, glaucoma, etc.
2. **Patient Care**
   a. Demonstrate how to approach an ophthalmology patient.
   b. Demonstrate the ability to identify the chief complaint.
   c. Perform a focused exam related to chief complaint.
   d. Demonstrate effective patient management skills.
   e. Demonstrate the ability to develop an evaluation and treatment plan.
   f. Demonstrate the ability to monitor the response to therapeutic interventions.
   g. Discuss with their attending the referral of the patient for subsequent healthcare services to insure proper transition of care including OMT.
   h. Educate patient and evaluate their comprehension of their treatment plan.
   i. Participate with the health care team to provide patient care.
3. **Interpersonal and Communication Skills**
   a. Demonstrate ability to effectively communicate with acutely ill or injured patients.
   b. Demonstrate ability to identify and communicate with family members, medical power of attorney, or person of authority to speak on behalf of the patient.
   c. Demonstrate the ability to identify the person with key information about the patient. Demonstrate the ability to identify themselves to the patient and their role in their care.
   d. Demonstrate the ability to put the patient and their family at ease.
   e. Consolidate and organize pertinent information for presentation to attending physician. Use the appropriate medical terminology while communicating with other medical staff Demonstrate effective communication techniques with other members of the healthcare team and ancillary staff.
   f. Use appropriate terminology/language with patient and family.

g. Learn the documentation expectations the hospital or office.
h. Demonstrate a personal self-awareness of their interaction with the patient.

4. Professionalism

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

5. Practice-Based Learning and Improvement

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

6. Systems-Based Practice

a. Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
b. Recognize how delivery systems differ: controlling health care costs, allocating resources.
c. Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
d. Make appropriate referrals.
e. Arrange outpatient testing and follow-up with other providers.
f. Be aware of medication and treatment costs (direct patient costs).
g. Appreciate Patient's rights and responsibilities and that shared decision making improve understanding and compliance.
h. Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
i. Understand EMTALA and HIPAA.
j. Recognize how to reduce medical errors and patient and staff safety.
k. Recognize cost effective health care that does not compromise patient care.
l. Understand how information technology is used to solve patient care problems, improve knowledge base, and develop case presentations and demonstrate these skills by utilizing the local Electronic Medical Record (EMR), on-line resources, and accessing local patient instruction protocols to provide patient instructions.
m. Understand and be able to discuss any medical disparities in the community being served.

7. Osteopathic Philosophy and Osteopathic Manipulative Medicine

a. Demonstrate Osteopathic diagnostic skills adapted to the physical

limitations of the patient's surroundings.

b. Recognize and diagnose somatic dysfunction in the context of common patient pain presentations.
c. Recognize and apply osteopathic treatment modalities appropriate to the orthopedic environment for somatic dysfunction.
d. Develop an appreciation for the need to treat the entire patient including emotional, spiritual, physical and family needs.
e. Consider the application of OMT only if safe in the context of the patient's current medical condition and patient care environment.

H. COMAT Blueprint Information – N/A

I. Grading – Calculations

1. Preceptor grade 100%

Please note the following:

The preceptor (if an email address is on file) will receive an email with a link to the Clinical Education Grade Form to complete before the end of the rotation. The student needs to inquire if the preceptor/supervising physician has received the email with the link to the form. If the Preceptor/Supervising physician did not receive the email, then the student must provide a paper grade form to be completed and Faxed or mailed to the SWC regional office.

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

Students must complete Preceptor/Site/Course Evaluations by the last day of the rotation. Failure to comply will result in a Professionalism report.

Orthopedics

A. Introduction

The orthopedics rotation is unique in that you will be exposed to selected topics and patients who have disorders of the bones, joints, tendons, ligaments and muscles. This is where you will learn to do focused History and Physical exams one on patients with specific symptoms based on the patient's presenting complaint. You may need to only evaluate the specific reason for that visit. You must learn to gather important History and Physical data, develop a differential diagnosis and utilize ancillary tests to rule in or out your diagnosis. You will then learn to develop a plan of treatment for specific medical conditions.

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

B. Required Textbooks

Practical Orthopedics, 6th ed. Elsevier (access on Clinical Key)
Essential Orthopaedics, Saunders (access on Clinical Key)

C. Other Resources

Suggested Text:
Imaging of the Musculoskeletal System, Saunders
Netter's Orthopaedic Clinical Examination: An Evidence Based Approach, 2nd ed., Saunders
Tachdjian's Pediatric Orthopaedics, 5th ed., Saunders

D. Didactic and Reading Assignments

The reading assignment are listed below and there may be specific reading that your preceptor will require. The following are topics you should read to gain an appreciation of the discipline of Orthopedics. The textbook *Essential Orthopaedics* (English spelling) has 40 video that demonstrate evaluation and injections procedures for specific joints. The reading can be done in either of the two books listed above.

1. Orthopedic Physical Examination
2. Fractures General Management

3. The Shoulder
4. The Elbow
5. The Hip
6. The Knee
7. The Ankle and Foot
8. Infections of Bone and Joints
9. The Arthritides
10. Sports Medicine
11. Radiologic Aspects of Orthopedic Diseases.
12. Rehabilitation

E. Procedures and Clinical Skills

Joint injections indications and contraindications
Dose of medications for joint injections
Medications for pain control

F. Logs – N/A

G. Core Competencies

1. <u>Medical Knowledge</u>

a. Identify sprains, fractures, congenital, and other orthopedic problems.
b. Characterize those problems typically related to specific activities or lifestyles and their prevention.
c. Recognize the range of surgical or bracing procedures utilized for various disorders.
d. Perform a complete examination of the back, joints, extremities, and musculoskeletal system.
e. Utilize and interpret imaging and other diagnostic studies of the musculoskeletal system.
f. Diagnose and manage simple fractures and sprains, etc.
g. Recognize and refer those musculoskeletal problems requiring specialist care.
h. Evaluate and stabilize the emergency patient with musculoskeletal injury.
i. Perform simple casting or splinting procedures.
j. Assist with operative procedures as requested.

2. <u>Patient Care</u>

a. Demonstrate how to approach an orthopedic patient.
b. Demonstrate the ability to identify the chief complaint.
c. Perform a focused exam related to chief complaint.
d. Demonstrate effective patient management skills.
e. Demonstrate the ability to develop an evaluation and treatment plan.

f. Demonstrate the ability to monitor the response to therapeutic interventions.
g. Discuss with their attending the referral of the patient for subsequent healthcare services to insure proper transition of care including OMT.
h. Educate patient and evaluate their comprehension of their treatment plan.
i. Participate with the health care team to provide patient care.

3. <u>Interpersonal and Communication Skills</u>

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

4. <u>Professionalism</u>

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

5. <u>Practice-Based Learning and Improvement</u>

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

6. <u>Systems-Based Practice</u>

a. Recognize how patient care and professional practice affect other health

care professionals, health care organizations, and the larger society.
b. Recognize how delivery systems differ: controlling health care costs, allocating resources.
c. Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
d. Make appropriate referrals.
e. Arrange outpatient testing and follow-up with other providers.
f. Be aware of medication and treatment costs (direct patient costs).
g. Appreciate Patient's rights and responsibilities and that shared decision making improve understanding and compliance.
h. Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
i. Understand EMTALA and HIPAA.
j. Recognize how to reduce medical errors and patient and staff safety.
k. Recognize cost effective health care that does not compromise patient care.
l. Understand how information technology is used to solve patient care problems, improve knowledge base, and develop case presentations and demonstrate these skills by utilizing the local Electronic Medical Record (EMR), on-line resources, and accessing local patient instruction protocols to provide patient instructions.
m. Understand and be able to discuss any medical disparities in the community being served.

7. <u>Osteopathic Philosophy and Osteopathic Manipulative Medicine</u>

a. Demonstrate Osteopathic diagnostic skills adapted to the physical limitations of the patient's surroundings.
b. Recognize and diagnose somatic dysfunction in the context of common patient pain presentations.
c. Recognize and apply osteopathic treatment modalities appropriate to the orthopedic environment for somatic dysfunction.
d. Develop an appreciation for the need to treat the entire patient including emotional, spiritual, physical and family needs.
e. Consider the application of OMT only if safe in the context of the patient's current medical condition and patient care environment.

H. COMAT Blueprint Information – N/A

I. Grading – Calculations

1. Preceptor Grade 100%

<u>Please note the following:</u>

The preceptor (if an email address is on file) will receive an email with a link to the Clinical Education Grade Form to

complete before the end of the rotation. The student needs to inquire if the preceptor/supervising physician has received the email with the link to the form. If the Preceptor/Supervising physician did not receive the email, then the student must provide a paper grade form to be completed and Faxed or mailed to the SWC regional office.

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

Students must complete Preceptor/Site/Course Evaluations by the last day of the rotation. Failure to comply will result in a Professionalism report.

Otolaryngology

A. Introduction

During the otolaryngology rotation you will be exposed to a variety of diagnoses and patients that are seen and evaluated by the Otolaryngologist (ENT surgeon). This is where you learn the types of diagnoses and inpatient/outpatient surgeries that the ENT surgeon handles in their daily practice. You must learn to gather important History and Physical data, develop a differential diagnosis and utilize ancillary to assist in diagnosis. You will then learn to develop a plan of treatment for specific medical conditions.

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

B. Required Textbooks

ENT Secrets, 4th ed., Elsevier Copyright 2016 (Clinical Key)

C. Other Resources

Suggested Text:

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

D. Didactic and Reading Assignments

- ENT Emergencies
- Deep Neck Infections
- Antimicrobials and Pharmacotherapy
- Snoring and Obstructive Sleep Apnea
- Facial Pain and Headache
- Skin Cancer
- Diseases of the Oral Cavity and Oropharynx
- Cancer of the Hypopharynx, Larynx, and Esophagus
- Diseases of the Thyroid and Parathyroid Glands
- Neck Dissection

- Sinonasal Tumors
- Radiation and Systemic Therapy for Head and Neck Cancer
- Epistaxis
- Acute Rhinosinusitis and Infectious Complications
- Chronic Rhinosinusitis
- Septoplasty and Turbinate Surgery
- Functional Endoscopic Sinus Surgery
- Evaluation of Hearing
- Tinnitus
- Infections of the Ear
- Complications of Otitis Media
- Otosclerosis
- Cholesteatoma
- The Acute Pediatric Airway
- Pediatric Adenotonsillar Disease, Sleep Disordered Breathing and Obstructive Sleep apnea
- Pediatric Head and Neck Tumors
- Principles of Wound Healing
- Principles of Trauma
- Facial Trauma
- Laryngoscopy, Bronchoscopy and Esophagoscopy
- Hoarseness and Dysphonia
- Dysphagia and Aspiration
- Benign Vocal Fold Lesion and Microsugery
- Laryngeal Trauma

The reading list above is for the 4 week rotation. If the student has a 2 week rotation it is recommended that the Preceptor assigns readings to be discussed from the list above or select journal articles. Other reading that the preceptor feels is important the student should add to the reading during this rotation.

E. Procedures and Clinical Skills

F. Logs – N/A

G. Core Competencies

1. <u>Medical Knowledge</u>

a. Identify common problems related to the nose, throat, and pharynx, such as epistaxis, sinusitis, polyps, otitis, etc.
b. Characterize common head and neck masses and their causes.
c. Identify those head and neck problems requiring surgical treatment.
d. Perform a complete head and neck examination.

e. Diagnose and treat common ENT infections and other disorders.
f. Refer for timely surgical management as appropriate.
g. Participate in care of hospitalized and operative patients.
h. Assist in airway management of emergency patients.
i. Interpret tympanograms, sinus films, audiograms, and other common ENT tests.

2. <u>Patient Care</u>

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

3. <u>Interpersonal and Communication Skills</u>

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

4. <u>Professionalism</u>

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

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

6. **Systems-Based Practice**
   a. Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
   b. Recognize how delivery systems differ: controlling health care costs, allocating resources.
   c. Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
   d. Make appropriate referrals.
   e. Arrange outpatient testing and follow-up with other providers.
   f. Be aware of medication and treatment costs (direct patient costs).
   g. Appreciate Patient's rights and responsibilities and that shared decision making improve understanding and compliance.
   h. Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
   i. Understand EMTALA and HIPAA.
   j. Recognize how to reduce medical errors and patient and staff safety.
   k. Recognize cost effective health care that does not compromise patient care.
   l. Understand how information technology is used to solve patient care problems, improve knowledge base, and develop case presentations and demonstrate these skills by utilizing the local Electronic Medical Record (EMR), on-line resources, and accessing local patient instruction protocols to provide patient instructions.
   m. Understand and be able to discuss any medical disparities in the community being served.

7. **Osteopathic Philosophy and Osteopathic Manipulative Medicine**
   a. Demonstrate Osteopathic diagnostic skills adapted to the physical limitations of the patient's surroundings.
   b. Recognize and diagnose somatic dysfunction in the context of common patient pain presentations.
   c. Recognize and apply osteopathic treatment modalities appropriate to the orthopedic environment for somatic dysfunction.
   d. Develop an appreciation for the need to treat the entire patient including emotional, spiritual, physical and family needs.

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

H. COMAT Blueprint Information – N/A

I. Grading – Calculations

1. Preceptor Grade 100%

Please note the following:

The preceptor (if an email address is on file) will receive an email with a link to the Clinical Education Grade Form to complete before the end of the rotation. The student needs to inquire if the preceptor/supervising physician has received the email with the link to the form. If the Preceptor/Supervising physician did not receive the email, then the student must provide a paper grade form to be completed and Faxed or mailed to the SWC regional office.

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

Students must complete Preceptor/Site/Course Evaluations by the last day of the rotation. Failure to comply will result in a Professionalism report.

Physical Medicine & Rehabilitation

A. Introduction

During the PM&R rotation you will be exposed to selected topics and patients that require focused evaluation and care due to an alteration in their ability to function at home, work or in recreational activities. This is where you learn how to do focused History and Physical exam, evaluation of the patient physical disability and note the plan that is developed to address the deficit/injury. These are done on patients with specific symptoms based on the patients presenting complaint. You will normally need to only evaluate the specific reason for that visit. You must learn to gather important History and Physical data, develop a differential diagnosis and utilize ancillary tests to rule in or out your diagnosis. You will then learn to develop a plan of treatment for specific medical conditions.

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

B. Required Textbooks

C. Other Resources

Suggested Text:

Physical Medicine & Rehabilitation Secrets, 3rd ed., Mosby (on Clinical Key)
Braddom's Physical Medicine and Rehabilitation, 5th ed., Elsevier (Clinical Key)

The above two textbooks are very good references for the PM&R rotation. The *Braddom's Physical Medicine and Rehabilitation* has 51 videos for your reference and offers detailed information on topics pertinent in PM&R.

The Washington Manual of Medical Therapeutics, 34th ed., Lippincott Williams & Wilkins
Goldman's Cecil Medicine, 26th ed., Saunders

D. Didactic and Reading Assignments

All reading for this rotation should be based on the type of patients that are seen and assignments that are given to the student by the preceptor.

E. Procedures and Clinical Skills

F. Logs – N/A

G. Core Competencies

1. Medical Knowledge

a. Understand and appreciate the anatomy and physiology of the central and peripheral nervous system as well as the muscular system.
b. Understand basic management and rehabilitation and treatment of patients after stroke, traumatic brain injury, or spinal cord injury.
c. Appreciate and understand the medical problems encountered by traumatic brain injury, spinal cord injury, or stroke.
d. Provide primary conservative care of common musculoskeletal problems.
e. Understand the initial workup and appropriate use of imaging techniques for musculoskeletal problems.
f. Refine the skills with regards to the neuromusculoskeletal H&P.
g. Understand the uses of allied health professionals and appreciate appropriate referrals.
h. Observe electrodiagnostic studies and understand their potential benefits and limitations.
i. Attempt to interface with Physical Therapy, Occupational Therapy, Speech Pathology, and Prosthetics.

2. Patient Care

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

3. Interpersonal and Communication Skills

a. Demonstrate ability to effectively communicate with acutely ill or injured patients.
b. Demonstrate ability to identify and communicate with family members, medical power of attorney, or person of authority to speak on behalf of the patient.
c. Demonstrate the ability to identify the person with key information about the patient. Demonstrate the ability to identify themselves to the patient and their role in their care.

d. Demonstrate the ability to put the patient and their family at ease.
e. Consolidate and organize pertinent information for presentation to attending physician. Use the appropriate medical terminology while communicating with other medical staff Demonstrate effective communication techniques with other members of the healthcare team and ancillary staff.
f. Use appropriate terminology/language with patient and family.
g. Learn the documentation expectations the hospital or office.
h. Demonstrate a personal self-awareness of their interaction with the patient.

4. <u>Professionalism</u>

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

5. <u>Practice-Based Learning and Improvement</u>

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

6. <u>Systems-Based Practice</u>

a. Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
b. Recognize how delivery systems differ: controlling health care costs, allocating resources.
c. Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
d. Make appropriate referrals.
e. Arrange outpatient testing and follow-up with other providers.
f. Be aware of medication and treatment costs (direct patient costs).
g. Appreciate Patient's rights and responsibilities and that shared decision making improve understanding and compliance.
h. Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
i. Understand EMTALA and HIPAA.
j. Recognize how to reduce medical errors and patient and staff safety.
k. Recognize cost effective health care that does not compromise patient care.

l. Understand how information technology is used to solve patient care problems, improve knowledge base, and develop case presentations and demonstrate these skills by utilizing the local Electronic Medical Record (EMR), on-line resources, and accessing local patient instruction protocols to provide patient instructions.
m. Understand and be able to discuss any medical disparities in the community being served.

7. <u>Osteopathic Philosophy and Osteopathic Manipulative Medicine</u>

a. Demonstrate Osteopathic diagnostic skills adapted to the physical limitations of the patient's surroundings.
b. Recognize and diagnose somatic dysfunction in the context of common patient pain presentations.
c. Recognize and apply osteopathic treatment modalities appropriate to the orthopedic environment for somatic dysfunction.
d. Develop an appreciation for the need to treat the entire patient including emotional, spiritual, physical and family needs.
e. Consider the application of OMT only if safe in the context of the patient's current medical condition and patient care environment.

H. COMAT Blueprint Information - N/A

I. Grading – Calculations

1. Preceptor Grade 100%

<u>Please note the following:</u>

The preceptor (if an email address is on file) will receive an email with a link to the Clinical Education Grade Form to complete before the end of the rotation. The student needs to inquire if the preceptor/supervising physician has received the email with the link to the form. If the Preceptor/Supervising physician did not receive the email, then the student must provide a paper grade form to be completed and Faxed or mailed to the SWC regional office.

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

Students must complete Preceptor/Site/Course Evaluations by the last day of the rotation. Failure to comply will result in a Professionalism report.

Pulmonology

A. Introduction

The pulmonology rotation is unique in that you will be exposed to selected topics and patients in the area of pulmonological medicine. This is where you learn how to do focused History and Physical exams. These are done on patients with specific symptoms based on the patient's presenting complaint. You will normally need to only evaluate the specific reason for that visit. You must learn to gather important History and Physical data, develop a differential diagnosis and utilize ancillary tests to rule in or out your diagnosis. You will then learn to develop a plan of treatment for specific medical conditions.

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

B. Required Textbooks

Goldman's Cecil Medicine, 26th ed., Saunders

C. Other Resources

Suggested Text:
The Washington Manual of Medical Therapeutics, 35th ed., Lippincott Williams & Wilkins
Clinical Respiratory Medicine, 4th ed., Elseviers/Saunders
Principles of Pulmonary Medicine, 6th ed., Saunders

D. Didactic and Reading Assignments

- Imaging in Pulmonary Disease
- Respiratory Function: Mechanisms
- Disorders of Ventilatory Control
- Asthma
- Chronic Obstructive Pulmonary Disease
- Cystic Fibrosis
- Bronchiectasis, Atelectasis, Cysts and Localized Lung Disorders
- Alveolar Filling Disorders

- Interstitial Lung Disease
- Occupational Lung Diseases
- Physical and Chemical Injuries of the Lung
- Sarcoidosis
- Acute Bronchitis and Tracheitis
- Overview of Pneumonia
- Pulmonary Embolism
- Diseases of the Diaphragm, Chest Wall, Pleura and Mediastinum
- Obstructive Sleep Apnea
- Interventional and Surgical Approaches to Lung Diseases
- Approach to the Patient in Critical Care Setting
- Respiratory Monitoring in Critical Care
- Acute Respiratory Failure
- Mechanical Ventilation

E. Procedures and Clinical Skills

F. Logs – N/A

G. Core Competencies

1. <u>Medical Knowledge</u>

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

2. <u>Patient Care</u>

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

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

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

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

6. **Systems-Based Practice**
   a. Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
   b. Recognize how delivery systems differ: controlling health care costs, allocating resources.
   c. Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
   d. Make appropriate referrals.

e. Arrange outpatient testing and follow-up with other providers.
f. Be aware of medication and treatment costs (direct patient costs).
g. Appreciate Patient's rights and responsibilities and that shared decision making improve understanding and compliance.
h. Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
i. Understand EMTALA and HIPAA.
j. Recognize how to reduce medical errors and patient and staff safety.
k. Recognize cost effective health care that does not compromise patient care.
l. Understand how information technology is used to solve patient care problems, improve knowledge base, and develop case presentations and demonstrate these skills by utilizing the local Electronic Medical Record (EMR), on-line resources, and accessing local patient instruction protocols to provide patient instructions.
m. Understand and be able to discuss any medical disparities in the community being served.

7. <u>Osteopathic Philosophy and Osteopathic Manipulative Medicine</u>

a. Demonstrate Osteopathic diagnostic skills adapted to the physical limitations of the patient's surroundings.
b. Recognize and diagnose somatic dysfunction in the context of common patient pain presentations.
c. Recognize and apply osteopathic treatment modalities appropriate to the orthopedic environment for somatic dysfunction.
d. Develop an appreciation for the need to treat the entire patient including emotional, spiritual, physical and family needs.
e. Consider the application of OMT only if safe in the context of the patient's current medical condition and patient care environment.

H. COMAT Blueprint Information – N/A

I. Grading – Calculations

1. Preceptor Grade 100%

<u>Please note the following:</u>

The preceptor (if an email address is on file) will receive an email with a link to the Clinical Education Grade Form to complete before the end of the rotation. The student needs to inquire if the preceptor/supervising physician has received the email with the link to the

form. If the Preceptor/Supervising physician did not receive the email, then the student must provide a paper grade form to be completed and Faxed or mailed to the SWC regional office.

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

Students must complete Preceptor/Site/Course Evaluations by the last day of the rotation. Failure to comply will result in a Professionalism report.

Wound Care

A. Introduction

During the wound care rotation the student will be exposed to patients with wounds in various stages of healing. This is where the student will learn to evaluate the wound, be able to obtain a history and perform a physical on patients to better understand the healing process as well as the treatment modalities available. The student must learn to gather important History and Physical data, develop a differential diagnosis and utilize ancillary tests to develop the treatment plan for the patient.

During the rotation the student will be expected to learn specific procedures used in the care of acute and chronic wound care. This rotation requires a student to be an effective communicator and to quickly organize and analyze medical information. The student is expected to work as part of the team. The student will be challenged to have a basic knowledge of clinical medicine and expected to read on topics of interesting cases or topics suggested by your attending physician.

B. Required Textbooks

Essentials of Surgery, Becker, Elsevier, Chapter 9 Wound Healing
Tintinalli's Emergency Medicine, 8th ed. McGraw-Hill, Section 6 Wound Management
Wounds and Lacerations, 4th ed., Elsevier

C. Other Resources

Suggested Text:
The Washington Manual of Medical Therapeutics, 34th ed., Lippincott Williams & Wilkins
Goldman's Cecil Medicine, 26th ed., Saunders

D. Didactic and Reading Assignments

See Required Reading above.

E. Procedures and Clinical Skills

F. Logs – N/A

G. Core Competencies

1. **<u>Medical Knowledge</u>**
   a. Characterize the principles of history, physical examination and diagnostic interpretation of common problems encountered in the wound care setting.

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

2. <u>Patient Care</u>

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

3. <u>Interpersonal and Communication Skills</u>

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

4. <u>Professionalism</u>

a. Display respect for peers.
b. Demonstrate a team approach to treating patients.
c. Demonstrate responsibility, dependability, and reliability including being punctual and providing notification of an absence.
d. Dress appropriately:

- Professional attire as defined in the institution's dress code.
- If personal clothing is worn, it should be washed after each shift.

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

6. **Systems-Based Practice**
   a. Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
   b. Recognize how delivery systems differ: controlling health care costs, allocating resources.
   c. Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
   d. Make appropriate referrals.
   e. Arrange outpatient testing and follow-up with other providers.
   f. Be aware of medication and treatment costs (direct patient costs).
   g. Appreciate Patient's rights and responsibilities and that shared decision making improve understanding and compliance.
   h. Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
   i. Understand EMTALA and HIPAA.
   j. Recognize how to reduce medical errors and patient and staff safety.
   k. Recognize cost effective health care that does not compromise patient care.
   l. Understand how information technology is used to solve patient care problems, improve knowledge base, and develop case presentations and demonstrate these skills by utilizing the local Electronic Medical Record (EMR), on-line resources, and accessing local patient instruction protocols to provide patient instructions.
   m. Understand and be able to discuss any medical disparities in the community being served.

7. **Osteopathic Philosophy and Osteopathic Manipulative Medicine**
   a. Demonstrate Osteopathic diagnostic skills adapted to the physical limitations of the patient's surroundings.
   b. Recognize and diagnose somatic dysfunction in the context of common patient pain presentations.
   c. Recognize and apply osteopathic treatment modalities appropriate to the orthopedic environment for somatic dysfunction.

d. Develop an appreciation for the need to treat the entire patient including emotional, spiritual, physical and family needs.
e. Consider the application of OMT only if safe in the context of the patient's current medical condition and patient care environment.

H. COMAT Blueprint Information – N/A

I. Grading – Calculations

1. Preceptor Grade 100%

Please note the following:

The preceptor (if an email address is on file) will receive an email with a link to the Clinical Education Grade Form to complete before the end of the rotation. The student needs to inquire if the preceptor/supervising physician has received the email with the link to the form. If the Preceptor/Supervising physician did not receive the email, then the student must provide a paper grade form to be completed and Faxed or mailed to the SWC regional office.

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

Students must complete Preceptor/Site/Course Evaluations by the last day of the rotation. Failure to comply will result in a Professionalism report.

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.

Elective and Selective Request Form (ESR)

The ESR forms are available online and at each Statewide Campus regional office and are specific to each region. The online version may be obtained by logging on to eMedley. The form can be found in the eKeeper application under Reference Documents. The forms are also available on the SWC Clinical Resources page of the WVSOM website: https://www.wvsom.edu/academics/swc-clinical-resources

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. **Students may not start a rotation unless it appears on the online schedule.**
2. **No credit will be given for an unapproved rotation.**
3. **No student liability coverage is extended for an unapproved rotation.**

The ESR form is to be used as a method of rotation confirmation for a student's 3rd year elective and all 4th year rotations as well as vacation. The completion and timely submission of the ESR form is the responsibility of the student. Students should contact their 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. Rotations secured through VSLO or other online application boarding programs require the ESR plus email confirmation from the online program.

5. 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.
6. 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.
7. 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 required to request a leave of absence if their vacation is used up. This may result in the delay of the student's graduation.

WVSOM Scheduling Policy

Required and selective Year 3 rotations are scheduled for the student through the student's Statewide Campus office and cannot be changed.

3rd year Electives and all 4th year rotations 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 obtained by logging on to eMedley. The form can be found in the eKeeper application under Reference Documents. The forms are also available on the SWC Clinical Resources page of the WVSOM website: https://www.wvsom.edu/Academics/swc-clinical-resources

- 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 a rotation within any region of the statewide system he/she must complete an ESR form and submit it to **his/her** regional director. The 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.

All rotations 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 AT LEAST 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 TO REQUEST A LEAVE OF ABSENCE. THIS MAY RESULT IN THE DELAY OF THE STUDENT GRADUATING.**

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, General Pediatrics 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. The 4 week core Emergency Medicine rotation will NOT count towards the 16 week cap on Emergency Medicine.

Students may exceed the 16 week limit by submitting an Exception Request Form to do no more than 4 weeks of an Elective 5 rotation using no more than 4 weeks of their vacation time.

Elective 5

In the third or fourth year, students are permitted to use up to a total of 4 weeks of vacation time for rotations if desired. It is permissible for these 4 weeks to supercede the 16 week limit on rotations in any specialty or subspecialty:

1. Student must receive passing score on COMLEX Level 1 before doing an Elective 5 rotation in the 3rd year. Student must receive passing score on COMLEX Level 2CE before doing an Elective 5 rotation in the 4th year.
2. Students must submit an Exception Request Form to substitute Elective 5 for vacation time.
3. Please note, the procedure for scheduling Elective 5 rotations is the same as for any Elective or Selective.

4. Students may not start an Elective 5 rotation until it is posted to their online schedule.
5. The Elective 5 rotation grade will be recorded on the student's transcript, but will not count toward the student's GPA or Class Rank.
6. A grade form and site evaluation is required for and Elective 5 rotation.

Rotation Payment by Student

Certain clinical sites may require students to pay a visiting rotation fee or require other obligations that may necessitate a fee (specific background checks, drugs screens, etc) for 4th-year rotations or 3rd-year electives. It is the student's decision if they would like to pay these fees and proceed with the rotation or schedule a rotation at a different site. If the student decides to proceed with the rotation and pay the fee the student is required to submit payment to the clinical site prior to the start of the rotation. Failure to pay the fee by the deadline will result in the cancellation of the rotation.

Mandatory Time Off and Vacation

Class of 2023

Mandatory Time Off

- The week prior to graduation week and the week of graduation:
    - Weeks of 5/15/23 – 5/26/23 (2 weeks)

  If a student is off-cycle and would like to remain on rotation the week prior to graduation 5/15/23 – 5/19/23, a written request must be submitted to the student's Regional Assistant Dean and Director for approval by the Associate Dean for Predoctoral Clinical Education.

  If a student is off-cycle and would like to remain on rotation the week of graduation 5/22/23 – 5/26/23, a written request must be submitted to the student's Regional Assistant Dean and Director for approval by the Vice President for Academic Affairs and Dean.

Permitted Time Off

- In the 4th year students are permitted 2 days off to take COMLEX 2-CE and COMLEX PE (if not taken during vacation) during rotations for each exam (unless taken consecutively). Students should seek approval from their preceptor regarding these absences and notify their Statewide Campus office of the test dates and locations once scheduled. **Students are not permitted to take days off from rotation for any reason unless approval is given by the Regional Assistant Dean and Director via the Exception Request Form.** Students 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.

Prep Tracks and Vacation

- If placed on a COMLEX Level 1 or Level 2 CE prep track, the first four weeks will be taken from the four weeks of year three vacation.

- Should the prep track extend beyond 4 weeks or the year three vacation time has been previously used, the missed time will be charged against year four vacation. This will be charged retroactively on the first day of year four.

Exception Request

An Exception Request Form must be completed for any exception regarding scheduling 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 may be obtained by logging on to eMedley. The form can be found in the eKeeper application under Reference Documents.

An Exception Request Form must be approved by the Regional Assistant Dean prior to missing any planned off days of a rotation or immediately after being absent due to illness or other unplanned events. 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.

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 12 weeks of rural rotations during the 3rd and 4th years. At least 8 weeks of the 12 weeks must be within the State of West Virginia as defined by WVHEPC. Rural rotations outside of West Virginia are approved by the SWC office. The Statewide Campus offices have the most recent requirements and information of areas that meet the requirement. **The following elective rotations are NOT considered completion of Rural requirements: Research, Health Policy, Anatomy Intensive, Culinary Medicine.**

SECTION V FORMS FOR SCHEDULING STUDENT ROTATION WORKSHEETS

Student Rotation Worksheet

Student Rotation Worksheet
Class of 2023 Fourth Year

Date	Rotation	Date	Rotation	Date	Rotation
6/27/2022		11/7/2022		3/20/2023	
7/4/2022		11/14/2022		3/27/2023	
7/11/2022		11/21/2022		4/3/2023	
7/18/2022		11/28/2022		4/10/2023	
7/25/2022		12/5/2022		4/17/2023	
8/1/2022		12/12/2022		4/24/2023	
8/8/2022		12/19/2022		5/1/2023	
8/15/2022		12/26/2022		5/8/2023	
8/22/2022		1/2/2023		5/15/2023	Mandatory time off
8/29/2022		1/9/2023		5/22/2023	Graduation Week
9/5/2022		1/16/2023			
9/12/2022		1/23/2023			
9/19/2022		1/30/2023			
9/26/2022		2/6/2023			
10/3/2022		2/13/2023			
10/10/2022		2/20/2023			
10/17/2022		2/27/2023			
10/24/2022		3/6/2023			
10/31/2022		3/13/2023			

Internal Medicine II	Selective	4 weeks
Internal Medicine III	Selective	4 weeks
Family Medicine II	Selective	4 weeks ***
Family Medicine III	Selective	4 weeks ***
Surgery II	Selective	4 weeks
Surgery III	Selective	4 weeks
Pediatrics II	Selective	4 weeks
Elective 2		4 weeks
Elective 3		4 weeks
Elective 4		2 weeks
Vacation		8 weeks

Mandatory time off 1 week - Graduation off 1 week Graduation is May 27, 2023

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

Family Medicine II & III

* One of them must be Rural and/or w/D.O. depending on Family Medicine I
* FM II & FM III can each be 4 weeks in length, or each can be done as 2 two-week blocks

Student Rotation Worksheet **Berkeley Medical Students Only**

Student Rotation Worksheet
Class of 2023 Fourth Year

Date	Rotation	Date	Rotation	Date	Rotation
6/27/2022		11/7/2022		3/20/2023	
7/4/2022		11/14/2022		3/27/2023	
7/11/2022		11/21/2022		4/3/2023	
7/18/2022		11/28/2022		4/10/2023	
7/25/2022		12/5/2022		4/17/2023	
8/1/2022		12/12/2022		4/24/2023	
8/8/2022		12/19/2022		5/1/2023	
8/15/2022		12/26/2022		5/8/2023	
8/22/2022		1/2/2023		5/15/2023	Mandatory time off
8/29/2022		1/9/2023		5/22/2023	Graduation Week
9/5/2022		1/16/2023			
9/12/2022		1/23/2023			
9/19/2022		1/30/2023			
9/26/2022		2/6/2023			
10/3/2022		2/13/2023			
10/10/2022		2/20/2023			
10/17/2022		2/27/2023			
10/24/2022		3/6/2023			
10/31/2022		3/13/2023			

Emergency Medicine	Required	4 weeks (To Be Completed 4th Year)
Family Medicine 2	Selective	4 weeks***
Family Medicine 3	Selective	4 weeks***
Internal Medicine 2	Selective	4 weeks
Internal Medicine 3	Selective	4 weeks
Surgery 2	Selective	4 weeks
Surgery 3	Selective	2 weeks (Completed 2 weeks in 3rd Year)
Pediatrics 2	Selective	0 weeks (Completed 4 weeks in 3rd Year)
Elective 1	Elective	2 weeks (To Be Completed in 4th Year)
Elective 2	Elective	4 weeks
Elective 3	Elective	4 weeks
Elective 4	Elective	2 weeks
Vacation	Elective	8 weeks

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

Family Medicine 2 & 3
* One must be with a DO (rural requirement met with FM1 for BMC students)
* FM2 and FM3 can each be 4 weeks in length, or each can be done as 2 two-week blocks

Mandatory time off – 5/15/23 to 5/19/23 and Graduation Week – 5/22/23 to 5/26/23 Graduation is May 27, 2023

Highlighted Rotations are different from Traditional WVSOM Student Scheduling

Educational Agreement

ELECTIVE and SELECTIVE ROTATION REQUEST FORM

SWC - SW

Please return to:

WVSOM (West Virginia School of Osteopathic Medicine)
Carolyn Penn, SWC Regional Director
St. Mary's Medical Center, #6025
2900 First Avenue
Huntington, WV 25702
cpenn@osteo.wvsom.edu
Phone: 304.399.7590
Fax: 304.399.7593

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 IM3 IM4 Surg2 Surg3 FM2 FM3 Peds2 Vacation

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: _____

Educational Agreement

ELECTIVE and SELECTIVE ROTATION REQUEST FORM

SWC - SE

Please return to:
WVSOM (West Virginia School of Osteopathic Medicine)
Megan Meador, SWC Regional Director
Raleigh General Hospital-WVSOM
1710 Harper Road
Beckley, WV 25801
mmeador@osteo.wvsom.edu

Phone: 304.461.3748

FAX: 304.254.3018

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 IM3 IM4 Surg2 Surg3 FM2 FM3 Peds2 Vacation

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: _____

Educational Agreement

ELECTIVE and SELECTIVE ROTATION REQUEST FORM

SWC - SC

Please return to:
WVSOM (West Virginia School of Osteopathic Medicine)
Karen Sadd, SWC Regional Director
CAMC Memorial; WVU Bldg, Room 3012
3110 MacCorkle Avenue, SE
Charleston, WV 25304
ksadd@osteo.wvsom.edu
Phone: 304.720.8833
FAX: 304.720.8831

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 IM3 IM4 Surg2 Surg3 FM2 FM3 Peds2 Vacation

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: _____

Educational Agreement

ELECTIVE and SELECTIVE ROTATION REQUEST FORM

SWC - N

Please return to:
WVSOM (West Virginia School of Osteopathic Medicine)
Mary Beth Fitch, SWC Regional Director — Phone: 304.905.0306 Option 1
Maxwell Centre
32-20th Street, Suite 400 — **FAX: 304.905.6179**
Wheeling, WV 26003
mfitch@osteo.wvsom.edu

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

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

Please Print or Type: First Middle Last

Student Name: _____ Class Year: _____

WVSOM Email: _____ Cell: _____

Elective IM3 IM4 Surg2 Surg3 FM2 FM3 Peds2 Vacation

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: _____

Educational Agreement

ELECTIVE and SELECTIVE CLERKSHIP REQUEST FORM

SWC – E

Please return to:
WVSOM (West Virginia School of Osteopathic Medicine)
Carolyn Cox, MA, Statewide Campus Regional Director
WVU Health Sciences, Eastern Division
2500 Foundation Way
Martinsburg, WV 25401
ccox@osteo.wvsom.edu

Phone: 304.596.6334

FAX: 304.267.0642

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 IM3 IM4 Surg2 Surg3 FM2 FM3 Peds2 Vacation

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: _____

Educational Agreement

ELECTIVE and SELECTIVE ROTATION REQUEST FORM

SWC – CW

Please return to:
WVSOM (West Virginia School of Osteopathic Medicine)
Joan Gates, SWC Regional Director
WVSOM Central West Region Office
2803 Murdoch Avenue
Parkersburg, WV 26101
jgates@osteo.wvsom.edu

Phone: 304.428.4930

FAX: 304.428.4940

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 IM3 IM4 Surg2 Surg3 FM2 FM3 Vacation

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: _____

Educational Agreement

ELECTIVE and SELECTIVE ROTATION REQUEST FORM

SWC – CE

Please return to:
WVSOM (West Virginia School of Osteopathic Medicine)
Adrienne Tucker, SWC Regional Director
Davis Medical Center
Physicians Professional Building
909 Gorman Avenue, Suite 102
Elkins, WV 26241
atucker@osteo.wvsom.edu

Phone: 304.637.3740

FAX: 304.637.3436

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: _____

Elective IM3 IM4 Surg2 Surg3 FM 2 FM3 Peds2 Vacation

WVSOM Email_____ Cell: _____

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: _____

EXCEPTION REQUEST FORM

Today's Date_____

Date received by Statewide Campus office _____

Student Name:_____

Rotation Dates_____to_____Rotation_____

**Must be submitted in advance of all proposed rotation or educational absences (if acutely ill, first notify preceptor and SWC regional office, then submit form as soon as reasonably possible) and any requested exception to current policies or procedures.*

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____Approved ____Disapproved

Comments:

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_____
Statewide Campus Director Date

____Approved ____Disapproved

Comments:

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_____
Statewide Campus Asst. Dean Date

____Referred to Associate Dean

Comments: _____
_____

____Approved ____Disapproved

_____
Statewide Campus Assoc. Dean Date

Revised 5/1/2018

SECTION VI STUDENT POLICIES AND PROCEDURES

Academic

Please refer to institutional policies as appropriate.
Dismissal Policy E 24 https://www.wvsom.edu/policies/e-24
Student Academic Responsibilities E 08 https://www.wvsom.edu/policies/e-08
Student Attendance Policy E 09 https://www.wvsom.edu/policies/e-09

To view all institutional student related policies, log onto the WVSOM web page and access the following: https://www.wvsom.edu/policies

Illness

Should a student incur an illness during the course of a clinical rotation, he/she must immediately notify the appropriate preceptor and Statewide Campus office if he/she will be absent from or will be late to the rotation. When the illness results in an absence of more than two days, the student must be seen by a physician and obtain documentation (return to work document). The Statewide Campus Assistant Dean must receive this documentation within five business days of the absence. If the Statewide Regional Assistant Dean does not receive the documentation within five days, the student may be placed on vacation or may have to take a leave of absence if no vacation time remains. If a student is absent from a rotation due to illness, all time missed must be made up.

If any absence from any rotation is deemed to be unexcused, the student will automatically fail the rotation.

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.

Temporary Absence

Temporary absence is defined as only 4 hours or less in one day. This time must be approved prior to the student taking the temporary absence by the Statewide Regional Assistant Dean and the supervising physician. This time will be allowed when the student has to attend to personal business that cannot be attended to after clinic or hospital rotation duties are complete. It is noted that there are no days off during a rotation. The preceptor establishes the rotation schedule. An exception request form must be submitted to the SWC Regional Assistant Dean and Director prior to the absence.

Leave of Absence

A leave of absence can only be granted by the Vice President for Academic Affairs and Dean. A leave of absence will only be granted for significant reasons, including but not limited to medical problems and/or family crisis. Should a situation occur where the student will be unable to continue on rotations, the student should consult the Regional Assistant Dean immediately. Please reference Instutitional Policy E-26: https://www.wvsom.edu/policies/e-26

Student Attendance Policy

Report on time: Attendance is a vital part of the student's clinical training/education; therefore, attendance is required for the entire duration of each clinical rotation. It is the responsibility of the student to contact the rotation coordinator or supervising physician **3 to 5 days** in advance of the rotation to clarify the time and location to meet on the first day of the rotation. Rotation contact information is available on eMedley. Be sure to check the "Instructions from Preceptor" and "Logistics for Students" sections, as they will contain important information regarding the rotation and rotation contact. We suggest that direct contact be made by phone and not solely by email. If the student has not been able to make contact or discover this information by the Thursday prior to the start of the rotation, the student should contact his/her SWC Regional staff for guidance. Punctuality is evaluated as part of the professionalism core competency. If as student missed a day of rotation due to illness, inclement weather, etc the time missed must be made up.
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 and the supervising physician. Any departures from an assigned rotation must also be approved by the WVSOM Statewide Campus office and supervising physician. **Any unapproved early departure will result in a failing grade for the rotation.**

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.
- 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.

Interview for Residency Program

Students that are in their fourth year and need to go to an interview must complete the Exception Request Form and submit it with a copy of the interview invitation to their Statewide Campus Regional Assistant Dean prior to the interview or it will be considered an unexcused absence and the student will fail the rotation. Students will be allowed 2 days maximum for an interview. Students will be allowed to attend 1 interview on a 2 week rotation, 2 interviews when on a 4 week rotation.

Unexcused Absence

All absences during a rotation must be immediately reported to and approved by your Regional Statewide Campus office. An absence that occurs and is not approved by the Regional Statewide Campus office is considered an unexcused absence. An absence from any rotation without approval will be regarded as an unexcused absence. Student absence from rotation without notification and approval of the Statewide Campus Regional office will result in a failing grade for the rotation. 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.

Removal/Dismissal from a Rotation

A student who is removed for cause or dismissed from a clinical rotation prior to completion of the rotation/course will fail the rotation and a grade of 65% (F) will be recorded. Failure of a clinical rotation course will result in the student being automatically placed on Academically-at-Risk Category 2. Once the grade becomes final, the student's file will be remanded to the Student Promotion Committee.

Medical Student Supervision

The WVSOM curriculum provides students required clinical learning experiences during all four years. The student will participate at varying levels of responsibility based on academic year and experience. **A student of the WVSOM is not legally or ethically permitted to provide care to patients independently.**

All students involved in clinical patient care activities **must be** supervised by a licensed physician. The licensed physician may delegate the supervision of the medical student to a resident, fellow or other qualified healthcare provider (Nurse Midwife, Nurse practitioner, PA, Psychologist, etc.). The supervising physician retains full responsibility for the supervision of the medical students assigned to the medical rotation and must ensure his/her designee(s) is prepared for their roles for supervision of medical students. Designation of a qualified healthcare provider requires that the student only perform care that is in the scope of the healthcare provider.
A student may not administer treatment or medication until a licensed supervising physician has personally seen the patient and confirmed the diagnosis. Treatment may not commence unless the supervising physician reviews and counter signs all orders, progress notes, etc., written by the student.

The physician supervisor/preceptor and his/her designee(s) must have appropriate license and specialty board eligibility/board certification and be supervising the medical student within that scope of practice of the identified specialty.

Level of Supervision/Responsibilities
Clinical supervision is designed to foster progressive responsibility as the student gains experience in the clinical setting through the curriculum. The supervising physician provides the medical student the opportunity to demonstrate progressive involvement in patient care. In regards to medical records and clinical patient care, WVSOM students are expected to adhere to the policies of the facility where they are seeing patients.
Supervising Physician Definition

An attending physician employed by WVSOM; a community/rural attending physician (preceptor) who has been credentialed or approved by the school; a resident or fellow in a graduate medical education program.

Supervision Levels

- Direct Physician Supervision **Present**: The physician must be present in the room from beginning to end during the performance of a procedure or provision of general patient care.
- Direct Physician Supervision **Available**: The physician must be present in the office or on hospital grounds and immediately available to provide assistance/direction throughout the performance of the provision of patient care or procedure.

Scope of Duties Permitted:

Year 3 and 4 Medical Students

- Obtaining a patient's complete and problem-focused history
- Limited Physical Examination, which specifically excludes genitourinary, breast and rectal exams. The level of supervision requires the physician

to be available or present during the exam based on the student's level of competency.

- Under direct physician supervision, who is present in the room, students may preform genitourinary, breast, and/or rectal exam. If the supervising physician determines the student is competent in the examination of the genitourinary, breast and rectal exam then the student may be allowed to perform these diagnostic examinations only with a gender appropriate chaperone present in the room and the supervising physician is immediately available should he/she be needed
- Under direct physician supervision available, students may round on patients in the hospital and
    - Gather lab, imaging, nursing and other pertinent information/results
    - Develop interim assessments and recommendations
- Under direct supervision available, students may write notes regarding Evaluation and Management services or procedure notes with the supervising physician verifying in the medical record any student documentation of components of the Evaluation and Management services.

The above notwithstanding, duties and activities of students must not conflict with hospital or clinic policies. In the event a supervising physician or his/her designee is not available, the student should cease patient care activities. If this situation is frequent, WVSOM's Statewide Campus must be notified. A student faced with 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.

Procedure for Off-Campus Student Meeting Attendance

Please see student conference request form (login to mywvsom required): https://my.wvsom.edu/Visitors/FileServer.cfm/_pdf/SWC/Conference_Leave_Request.pdf

Year 3 students may be allowed to attend one meeting during their third year. However, students will not be able to attend meetings during core required rotations unless the attending preceptor is also attending the meeting. Students may not attend meetings during any two-week rotation.

Year 4 students may attend one meeting during their fourth year as long as it is not during a required rotation (unless the preceptor is also attending the meeting) or during a two-week rotation. Year 4 students may attend a second meeting, if there is a valid reason, with permission of the Associate Dean for Predoctoral Clinical Education and the preceptor.

All Year 3 and Year 4 required activities must be made up. Arrangements for make-up must be made and approved by the preceptor/Director of Medical Education and the appropriate Regional Assistant Dean at least THREE WEEKS prior to attending the

meeting. Students must still meet the criteria listed in section III above. Exceptions for Student Officers: students who hold an office in a school-supported club or organization and are required to attend national meetings.

No student should buy a nonrefundable ticket or pay a nonrefundable conference fee before receiving final approval from the Associate Dean for Predoctoral Clinical Education.

Administrative

Please refer to institutional policies as appropriate.
Student Mental Health ST-08 https://www.wvsom.edu/policies/st-08
Drugs, Alcohol, Testing and Treatment GA-08 https://www.wvsom.edu/policies/ga-08
Student Professional Liability Insurance Coverage E-15
https://www.wvsom.edu/policies/e-15
Promotion Requirement National Board Examination -Passage of COMLEX E-23
https://www.wvsom.edu/policies/e-23
Personal Hospitalization/Health Insurance ST-05 https://www.wvsom.edu/policies/st-05

Student Health Insurance Coverage

All students are required to have personal hospitalization/health insurance while on clinical rotations (Policy ST-05) https://www.wvsom.edu/policies/st-05. All students shall be required to pay a student health insurance fee that provides for that coverage. Students may apply for a waiver of the student health insurance fee by providing satisfactory proof of equivalent health insurance coverage prior to the beginning of the academic school year. The insurance must cover each state in which the student is assigned or plans to rotate. This insurance will need to start before a student starts third year rotations.

ST-06

Students must comply with all current policies (including, but not limited to, policies on vaccination and testing, drug and alcohol use, background checks, confidentiality and use of patient health information, and any other applicable policies) of any affiliated hospitals or other healthcare facilities/providers with which the student may participate as part of any clinical rotation or other curricular activity. Students should be aware that such policies may be changed at any time. https://www.wvsom.edu/policies/st-06

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. See policy E-23 https://www.wvsom.edu/policies/e-23

Lawsuits, Litigation, or Potential Legal Action

The Statewide Regional Assistant Dean and the Associate Dean for Predoctoral Clinical Education 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 the Regional Assistant Dean and the associate Dean 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 Vice President for Academic Affairs and Dean and Director of Human Resources of such action who will ensure the Board of Governors legal counsel is notified. All of the above notifications shall be in writing.

The student will at all times be responsible to the personnel in charge of the rotational service involved. All students will be expected to comply with the general rules established by the hospital, clinic, or other training site. The supervising physician must be aware of his/her duties as it relates to timely review, verification and sign off of any transactions (encounter notes, orders, History and Physical examinations, etc…) generated by the trainee in their role and patient care responsibilities as assigned.

Student Professional Liability Insurance

Student professional liability insurance is provided under the WVSOM student liability policy only if the student is participating in an educational rotation that 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. There is no student liability coverage provided on international rotations or rotations that are outside the United States.

Meals

Meals may be provided by a hospital or rotation site free or at a discount for rotating students; otherwise, students are responsible for providing their own meals.

Americans with Disabilities Act (ADA)

All clinical education sites must be in compliance with the Americans with Disabilities Act (ADA). Questions should be addressed to WVSOM's Office of Predoctoral Clinical Education.

Housing

Housing at the Statewide Regional site is the responsibility of the student. Housing will be provided for third year required rotations that are greater than 50 miles from the student's Base site, not the student's residence. Students who use housing that is provided are expected to be respectful of the property/housing that is provided, and must leave the premises clean and in good repair. Housing that is provided is just for the students. If the student wishes to take family members with them while they are on an away rotation, they will be responsible for their family members' housing. All housing arrangements must be completed prior to the beginning of the rotation.

Housing is not provided for fourth year student rotations.

No pets are allowed at any site.

Clinical

Please refer to institutional policies as appropriate.
Academic and Professional standards ST-01 https://www.wvsom.edu/policies/st-01
Standardization of Student Clinical Lab Coat and Identification Badge ST-12
https://www.wvsom.edu/policies/st-12

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, students must wear clean short white lab coats with a WVSOM insignia patch on the upper left sleeve. The coat should have the student's legal name embroidered on the coat with WVSOM placed below the student's name.

The student's WVSOM identification card will also be worn at all times. Hospital identification badges may be required and the student will need to wear these as required by the hospital or clinic.

Reasonable alterations in dress may be indicated by individual physicians on whose services the students are being trained.

To avoid situations of potential allergies or problems with asthma, it is recommended to refrain from wearing scented perfume or cologne.

Students shall dress appropriately for all educational settings where patients are present or while in a hospital setting (Education Days, testing, etc.) 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/Nail 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.
- Nails must be kept closely trimmed.

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 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.).

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.

Immunizations, TB Screening and Training

WVSOM utilizes the Castlebranch program which is an immunization tracking and document system. Students have access to this program. It is the student’s responsibility to keep this information updated.

The student is required to provide his/her immunization record upon the request of the on-site Medical Education Coordinator/Director or supervising physician. Students are also required to provide documentation of HIPAA and OSHA training required by hospitals prior to the student starting a rotation. Some hospitals may have additional requirements that the student must meet in order to rotate at that facility. Example: Some hospitals will require an additional background check and finger printing.

If you have any questions regarding immunizations, please contact WVSOM’s Office of Predoctoral Clinical Education and ask to speak to the health educator responsible for immunizations.

Immunizations, Titers, and TB Screening:

- Documented dates of primary tetanus toxoid, diphtheria toxoid, and acellular pertussis (minimum 3) vaccination
- Documented date of Tdap – a single dose if not previously received, regardless of the time since the most recent Td vaccination
- Documented date of Td booster, if ≥10 years since the prior Tdap dose
- Documented dates of polio vaccination (minimum 3)
- Documented dates of at least two measles, mumps, and rubella vaccination; or, laboratory confirmation of prior disease
- Documented dates of Hepatitis B vaccination (series of 3). Laboratory documentation showing serologic titer values for Hepatitis B immunity or if titer is negative then a repeat series of three vaccinations.

- Documented date of last annual influenza vaccination, or documentation of contraindication from further influenza immunization. Required **yearly.**
- Documentation of 2 varicella vaccinations or evidence of immunity.
- WVSOM screens all students for TB with two-step tuberculin skin testing (TST), prior to student rotations beginning in the 3rd year, and repeats a single TST prior to the 4th year unless hospital policies dictate otherwise. Students with positive TST will have a negative Interferon Gamma Release Assay (IGRA) or negative chest x-ray. Students will not have to repeat these tests unless required by the hospital.

Students requesting to perform International Rotations may have additional requirements.

Training:

- BLS and ACLS (is completed during orientation at the statewide campus site) cards that aren't expired.
- All WVSOM students must complete yearly OSHA and HIPAA training and education regarding needle stick/sharps procedures and prevention of blood borne pathogens.

Failure to meet the training requirement will result in the following:

- You will be placed on vacation (vacation is scheduled by weeks, not days) until the training is documented to have been completed. If you have no vacation available, you will be required to request a leave of absence.
- If you take a leave of absence, you may not graduate on time.
- Your BLS and ACLS cards must be uploaded into your Castlebranch account. Do not lose your cards, as you will have to pay for replacements.

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 or emailed 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.

Needle stick, Blood and Body Fluid Exposure Procedure

All WVSOM students must complete yearly OSHA/HIPAA training and education regarding needle stick/sharps procedures and prevention of blood borne pathogens. The course is available in eMedley.

Each rotation site for students should have a working needle stick/sharps policy in place.

If a student is stuck with a needle or has other percutaneous exposure to blood or body fluids, the student must first wash the injury site with soap and water. If there is contact with the ocular mucosa, the eye should be flushed with water or saline solution. If there is contact with other mucous membranes, flush exposed membranes with water.

The student must immediately notify the site/rotation physician preceptor and WVSOM's Statewide Campus Office of the exposure and report the incident to the Employee Health Office at the site where the exposure occurred. The facility where the incident occurred will be responsible for providing care. The student will be evaluated at the nearest emergency department if the facility where the incident occurred is unable to provide care. The student will be evaluated by a Health Care Provider to determine the potential of the exposure to transmit Hepatitis B, Hepatitis C, or Human Immunodeficiency Virus (based on the type of body substance involved, route, and severity of exposure), to perform baseline testing as indicated, and for appropriate care and post exposure prophylaxis if warranted.

The student will be responsible for all expenses related to the incident. WVSOM students are required to carry a health insurance policy. WVSOM does not accept any financial responsibility.

It is recommended that the provider who sees the student reference the CDC website on treatment recommendation after an exposure to bloodborne pathogens at:
http://www.cdc.gov/niosh/topics/bbp/guidelines.html or
http://nccc.ucsf.edu/clinical-resources/pep-resources/pep-guidelines/

If the source person or patient is known at the time of the student's evaluation, consent should be obtained and blood drawn from the source person for testing to include: Hepatitis B Surface Antigen (HBsAg), Hepatitis C antibody (HCV-Ab), and HIV Antibody (HIV-Ab). If the source patient is Hepatitis B Surface Antigen-positive, additional consideration to testing the source for Hepatitis B e Antigen (HBeAg).

Consent for HIV testing is not required in documented medical emergencies as provided for in the West Virginia 64CSR64 and determined by a treating physician, whether the source patient's blood is to be obtained or is already available.

If the source person is not infected, baseline testing or further follow-up of the student is not necessary.

In the case of HIV, anti-retroviral medications significantly lower an exposed person's seroconversion rate. The student in consultation with the treating health care provider will decide within 2 hours of exposure to an HIV-positive patient whether or not to receive anti-retroviral medication prophylactically.

Hepatitis B Vaccine and/or Hepatitis B immune globulin are key considerations for post-exposure prophylaxis after exposure to an HBV-infected patient (Hepatitis B Surface Antigen positive). The student in consultation with the treating health care provider will decide whether additional HBV postexposure prophylaxis is warranted (based on the student's medical history, HBV immunization status, and antibody response to prior immunization), and initiate appropriate treatment, preferably within 24 hours after the exposure, if indicated.

At present, there are no recommendations regarding postexposure prophylaxis for Hepatitis C virus. A student exposed to an HCV-positive patient's blood or body fluids should receive appropriate counseling, testing, and follow up.

The Statewide Campus Regional Assistant Dean will assist as necessary in the notification of the appropriate medical care providers that the student is reporting to them for initiation of exposure of Blood Borne Pathogen Protocol and ensure that the plan is working smoothly. The Statewide Campus Regional Assistant Dean will make sure that the student is appropriately excused from rotation to complete this workup.

An occurrence report must be filed with the rotation site and a copy sent to WVSOM's Statewide Campus Office. A copy of the occurrence report will also be sent to the WVSOM main campus to be placed into the student's health file.

A letter from the Statewide Campus Regional Assistant Dean will be mailed or emailed to the student acknowledging the incident and emphasizing that the student is responsible for follow-up care. A copy of the letter will also be sent to the WVSOM main campus to be placed into the student's health file.

A Bloodborne Pathogen Exposure Incident Report Form must be completed and returned to the WVSOM Office of Human Resources within 24 hours of the incident, or within 24 hours after the Statewide Campus is notified.

If the source person is infected, or if the source is unknown and the exposure deemed sufficient risk, the student will receive baseline testing as appropriate to the specific virus(es) (if not already performed); and, follow-up testing appropriate to the exposure based on current expert recommendations. See Table 1 for a recommended approach to bloodborne pathogen exposure evaluation and management, and laboratory testing recommendations.

If the student seroconverts to any bloodborne pathogen, appropriate treatment should begin immediately.

The student will need to send follow-up labs results 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 a health educator at WVSOM.
Failure to obtain and submit indicated laboratory testing will result in suspension from rotation until results are received.

Table 1: Recommendations for the Evaluation of Potential Bloodborne Pathogen Exposure*

Step-wise Approach to Evaluation		
1) Treat the exposure site. 2) Report and document circumstances of the exposure and subsequent management. 3) Evaluate the exposure for the potential to transmit HBV, HCV, and/or HIV. 4) Evaluate the source (if known) or the likelihood of a high risk exposure (if source unknown). 5) Provide disease-specific postexposure prophylaxis management. 6) Provide appropriate follow-up.		
Known Source Person/Patient:		
1) Obtain informed consent as required by State regulation (NOTE: Consent for HIV testing is not required in documented medical emergencies as provided for in WV 64CSR64 and as determined by a treating physician.) 2) Test blood from source person for: HBsAg, HCV-Ab, and HIV-Ab (rapid HIV-Ab if available) a) If HBsAg-positive, consider testing for presence of HBeAg b) If HCv-Ab positive, consider measuring HCV viral load c) If HIV-Ab positive, consistent HIV viral load, resistance testing, and clinical status of patient. 3) If source person is NOT infected, baseline testing or further follow-up of health care personnel (student) is not necessary.		
Unknown Source Person/Patient (or Unavailable for Testing):		
1) Consider likelihood of BBP infection based on community infection rate, prevalence of at risk patients in clinic/hospital practice. 2) Do not test discarded needles – reliability is unknown.		
Laboratory Testing of Health Care Personnel (Student): Source Infected, Source Unknown, or Source Unavailable for Testing		
Exposure	Baseline– test as early as possible, preferably ≤72hrs	Follow-up testing
HBV	Anti-HBs (if antibody response to prior vaccination unknown)	1) Anti-HBs 1-2 months after last dose of vaccine. If HBIG was given, anti-HBs cannot be ascertained within 6-8 weeks 2) Consider testing for HBsAg if no antibody response after 3-dose vaccination series

HCV	Anti-HCV and ALT	1) HCV RNA at 4-6 weeks (CAUTION with interpretation of results) 2) Anti-HCV and ALT at least 4-6 months post-exposure; confirm repeatedly positive anti-HCV results with supplemental tests
HIV	HIV-Ab	1) Repeat HIV-Ab at 6 weeks, 3 months, and 6 months post-exposure 2) Extended follow-up (12 months) is recommended for HCP who become infected with HCV following exposure to source co-infected with HIV and HCV.
*[Source: Adapted from *PEP Steps, April 2006. Mountain Plains AIDS Education & Training Center in consultation with National Clinicians' Postexposure (PEP) Hotline. Link and other resources available at http://www.cdc.gov/niosh/topics/bbp/guidelines.html]*		

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 therefore a requirement for passing any clinical rotation. Shortcomings in any of these areas may result in a failing grade for a rotation regardless of other academic or clinical performance.

Extemporary or Unprofessional behavior can be reported using the WVSOM Professional Behavior Form (login required): https://my.wvsom.edu/cas-web/login?service=https://my.wvsom.edu/Students/StudentAffairs/StudentProfessionalBehavior/index.cfm

Cell Phone Use

Restrict the use of your personal cell phone, including texting and emailing, to when you are off-duty. It is appropriate to discuss with each preceptor 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 should not occur.

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.

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. OSHA training must be completed prior to orientation in Year 3 and before beginning Year 4. The training video is in eMedley.

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. HIPAA training must be completed prior to orientation in Year 3 and before beginning Year 4. The training video is in eMedley.

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 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.

- **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.

General

Please refer to institutional policies as appropriate.
Title IX, Sexual Harassment, and Discrimination GA-14
https://www.wvsom.edu/policies/ga-14
Antihazing ST-07 https://www.wvsom.edu/policies/st-07
Standardization of Student Clinical Lab Coat and Identification Badge ST-12
https://www.wvsom.edu/policies/st-12

Social Networking Guidelines

In all situations, including on social media sites, members of the medical profession should always represent him/herself in a manner that reflects values of professionalism, accountability, integrity, honor, acceptance of diversity, and commitment to ethical behavior.

For purposes of these guidelines, “social media” includes Internet and mobile-based applications that are built on user-generated shared content. Social networks including, but not limited to, blogging, microblogging (e.g., Twitter), networking sites (e.g., Facebook, LinkedIn), podcasts and video sites (e.g., Flickr, YouTube) – offer opportunities for communication, information/experience sharing, collaborative learning, professional interactions and outreach.

Guidelines for social networking

- **Be professional.** As medical students and physicians, we should represent our profession well. Adhere to rules of ethical and professional conduct at all times.
- **Be responsible**. Carefully consider content and exercise good judgment as anything you post can have immediate and/or long-term consequences and carry the potential for significant public impact and viral spread of content. Therefore, all statements must be true and not misleading. Make sure that you differentiate opinions from facts.
- **Maintain separation.** Avoid interacting with current or past patients through social media, and avoid requests to give medical advice through social media. (e.g. replying to a post on social media asking to be diagnosed)
- **Be transparent/use disclaimers**. Disclose yourself and provide an appropriate disclaimer that distinguishes your views from those of the clinic, hospital system

and/or University with which you are associated (while at the same time, being careful not to violate any social media policy to which you may be subject by such organizations). Without specific direction from the appropriate personnel, you may not present yourself as an official representative or spokesperson for said organizations. Also, be sure to reveal any conflicts of interest and be honest about your credentials as a medical student or physician (resident or otherwise).

- **Be respectful**. Do not use defamatory, vulgar, libelous and potentially inflammatory language and do not display language or photographs that imply disrespect for any individual or group because of age, race, national origin, gender, sexual orientation, ethnicity, marital status, genetic information, military status, or any other protected characterization or group.
- **Follow copyright laws.** Comply with copyright laws. Make sure you have the right to use material before publishing.
- **Protect client/patient information**. Do not discuss confidential information and follow standards of patient privacy and confidentiality and regulations outlined in Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA, 20 U.S.C. § 1232g). Remember you could personally face a HIPAA violation if there are enough details in the post for patients to recognize themselves.
- **Avoid political endorsements.** Political endorsements of candidates should be avoided outside your own personal social media accounts, even their comments should be carefully considered. Endorsements of any candidates or political parties via WVSOM social media channels is strictly prohibited, be aware of where and how WVSOM's name is used.
- **Comply with all legal restrictions and obligations**. Remember use of social networking sites or weblogs can carry legal and professional ramifications. Comments made in an unprofessional manner can be used in legal, professional, or other disciplinary proceedings (i.e., hearings before a State Medical Licensing Board).
- **Be aware of risks to privacy and security**. Read the site's Terms of Use and Privacy Policy. Be cognizant of continuous changes in these sites and closely monitor the privacy settings of the social network accounts to optimize your privacy and security.

From "Social Media Guidelines for Medical Students and Physicians" by Jennifer L. Keating, J.D., MSIII, University of South Dakota Sanford School of Medicine as published on the American Medical Student

Association (AMSA) website https://www.amsa.org/2016/09/15/social-media-guidelines-medical-students-physicians/

Sexual Harassment

Any incidence of suspected sexual harassment should be reported immediately in writing to the WVSOM Statewide Campus Assistant Dean and/or the Associate Vice President of Human Resources/Title IX 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 Policiy GA-14 https://www.wvsom.edu/policies/ga-14

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 https://www.wvsom.edu/students/swc-behavioral-resources.

Holidays and Religious Days Off

The Statewide Campus office will excuse students from rotations 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.

WVSOM/MSOPTI Graduate Medical Education Department Overview

The Graduate Medical Education Department at the West Virginia School of Osteopathic Medicine (WVSOM) is headed by the WVSOM Associate Dean for Graduate Medical Education. This department is responsible for counseling and preparation of WVSOM students within their 1st through 4th years as well as postdoctoral opportunities and procedures for Mountain State Osteopathic Postdoctoral Training Institutions, Inc. (MSOPTI) partners.

The WVSOM GME office monitors and maintains the systems WVSOM students utilize to request 3rd and 4th year elective rotations (Visiting Student Learning Opportunities (VSLO); ClinicianNexus; and AceMapps. The Electronic Residency Application Service (ERAS) is the system that WVSOM students utilize to apply for residency positions during their 4th year. Access to this system as well as documentation upload and maintenance is housed within the GME department. Monitoring, document upload and verification for participation in the Military, San Francisco (SF), American Urological Association (AUA) and National Resident Matching Program (NRMP) are conducted within the GME department. For any WVSOM graduate seeking a Fellowship, they will need to contact the GME office for documentation upload to ERAS/Midus.

The GME department holds regular information sessions for WVSOM students which is open to students from all training levels regarding residency planning and the match process. Multiple resources are available from the GME department via the WVSOM web site under the GME Resources tab.

WVSOM partners with MSOPTI to provide academic and accreditation consultations and educational resources to their partner programs. The MSOPTI is lead by the Associate Dean for GME who serves as the Executive Director. MSOPTI is a 501 C (3) Not-for-profit education corporation. All MSOPTI partners participate in WVSOM's Statewide Campus System. Students are invited to attend all MSOPTI educational broadcasts which include a monthly Lunchtime Lecture Series, OPP Refresher and quarterly OPP Workshops.

In summary, the GME department at WVSOM is multi-faceted and regularly interacts with WVSOM faculty and staff, the ACGME and their specialty colleges, hospitals, clinics, AHECs, medical students, interns, residents sand fellows.

Student services include:

- Student consultation on postdoctoral opportunities and procedures
- Electronic Residency Application Service (ERAS) coordination
- Visiting Student Learning Opportunities (VSLO) formally VSAS, coordination
- ClinicianNexus coordination
- AceMapps coordination
- Match participation: Military, SD, AUA and NRMP

- Documentation upload for fellowship applications with the ERAS/Midus system using the EDFO interface
- On-going GME and technical consultation to training sites, including program leadership, staff and administration
- AOA and ACGME committee involvement/membership
- Consultation for ACGME accreditation for Institutions and programs
- New Program application and development
- 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

WVSOM Student Clinical Rotation Schedule Information

How to

View personal schedule:
Your schedule is available through eMedley. Select **edusched** under the Applications (three stacked blocks) icon. Click on **My Schedule.** All rotations or activities that have been approved and published will be listed for you to view in this area.

Browse site evaluations:
To view evaluations that were entered prior to the 2017/18 academic year:
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.

To View evaluations for the 2017/18 academic year and later:
Logon to emedley. Select **evaluate** under the Application (three stacked blocks) icon. Click on Basic Reports. Choose the Student Evaluations of Clinical Sites and Preceptors Summary report. Select the Form (Site/Preceptor/Course Evaluation). You can then filter by Preceptor specialty or rotation and city/state.

Clinical Resources:
https://www.wvsom.edu/academics/swc-clinical-resources

Statewide Campus Student Representatives & Responsibilities

One student representative from each Statewide Campus base site is elected during Year 3 Orientation by his or her peers. The name of the Statewide student representatives for your site may be obtained by contacting your Statewide Campus Regional Office.

Responsibilities

Statewide Campus student representative responsibilities may include, but are not limited to, the tasks listed below.

- Act as spokesperson for base site students including student concerns and needs and bring them to SWC staff
- Gather information for Statewide Campus office or Clinical Education as needed
- Represent Statewide Campus hospital site for various functions, marketing and recruiting events, community events, etc.
- Be a resource for Year 1 and 2 students regarding Statewide Campus site selection procedure, and information about hospital sites, including rotations, housing, educational experience, the Match process, etc. Provide hospital tours at site reps discretion.
- 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
- Act as liaison between students and SWC staff
- Copy RAD, Director and Administrative Assistant on all emails to students
- Act as a resource if students have questions or need help
- Search for volunteer/community service opportunities and provide information to students and SWC staff
- Additional duties may include taking attendance at resident educational programming didactics, morning report, etc.

Institutional Policies

To view all institutional student policies, log on to the WVSOM web page and access as follows:

https://www.wvsom.edu/policies

SWC Contact Information

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Appendix

Global Curriculum

COMMUNICATIONS 2021-2022

1. Course Objectives
    a. Develop an understanding of the importance of effective communication skills to establish good rapport and information sharing with patients and their families in the clinical setting.
    b. Become familiar with the common communication strategies and helpful mnemonics for use in obtaining a thorough patient history.
    c. Discover effective means to convey respect and empathy toward patients when obtaining history, or when dealing with sensitive information, such as delivering bad news.
    d. Understand the importance of clear, effective written and verbal communication across the spectrum of healthcare and in clinical medical education.
    e. Gain valuable insight into the necessity of respectful communication with all healthcare workers that they will encounter in the medical office and in the hospital.
    f. Understand that they may acquire knowledge and skills through meaningful interactions with other healthcare providers at all levels of training.
    g. Become acquainted with concepts pertaining to the teamwork involved in effective healthcare and the value of each individual team member.
    h. Develop insight into the appropriate and inappropriate use of social media and the professionalism issues that can be involved. [unless to be covered in professionalism]
    i. Understand the importance of professional communications in electronic mail and cellular phone usage.
    j. Discuss situations where inadequate or inappropriate communication may be harmful and may yield negative consequences.
    k. [Identify recommendations and expectations for professional communications with your SWC Staff.]

2. Description of content to be covered
    a. Potential Exercises (may be able to do if presented to individual regions, but may be impractical for a SWC-wide WebEx presentation)
        i. What does Communication Mean to You? Identify what comes to mind when someone tells you that its important to be an effective communicator in the health care setting. No repeat answers from the participants

ii. Identify settings or scenarios where effective communication is important in the healthcare setting. No repeat answers from participants

b. Background about importance of effective communication, impact on patient safety, reduction of medical errors, etc.

c. Overview of core communication skills for practicing physicians (Macy Initiative)

i. Communication with the patient

1. Reinforcement of the WVSOM Communication paradigm used for OSCEs/Clinical skills and basis in Calgary-Cambridge Guide (evidence-based), standard of patient communication as outlined by AAMC, ACGME, etc.
2. Overarching functions – identify the problem, develop and maintain relationships, education and counseling
3. Key elements of effective communication with patients
   a. Verbal/nonverbal, Respect (SOLER), etc.
4. List special scenarios where effective communication is critical

ii. Communication about the patient

1. Oral communication (e.g., case presentations, telephone requests, outside consults)
2. Written communication (e.g., medical record/SOAP format, consult note, email [other types of hospital notes, like admit, pre/post op, discharge, etc.?]
   a. SOAP Note format
   b. Full H&P format
   c. Email (HIPAA do's and don'ts
3. Team communication (work rounds, attending rounds, treatment planning teams
   a. Introduction of oral presentation format for attending/preceptor, SBAR (Situation-Background-Assessment-Recommendation), etc.

iii. Communication about medicine and science

1. Oral communication (rounds, lectures, conferences)
2. Written communication (patient information, scholarly papers and presentations)

d. Consider incorporating some small group exercises to reinforce certain topics that were covered (probably not for each topic, but for specific topics deemed critical that aren't already covered elsewhere)

e. Add additional section for communications with school representatives/SWC staff

1. Required resources, presenters, references, IT, etc. **Not necessarily set in stone, but have considered

a. Resources

i. Ideas or exercises previously used by another RADs/faculty that have been deemed helpful for student learning

ii. SBAR video (used previously at IPE's on main campus, or made separately)

b. Presenters
   i. Regional Assistant Deans
   ii. Faculty involved in communications at school?
   iii. Organizations/Companies that teach Communication skills?

c. References
   i. AAMC Recommendations for Clinical Skills Curricula for UGME (2005), Appendix A
   ii. IPEC Core Competencies for Interprofessional Collaborative Practice (2016)
   iii. Calgary-Cambridge Guides – Communication Process Skills
   iv. Teaching Communication in Clinical Clerkships: Models from the Macy Initiative in Health Communications (2004)
   v. LoshD, et al. Teaching Inpatient Communication Skills to Medical Students: An Innovative Strategy. Academic Medicine: Feb 2005, Vol 80 (2); pp 118-124.
   vi. Ramasamy, R. (2014) Communication skills for medical students: An overview. *Journal of Contemporary Medical Education*, Vol. 2, Issue 2, p. 134-140
   vii. AMA. 6 Simple Ways to Master Patient Communication, Nov 21, 2018. Accessed March 10, 2021 at https://www.ama-assn.org/residents-students/medical-school-life/6-simple-ways-master-patient-communication .
   viii. SBAR Communication Technique
   ix. Doc.com website
   x. Doc.com Module #33, Delivering Bad News. webcampus.drexelmed.edu/doccom
   xi. UC San Diego School of Medicine. Practical Guide to Clinical Medicine: Overview and General Information about Oral Presentation. Available at https://meded.ucsd.edu/clinicalmed/oral.html , (last accessed 3/15/2021)

d. Support
   i. Make SBAR video more relevant to physician perspective (vs nursing, pharmacy)?
   ii. As a pre-read, or to supplement presentation – select doc.com videos
      1. Options (Preferably one(s) that isn't/aren't specifically covered by one of the rotation syllabi, need to research further and put more thought into whether it would be more appropriate at orientation to cover essential elements, advanced elements, specific situations, or communicating with colleagues–
         a. Essential Elements – Clinician-Centered Interviewing, Build a Relationship, Open the Discussion, Gather Information,

Understand the Patient's Perspective, Share Information, Rach Agreement, Provide Closure
   b. Specific Situations
   c. Advanced Elements - Responding to Strong Emotions, Nonverbal Communication in Clinician-Patient Relationships, Understanding Difference and Diversity in the Medical Encounter: Communication across Cultures, Exploring Sexual Issues, Exploring Spirituality & Religious Beliefs
   d. Colleagues – The Oral Presentation, High Performance Teams: Diversity and RESPECT

2. Evaluation Tool
   a. We might want/need to develop some assessment tools for any individual small-group exercises (peer-to-peer grading/feedback)
   b. usual post-lecture tool used by students for education day and orientation to evaluate Communication presentation

The link to the Global Curriculum – Communication presentation given during Orientation is https://youtu.be/NbcpTTHwtgk

DIVERSITY & INCLUSION 2021-2022

1. Course Objectives
    a. To define what diversity is as it relates to medicine – review AAMC, AACOM, and COCA requirements
    b. To understand why diversity matters in medical school training
    c. To develop tools and activities to evaluate and enhance diversity in SWC
    d. Title IX update

2. Description of content to be covered
    The content that will be covered in these modules includes updates to the Title IX training including examples. There will be a very brief review of the charge we have to address these topics from an accreditation standpoint leading into a greater appreciation of the definition of diversity and how it encompasses a much broader sense than many have realized. The notions of inclusion and microaggression will also be addressed with examples. It is important that students acknowledge the diversity in the patient populations they will be seeing during the third and fourth year of training while also realizing that they may represent diversity to the patients they serve as well.

3. Required resources, presenters, references, IT, etc.
    a. Title IX speaker (Dr. Morrow?, HR?)
    b. Presenters for Diversity and Inclusion (RAD? & other experts)
    c. Power Point presentation, MyNRMM modules, AAMC materials, ACGME/CLER materials

4. Evaluation Tool
    a. Survey Monkey type evaluation with quiz questions

The link to the Global Curriculum – Diversity & Inclusion presentation given during Orientation is https://youtu.be/2rS4D9OKsio

The link to the Global Curriculum – Title IX presentation given during Orientation is https://youtu.be/wKVVmy4RvTk

PROFESSIONALISM 2021-2022

1. Course Objectives
    a. To define what professionalism is as it relates to medicine – review ACGME, WVSOM Policies, AMA, AOA, AAMC, AACOM, and COCA requirements
    b. To understand why professionalism matters in medical school training
    c. To understand the general standards of professionalism, ethical behavior, honesty and integrity, advocacy, empathy and respect, self-awareness, responsibility for learning, teamwork, collegiality, balance and avoidance of conflicts of interest.

2. Description of content to be covered
    The content that will be covered in these modules includes professionalism examples. There will be a very brief review of the charge we have to address these topics from an accreditation standpoint leading into a greater appreciation of the definition of professionalism and how it encompasses a much broader sense than many have realized. It is important that students acknowledge the role that professionalism and how it factors in to the patient populations they will be seeing during the third and fourth year of training and the interaction with their preceptors and the staff at hospitals and private offices. Also, how that professionalism with important throughout their lifetime.

3. Required resources, presenters, references, IT, etc.
    a. Professionalism speaker (Shawn Plyler?)
    b. Presenters for Professionalism (Dr. Haller & Dr. Rose?)
    c. Power Point presentation, AAMC materials, ACGME, AMA, AOA, WVSOM materials

4. Evaluation Tool
    a. Survey Monkey type evaluation with quiz questions

The link to the Global Curriculum – Professionalism presentation given during Orientation is https://youtu.be/rJzd1Mw8UJI

Quality Assurance and Research 2021-2022

I. Quality Assurance/Quality Improvement

A. At the conclusion of this presentation, the participant shall:

1. Understand the necessity for QA/QI programs and the necessity for participation in such processes.
2. Comprehend and the roles of the varying participants involved in the QA/QI process/programs
3. Understand and applications and results of the entire QA/QI process to improve patient safety and outcomes.
4. Understand the components and structure necessary for QA/QI programs to function efficiently and produce the desired result.
5. Understand the interaction and relationship of QA/QI to medical education and the processes by which to involve medical students.
6. Understand the need for evidence-based practice and the close relationship between it and robust QA/QI programs.
7. Understand the close relationship between QA/QI, Patient Safety, Research, Evidence based Medicine and Standards of Care.

The link to the Quality Assurance/Quality Improvement presentation given during Orientation is: https://youtu.be/Yjcvgqp9aTQ

II. Research

A. At the conclusion of this program the participant shall:

1. Understand the process of basic research.
2. Recognize the sources of apprehension medical students experience with regard to research.
3. Identify the varying types of acceptable research opportunities.
4. Recognize available resources and support.
5. Identify and comprehend the research submission process.
6. Understand the ethical process of conducting research and regulations.
7. Understand the process by which to involve students in appropriate research opportunities.

The link to the Research presentation given during Orientation is https://youtu.be/4BoUHoc7KBI

Well Being & Fatigue Mitigation 2021-2022

1. Objectives
    a. Understand different types of stress and mental health concerns related to medical students
    b. Identify signs and symptoms of stress and fatigue
    c. Be able to utilize evaluation tool(s) to assess stress
    d. Discuss ways to integrate wellness into daily life

2. Description of content to be covered

    The goal of this presentation is to examine how stress can impact the mind, body, and spirit. It is our belief that during the learning phase in our student's life it is an advantageous time to integrate wellness into daily life. We hope to teach students be proactive and help prevent burn-out with fatigue mitigation strategies and providing tools that can be assessed throughout their training years.

3. Required resources, presenters, references, IT, etc.
    a. Ideas for Presenters/Topics

    ***Mental Health*: Aspire**

    -Consider tools like Perceived Stress Scale (PSS-4) or Oldenburg Burnout Inventory for Medical students

    Sleep: Heather Clawges, MD

    -Sleep physiology, power of "power naps"
    -How does physical activity, napping, caffeine etc.. impact sleepiness

    Food is Medicine: Dr. Bob Foster (Dina Schaper and/or Amy Jasperse)

    Physical Activity: Consider Yoga with Dr. Carrier

    Integrative Medicine High Yield Topics: Dr. Beth Hess

    Additional Resources/Toolkit Ideas

    -The "Attitude of Gratitude" – Apps, journaling, etc.. (At the end of the day list 3 good things that happened that day – 30-day challenge)
    -Integrative Medicine Apps

    b. Powerpoint, Perceived Stress Scale (PSS-4) or Oldenburg Burnout Inventory for Medical students, Wellness/Fatigue Mitigation tool kit, additional resources requested by individual speakers.

4. Evaluation Tool.
    a. General Ed Day Evaluation Tool

The link to the Well Being/Fatigue Mitigation presentation given during Orientation is https://youtu.be/4zt5sPzCyuY

GUIDELINES FOR STUDENT PARTICIPATION IN THE CLINICAL SETTING

____GUIDELINES FOR STUDENT PARTICIPATION IN THE CLINICAL SETTING

These Medical Student Patient Care Duties' represent a minimum mandatory regulation to be considered by a policy making body at your health care organization given the local standard of care and applicable state and federal rules, regulations, and laws to the extent such are applicable. If your hospital policy is more restrictive, then__ students must adhere to your policy as you direct. To the extent the recommendations that follow are not applicable to or appropriate for your health care organization given the local standard of care and/or because applicable state and federal rules, regulations, and laws are more restrictive, it is advisable to document the analysis and final conclusions and modify these recommended guidelines accordingly.

Medical Student Patient Care Duties permitted and prohibited

I. Definitions:

Direct Physician Supervision:	The physician must be present in their office suite or on hospital grounds and immediately available to furnish assistance and direction throughout the performance of the function/procedure. It does not mean that the physician must be present in the room when the function/procedure is performed.
Personal Physician Supervision:	The physician must be in attendance in the room from beginning to end, without interruption, during the performance of the function/procedure.
Limited Physical Exam:	This includes such components as the head/neck, skin, chest, cardiac, abdominal, neurologic and musculoskeletal exams; this specifically excludes genitourinary, breast and rectal exams.

II. Scope of Duties Permitted:

Medical Students will be supervised by_____credentialed attending physicians while on_____clerkship rotations. Each student's essential learning task while on clerkship rotations is to improve the ability to do the following:

- Perform an accurate medical history and physical exam based on the presenting complaint and appropriate to the clinical setting.
- Formulate a differential diagnosis appropriate to the patient and the clinical setting.
- Order and accurately interpret tests and procedures in order to narrow the differential diagnosis to a working diagnosis.
- Accurately describe or perform procedures to diagnose and treat the patient's problem.
- Craft a treatment plan appropriate to the patient's problems and situation.
- Work with patients and members of the healthcare team ethically and professionally.

By student year, the scope of duties medical students may perform in order to complete the above learning tasks are:

First Year Students:

First Year Students are permitted to perform the following functions only:

- Observation and follow only
- History taking under Personal Physician Supervision

Second Year Students:

Second year Students are permitted to perform the following functions only:

- All functions permitted for First Year Students, as stated above
- History taking under direct physician supervision
- Limited Physical Examination under personal physician supervision until physician determines competency, after which student may perform Limited Physical Examination under direct physician supervision;

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Third and Fourth Year Students:
Third and Fourth Year students are permitted to perform the following functions only:

- All functions permitted for First and Second Year Students, as stated above
- Under direct physician supervision, may 'round' on patients, to include
  - Gathering lab, radiology, nursing and other information/results
  - Obtaining history
  - Performing Limited Physical Exam
  - Developing interim assessments and recommendations
- For genitourinary, breast or rectal exam, student may perform exam under personal physician supervision, if the supervising physician determines the student's readiness and a gender-appropriate chaperone is present, as indicated.
- Under direct physician supervision, may write student notes regarding E/M services or procedures:
  - If such student notes are to be placed in the patient chart, they must be clearly labeled as student notes and co-signed by the supervising physician within 48 hours; these student notes are just that – student notes. They are not the progress note for the patient and never stand alone as such.
  - If such notes are strictly for the educational experience of the student and will not be placed in the chart, they must not use patient identifiers and should be shredded as consistent with hospital HIPAA policies.
- May write orders on the chart which must be immediately reviewed and countersigned by supervising physician before any action is taken based on those orders.
- The following procedures may be performed by 3rd or 4th year medical students only if (a) the supervising physician determines the student's readiness to start to perform the procedure under personal supervision, and (b) the supervising physician has the appropriate privileges, competency and teaching proficiency to perform and educate medical students in their performance, and (c) upon obtaining appropriate patient consent.
  - The following procedures must be performed under the personal supervision of the physician until the physician determines the student is competent to perform the procedure under direct physician supervision:
    - Perform insertion of IVs or draw blood – stick attempts limited to two (2) per patient
    - Ocular Exam with Slit-Lamp
    - Wart treatment
    - Insertion of Foley catheter
  - The following procedures must always be performed by the student under personal physician supervision:
    - Airway Management (i.e. nasotracheal, oropharyngeal, etc.)
    - APGAR and Dubowitz/Ballard Assessment
    - Arterial puncture – for blood gases (ABG)
    - Arthrocentesis
    - Breast Exam
    - Cardiac ultrasound and Doppler studies
    - Casting/Splinting, Elbow
    - Casting/Splinting, Knee/Ankle
    - Casting/Splinting, Lower Extremity
    - Casting/Splinting, Other
    - Casting/Splinting, Shoulder
    - Casting/Splinting, Thumb Spica
    - Casting/Splinting, Upper Extremity
    - Casting/Splinting, Wrist/Hand

- Colposcopy
- Ear, Evaluation and Treatment – Cerumen Removal
- Ear, Evaluation and Treatment, EAC foreign body removal/wick insertion
- Echocardiography
- EKG Interpretation
- Electroencephalogram
- Episiotomy and repair
- Eye, Evaluation and Treatment – Evaluation of Corneal Abrasion
- Eye, Evaluation and Treatment – Evaluation of foreign body with lid eversion
- Eye, Evaluation and Treatment – Tonometry
- Eye, Evaluation and Treatment of conjunctival foreign body
- Intravascular Access, Peripheral
- Intravascular Access, Central
- Lumbar Puncture
- Mouth/Dental Evaluation and Treatment – Treatment of Aphthous Ulcers
- Nasogastric Tube Placement
- Newborn Management, Uncomplicated Delivery
- Newborn Management – Newborn Resuscitation
- Nose, Evaluation and Treatment – foreign body removal
- Nose, Evaluation and Treatment, Epistaxis Control
- Osteopathic Manipulation Treatment (OMT)
- Provide Health Promotion / Disease Prevention
- Psychiatric Assessment
- Pulmonary Function Tests
- Remove sutures or staples
- Resuscitation Team Member (specify role i.e. Leader, Compressor, etc.)
- Skin Lesion Excision
- Surgical Assist
- Suturing, extremities (indicate type of anesthesia)
- Suturing, Face (indicate type of anesthesia)
- Suturing, Hand/digits (indicate type of anesthesia)
- Ultrasound, bedside – FAST (Focused Assessment with Sonography for Trauma)
- Ultrasound, Other than FAST
- Urinalysis by Dipstick
- Urinary Catheter Insertion
- Vaginal Delivery, Spontaneous
- Well Child Development Exam
- X-Ray Studies (i.e. chest, abdominal series, etc.)

The above notwithstanding, duties and activities of students must not conflict with hospital policies.

III. Scope of Duties Prohibited

Medical Students are strictly prohibited from performing any and all functions that are not specifically permitted. Additionally, medical students are specifically prohibited from performing the following:

- Give verbal or telephone orders.
- Write orders regarding end-of-life, such as DNR

NEEDLE-STICK AND BLOOD-BORNE PATHOGEN EXPOSURE

If a student experiences a needle stick, puncture wound, accident, or sharp injury, or is otherwise exposed to bodily fluids of a patient while on a clinical clerkship, the student should:

1. **Immediately wash the area, scrubbing skin with soap and water.**
2. **For exposures to eyes, mouth, and/or other mucous membranes, rinse with running water, normal saline, or sterile eye wash for at least ten minutes. For eye exposure, hold the eye open for irrigation.**
3. **Immediately report the incident to the attending physician or other appropriate supervising physician. See the charge nurse for assistance obtaining contact information for house supervisors or attending physicians.**
4. **Immediately report to the appropriate personnel and follow the post-exposure protocol as designated by the core site. This information can quickly be found in E*Value.**
    a. **Prompt evaluation and treatment is essential. Post-exposure prophylaxis and other treatment may be indicated and should be started ideally within an hour of exposure.**
    b. **You will present yourself to the facility's emergency room as a patient for purposes of consent to treat and billing. Your health insurance will be the primary form of insurance used for any such incident(s).**
5. **Contact your Regional Coordinator and the ACOM NeedleStick Coordinator. Fill out the NeedleStick Incident Report within 4 hours of the incident.**

Students should also consult the Needle-Stick Policies & Procedures libguide, which provides helpful information regarding site-specific protocols. Students may also access the CDC guide for Post-Exposure Prophylaxis (PEP) as needed.

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WVSOM

Orientation

Class of 2023

STATEWIDE CAMPUS

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COMAT Testing Dates

The Osteopathic Oath

I do hereby affirm my loyalty to the profession I am about to enter. I will be mindful always of my great responsibility to preserve the health and life of my patients, to retain their confidence and respect both as a physician and a friend who will guard their secrets with scrupulous honor and fidelity, to perform faithfully my professional duties, to employ only those recognized methods of treatment consistent with good judgment 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 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 may 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 imputation 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.

Calendar of Events, Class of 2023

West Virginia School of Osteopathic Medicine Calendar of Events

June 2021	Tokens and LOR 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 https://mspoti/wvsom/edu/MSOPTI_Forms_MATCH_Data
May 10 – June 12	COMLEX Level 1 window Once a passing score achieved on COMLEX Level 1, students should schedule their COMLEX 2-CE and COMLEX 2-PE exams
Monday, June 14 – Friday, June 25, 2021	Orientation at your Statewide Campus Site
Monday, June 28, 2021	First third year rotation begins for all students
December 2021	VSLO access will be given
November 30 – December 10, 2021	According to individual schedules, students will participate in Year 3 OSCE
December 27, 2022	First day eligible to take COMLEX 2-PE. Student must have received official notification of passing Year 3 OSCE to be eligible to take COMLEX 2-PE.
January 10-11, 2022	Reeducation week for students who failed or received conditional pass on Year 3 OSCE
May 30 – June 24, 2022	Board study block. Full access to ERAS will be given.
June 28, 2022	First opportunity to sit for COMLEX 2-CE (if all 3rd year requirements are met)

Draft Created 02/24/2021
Draft Revised 02/26/2021

July 29, 2022	MSPE Request Deadline
September 1, 2022	WVSOM deadline for ERAS application certification for students graduating by 06/30/2023
September 23, 2022	Last recommended day to sit for COMLEX 2-CE (first attempt)
September 30, 2022	Deadline for WVSOM students to register for the NRMP Match
January 31, 2023	Last recommended date to take COMLEX 2-PE (first attempt)
February 13, 2023	Deadline for students participating in the NRMP Match to submit their Rank Order List
March 1, 2023	For students graduating in May, COMLEX 2-PE must be taken to have score in for graduation
Friday, May 12, 2023	Last day to complete Year 4 curriculum requirements
Monday, May 15, 2023	Begin mandatory time off prior to graduation
May 22 – May 26, 2023	Graduation Week Students should be on campus by the evening of Wednesday, May 24, 2023
May 27, 2023	Graduation

Please note: This is being provided to you as a resource, and does not contain all important events. Certain dates are subject to change.

Draft Created 02/24/2021
Draft Revised 02/26/2021

HOW TO ACCESS WVSOM STUDENT POLICIES

https://www.wvsom.edu/policies

On the www.wvsom.edu homepage, scroll to the bottom of the page.

Click on policies and procedures.

APPROVED POLICIES AND PROCEDURES

Institutional policies and procedures are sequentially numbered and grouped by subject matter.

Education

- E-01 - Educational Goals
- E-02 - Accreditation
- E-03 --Repealed
- E-04 - Full Time Student Status
- E-05 - Student Transfer Policy
- E-06 - Audit of Classes
- E-07 - Canceled Class Policy
- E-08 - Student Academic Responsibilities
- E-09 - Attendance
  - *Procedure for Institutional Policy E-09: Attendance*
- E-10 --Repealed
- E-11 - Grading Authority
- E-12 - Grading Scale
  - *Procedure for Institutional Policy E-12: Grading Scale*
- E-13 - Curricular Years
- E-14 --Repealed
- E-15 - Student Professional liability Insurance Coverage
- E-16 - International/Special Electives, Research, Special Interest Courses
- E-17 - Grading Policies - Clinical Rotation Courses
- E-18 - Student Examinations
  - *Procedure for Institutional Policy E-18: Student Examinations*
- E-19 - Academically at Risk
- E-20 --Repealed
- E-21 - Remediation
- E-22 - Accommodations for Examinations
- E-23 - Promotion Requirement National Board Examination -Passage of COMLEX
  - *Procedure for Institutional Policy E-23: Passage of COMLEX*
- E-24 - Dismissal

PROFESSIONALISM GLOBAL CURRICULUM SERIES

- Marla Haller, DO, FAPWCA, CMD
  - Assistant Regional Dean, Central West
- Brandon Rose, DO, FACP
  - Assistant Regional Dean, South Central

Professionalism Objectives

- To define what professionalism is as it relates to medicine – review WVSOM Policies and AOA Policy Statements.
- To understand why professionalism matters in medical school training.
- To understand the general standards of professionalism, ethical behavior, honesty and integrity, advocacy, empathy and respect, self-awareness, responsibility for learning, teamwork, collegiality, balance and avoidance of conflicts of interest, ensure to the best of your ability patient safety and quality care.

Merriam-Webster Definition…

- **Professionalism** - **"**the skill, good judgment, and polite behavior expected of a person who is trained to do a job well**."**
- In essence, it is a specific way of thinking and acting in your everyday life, especially in the workplace.

Professionalism

- Learning the art and practice of professionalism is part of your medical education.
- Student behavior and conduct are monitored and will be counseled by SWC Regional Dean and Director as needed.
- If counseling is ineffective and behavior or conduct issues persist, it will be reported to WVSOM administration.

Academic and Professional Standards WVSOM Institutional Policy ST-01 Academic and Professional Standards

- https://www.wvsom.edu/sites/default/files/u60/ST-01%20Academic%20and%20Professional%20Standards%20%2806-11-19%29.pdf

Academic and Professional Standards

- ST 01-4. **Standards of Professional Conduct**
- 4.1 All WVSOM students are personally responsible for their behavior and conduct at all times in all settings, whether on campus or off campus.
- 4.2 Since physicians are held to a higher standard by the general public, the following standards are expected to be maintained by WVSOM students:
- 4.2.1 Behaves in a responsible, reliable and dependable manner, e.g., demonstrates appropriate personal control, manages time well, is on time for assignments, meetings, and appointments; responds to communication/inquiries from WVSOM in a timely manner (usually within 2 business days), attends required activities, takes Institutional Policy ST-01: Academic and Professional Standards Page 3 of 15 tests on the scheduled day; takes on tasks that he/she can manage; plans ahead and follows through with commitments; cooperates with person(s) in charge of programs; and takes responsibility for absences or missed assignments. Indicates no evidence of participating in academic or clinical endeavors at WVSOM or its affiliated institutions while under the influence of alcohol, a controlled substance, or illicit drugs. The student has not shown evidence of use, possession, or distribution of illegal drugs at any time.

Academic and Professional Standards

- 4.2.2 Is consistent and truthful; honest in reports and self-evaluations.
- 4.2.3 Projects a professional image in manner, dress, grooming, speech, and interpersonal relationships that is consistent with the osteopathic medical profession's accepted contemporary community standards, e.g., maintains awareness of personal hygiene, adheres to site or activity-specific dress codes, notifies faculty members, associate dean, preceptor, or other leader (whomever is appropriate for the circumstance) in case of emergency absence or calls to apologize if unable to notify in advance; is respectful of other students and patients when doing physical examination or treatment.
- 4.2.4 Recognizes his/her personal limitations and biases, whether they are intellectual, physical, or emotional and strives to correct them, e.g., overcomes negative behaviors such as procrastination, learns to be a team member, and adapts to new situations.

Academic and Professional Standards

- 4.2.5 Demonstrates the professional and emotional maturity to manage tensions and conflicts which occur among professional, personal, and family responsibilities, seeking professional help if necessary, meets with supposed antagonists to resolve misunderstandings, gets needed help from faculty advisors, tutors, counselors, learning assistance professionals and other qualified persons, shows ability to appropriately prioritize personal, professional, and academic expectations and activities.
- 4.2.6 Demonstrates the ability to exercise sound judgment and to function under pressure, e.g., does not endanger others or place patients at risk. Respects the difference between the medical student and doctor, and remains focused on the task at hand; remembers that as a student he/she represents WVSOM. Students must be able to concentrate, analyze and interpret data, make decisions and behave professionally under a time limitation and do so under a reasonable amount of stress.
- 4.2.7 Demonstrates ability to learn from mistakes and failures and heeds admonitions and warnings from administration and faculty of WVSOM and from clinical supervisors. Is responsive to feedback and constructive criticism regarding professionalism and attitude, understands the seriousness of academic and disciplinary warnings.

Academic and Professional Standards

- 4.2.8 Demonstrates compassion and respect toward others. Avoids discriminatory conduct (verbal and non-verbal), speech (including e-mails), and harassment. Avoids harm, abuse, damage, or theft to any person or property.
- 4.2.9 Consistently demonstrates respect for administration, faculty, staff and fellow students at WVSOM, e.g., maintains a respectful learning attitude in the classroom and labs; responds promptly to necessary academic requests, or business inquiries Institutional Policy ST-01: Academic and Professional Standards Page 4 of 15 made by staff at the institution. Additionally, recognizes all fellow students as peers who have earned the right to be in the educational process.

Academic and Professional Standards

- 4.2.10 Has not utilized WVSOM or any hospital/clinic facilities without authorization and gives no indication of treating patients without authorization by the clinical staff and with supervision.
- 4.2.11 Demonstrates compassion and respect toward others. Is not disruptive in any way; does not participate in harassment, fights, or any form of violent behavior including abusive/foul language. Has not been reported as having a conviction of a criminal offense other than a traffic offense. Obeys the laws of the country, state, and city.
- 4.2.12 Remains in compliance with the published policies, procedures, catalog, handbooks, syllabi, and regulations of the West Virginia School of Osteopathic Medicine and its governing board.

Academic and Professional Standards

- 4.2.13 Adheres to appropriate standards of confidentiality with respect to information about patients.
- 4.2.14 Treats patients and their families with dignity and respect both in their presence and in discussions with other members of the health care team.
- 4.2.15 Honest in interactions with clinical and research colleagues and in record keeping.
- 4.2.16 Respects his/her limits of responsibility and activity set by supervisors.
- 4.2.17 Adheres to all WVSOM, hospital, and clinic, policies, rules and procedures.

WVSOM Professionalism (ST 01-4) Summarized

- Be responsible for your actions (4.1)
- Be on time for work and assignments (4.2.1)
- Don't come to work/school on drugs or alcohol (4.2.1)
- Tell the truth (4.2.2)
- Dress professionally (4.2.3)
- Show all people (students, patients, staff, preceptors, researchers) respect (4.2.4, 4.2.8, 4.2.9, 4.2.14)
  - Active process, don't discriminate
- Make peace from conflict (4.2.5)

WVSOM Professionalism Summarized

- Remain focused while stressed (keeps patients safe) (4.2.6)
- Accept/Seek Feedback (4.2.7)
- Only use WVSOM and medical facilities as authorized/supervised (4.2.10)
- Obey the law of the land (4.2.11)
- Obey the law of WVSOM (4.2.12) (4.2.17)
- Obey HIPAA (4.2.13)

Professionalism in a Medical Workplace

https://www.bing.com/videos/search?q=Professionalism+in+a+Medical+Workplace&&view=detail&mid=CF63672B944A6B820C60CF63672B944A6B820C60&&FORM=VRDGAR&ru=%2Fvideos%2Fsearch%3Fq%3DProfessionalism%2Bin%2Ba%2BMedical%2BWorkplace%26FORM%3DVRIBQP

AOA Rules and Guidelines on Physicians' Professional Conduct

- 1. A physician's conduct shall be consistent with the requirements of the law, whether providing medical/professional service to patients or in conducting business and personal affairs.
- 2. Physicians should use their status as professionals only for legitimate purposes and not to take advantage of economic or social opportunities or to harass or intimidate others.
- 3. A physician has an obligation to pursue a patient's best interests and to be an advocate for the patient. In so doing, physicians shall conduct themselves in a civil manner. When appropriate, physicians should disclose and resolve any conflict of interest that might influence decisions regarding care.
- 4. Patients may come from any of a broad spectrum of cultures and beliefs. Physicians should conduct themselves with appropriate respect for their patients' social and cultural needs and provide necessary care without regard to gender, race, color, religion, creed, age, marital status, national origin, mental or physical disability, political belief or affiliation, veteran status, gender identity or sexual orientation.
- 5. Physicians are allowed limited autonomy to govern conduct within their own profession through participation on state licensing boards, hospital credentialing committees and in peer review processes. Physicians should fully participate in self-regulation by setting, maintaining, and enforcing appropriate practice standards. Regulations and rules with respect to healthcare delivery shall be developed with the best interests of patient care in mind rather than advancing private interests or protecting friends or colleagues from adverse action.
- 6. Physicians are responsible for observance of the Code of Ethics and these Rules and Guidelines on Professional Conduct. While compliance depends primarily upon understanding of and voluntary compliance with these obligations, physicians should also make efforts to secure their observance by other physicians through expression of formal or informal peer opinion or, when necessary, invocation of disciplinary proceedings. Where a protected peer review processis available, adverse events and medical errors should be fully disclosed.
- 7. Physicians should be aware of disparities in medical care within the United States and internationally. Where possible, physicians should assist those less fortunate in securing access to appropriate medical care.

AOA, accessed 4-16-21.

Professionalism Standards

- Physicians are held to a higher standard than the general public.
- Behaving in a responsible, reliable and dependable manner.
- Attendance at required activities and punctuality as best that you can carry out being on time. There will be times that are unforeseen that you may be late. Be considerate and respectful, call ahead and let someone know the circumstance if possible.

Professionalism Standards

- Cooperative with everyone in the learning environment.
- Not functioning under the influence of alcohol or any illicit drugs at WVSOM or any clinical training sites.
- Projects a professional image in manner, dress, grooming, speech, and interpersonal relationships.

- What is your expectation of how your physician or healthcare provider should appear/dress?

Appearance means a lot!


Professional Appearance-You choose what looks professional ?



Important in All aspects of the Healthcare Profession!

Professionalism Standards

- Timeliness in completing assignments.
- Showing up on time and prepared for the day.
- Promptly notifying the preceptor/attending physician, (you are currently rotating with) **and** your SWC Regional Dean/Director of any emergency or illness that arises which interferes with attendance.
- Consistently displays respect toward WVSOM administration/faculty/staff, preceptors/attending physicians, all hospital/office staff, fellow students and anyone you come in contact with.
- Avoids any discriminatory conduct, speech, and harassment.
- Avoids harm, abuse, damage, or theft of any WVSOM or clinical site property and is law-abiding at all times.

Professionalism Standards

Relating to patients:

- Always be respectful and compassionate.
- Be respectful of patient privacy during exam or procedures.
- Never disclose the patients' privileged or confidential information.
- Never venture to treat patients without authorization and supervision of the clinical staff.

Professionalism Standards

Personal note:

- Be consistent and truthful and exhibit humility.
- Maintain a respectful learning attitude.
- Recognize your personal limitations (intellectual, emotional, etc.) and strive to overcome them.
- Know when to seek help, if needed.
- Learn from your mistakes and failures.
- Be responsive to constructive feedback and criticism.

Some Sage Advice…

- Treat everyone that you come in contact with as you would want to be treated!
- Develop interprofessional relationships with nurses and allied health professionals---respect that they too, are a vital part of the healthcare team. Appreciate their expertise as they can teach you a lot!
- No one expects you to show up knowing everything! You are here to learn. Show enthusiasm, willingness to learn and a good work ethic and you will be very successful.
- Remember, at all times and every day you are representing WVSOM.

And, Yes. More Advice!

- Avoid any distractions from electronic devices while interviewing/examining patients or in the patient's room.
- Be respectful! **Silence your phone!** …not just when you are with patients but when you are with your attending physician, on rounds, at Grand Rounds, etc.
- You can address any emails or calls **on your break or on your free time.**

Third year Pearls

(HOW NOT TO BE A JERK IN YOUR 3RD YEAR)

- Ask to be off the day before a COMAT
- Ask to be off rotation everyFriday/every Monday
- Call off ill every Friday/every Monday
- Use bad weather as an excuse to skip rotation
- Ask to bring your spouse/significant other to Educations Days or other Medical functions/events
- Hang out in the Resident's or Physician's Lounge unaccompanied (main, Surgery, OB etc.)
- Do Not be checking your phone or reading emails, etc. while on rounds or in didactic sessions
- Be afraid to ask questions
- Think you can't learn from ancillary staff and other providers (Nurses, PA's, NP's, Lab techs, Rad techs, Pharmacists and Pharm techs, Surg techs, etc.)
- YOU CAN!!!

- Behave as if you are a guest everywhere you go
- Attend Didactic sessions - these are Invaluable
- Get involved in hospital and community events
- Attend county Medical Society meetings with your preceptors (when able)
- Ask questions
- Interact with the ancillary staff - they have a wealth of knowledge that you can gain knowledge from!
- Dress for success - always professionally!
- Wear you student lab coat and ID badge at ALL times
- Respect ALL hospital and office staff - they will help you, just ask!

In Summary: The General Standards of Professionalism

- Ethical Behavior
- Honesty and Integrity
- Advocacy
- Empathy an Respect
- Self-awareness
- Responsibility for learning
- Teamwork
- Collegiality
- Balance and avoidance of conflicts of interest

Professionalism

https://www.bing.com/videos/search?q=Professionalism+in+a+Medical+Workplace&ru=%2fvideos%2fsearch%3fq%3dProfessionalism%2bin%2ba%2bMedical%2bWorkplace%26FORM%3dVRIBQP&view=detail&mid=DCFF2F17D913016A5FAEDCFF2F17D913016A5FAE&&FORM=VDRVRV

Professionalism as referenced in the Clinical Education Manual

- 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 therefore a requirement for passing any clinical rotation. Shortcomings in any of these areas may result in a failing grade for a rotation regardless of other academic or clinical performance.
- Extemporary or Unprofessional behavior can be reported using the WVSOM Professional Behavior Form: https://my.wvsom.edu/FacultyStaff/ProfessionalBehavior/index.cfm

WVSOM State Wide Campus Professionalism Attestation Class of 2023

- The MSPE (Dean's letter) is a critical component of your Residency application packet and is looked upon very seriously by Program directors. The 2018 NRMP Program Director's survey ranked the MSPE as the third most important factor in deciding whom to interview, following Board exam scores and letters of recommendation.
- Professionalism is a significant component of both your preceptor evaluation and the MSPE. Therefore, it is imperative that you review and pay particular attention to the following areas of your Clinical Education Manual:

Illness

- Should a student incur an illness during the course of a clinical rotation, he/she must immediately notify the appropriate preceptor and Statewide Campus office if they will be absent from or will be late to their rotation. When the illness results in an absence of more than two days, the student must be seen by a physician and obtain documentation (return to work document). The Statewide Campus Assistant Dean and preceptor must receive this documentation within five business days of the absence. If the Statewide Regional Assistant Dean does not receive the documentation within five days, the student may be placed on vacation or be designated as unscheduled leave if no vacation time remains.
- If any absence from any rotation is deemed to be unexcused, the student will automatically fail the rotation.
- 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.

Temporary Absence

- Temporary absence is defined as only 4 hours or less in one day. This time must be approved prior to the student taking the temporary absence by the Statewide Regional Assistant Dean and the supervising physician. This time will be allowed when the student has to attend to personal business that cannot be attended to after clinic or hospital rotation duties are complete. It is noted that there are no days off during a rotation. The preceptor establishes the rotation schedule.

Leave of Absence

- A leave of absence can only be granted by the Vice President for Academic Affairs and Dean. A leave of absence will only be granted for significant reasons, including but not limited to medical problems and/or family crisis. Should a situation occur where the student will be unable to continue on rotations, the student should consult the Regional Assistant Dean immediately. Please reference Institutional Policy E-26:

Student Attendance Policy

- Report on time: Attendance is a vital part of the student's clinical training/education; therefore, attendance is required for the entire duration of each clinical rotation. It is the responsibility of the student to contact the rotation coordinator or supervising physician 3 to 5 days in advance of the rotation to clarify the time and location to meet on the first day of the rotation. Punctuality is evaluated as part of the core competency professionalism.
- 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 and the supervising physician. Any departures from an assigned rotation must also be approved by the WVSOM Statewide Campus office and supervising physician. Any unapproved early departure will result in a failing grade for the rotation.
- Interview for Residency Program: Students that are in their fourth year and need to go to an interview must complete the Exception Request Form and submit it with a copy of the interview invitation to their Statewide Campus Regional Assistant Dean prior to the interview or it will be considered an unexcused absence and the student will fail the rotation. Students will be allowed 2 days maximum for an interview. Students will be allowed to attend 1 interview on a 2 week rotation, 2 interviews when on a 4 week rotation, and 3 interviews on an 8 week rotation only if approved by the RegionalAssistant Dean.

Unexcused Absence

- All absences during a rotation must be immediately reported to and approved by your Regional Statewide Campus office. An absence that occurs and is not approved by the Regional Statewide Campus office is considered an unexcused absence. An absence from any rotation without approval will be regarded as an unexcused absence. Student absence from rotation without notification and approval of the Statewide Campus Regional office will result in a failing grade for the rotation. 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.

Social Networking Guidelines

- While social networking has provided a unique forum to interact, there are potential issues for osteopathic medical students in training. Medical students should be aware and sensitive to the public nature of social networking forums and the fact that the postings are permanent. It is important to understand that the professionalism policies that apply to other aspects of one's professional life also hold true in online forums.
- Medical students should weigh a number of considerations when maintaining a presence online:
- Students should be cognizant of standards of patient privacy and confidentiality that must be maintained in all environments, including online, and must refrain from posting identifiable patient information online. When using the Internet for social networking, students should use privacy settings to safeguard personal information and content, but should also realize that privacy settings are not absolute and that once on the Internet, content is likely there permanently. When students see content posted by peers that appears unprofessional they have a responsibility to bring the content to the attention of the individual, so that he/she can remove it and/or take other appropriate actions.

Social Networking Guidelines

- If the behavior significantly violates professional norms and the individual does not take appropriate action to resolve the situation, the students should report the matter to appropriate WVSOM administration.
- Students should recognize that their actions online and content posted may negatively affect their reputations and may have consequences for their medical careers, including postgraduate training.

Social Networking Best Practices

- 1. **Take Responsibility and Use Good Judgment**. You are responsible for the material you post on personal blogs or other social media. As a student of WVSOM you are a representative of the school.. Be courteous, respectful and thoughtful about how others may perceive or be affected by postings. Incomplete, inaccurate, inappropriate, threatening, harassing or poorly worded postings may be harmful to others. They may damage relationships, undermine WVSOM's reputation, discourage teamwork and negatively impact the schools commitment to patient care, education, research, and community service.
- 2. **Think Before You Post**. Anything you post is highly likely to be permanently connected to you. Program directors and future employers will review your social media as part of the vetting process. Take great care and be thoughtful before placing your identifiable comments in the public domain.
- 3. **Protect Patient Privacy**. Disclosing information about patients without permission, including photographs or potentially identifiable information is strictly prohibited. These rules also apply to deceased patients and to posts in the secure section of your Facebook, Instagram, and all other social media platforms. Note that even if the physician you are working with has a signed release by the patient for photographs this does not extend to you as a student and therefore you do not have permission to photograph the individual.

Social Networking Best Practices

- 4. **Protect Your Own Privacy**. Make sure you understand how the privacy policies and security features work on the sites where you are posting.
- 5. **Respect Your Commitments**. Ensure that your blogging, social networking, and other external media activities do not interfere with your academic educational commitments.
- 6. **Respect Copyright and Fair Use Laws**. For your institution's protection as well as your own, it is critical that your show respect for the laws governing copyright and fair use of copyrighted material owned by others, including your institution's own copyrights and brands.

Example Scenarios of Breaches of Professionalism and Social Media Use

- 1. A medical student receives a "friend" request on his Facebook page from a patient encountered during his/her clinical skills course or clinical rotation.
  - a. It is almost always inappropriate to accept 'friend" request from patients. Best practices: Protect patient privacy.
- 2. A medical student has a blog on which he/she posts reflections about both personal and professional issues. He/She has just finished an early clinical exposure encounter where the patient, whom he/she met during an encounter, comments on the student's blog and discloses protected health information with the expectation that the student will continue the discussion.
  - a. Social media discussion with a patient should not directly address health concerns of individual patients. Best Practices: Protect patient privacy.

Example Scenarios of Breaches of Professionalism and Social Media Use

- 3. A medical student is on her/his outpatient rotation. The student "tweets" that she/he just finished seeing an interesting patient with the preceptor and describes the clinical findings of that patient.
  - a. It is difficult to be certain that information disclosed in posts (such as Twitter) is not identifiable to that particular patient. This is especially poignant in many of our rural sites. The best type of posting would include very general information. Other posts by the same student could indicate his/her medical school and current rotation, leading to circumstances that indirectly identify the patient. Best practices: Protect patient privacy.
- 4. A medical student is on an OB/GYN rotation. He/She posts on Facebook a picture of a baby whose delivery just occurred, expressing joy, best wishes to the family and congratulating everyone involved in the care of the patient on the excellent patient outcome.
  - a. This is a clear violation of patient confidentiality, even if the patient is not named. Best practices: Protect patient privacy.

Example Scenarios of Breaches of Professionalism and Social Media Use

- 5. A medical student writes on her/his blog, naming an attending physician who did minimal teaching and recommending that other students not take clinical electives with that physician.
  - a. This should be done on the appropriate evaluation or through your Regional Assistant Dean or Director. Public disparagement can lead to legal actions against yourself or WVSOM. Best practices: Use good judgment; think before you post.
- 6. A medical student on a research elective blogs that the laboratory equipment he/she is using should have been replaced years ago and is unreliable.
  - a. The public disclosure of negative information increases the liability of the Medical Center and is clearly unprofessional. There are legitimate and confidential mechanisms for improving quality at the Medical Center. Best practices: Use good judgment; think before you post.

Example Scenarios of Breaches of Professionalism and Social Media Use

- 7. A medical student wearing a tee shirt with the medical school logo on it is tagged in a photo taken at a local bar and posted on a friend's Facebook and Snap Chat pages. The medical student clearly appears to have had too much to drink.
  - a. The two issues are that: (1) the logo identifies the affiliation to the institution; and
  - (2) the unprofessional behavior of the student is available for all to see, including future employers and patients. The medical student did not post the photo, but should do everything possible to have the photo removed and remove the tagging link to the student's own Facebook page. Best practices: Protect your own privacy; think before you post.

Example Scenarios of Breaches of Professionalism and Social Media Use

- 8. A medical student uses an alias and blogs that a specific Academic Medical Center has the lowest bone marrow transplantation complication rate in the world.
  - a. This is a violation of Federal Trade Commission regulations that prohibit false or unsubstantiated claims, and does not disclose the individual's material relationship to the institution. Best practices: Identify yourself; protect proprietary information.

Adapted from: "AMA Policy: Professionalism in the Use of Social Media." American Medical Association.

Professionalism: Social Media and ACOG

https://www.bing.com/videos/search?q=professionalism+video+medicine&docid=608030643799326895&mid=7629356DB29C2619CE357629356DB29C2619CE35&view=detail&FORM=VIRE

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, students must wear clean short white lab coats with a WVSOM insignia patch on the upper left sleeve. The coat should have the student's legal name embroidered on the coat with WVSOM placed below the student's name.
- The student's WVSOM identification card will also be worn at all times. Hospital identification badges may be required and the student will need to wear these as required by the hospital or clinic.

Dress

- 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 scented perfume or cologne.
- Students shall dress appropriately for all educational settings where patients are present or while in a hospital setting (Education Days, testing, etc.) and adhere to the following standards for professional attire and appearance:

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 and worn with nylons or socks. (NO open toe shoes!)
- Men: tailored slacks, dress shirt and a necktie. Shoes must be comfortable, clean and in good repair and worn with socks. (NO open toe shoes!)
- Reasonable alterations in dress may be indicated by individual physicians on whose service the students are being trained.

Scrub suits: aka **SCRUBS**:

- On services where scrubs 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 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.

Hair/Nail Maintenance:

- Hair should be neat, clean, and of a natural human color.
- Beards/mustaches must be neatly trimmed. Since COVID and the need to wear N-95 masks, you will need to be clean shaven as N-95 masks need to fit securely in place, so that there are no air leaks.
- Shoulder length hair must be secured to avoid interference with patients and work.
- Nails must be kept closely trimmed and clean.

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.
- Due to COVID, the hospitals/offices that you are rotating may have different policies. It is your responsibility to find out what the policy is and adhere to it!

The following items are specifically **prohibited** in clinical situations including student labs 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.).

Sign and Date the Attestation Form

- Please sign and date after reading the above.
- **I** attest that **I** have read and understand the professionalism components of the clinical education manual and will query my Regional Assistant Dean should I have any questions or need any clarification.
- _____Printed Name
- _____Signature
- _____Date

The Ultimate Display of Professionalism

THE OSTEOPATHIC OATH

I do hereby affirm my loyalty to the profession I am about to enter. I will be mindful always of my great responsibility to preserve the health and the 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 judgment 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.

References

- AOA Rules and Guidelines on Physicians' Professional Conduct https://osteopathic.org/about/leadership/aoa-governance-documents/aoa-rules-and-guidelines-on-physicians-professional-conduct/#:~:text=Physicians%20should%20conduct%20themselves%20with,or%20affiliation%2C%20veteran%20status%2C%20gender accessed 4-16-21.
- WVSOM Institutional Policy ST-01 Academic and Professional Standards, https://www.wvsom.edu/sites/default/files/u60/ST-01%20Academic%20and%20Professional%20Standards%20%2806-11-19%29.pdf accessed 4-16-21.
- AMA Code of Medical Ethics: Professional Self-regulation. https://www.ama-assn.org/delivering-care/ethics/code-medical-ethics-professional-self-regulation accessed 4-16-21.

Sign and Date the Attestation Form

- Please sign and date after reading the above.
- I attest that I have read and understand the professionalism components of the clinical education manual and will query my Regional Assistant Dean should I have any questions or need any clarification.
- _____Printed Name
- _____Signature
- _____Date

State Wide Campus Professionalism Attestation

The MSPE (Dean's letter) is a critical component of your Residency application packet and is looked upon very seriously by Program directors. The 2018 NRMP Program Director's survey ranked the MSPE as the third most important factor in deciding whom to interview, following Board exam scores and letters of recommendation.

Professionalism is a significant component of both your preceptor evaluation and the MSPE. Therefore, it is imperative that you review and pay particular attention to the following areas of your Clinical Education Manual:

6.1.1 Illness

Should a student incur an illness during the course of a clinical rotation, he/she must immediately notify the appropriate preceptor and Statewide Campus office if they will be absent from or will be late to their rotation. When the illness results in an absence of more than two days, the student must be seen by a physician and obtain documentation (return to work document). The Statewide Campus Assistant Dean and preceptor must receive this documentation within five business days of the absence. If the Statewide Regional Assistant Dean does not receive the documentation within five days, the student may be placed on vacation or be designated as unscheduled leave if no vacation time remains.

If any absence from any rotation is deemed to be unexcused, the student will automatically fail the rotation.

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 only 4 hours or less in one day. This time must be approved prior to the student taking the temporary absence by the Statewide Regional Assistant Dean and the supervising physician. This time will be allowed when the student has to attend to personal business that cannot be attended to after clinic or hospital rotation duties are complete. It is noted that there are no days off during a rotation. The preceptor establishes the rotation schedule.

6.1.3 Leave of Absence

A leave of absence can only be granted by the Vice President for Academic Affairs and Dean. A leave of absence will only be granted for significant reasons, including but not limited to medical problems and/or family crisis. Should a situation occur where the student will be unable to continue on rotations, the student should consult the Regional Assistant Dean immediately. Please reference Institutional Policy E-26:

6.1.4 Student Attendance Policy

Report on time: Attendance is a vital part of the student's clinical training/education; therefore, attendance is required for the entire duration of each clinical rotation. It is the responsibility of the student to contact the rotation coordinator or supervising physician **3 to 5 days** in advance of the rotation to clarify the time and location to meet on the first day of the rotation. Punctuality is evaluated as part of the core competency professionalism.

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 and the supervising physician. Any departures from an assigned rotation must also be approved by the WVSOM Statewide Campus office and supervising physician. **Any unapproved early departure will result in a failing grade for the rotation.**

Interview for Residency Program: Students that are in their fourth year and need to go to an interview must complete the Exception Request Form and submit it with a copy of the interview invitation to their Statewide Campus Regional Assistant Dean prior to the interview or it will be considered an unexcused absence and the student will fail the rotation. Students will be allowed 2 days maximum for an interview. Students will be allowed to attend 1 interview on a 2 week rotation, 2 interviews when on a 4 week rotation, and 3 interviews on an 8 week rotation only if approved by the Regional Assistant Dean.

6.1.5 Unexcused Absence

All absences during a rotation must be immediately reported to and approved by your Regional Statewide Campus office. An absence that occurs and is not approved by the Regional Statewide Campus office is considered an unexcused absence. An absence from any rotation without approval will be regarded as an unexcused absence. Student absence from rotation without notification and approval of the Statewide Campus Regional office will result in a failing grade for the rotation. 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.

6.4.1 Social Networking Guidelines

While social networking has provided a unique forum to interact, there are potential issues for osteopathic medical students in training. Medical students should be aware and sensitive to the public nature of social networking forums and the fact that the postings are permanent. It is important to understand that the professionalism policies that apply to other aspects of one's professional life also hold true in online forums.

Medical students should weigh a number of considerations when maintaining a presence online:

- Students should be cognizant of standards of patient privacy and confidentiality that must be maintained in all environments, including online, and must refrain from posting identifiable patient information online.

- When using the Internet for social networking, students should use privacy settings to safeguard personal information and content, but should also realize that privacy settings are not absolute and that once on the Internet, content is likely there permanently.
- When students see content posted by peers that appears unprofessional they have a responsibility to bring the content to the attention of the individual, so that he/she can remove it and/or take other appropriate actions.

If the behavior significantly violates professional norms and the individual does not take appropriate action to resolve the situation, the students should report the matter to appropriate WVSOM administration.

- Students should recognize that their actions online and content posted may negatively affect their reputations and may have consequences for their medical careers, including postgraduate training.

Best Practices:

1. **Take Responsibility and Use Good Judgment.** You are responsible for the material you post on personal blogs or other social media. As a student of WVSOM you are a representative of the school. Be courteous, respectful and thoughtful about how others may perceive or be affected by postings. Incomplete, inaccurate, inappropriate, threatening, harassing or poorly worded postings may be harmful to others. They may damage relationships, undermine WVSOM's reputation, discourage teamwork and negatively impact the school's commitment to patient care, education, research, and community service.
2. **Think Before You Post.** Anything you post is highly likely to be permanently connected to you. Program directors and future employers will review your social media as part of the vetting process. Take great care and be thoughtful before placing your identifiable comments in the public domain.
3. **Protect Patient Privacy.** Disclosing information about patients without permission, including photographs or potentially identifiable information is strictly prohibited. These rules also apply to deceased patients and to posts in the secure section of your Facebook, Instagram, and all other social media platforms. *Note that even if the physician you are working with has a signed release by the patient for photographs this does not extend to you as a student and therefore you do not have permission to photograph the individual*.
4. **Protect Your Own Privacy.** Make sure you understand how the privacy policies and security features work on the sites where you are posting.
5. **Respect Your Commitments.** Ensure that your blogging, social networking, and other external media activities do not interfere with your academic educational commitments.
6. **Respect Copyright and Fair Use Laws.** For your institution's protection as well as your own, it is critical that your show respect for the laws governing copyright and fair use of copyrighted material owned by others, including your institution's own copyrights and brands.

Example Scenarios of Breaches of Professionalism and Social Media Use.

1. A medical student receives a "friend" request on his Facebook page from a patient encountered during his/her clinical skills course or clinical rotation.

    a. It is almost always inappropriate to accept 'friend" request from patients. Best practices: Protect patient privacy.
2. A medical student has a blog on which he/she posts reflections about both personal and professional issues. He/She has just finished an early clinical exposure encounter where the patient, whom he/she met during an encounter, comments on the student's blog and discloses protected health information with the expectation that the student will continue the discussion.
    a. Social media discussion with a patient should not directly address health concerns of individual patients. Best Practices: Protect patient privacy.
3. A medical student is on her/his outpatient rotation. The student "tweets" that she/he just finished seeing an interesting patient with the preceptor and describes the clinical findings of that patient.
    a. It is difficult to be certain that information disclosed in posts (such as Twitter) is not identifiable to that particular patient. This is especially poignant in many of our rural sites. The best type of posting would include very general information. Other posts by the same student could indicate his/her medical school and current rotation, leading to circumstances that indirectly identify the patient.. Best practices: Protect patient privacy.
4. A medical student is on an OB/GYN rotation. He/She posts on Facebook a picture of a baby whose delivery just occurred, expressing joy, best wishes to the family and congratulating everyone involved in the care of the patient on the excellent patient outcome.
    a. This is a clear violation of patient confidentiality, even if the patient is not named. Best practices: Protect patient privacy.
5. A medical student writes on her/his blog, naming an attending physician who did minimal teaching and recommending that other students not take clinical electives with that physician.
    a. This should be done on the appropriate evaluation or through your Regional Assistant Dean or Director. Public disparagement can lead to legal actions against yourself or WVSOM. Best practices: Use good judgment; think before you post.
6. A medical student on a research elective blogs that the laboratory equipment he/she is using should have been replaced years ago and is unreliable.
    a. The public disclosure of negative information increases the liability of the Medical Center and is clearly unprofessional. There are legitimate and confidential mechanisms for improving quality at the Medical Center. Best practices: Use good judgment; think before you post.
7. A medical student wearing a tee shirt with the medical school logo on it is tagged in a photo taken at a local bar and posted on a friend's Facebook and Snap Chat pages. The medical student clearly appears to have had too much to drink.
    a. The two issues are that: (1) the logo identifies the affiliation to the institution; and (2) the unprofessional behavior of the student is available for all to see, including future employers and patients. The medical student did not post the photo, but should do everything possible to have the photo removed and remove the tagging link to the student's own Facebook page. Best practices: Protect your own privacy; think before you post.
8. A medical student uses an alias and blogs that a specific Academic Medical Center has the lowest bone marrow transplantation complication rate in the world.

a. This is a violation of Federal Trade Commission regulations that prohibit false or unsubstantiated claims, and does not disclose the individual's material relationship to the institution. Best practices: Identify yourself; protect proprietary information.

Adapted from: "AMA Policy: Professionalism in the Use of Social Media." American Medical Association, 2012 Annual Meeting. http://www.ama-assn.org/ama/pub/meeting/professionalism-social-media.shtml

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, students must wear clean short white lab coats with a WVSOM insignia patch on the upper left sleeve. The coat should have the student's legal name embroidered on the coat with WVSOM placed below the student's name.

The student's WVSOM identification card will also be worn at all times. Hospital identification badges may be required and the student will need to wear these as required by the hospital or clinic.

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 scented perfume or cologne.

Students shall dress appropriately for all educational settings where patients are present or while in a hospital setting (Education Days, testing, etc.) 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 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.).

Please sign and date after reading the above.

I attest that I have read and understand the professionalism components of the clinical education manual and will query my Regional Assistant Dean should I have any questions or need any clarification.

_____

printed name

_____ _____

signature date

GLOBAL CURRICULUM: COMMUNICATION IN THE HEALTHCARE SETTING

SWC Orientation, June 14-25, 2021

Lisa Hrutkay, DO & Jim Wadding, DO

COURSE OBJECTIVES

- Develop an understanding of the importance of effective communication skills to establish good rapport and information sharing with patients and their families in the clinical setting
- Become familiar with the common communication strategies and helpful mnemonics for use in obtaining a thorough patient history
- Discover effective means to convey respect and empathy toward patients when obtaining history, or when dealing with sensitive information, such as delivering bad news
- Understand the importance of clear, effective written and verbal communication across the spectrum of healthcare and in clinical medical education
- Gain valuable insight into the necessity of respectful communication with all healthcare workers encountered in the medical office and in the hospital

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COURSE OBJECTIVES (CONTINUED)

- Understand that knowledge and skills may be acquired through meaningful interactions with other healthcare providers at all levels of training
- Become acquainted with concepts pertaining to the teamwork involved in effective healthcare and the value of each individual team member
- Discuss situations where inadequate or inappropriate communication may be harmful and may yield negative consequences.
- Identify recommendations and expectations for professional communications with your SWC Staff.
- Develop awareness that inappropriate use of email, phone/text (and social media) can have detrimental consequences

3

BACKGROUND

- Root cause of malpractice claims = breakdown in communication between physician and patient
- Primary care malpractice claims – those with claims had less:
  - patient education/orientation statements, laughter/humor, facilitatory style, length of visits
- Poor/ineffective patient hand-off communications implicated in many adverse events effecting patient safety
  - Wrong-site surgery, delay in treatment, falls, medication errors

4

Huntington & Kuhn, 2003; Levinson, 1997; Joint Commission, 2017

OUTCOMES ENHANCED BY EFFECTIVE COMMUNICATION

- Studies support improved outcomes with effective communication
  - Patient participation (in their own care)
    - Treatment adherence, andself-management
  - Patient satisfaction
  - Patient safety
  - Diagnostic accuracy
  - Efficiencies in healthcare delivery
  - Healthcare team satisfaction
  - Reduced malpractice risk

5

INTRODUCTION

- Effective communication, across a spectrum of scenarios, is an important skill for students to learn during medical school
  - Skill reinforcement/enhancement in both pre-clinical and clinical settings
- Core communication skills
  - Communication with the patient
  - Communication about the patient (with other healthcare team members)
  - Communication about medicine and science

6

AAMC, 2005; Macy Initiative, 2004

COMMUNICATION WITH THE PATIENT

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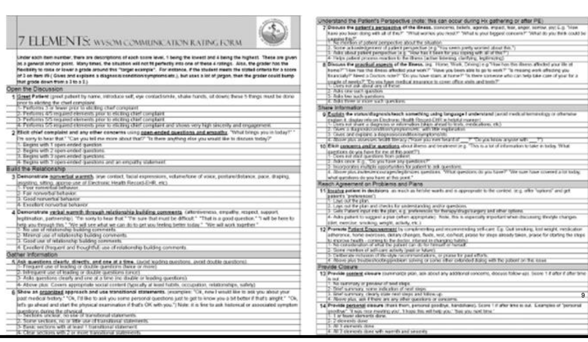
COMMUNICATION WITH THE PATIENT

- Overarching function of effective communication
  - Identify the problem(s)
  - Develop and maintain relationships
  - Education and counseling
- Structure – several evidence-based models available
  - Calgary-Cambridge
  - Macy Initiative
  - Others
- Sequence – models share elements of:
  - Opening, Relationship building, Information gathering, Understanding patient's perspective, Information sharing, Mutual agreement on problems/plans, Closure
  - (Sound familiar?)

8

WVSOM COMMUNICATION RATING FORM!!



9

PATIENT COMMUNICATION - TIPS

- Drexel University doc.com cases
  - Included in most syllabi, relevant to specialty rotation
  - Take advantage – review and practice them
  - May be especially helpful for special scenarios where effective communicationis critical (examples)
    - Responding to strong emotions
    - Talking about sex and sexuality
    - Giving bad news
    - Communication near the end of life

- Practice!
  - Request your preceptor to allow you to practice your OSCE communication skills (and timing of patient encounter, SOAP) periodically during clinical rotations
  - Practice with peers, practice in the mirror
- Remember the usual mnemonics
- Other Helpful mnemonics
  - SOLER
  - RESPECT
  - NURS & PEARLS

10

FAMILIAR MNEMONICS

- Hx Present Illness – OLDCAARTS
- Other elements of the History – MAISHIFT
- Family Hx (and IPV screening) – SAFE
- Social Hx - SHORES
- Differential Diagnosis – VINDICATES
- Plan – FAMOUS, TIED

11

OLDCAARTS

- **O** - *Onset* – when and how it started
- **L** - *Location* – Where? – bodily location
- **D** - *Duration* – How Long? Chronology
- **C** - *Character* – Quality, radiation pattern
- **A** - *Aggravating Factors* – What makes it worse?
- **A** - *Associated Factors* – What else is going on with this?
- **R** - *Relieving Factors (Radiation)* – What makes it better? (Does it radiate?)
- **T** - *Temporal Factors* – Setting, timing of other associated factors
- **S** - *Severity of Symptoms* – Quantify

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MAISHIFT

- **M -** Medications
- **A -** Allergies
- **I -** Immunizations
- **S -** Surgeries
- **H -** Hospitalizations
- **I -** Injuries
- **F -** Family History
- **T -** Travel

SHORES

- **S –** Spouse (and Children)
- **A –** Anyone with similar illness
- **F –** Familial diseases
- **E –** Ethnic background

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SAFE

- As a screen of home environment and family hx
  - **S –** Spouse (and Children)
  - **A –** Anyone with similar illness
  - **F –** Familial diseases
  - **E –** Ethnic background
- As a screen for intimate partner violence
  - **S –** Stress and Safety
  - **A –** Afraid or abused
  - **F –** Friends and family
  - **E –** Emergency plan

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SOLER

- For posturing during patient interactions
  - Appear interested and ready to listen
- **S** – Sit square to the patient
- **O** – Open to the patient (no desk in the way)
- **L** – Lean in toward the patient
- **E** – Eye contact with the patient
- **R** - Relax

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RESPECT – 6 SIMPLE WAYS TO MASTER PATIENT COMMUNICATION

- **R – Rapport –** physical appearance, good eye contact, we're in this together attitude
- **E – Explain –** ask questions that encourage patients to explain in their own words
- **S – Show –** provide constructive criticism using collaborative thinking (don't tell them what to do)
- **P – Practice** - the more practice, the better prepared for the difficult conversations
- **E – Empathy** – avoid being judgmental; verbal/nonverbal warmth helps
- **C – Collaboration** – it's a partnership with your patient
- **T – Technology** – select communication channels that you can use well with your patients

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NURS – EMPATHY FOR STRONG EMOTIONS

- **N –** Name the emotion (Mr.Smith, you seem upset/angry/ sad.)
- **U –** Understand (The last few months of your illness must have been really hard for you.)
- **R –** Respect (I'm actually impressed with how you've coped thus far.)
- **S –** Support (I'm concerned about you and want to help. What can we work on together?)

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COMMUNICATION ABOUT THE PATIENT

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COMMUNICATIONS IN THE HEALTH CARE SETTING

Necessary for sharing information within the patient care team in order to gain input from healthcare providers at all levels of training contributing to the care plan and to facilitate continuity of care at times of handoff of care, and all while protecting patient privacy.

This requires good verbal and non-verbal communications between the members of the patient care team (student-to-preceptor, student-to-allied healthcare providers).

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COMMUNICATIONS IN THE HEALTH CARE SETTING

- Verbal Communications within the Healthcare Team and SWC Staff
  - Maintain a respectful learning attitude
  - Be able to admit your mistakes/failures and learn from them
  - Be responsive to constructive feedback and criticism
  - Always be truthful and exhibit humility
  - Consistently display respect toward your preceptor, their office staff, nursing personnel, allied health providers, and other medical staff and hospital workers
    - Make friends with nurses and allied health professionals---they can teach you a lot and be your best allies
    - ***Treat everyone that you come in contact with as you would want to be treated!***

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COMMUNICATIONS IN THE HEALTH CARE SETTING

- Nonverbal Communication
  - Timeliness in completing assignments
  - Showing up on time and prepared for the day
  - Promptly notifying your preceptor and SWC Staff of any unanticipated absence or reason for being late
  - Being attentive to any patient concerns expressed by any healthcare provider to you
  - ***These are nonverbal cues that you can give to the team that you are eager to learn and to participate in patient care!***

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COMMUNICATIONS IN THE HEALTH CARE SETTING

- Categories:
  - Oral Communication of Patient Information
  - Written Communication of Patient Information

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ORAL COMMUNICATIONS

Situation-Background-Assessment-Recommendation (SBAR) format

- Provides a consistent method of reporting patient information between members of the healthcare team---"the language of medicine"
- Consistency in communication of patient information provides for smooth transitions of care, resulting in increased patient safety and quality of care
- Most commonly used format for:
  - Case presentations in daily rounds
  - Telephone discussions with consultants
  - Case presentations in the grand rounds and conference settings

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ORAL COMMUNICATIONS

- Case presentations
  - Presenting the patient case during attending rounds
  - Presenting the patient case to the attending in the office or ED
  - Utilization of the **SBAR** format:
    - **S** – SITUATION – What is the patient's presenting complaint or problem?
    - **B** – BACKGROUND – Brief account of the events leading to this problem, including elements of the history pertinent to the current complaint and recent changes in condition, pertinent labs or radiographic studies, and key physical findings.
    - **A** – ASSESSMENT – What is the current working diagnosis or differential?
    - **R** – RECOMMENDATION – Address each element of the problem list with a plan for workup or treatment for each

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ORAL COMMUNICATIONS

- **SBAR** is adaptable to the clinical setting.
  - Outpatient setting (medical office, ED, etc.):
    - **S –** an opening one liner giving the patient's presenting complaint
    - **B –** should include:
      - Events leading up to the onset of the complaint
      - Any pertinent past medical history
      - Pertinent physical findings and VS
      - Any pertinent information from the ROS, PMH, PSH, SH, FH, etc.

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ORAL COMMUNICATIONS

- **SBAR** in the Outpatient Setting, cont.
  - **A –** The working differential diagnosis or pertinent problem list
  - **R –**
    - Reflects a prioritized workup for the elements in the differential to rule in or out any potential life threats
    - Addresses any current active issues pertaining to the chief complaint

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ORAL COMMUNICATIONS

- SBAR in the Inpatient Setting:
  - **S** – An opening one liner briefly outlining the reason for admission
  - **B** - For an inpatient, include:
    - Hospital Day #
    - The patient's statement of how they are feeling
    - Changes in the patient condition over the last 24 hours
    - Impressions/recommendations of consultants
    - Results of any recent testing
    - Changes in the physical exam and current VS
    - No need to review PMH again

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ORAL COMMUNICATIONS

- **SBAR** in the Inpatient Setting, cont.
  - **A –** presented by problem or organ system(s) using as many or few as are relevant
  - **R –**
    - Update on the inpatient progress and current status of each of the presenting problems
    - Plan for continued treatment of the remaining problems to be addressed
    - Projected date of discharge and the possible need for any continued outpatient services for the patient.

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ORAL COMMUNICATIONS

- Formal "Professional" Case Presentations
  - Patient case presentations given to an audience
    - Case Presentations for Education Days
    - Grand Rounds
    - Tumor Boards
    - CME Conferences
    - Academic Medicine

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FORMAT FOR CASE PRESENTATION

- Progressive Case Disclosure
  - Use SOAP format to present the case
  - Present Chief Complaint, then engage the audience
    - "Now what would you like to know?"
    - Have them ask the pertinent questions for Hx of CC, Medical Hx, Surg Hx, etc.
      - You then supply the answers as if you were the patient
  - Present physical exam findings
  - Ask audience for Differential Dx, work-up, suggestions, etc.

30

FORMAT FOR CASE PRESENTATION

- Progressive Case Disclosure
  - After the case is presented, follow with a discussion of the functional anatomy and pathophysiology of the disease/syndrome/dysfunction
  - Discuss therapeutics/treatment in general, then return to your case and discuss how the patient was treated, disposition, etc.

31

FORMAT FOR CASE PRESENTATION

- Remember that all patient identifiers **MUST** be redacted!!
  - Examples:
    - Names or parts of names
    - Dates directly related to a person
    - Medical record numbers
    - Complete face or any comparable photographic images
    - Any other unique identifying characteristic (unique tattoos, piercings, anatomical variants, etc.)
    - Phone numbers, email addresses, and much, much more!

32

WRITTEN COMMUNICATIONS

- History & Physical format
- Progress note/SOAP note format
- Operative note format
- Admission note format
- Discharge summary format

33

WRITTEN COMMUNICATIONS

- **H&P Format**
  - Pretty standard across all disciplines in medicine
  - Maybe slight variations in the structure of the document from institution to institution
  - Inclusion of the Impression and Plan creates an **Admission Note**
  - **Admission Note** documents the patient's status (H&P findings), reasons for admission, and a workup/treatment plan.

34

HISTORY & PHYSICAL FORMAT

- Chief Complaint
- History of Present Illness
- Current Medications
- Allergies/Adverse Drug Reactions
- Past Medical History
- Past Surgical History
- Social History
- Immunization Status

35

HISTORY & PHYSICAL FORMAT, CONT.

- Family History
- Review of Systems – (17 possible) General, Endocrine, Hematologic, Skin, Eyes, ENT, Oral, Cardiovascular, Pulmonary, Breasts, Gastrointestinal, Musculoskeletal, Neurologic, Psychiatric, Genitourinary, Genitoreproductive, and OB/Gyn
- Physical Examination – All elements should be included in the primary H&P. Vital signs, General, Eyes, ENT, Neck, Lungs, Heart, Vascular, Abdomen, Rectal, Neuro, Lymph, Skin, Breasts, Genital, Osteopathic findings.

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HISTORY & PHYSICAL FORMAT, CONT.

- Diagnostic Findings
  - Lab results, radiographic findings, etc.
- Impressions
- Plan

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WRITTEN COMMUNICATIONS

- **Progress Note/SOAP Format –** SOAP is an acronym for Subjective, Objective, Assessment, and Plan.
  - Format used for patient progress notes for medical office encounters or for daily inpatient notes
  - Designed to help improve evaluations and standardize documentation

38

WRITTEN COMMUNICATIONS

- **SOAP Note** –
  - **S**ubjective – What the patient tells you
  - **O**bjective – What you see (complaint-specific exam)
  - **A**ssessment – What you think is going on
  - **P**lan – What you will do about it
- Helpful mnemonics –
  - VINDICATE – differential diagnosis, assessment
  - FAMOUS - plan

39

VINDICATE - DDX

- **V** – Vascular
- **I** – Infectious
- **N** – Neoplastic
- **D** – Degenerative
- **I** – Iatrogenic/Intoxication
- **C** – Congenital
- **A** – Autoimmune
- **T** – Traumatic
- **E** – Endocrine/Metabolic

40

FAMOUS

- **F** - Follow Up
- **A** - Additional Tests/Referrals
- **M** - Medications
- **O** - OMT
- **U** - Understanding (disease impact)
- **S** - Self Care

41

WRITTEN COMMUNICATIONS

- **Operative Report**
  - Should be completed immediately following the procedure by a member of the operative team
  - Can be handwritten or typed (dictated)
  - Should accompany the patient into recovery and to the floor and give enough detail to allow continuity of care by another physician

42

WRITTEN COMMUNICATIONS

- **Operative Note Format** – ensures continuity of care and provides a medicolegal record of the patient's care
- Standard information required by The Joint Commission:
  - Identify the patient
  - Support the diagnosis
  - Justify the treatment
  - Document the postoperative course and results
  - Promote continuity of care
  - Name of facility where procedure was performed
  - Date of procedure
  - Patient history
  - CPT code

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WRITTEN COMMUNICATIONS

- **Operative Note Elements:**
  - Date and time
  - Elective or emergency procedure
  - Names of operating surgeon and assistant
  - Name of anesthetist
  - Operative procedure
  - Incision
  - Operative diagnosis
  - Antibiotic prophylaxis
  - Deep vein thrombosis prophylaxis
  - Detailed postoperative care instructions
  - Signature

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OPERATIVE NOTE DETAILS:

Five main parts that require some detail---

Incision and Approach: type of incision or portals used (midline, paramedian, posterior, etc)

Findings: all operative findings, anatomical variations, pathology encountered

Procedure: step by step account of the operation from incision to closure, including any tissue excised, prostheses implanted, estimated blood loss, etc.

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OPERATIVE NOTE DETAILS, CONT.

Closure: any structures or layers closed in order and the method of closure, including material and technique

Postoperative Instructions: covers all aspects of good postoperative care including:

- DVT prophylaxis
- samples sent to pathology/microbiology
- additional antibiotics needed
- clear follow up instructions for dressing changes and suture removal

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DISCHARGE SUMMARY

- A well-written hospital Discharge Summary:
  - Important in maintaining the safety of patients
  - The main document that communicates the care plan to the post-hospital healthcare team
  - The only document that accompanies the patient to the next stage of medical care
  - Generally, not a responsibility delegated to medical students, but you will have some responsibilities for this in your residency

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DISCHARGE SUMMARY FORMAT

- May vary from institution to institution, but most common elements are:
  - Admission Date
  - Discharge Date
  - Admission Diagnoses
  - Discharge Diagnoses
  - Consults
  - Procedures
  - HPI
  - Hospital Course

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DISCHARGE SUMMARY FORMAT, CONT.,

- Discharge Diagnosis Assessment
- Discharge To
- Discharge Condition
- Discharge Medications
- Discharge Instructions
- Pending Labs
- Follow-Up
- CC (copy to…)

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PRESCRIPTION WRITING FORMAT

- Prescription errors account for 70% of medication errors!
  - Legible vs. illegible
  - Ambiguous or misused abbreviations

Take the extra time to be sure that the prescription is concise and legible--- for the safety of your patient!

50

PRESCRIPTION WRITING 101

- The 7 Basic Steps:
  - 1. Prescriber's Information
  - 2. Patient Information
  - 3. Recipe (Rx)
  - 4. Dispensing Instructions (Disp)
  - 5. Signature (Sig)
  - 6. Number of Refills
  - 7. Prescriber's Signature

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HIPAA

- The Health Insurance Portability and Accountability Act of 1996
- The US privacy law to protect medical information like patient records and allow for confidential communication between patients and medical professionals
- Has broad implications for the strict maintenance of privacy of the patient's Protected Health Information (PHI) in electronic records and oral and written communications.

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HIPAA DO'S AND DON'TS

- Impact on written/verbal communications
- Impact on email and social media

53

HIPAA DO'S

- Treat all things we learn about patients as confidential
- Use passwords that are not obvious, keep them in a secure place and change them regularly
- Lower your voice when discussing patient issues, both in person and over the phone to avoid being overheard
- De-identify results, images before using in a presentation or before discarding
- Access patient information only if you need that information to do your work
- Share or discuss patient information only if it is necessary to do your work and only in appropriate locations

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HIPAA DON'TS

- Never share your password with anyone or leave your computer or workstation without logging off
- Never browse patient records (or those of your family, friends, or your own) without a reason/work purpose
- Never, ever discuss patients on social media
- Never remove patient records from your workplace or leave them in a public place unattended
- Never "friend" a patient on Facebook or message them on social media *(This is a professional relationship, not a social one)*

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COMMUNICATION ABOUT MEDICINE & SCIENCE

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COMMUNICATION ABOUT MEDICINE AND SCIENCE

- Involves communicating the evidence base for medical problems, diagnoses, treatment/management, etc.
- Oral and written forms
- Variety of venues
  - Examples
    - Grand Rounds/Tumor Boards/M&M Conferences – discuss a patient's best management options based on review of the literature to a multidisciplinary audience
    - Journal Article Review – discuss a journal article assigned by your preceptor/journal club
    - Lay presentations – educate an audience at the local library about high blood pressure, risks, symptoms and provide health education pearls
    - Scholarly papers and presentations (a la Research and Scholarly Activity talk)

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COMMUNICATION ABOUT MEDICINE AND SCIENCE

- Important things to consider
  - Who is your target audience?
    - Lay public, other students, preceptor, multidisciplinary groups
  - Select a topic that your audience should care about
  - Demonstrate relevance for all audience members
    - Why the audience should care
    - Show you are thinking holistically, systematically
  - Use language that the audience will understand
  - Know the quality of the data you present (strengths, weaknesses)
  - ("Grand Rounds" – select a mentor and get them in your corner!)
  - Planning to publish or present at conference? Other considerations -
    - Copyright permissions, Citation formats, Implied product endorsements

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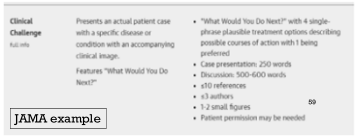
PUBLICATIONS AND PRESENTATIONS - TIPS

- Select an appropriate venue, journal
  - Ask your preceptor for help
- Review and follow the requirements for that venue, journal
  - Instructions for authors
  - Guidelines for manuscript/slide/poster preparation
    - Format, font, word limits



Clinical Challenge	Presents an actual patient case with a specific disease or condition with an accompanying clinical image. Features "What Would You Do Next?"	• "What Would You Do Next?" with 4 single-phrase plausible treatment options describing possible courses of action with 1 being preferred • Case presentation: 250 words • Discussion: 500-600 words • ≤10 references • ≤3 authors • 1-2 small figures • Patient permission may be needed

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JAMA example

COMMUNICATION WITH STATEWIDE CAMPUS STAFF

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COMMUNICATION WITH STATEWIDE CAMPUS STAFF

- Significant volume of email during the course of the year, during each rotation
  - COMAT, OSCE, COMSAE Exam reminders and coordination
  - Quarterly meeting scheduling with Assistant Dean
  - Education Day reminders
  - Didactic opportunities
  - Annual immunization renewals and compliance timelines
  - N95 mask fitting
  - New hospital requirements
  - And more
- Phone calls/Texts usually for conveyance of time-sensitive information
  - Short suspense, quick answer

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COMMUNICATION WITH STATEWIDE CAMPUS STAFF - TIPS

- (aka, how to keep your SWC Staff happy! Individual SWCs may have additional preferences.)
- Email
  - Official email only – i.e., @osteo.wvsom.edu
  - Check daily
    - Check Clutter/Junk folders if you think you should have received something but did not
  - Respond promptly
  - Acknowledge receipt even if response not needed ("received, thanks")

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COMMUNICATION WITH STATEWIDE CAMPUS STAFF - TIPS

- Phone
  - Have a voicemail that identifies who you are
    - We cannot leave messages involving sensitive information if we don't know its you
  - Respond promptly (when you have a rotation break)
- Texts
  - Identify who you are (we don't have all of you in our phone contacts list)
  - State a reason for the communication
  - Use primarily to arrange other communication (email or phone call)
    - Avoid conducting significant business over text

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SPECIAL AWARENESS – COMMUNICATION DEVICES

- Inappropriate use of phone/text devices, to include the use of social media, can have negative consequences
  - Professionalism counseling
  - Adverse comment and/or grade from preceptor
- Best advice – in general, do not use or access your phone while in patient rooms, or even in the hallways of the office
  - Determine acceptable use with your preceptor and their office at the beginning of the rotation (locations, times, andcontent)
  - Ask permission each time beforeusing
  - Use only for advancing your medical knowledge, and explain what you intend to research
  - Conduct personal business or fun time outside the office entirely

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Research & Scholarly Activity at WVSOM

Jandy Hanna, Ph.D., M.S.B.
Associate Dean, Research and Sponsored Programs

Off-campus/State-Wide Campus

Center for Rural and Community Health

https://crch.wvsom.edu/

https://crch.wvsom.edu/?q=crch-research

Director, Drema Mace, Ph.D.
dmace@osteo.wvsom.edu

Community-based Research Projects

WV Provider survey on pain management and MAT

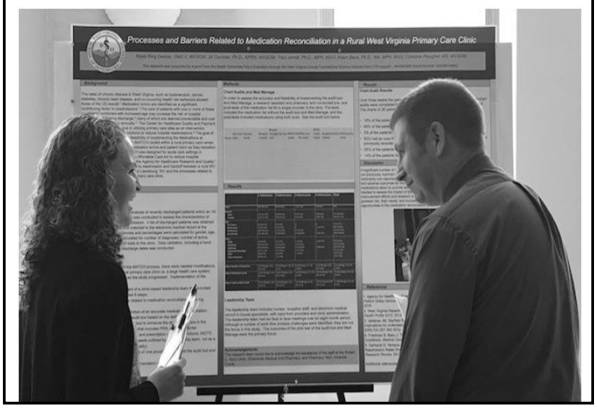
Harm Reduction in Calhoun County, WV: community perceptions, knowledge, and paths forward

Courtney Hereford, Clinical research coordinator, Center for Rural and Community Health
chereford@osteo.wvsom.edu

QA/QI Projects

- OMT Quality Improvement at Hospital X
- Medmanage QI Project
- QI project colon cancer screening
- Narcotic Prescribing Patterns Analysis
- Improving diabetic care compliance
- DM Type 2 QI in family medicine residency clinic
- Improving the rate of compliance with ACCF/AHA guidelines regarding ICD placement in patients with heart failure and reduced EF

Jill Cochran, PhD, APRN, C-FNP



QA/QI Projects

- Institute for Healthcare Improvement
  - Online QI training for students and preceptors
- http://www.ihi.org/

Case reports

- A rare case of linear IgA bullous dermatosis
- A curious case of abdominal pain in a 95-year-old woman
- Neurosyphilis presenting as anxiety: A case report
- Genetic etiologies of Portal Venous Thrombosis in a 54-year-old Male

On-campus/Local
(Think Research elective)

Clinical/Translational Research

WVSOM has a Clinical and Translational Science Center which provides space for researchers to conduct studies that involve human subjects.

- Contains a waiting room area, exam rooms, exercise laboratory space and an area for small group/meetings and presentations
- Provides a location for community participatory-based research projects to take place

Clinical/Translational Research

- Assessment of bone quality in 18-29 year olds
  Carolyn Komar, PhD
  Andrea Nazar, DO
  Laurie Bauer, DO
- Community childhood asthma detection and barrier identification
  Maple Landvoigt, MD

Basic Science Research

- The WVSOM Fredric W. Smith Science Building houses basic science laboratories, with state-of-the-art research equipment, where multiple investigators conduct their research
- Students have the opportunity to work in these laboratories with our faculty who have a diverse background of research interests
- Visit https://www.wvsom.edu/Research/student-research to find out more about our research faculty interests/current projects and student opportunities

Basic Science Research

- Role of serine threonine kinase interacting protein during rotavirus infection

Crystal Boudreaux, PhD

Bridging the gap: an osteopathic primary care-centered approach to Duchenne muscular dystrophy

Predrag Krajacic, MD

Hippocampal neuronal damage following cerebral ischemia and mechanisms for neuroprotection

Jacob Neumann, PhD

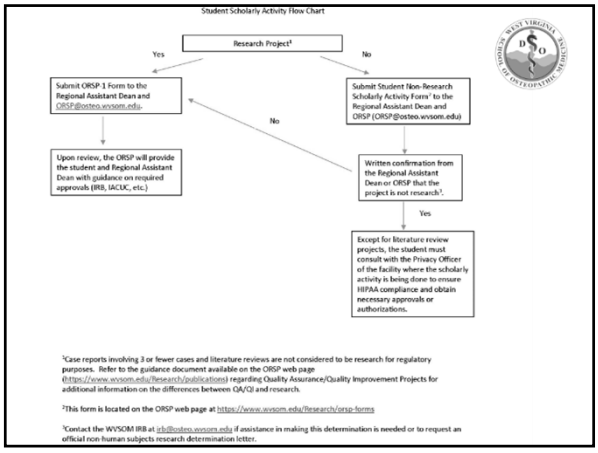
Educational Research

Pilot project using simulation with standardized patients to improve mastery of medical ethics content and student confidence

Gail Swarm, DO
R. Andrew Kelso, PhD

The Process

- Come up with a project idea
- Contact me and have a discussion
- New projects will need a form completed and signed (for students, their SWC dean needs to sign off)
- Non-Research: Non-scholarly activity form
- Research: ORSP1 form



Scholarly activity-The Process

- Case reports, QA/QI, Literature review
- Students must consult with Privacy Officer re: HIPAA
- Students need faculty mentor
- Students need the ok from their regional dean (OMS 3 & 4) or Associate Dean (OMS 1 & 2)
- IRB certification

Research-The Process

- All people indicated on an ORSP1 form must take Conflict of Interest in Research training and provide a Financial interest disclosure form
- Additional training will depend on type of project (e.g. animals, humans subjects, biosafety, etc.)
- Approval from IACUC, IRB, IBC, etc.
- Students need supervision by WVSOM employee

Research Elective

- Get the students to start at least 60 days in advance (preferably longer)
- Follow the research approval process
- You must review and approve the Research plan (which should be submitted at least 30 days prior)
- The research plan should include the ORSP-1 form and an email approving it, other approval letters, the students role, and acceptance of the student on the project by the PI
- Students must submit a 1-page summary report, which MUST be forwarded to me.

FORMS and LINKS

- Student Opportunities: https://www.wvsom.edu/Research/student-research
- QA/QI guidelines: https://www.wvsom.edu/sites/default/files/u16/WVSOM%20QA.QI%20Guidelines.final_.2.7.17.pdf
- Flowchart: https://www.wvsom.edu/sites/default/files/u16/Scholarly%20Activity%20Flowchart.pdf
- Research initiation: https://www.wvsom.edu/sites/default/files/u196/ORSP-1%20Research%20Initiation%20Request.pdf
- Financial Disclosure: https://www.wvsom.edu/sites/default/files/u196/ORSP-6%20SFID-Financial%20Interest%20Disclosure%20Form.pdf
- Scholarly activity initiation: https://www.wvsom.edu/sites/default/files/u16/Student%20Non%20research%20scholarly%20activity%20form.pdf

Research/Scholarly Activity Resources

- Courtney Hereford, Clinical Research Coordinator
  - chereford@osteo.wvsom.edu
- WV Clinical and Translational Science Institute
  - http://www.wvctsi.org/membership/, FREE
- Lance Ridpath, Statistician at WVSOM
  - lridpath@osteo.wvsom.edu
- Sherri Miller, Grants Administrator at WVSOM
  - smiller@osteo.wvsom.edu
- Me! Associate Dean, Research and Sponsored Programs at WVSOM
  - jhanna@osteo.wvsom.edu, (304) 647-6366

Research/Scholarly Activity Resources

- Research Webinars
  - http://www.wvctsi.org/programs/education-mentoring-career-development/research-seminar-series/past-research-boot-camp-presentations/
    - Applying Evidence-based Medicine to Clinical Practice
    - Developing a research hypothesis from a clinical observation/question
    - Study design: The who, what, where, when and how of clinical research
    - Introduction to clinical quality improvement: project design and development
    - Seven steps to writing case reports for clinical literature
  - https://www.aacom.org/aogme/education/webinar-series/topics/scholarly-activity-webinars
    - Scholar Overview: Demystifying Medical Research Projects (2 parts) (delivered by 2, yes, 2!!, DO-PhDs)
    - Ask a Biostatistician: Developing Your Data Analysis
    - Conference Abstract Writing: Tips & Tricks (and see the announcement below regarding an abstract opportunity!)
    - Ask a Biostatistician: Developing your Research Question and Conducting Literature Search
    - Quality Improvement: Why and How in GME (and did you know that we have an online subscription to learning more about QI? contact Dr. Hanna for more info)
    - Researching and Writing Effective Background Section of Research Paper

Quality Assurance/Quality Improvement

Dr. L. Michael Peterson, D.O.
Dr. James Adams, D.O.

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Objectives:

- Understand the necessity for QA/QI programs and the need for participation in such processes.
- Comprehend and understand the roles of the varying participants involved in the QA/QI process/programs
- Understand the applications and results of the entire QA/QI process to improve patient safety and outcomes.
- Understand the components and structure necessary for QA/QI programs to function efficiently and produce the desired result.
- Understand the interaction and relationship of QA/QI to medical education and the processes by which to involve medical students.
- Understand the need for evidence-based practice and the close relationship between it and robust QA/QI programs.

"Evidence-Based Practice"

- A conscientious, problem-solving approach to clinical practice that incorporates the best evidence from well-designed studies, patient values and preferences, and a clinician's expertise in making decisions about a patient's care.
- This definition of EBM requires integration of three major components for medical decision making: 1) the best external evidence, 2) individual practitioner's clinical expertise, and 3) patients' preference

What is Quality?

- A function of positive perception
- A product that meets a requirement
- Characteristic that distinguished one product from another
- Ensures conformity
- Ensures cost effectiveness and free from defects
- Doing what is necessary to meet and exceed needs/expectations
- Result of good intention, effort and execution
- Must be accessible, appropriate, effective and efficient

Why Is Quality Important?

- Rapidly advancing in the healthcare sector
- Rapid development in technology
- Increased communityawareness
- Increased expectations of community

Perceptions of Quality

Provider	Receiver	Organizer
Providing care as expected	Accessibility	Social equity
The right thing ,The right way	Affordable	Effective use of resources
Correct the 1st time	prompt	Standardized care
Not exceeding cost	Meeting needs	Cost containment
Available resources	Satisfied with care received	Satisfaction of provider and recipient of are
Satisfaction with final outcome	Rapid cure and return to life/work	Positive outcomes
Improvement skills and efficiency	Treated with integrity, respect, courtesy	Profit margin

Quality Improvement (QI)

- The framework we use to systematically improve the way care is delivered to patients.
- Processes have characteristics that can be measured, analyzed, improved, and controlled.

Quality Assurance (QA)

- The identification, assessment, correction and monitoring of important aspects of patient care.
- Designed to enhance the quality of Health Maintenance Services consistent with achievable goals and within available resources.

Patient Safety

- The absence of preventable harm to a patient during the process of health care and reduction of risk of unnecessary harm associated with health care to an acceptable minimum.
- An acceptable minimum refers to the collective notions of given current knowledge, resources available and the context in which care was delivered weighed against the risk of non-treatment or other treatment

-World Health Organization

Quality Assurance System Components

- The process of critical reflection by healthcare providers desiring to assess their own or peers performance
- Evaluation-assessment of the impact a service on the indices of health
- Surveillance-routine and repeated evaluation

Requirements For Quality

- Consumer/Stake-holder participation
- Leadership
- Personnel
- Quality management
- Process management
- Using information as a basis for continued enhancement
- Systematic
- *Quality criteria must be established*

Dimensions of Quality Per JACHO

- Safety
- Efficacy
- Continuity
- Respect and caring
- Effective
- Available
- Timely
- Efficient
- Appropriate and Equitable

Advantages of Quality

- Reduced waste
- Improved team dynamics
- Reduced conflict
- Increased efficiency
- Client Confidence
- Reduced complaints and improved patient care
- Improved customer relationships
- Reduced cost and increased profits
- Improved systems and standards of procedures

Quality Management

- An approach to managing output considering people, process and products driven toward the objective

Components of the quality system

- Organization
- Inventory and purchasing
- Documents/records
- Process improvement and controls
- Personnel/customer service
- Equipment
- Information management
- Assessments
- Facilities and safety

Hospital Quality System(s)

- Internal-organization structure, safety, effectiveness, efficiency, timely and patient focused equity
- External-hospital accreditation, certification and medical audits

Input → Process → Output

- Input-what is invested and are various needs and resources needed to accomplish goals such as personnel, data , funding and materials
- Process-planning, implementation and monitoring of performance. Includes functions, actions and operations.
- Output-result of the processes including products, information and reports. Dissemination of data and information to provide a feedback mechanism to meet and objective

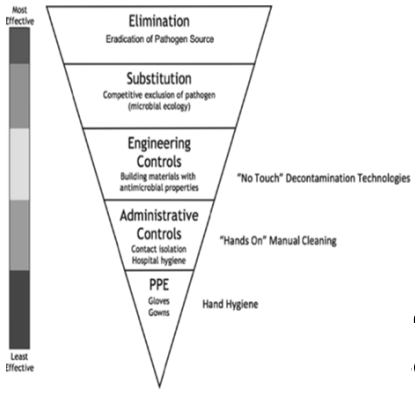
Outcome

- The impact of the process that may include performance or achievement
- Implies quantification of performance
- May include cost reduction, client satisfaction.
- Outcome may be short term such as with learning, knowledge, skills and motivation.
- Outcome may be medium term such as with actions, behaviors practice, decisions and policy.
- Outcomes may be long term to determine consequences, social economic or environmental impact

Student Involvement In QA/QI

Evidence-Based Practice

- A conscientious, problem-solving approach to clinical practice that incorporates the best evidence from well-designed studies, patient values and preferences, and a clinician's expertise in making decisions about a patient's care.
- This definition of EBM requires integration of three major components for medical decision making: 1) the best external evidence, 2) individual practitioner's clinical expertise, and 3) patients' preference



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Example of Student Involvement:
New Jersey Medical School

- Study published 2020
- 3rd year medical students involved in QA clerkship projects in family medicine
- Made use of evidence based practice
- Demonstrated strong evidence for improving patient outcomes
- Assisted patients with managing their own conditions
- Had significant impact on physician readiness to improve adherence to evidence based practice

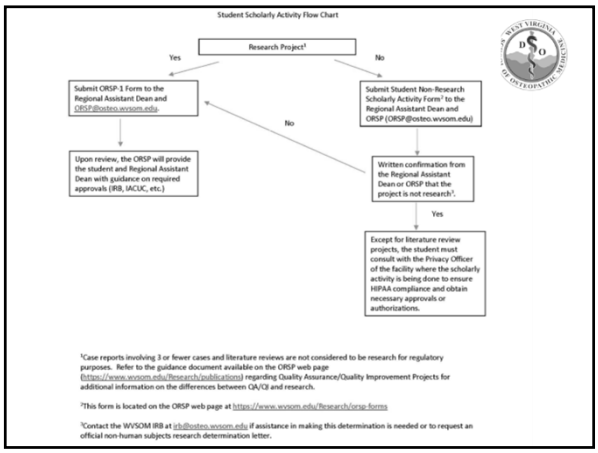
NJMS QA Clerkship Format

- Students selected an area of interest (Diabetes, Hyperlipidemia, Women's Preventative Health).
- Chart reviews were conducted to determine if practice was up to standards.
- Results were presented to preceptor at the end of the rotation.
- Students completed a 5 page report at the conclusion with specific instructions to describe the reaction of their attending/preceptor of the results.

How Can WVSOM Students Get Involved?

Consider Contacting the Following Individuals at THE HEALTHCARE CLINIC/FACILITY at which you are rotating:

- Institution Safety Officers.
- Chief Nursing Officer(s).
- Institution Research Department.
- Area Academic Institutions.



Summary

- QA/QI is an important and necessary process.
- QA/QI has been show to improve patient outcomes and the process must be understood.
- QA/QI has been shown to improve patient safety.

Summary

- QA/QI processes must include evidence based practice and correlation with patient safety.
- Student involvement in the QA/QI process has a significant impact on physician readiness to improve adherence to evidence based practice.
- QI experimental learning can develop knowledge and skills among students and transform practice.

Review WVSOM ORSP Webpage
https://www.wvsom.edu/Research/orsp-forms

References:

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- Gould BE, Grey MR, Huntington CG, et al. Improving patient care outcomes by teaching quality improvement to medical students in community-based practices. Acad Med. 2002;77:1001–8
- Nair P, Barai I, Prasad S, et al. Quality improvement teaching at medical school: a student perspective. Adv Med Educ Pract. 2016;7:171–2.
- Ramdin C, Keller S Sequential third-year medical student quality assurance (QA) clerkship projects appear to introduce a culture of continuous quality improvement across New Jersey family medicine practices *BMJ Open Quality* 2020;9:e000822. doi:10.1136/bmjoq-2019-000822
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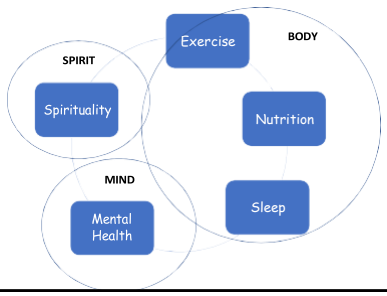
Well-Being and Fatigue Mitigation

SWC Orientation
June 2021

Objectives

- To understand the different types of stress and mental health concerns related to medical students
- To identify the signs and symptoms of stress and fatigue
- To be able to utilize an evaluation tool to assess stress
- To discuss ways to integrate wellness into daily life

Well-Being



Some of the top reasons why medical students feel stressed

- Workload
- Competition/Academic Performance
- Lack of Control
- Lack of time to address physical and mental health
- Poor sleep
- Strenuous Clerkships
- Exposure to Infection/Illness
- Patient Mortality/Ethical or Moral Dilemmas
- Social Isolation
- Disillusionment
- Lack of time for friends, family, and hobbies
- Stigma/Pressure to put patients first

Signs & Symptoms of Stress

- Headaches
- Restlessness
- Withdrawing
- Abdominal pain/discomfort
- Fatigue
- Substance misuse
- Anger outbursts/mood changes
- Change in eating habits
- Procrastination
- Muscle tension/Muscle Aches
- Feeling worried
- Difficulty concentrating/Low Mental Capacity
- Low energy

Types of stress

- Acute Stress
  - Most common type, short in nature, often fades quickly
  - Very few lasting impacts from this type of stress
- Episodic Stress
  - Occurs in a pattern, dealing with something on a regular basis
  - Constant feeling of worry
- Chronic Stress
  - Most serious type of stress, can't "see an end in sight"
  - Can have a physical and emotion impact

Stress Relief

- Step 1 – Recognize you are stressed
- Step 2 – Identify **"your"** stress response
  - Over-excited: angry, aggressive, overly emotional, edgy/impatient/jittery
  - Under-excited: withdrawn, quiet, depressed, disconnected/spaced-out
- Step 3 – Identify activities/practices that will help
  - In general:
    - Over-excited: respond best to activities that calm or quiet you down
    - Under-excited: respond best to activities that are energizing or stimulating

Burnout/Fatigue

- The result of chronic, persistent stress
- Physical &/or emotional exhaustion
- 45-60% of med students & residents experience

Signs & Symptoms of Burnout/Fatigue

- Emotional exhaustion/emotionally numb
- Depersonalization/Treating people like objects
- Negative self-appraisal
- Stress & its symptoms
- Suicidal thoughts

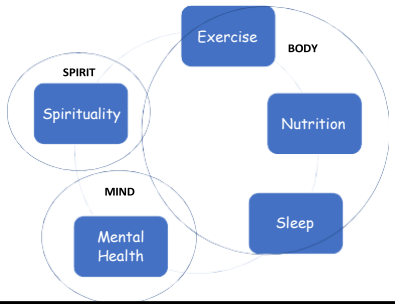
Uncontrolled stress/burnout can lead to…

- Depression
  - Difficulty with:
    - sleep, interests, guilt, energy, concentration, appetite, psychomotor, suicidal
- Anxiety
  - Restlessness
  - Increased HR, BP
  - Difficulty with sleep
  - GI issues
  - Hyperventilation/shortness of breath
  - Avoidance of trigger
  - Difficulty with concentration
  - Fatigue
  - Sense of impending doom

Prevention: Fatigue Mitigation & Wellness

- Managing time
- Exercising
- Mindfulness
- Family/friend support
- Addressing mental health
  - Therapy through a counselor/therapist
  - Meds through a provider
- Maintaining spirituality
- Maintaining healthy diet & sleep schedule

Let's explore Well-Being



Topic	Presenter
Sleep *The Power Sleep Lecture*	Dr. Heather Clawges
Nutrition/Food is Medicine *Culinary Medicine Elective* *Nutrition in Medicine & Reversing Degenerative Disease*	Dr. Bob Foster
Physical Activity	Jason Bach
Spirituality *Spirituality and Osteopathic Medicine*	Dr. Bob Foster
Mental Health *Taking Care of the Healer: Burnout Prevention*	ASPIRE (Julianna Quick & Kelley Sills)
Integrative Medicine *The Art of Happiness*	Dr. Beth Hess

Heather Clawges, M.D.
Sleep Medicine
Internal Medicine and Pediatrics

Lecture Objectives

- What is sleep?
- Why is sleep important?
- How do I achieve the best sleep possible?

Sleep Pearls

The Mysteries of Sleep:

- Sleep is ubiquitous across species
- Sleep is necessary for life
- Actual function/purpose of sleep is a evolving
- Appears to be important for learning, memory and metabolic regulatory processes

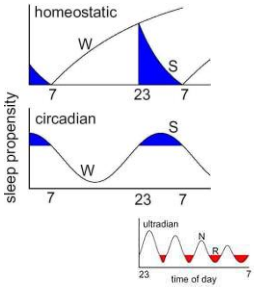
Pediatric Sleep Pearls

The Paradoxes of Sleep:

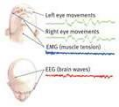
- Sleep is an active process (many brain regions show increased activity)
- The continuity, pattering and timing of sleep is essential to the restorative process
- Behaviorally, sleep requires a decrease in awareness/responsiveness

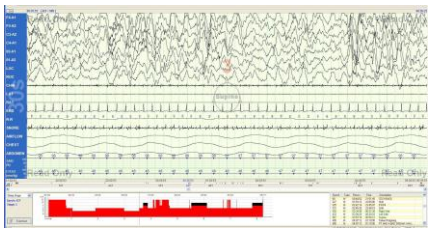
What is sleep?

Biologic Regulation of Sleep

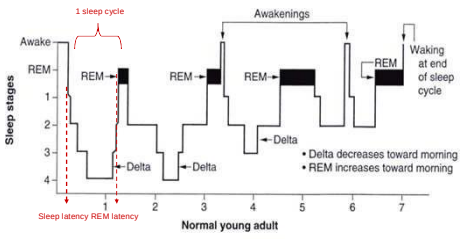


All Night Polysomnography (Sleep Study)



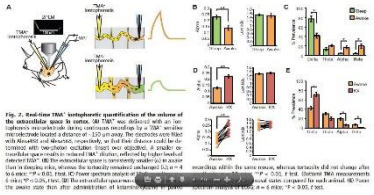


Sleep Architecture: Normal Adult



Why is sleep important?

Brain Restoration in Sleep



Memory and Sleep

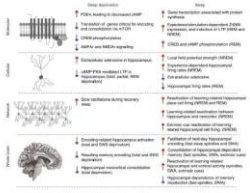


Figure 7. Impact of sleep and sleep deprivation on memory and brain plasticity across descriptive levels of analysis
Summary of the impact of sleep deprivation (left column) and sleep (right column) on hippocampus-dependent learning and memory processes across descriptive levels. At each level of analysis (Rows [top-bottom]: Molecular, Cellular, Network, Whole Brain) effects that decrease functional outcomes are depicted with blue downward arrows, while effects that increase functional outcomes are depicted with red upward arrows.

Memory and Sleep

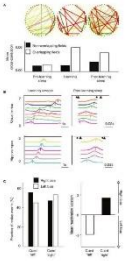


Figure 4. Intrinsic and Extrinsic Hippocampal Reactivation in Rodents

Learning and Sleep

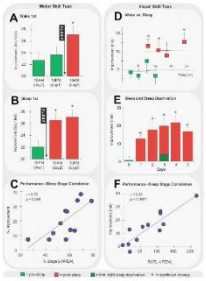


Figure 2. Sleep-Dependent Visual and Motor Skill Learning in the Human Brain

Learning and Sleep

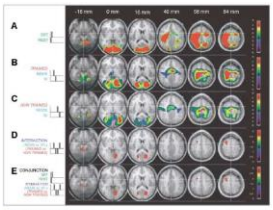
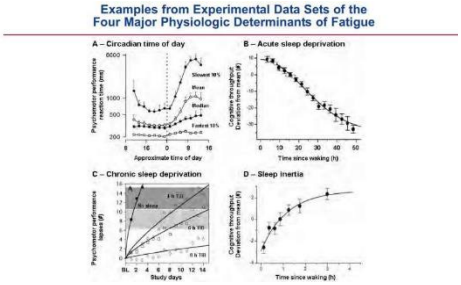


Figure 3. Task-Dependent Reactivation of Human Brain Activity, Measured Using PET, during REM Sleep

Now I know sleep is important…
how do I achieve the best sleep possible?

Sleep Factors that Influence Fatigue



Sleep Parameters to Assess

1. Insufficient sleep time
2. Poor quality sleep
3. Sleep disorders

Epworth Sleepiness Scale

How likely are you to doze off or fall asleep in the following situations?
Use the following scale to choose the most appropriate number:

0 no chance	1 slight chance	2 moderate chance	3 high chance

Sitting and reading	0 1 2 3
Watching television	0 1 2 3
Sitting inactive, in a public space	0 1 2 3
Lying down to rest in the afternoon when circumstances permit	0 1 2 3
Sitting and talking to someone	0 1 2 3
Sitting quietly after a lunch without alcohol	0 1 2 3
As a passenger in car for an hour without a break	0 1 2 3
In a car, while stopped for a few minutes in traffic	0 1 2 3
	Total Score:

Insufficient sleep time

Recommended amounts of sleep:

- Adults: 7 or more hours of sleep (?<9 hours)
- 13-18 years old: 8-10 hours of sleep
- 6-12 years old: 9-12 hours of sleep
- 3-5 years old: 10-13 hours of sleep
- 1-2 years old: 11-14 hours of sleep
- 4 months to 12 months: 12-16 hours of sleep

Healthy Sleep Tips:

Sleep hygiene:

- Maintain a regular bed and wake time schedule including weekends.
- Establish a regular, relaxing bedtime routine.
- Create a sleep-conducive environment that is dark, quiet, comfortable and cool.
- Sleep on a comfortable mattress and pillows.
- Use your bedroom only for sleep.

Healthy Sleep Tips, cont.

- Finish eating at least 2-3 hours before your regular bedtime.
- Exercise regularly, but complete your workout at least a few hours prior to bedtime.
- Avoid caffeine close to bedtime (best to avoid after 4 pm).
- Avoid nicotine.
- Avoid alcohol close to bedtime (increase nighttime awakenings).

Poor Quality Sleep

- Alcohol – shortens sleep latency, fragments sleep in the second half of the night, increases risk for sleep apnea (80% of college students)
- Caffeine – half life is 6-8 hours, increase sleep latency, increase awakenings, fragment sleep
- Stimulant medications – increase sleep latency, suppress REM sleep (6-14% of college students)

Poor Quality Sleep

- Technology – blue light suppresses melatonin production resulting in delayed sleep onset

  (even small amounts associated with phones and tablets)

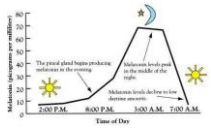


Table 1 Frequent use of technology before bed is associated with sleep difficulties and daytime sleepiness

Use of cell phone in the bedroom was associated with a higher frequency of	• Daytime sleepiness • Poor quality sleep • Waking unrefreshed • More difficulties falling asleep and staying asleep • Repeated awakenings
Use of the computer before bed was associated with a higher frequency of	• Drowsy driving • Daytime sleepiness • Less restful sleep
Use of video games before bed was associated with a higher frequency of	• Increased sleep latency

Note: Data from National Sleep Foundation.[4] Dworak et al.[5]

Sleep Disorders

Comprise 27-35% of college aged students
(normal college student vs college student at risk for academic failure)

- Circadian rhythm issues (mis-timed sleep) – 7% vs 26%
- Obstructive sleep apnea – 4% vs 30%
- Insomnia – 12% vs 22%
- Periodic limb movements/Restless leg syndrome – 8% vs 21%
- Narcolepsy – 4% vs 21%

Improving alertness:

- Protecting sleeptime/ getting adequate sleep
- Caffeine
- Short physical activity
- Naps
- Banking sleep
- Bright lights
- Be aware

Improving Alertness - Caffeine

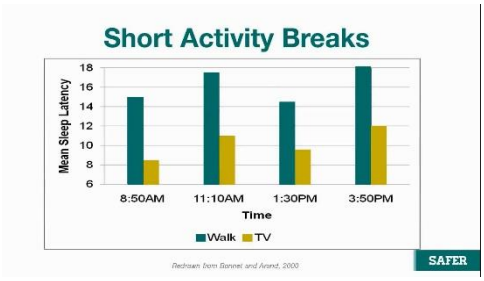
- Caffeine can help manage sleepiness while significantly improving alertness and performance.
- Can take 15-20 minutes to take effect
- Effects last 4 - 5 hours on average.
- Doses ranging from 200 - 600 mg are particularly effective in people who do not normally use caffeine.
- Regular use may lead to tolerance and various undesirable side effects, including elevated blood pressure, stomach problems, and insomnia, so it is best to use only when needed.
- Can be effective when used in combination with a short nap

	Caffeine (mg)
Café brewed coffee, 20 oz.	415 - 436
Brewed coffee, 12 oz.	100 -160
Iced coffee, 8 oz.	75 - 90
Brewed tea, 8 oz.	30 - 80
Cola, 12 oz	35 - 47
Energy drink, 16 oz	160 - 200

**Sleep disrupting effects of caffeine can last longer than the alerting effects. 400mg of caffeine taken 6 hours prior to sleep can decrease total sleep time by 40 minutes.

SAFER

Improving Alertness - Activity



Role of Naps

- Subjects: 10 healthy males (mean age 23)
- Design:
  - 4 hour sleep at night
  - 30 minute nap after lunch or no nap (control)
- Outcome measures: alertness, short-term memory, intra-aural temperature, heart rate, choice reaction time, grip strength, and 2-m and 20-msprint time

Role of Naps

- Alertness, sleepiness, short-term memory, and accuracy at the 8-choice reaction time test, sprint time at 2 and 10 m were improved by napping ($P < 0.05$)
- Mean reaction times and grip strength were not affected ($P > 0.05$).

Improving Sleep

Improving alertness – bright lights

- Bright lights can improve alertness while working.
- For sleep: avoid electronic devices.
- If not possible: blue light blocking glasses

- Blue light blocking apps (iphone, Mac, Android, PC)
- Wear dark glasses leaving work from night shift.

Improving Alertness – Be Aware

Conclusions:

- Sleep deprivation (fatigue) negatively impacts motor skills, cognitive skills and empathy.
- Sleep deprivation blunts our ability to assess our own sleepiness/fatigue and impairment.
- Utilize tools to reduce fatigue and improve sleep.
- Make sleep a priority.

Need help with your sleep?

Greenbrier Valley Sleep Medicine Clinic
1-304-647-6559

Nutrition in Medicine and reversing degenerative disease

Bob Foster, DO

What is Culinary Medicine

- **Culinary medicine** is an emerging field: it is a new educational approach to nutrition in medicine and reversing degenerative disease.

Brief History of Culinary Medicine

- Over the past 35 years, a new enthusiasm has emerged about the relationship of food, eating, and cooking to personal health and wellness. There are thousands of peer-reviewed publications, found mainly in mainstream medical journals that form its published research base.

Top 7 Causes of Death in United States

1. Heart Disease	614,348	23.4	% of total
2. Cancer	591,699	22.5	
3. CLRD/COPD	147,101	5.6	
4. Accidents	136,053	5.2	
5. Stroke	133,033	5.1	
6. Alzheimer	93,541	3.6	
7. Diabetes	76,488	2.9	

https://www.medicalnewstoday.com/articles/232929.php Accessed 2 January 2019

Of the top 7 causes of death…

Which cause cannot be prevented or treated with food?

The Research to support food as medicine

- Some eating patterns have been found to be the same or more effective than prescription medication for some conditions:
  - an anti-inflammatory diet for rheumatoid arthritis
  - a ketogenic diet for epilepsy
  - a Mediterranean eating pattern for cardiovascular disease, advanced colon cancer, and type 2 diabetes.

Top reasons for the rise in interest in Why nutrition in medicine ?

1. Eating out and conflicting dietary advice in media
2. Widespread dissatisfaction with conventional medical approaches to chronic illness
3. Prevalence of highly processed and convenience foods
4. The rising cost of health care
5. The economic burden of diet related disease
   - Some 30% of low-income older US adults choose between purchasing medication or food

Conclusion

- Clinicians **should** understand food and its importance to health and well-being
- Clinicians **should** make it available to patients, families, and health care systems.
- Nutrition in medicine is high impact, high value and low cost, care.

- Like it or not!
- Your practice will include Genetics and Nutrition

General issues of interest

What is the SAD diet!
What causes an inflammatory diet?
How do you diagnose inflammation?
How can you educate patients about their disease?
What are some of the bottom lines you can help patient with in nutrition?

Nutrition tips that may improve any patient's health

- Increase amount of water patient consumes
- Recommend a "pinch" of sea salt daily
- Test for and supplement Vitamin D3
- Test for and supplement Vitamin B12
- Recommend Probiotics
- Eliminate causes of inflammation in the diet (sugar, dairy products, processed foods)

Spirituality and Osteopathic Medicine

State Wide Campus 2021-22

Bob Foster, D.O.

" All His [God's] works, spiritual and material, are harmonious. His laws of animal life are absolute. So wise a God had certainly placed the remedy within the material house in which the spirit of life dwells. With this thought I trimmed my sails and launched my craft as an explorer."

A.T. Still…. Autobiography, p. 99

The Four Principles of Osteopathy as defined in Glossary of Osteopathic Terminology.

1. The human being is a dynamic unit of body, mind and spirit.
2. The body is capable of self-regulation, self-healing and health maintenance.
3. Structure and function are reciprocally interrelated.
4. Rational treatment is based upon these principles.

Spirit Defined:

The force within a person that is believed to give the body life, energy, and power.

- Merriam-Webster Dictionary

Spirituality:

Medical Literature Definitions:

- Spirituality has to do with the spirit or soul.
  - It gives us our power and energy.
  - It motivates us to pursue virtues such as love, truth and wisdom.
- It is the ability to find peace and happiness in an imperfect world.
  - *Dr. Fulford's Touch of Life* by Robert Fulford, D.O.
  - *Love Medicine and Miracles* by Bernie Siegal, M.D.

Spirituality:

Medical Literature Definitions:

- It contributes to a person's sense of wholeness and wellness
- It is an internally focused belief and relationship in a higher power / creator / God.
- It has to do with our search for the meaning of life.
- The sense of spirituality is often central to our personal identity.
- It is manifested in the experience of joy, love, forgiveness, and acceptance.

What is Spirituality?

Illness

Wellness

Meaning and Purpose to Life

What is the effect of illness?

- Spiritual crisis
  - Meaninglessness / hopelessness.
- Heightens awareness of personal limitations (mortality) and unfulfilled purpose.
- It may prompt a spiritual journey.

Elements of Spirituality – Connection with others

"We" in wellness

Relationships are fundamental to human experience and contribute to personal resilience.

Not only a safety net of support from others, but, being there for others (Giving the patient a purpose in life).

"I" in illness

May separate/isolate the patient from other people.

- Alienation
- Hopelessness
- Suffering
- Aloneness

Elements of Spirituality

Connection with others

- Doctor-patient relationship
  - Sharing in illness experience with compassion and caring.
  - Contributes to sense of connectedness for patient.
  - A potentially spiritual encounter with great healing potential.

Terminology of Spiritual Energy

- Multicultural descriptions of spirituality
  - Chi (Chinese medicine)
  - Ruach / wind / spirit (Jewish mysticism)
  - Vital force (Samuel Hahnemann)
  - Life (A.T. Still, M.D.)
  - Breath of Life (W.G. Sutherland, D.O.)

Spirituality In Osteopathic Philosophy

www.atsu.edu/images/ATwStick.jpg

Spirituality In Osteopathic Philosophy

A.T. Still, M.D.

- Dr. Still viewed spirituality **not** as a hypothetical abstraction but as an harmonious, resonant, inseparable part of body unity.

- The spiritual body woven into the mental and physical bodies:
  - Not out there somewhere, but intertwined into every cell, every tissue, every organ, every system, every body. {Fascia?}

Spirituality In Osteopathic Philosophy

A.T. Still, M.D.

- In motion Dr. Still saw life.
- He saw life as the animating principle uniting the material body with spiritual energy.

"Life surely is a very finely prepared substance, which is the all moving force of nature……"

A.T. Still, *The Philosophy and Mechanical Principles of Osteopathy*, p. 256.

Implications of Dr. Still's Philosophy for Osteopathic Physicians

- When we touch patients, we are touching their spirit as well as their mind and physical body.
- Thedoctor-patient relationship becomes a sanctuary into which both participants voluntarily enter.
- That responsibility and honor must not be taken lightly.

www.pbc.org

Religion and Spirituality

What is Religion?

- Specific system of belief, worship, conduct, etc. often involving code of ethics and philosophy. (Theosophy)
- Religion is one way of expressing our spirituality.
- *"Religion is a bridge to the spiritual –but the spiritual lies beyond religion."*
  Naomi Remen, MD

Religion and Health

Many of Duke University's studies of people with strong religious faith have shown:

- Lower diastolic blood pressure
- Lower rates of depression
- Stronger immune systems
- Longevity
- Lower rates of cancer and cardiovascular disease
- Stronger sense of well being

The *Healing Power Of Faith*, 1999 by Harold Koenig, M.D., Director of Duke University's Center For Spirituality, Theology and Health

Religious Involvement, Spirituality and Health Outcomes

- Research shows:
  - Most people have a spiritual life.
  - Most patients want their spiritual needs assessed and addressed.
  - Supporting a patient's spirituality may enhance coping and recovery from illness.

From Mueller, P.S., et.al. Religious Involvement, Spirituality, and Medicine: Implications for Clinical Practice. *Mayo Clinic Proceedings*. 2001; 76: pp. 1225-1235.

Religious Involvement, Spirituality and Health Outcomes

- Research **does not show**: (MYTH)
  - Religious people don't get sick.
  - Illness is due to lack of religious faith.
  - Spirituality is the most important health factor.
  - Doctors should prescribe religious activities.

From Mueller, P.S., et.al. Religious Involvement, Spirituality, and Medicine: Implications for Clinical Practice. *Mayo Clinic Proceedings*. 2001; 76: pp. 1225-1235.

"How come when we talk to God we call it prayer but when God talks to us we call it schizophrenia?"

- Lily Tomlin

kenstein64.files.wordpress.com

Recognizing Spiritual Issues

Patients may express feelings or thoughts that evoke one or more of the following themes:

- Unfairness - "Why me?"
- Unworthiness – "I don't want to be a burden."
- Hopelessness – "What's the point?"
- Guilt – "My disease is punishment."
- Isolation, anger – "No one understands me."
- Vulnerability – "I am afraid."
- Abandonment – "God or family doesn't care about me."
- Confusion - "Why is this happening to me?"

Spiritual Disciplines

Meditation and Imagery

Weekly group therapy sessions including self-hypnotic techniques (i.e. imagery).

Results – Women in group therapy lived twice as long as women not participating in group therapy, **and** they experienced half the pain, and had less mood disturbances.

Improved quality of life
Reduced pain
Reduced side effects of treatment

www.sptimes.com

Spiegel, D., et al. Effect of psychosocial treatment on survival of women with metastatic breast cancer. *Lancet:* 1989.

Meeting Our Patient's Spiritual Needs

- Nurture your relationship with your patients.
  - Be trustworthy.
  - Treat the patient as a person.
  - Be kind.
  - Maintain hope.
  - Listen non-judgmentally.

Meeting Our Patient's Spiritual Needs

- It is not necessary for the physician to share the patients religious/spiritual beliefs.
- It is important to understand and respect the patient's belief system.
  - Be open to learning from our patients and their beliefs.

medscope.blogspot.com

Meeting Our Own Spiritual Needs

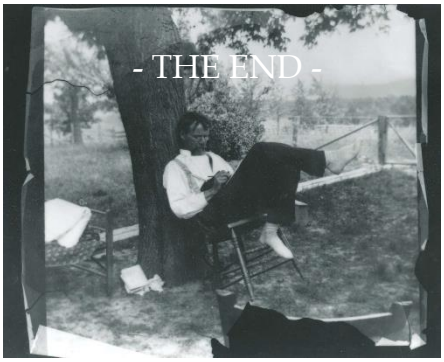
- Associate with people of similar spiritual interests and exchange ideas and feelings
- Do something every day that brings you joy.
- Consider keeping a spiritual journal.
- When you find a spiritual path that resonates with you, take it without hesitation.

Evidence of Spiritual Health

Finding the "WE"

- Finds *meaning and purpose* in life events; including illness.
- Has *hope, faith, and relative absence of guilt*.
- Able to *love and forgive self and others*.
- Participates in *laughter and celebration*.
- Involved in *community of faith* and practicing worship, prayer, and/or meditation.
- Exhibits *feeling of connectedness* to everyone and everything.
- Expresses *empathy* towards others.

"Do not put your hands on a patient until you first know the anatomy under your fingers, the physiological changes that are taking place, something of the pathology that may be there, and more than all, that a living soul is within."



Taking Care of the Healer

Burnout Prevention

ASPIRE

What is burnout?

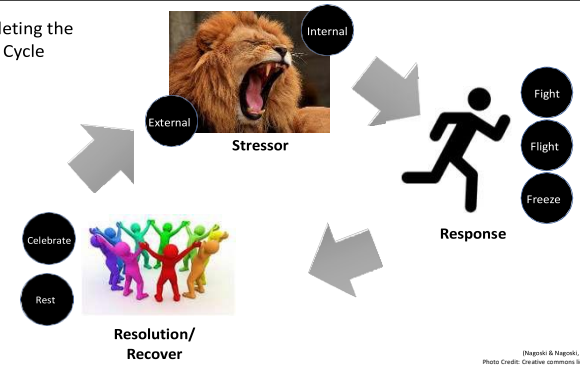
1. Emotional Exhaustion
2. Depersonalization
3. Decreased sense of accomplishment

Photo Credit: Creative commons license

Why does burnout happen?

Photo Credit: Creative commons license

Completing the Stress Cycle



(Nagoski & Nagoski, 2019)
Photo Credit: Creative commons license

Ways to Complete the Stress Cycle

1. Physical Activity
2. Breathing
3. Positive social interaction
4. Laughter
5. Affection
6. A good cry
7. Make something

(Nagoski & Nagoski, 2019)
Photo Credit: Creative commons license

References

Nagoski, E. & Nagoski, A. (2019) *Burnout: The secret to unlocking the stress cycle.* New York: Ballantine Books.

Elizabeth Hess, MD, FAAFP
UHC Family Medicine Residency

The Art of Happiness

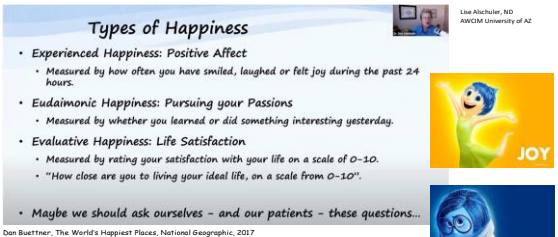
Paths to WELLNESS

Image from Introduction to Integrative Mental Health, AWCIM U. Arizona IM Fellowship

GRIT
THE POWER of PASSION and PERSEVERANCE

SELF-Compassion

Happiness is defined as an emotional state characterized by feelings of joy, satisfaction, contentment, and fulfillment. While **happiness** has many different definitions, it is often described as involving positive emotions and life satisfaction.



Lisa Alschuler, ND
AWCIM University of AZ

Dan Buettner, The World's Happiest Places, National Geographic, 2017

- Positive emotions are independent of negative emotions (i.e. they don't substitute each other out)
- Thus, freedom from anxiety or depression doesn't automatically result in happiness.
- In fact, negative emotions are vital for self-understanding and personal growth, and challenges can be deeply enriching experiences.

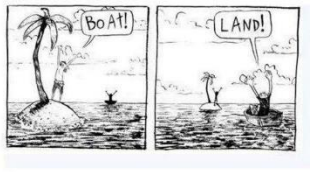
IS HAPPINESS THE ANTIDOTE TO PROFESSIONAL BURNOUT ????

Be HUMBLE and LEAD the Healthcare TEAM

YOU ARE

PHYSICIANS!

Lucas, R Personality and subjective wellbeing. In M. Eid and R Larsen (eds) The science of subjective well-being. 2008:171 .



Perspective...

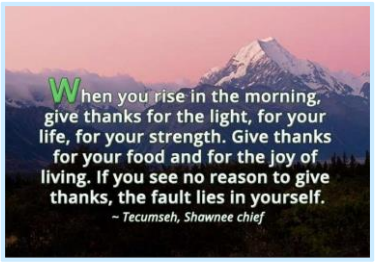
Perspective = A particular **attitude** or way of regarding something

3 Life Attitudes that promote Happiness and dampen Burnout, by E. Hess

1. Be Thankful
2. Embrace Hard Work
3. Be a Blessing to Others

Reference: The School of Life, 1969 -present

1. BE THANKFUL



2. EMBRACE HARD WORK

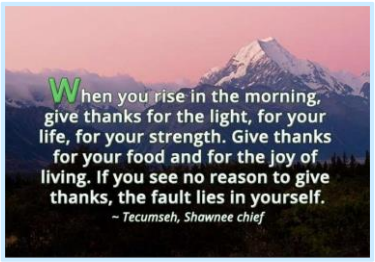
3. Be a BLESSING to Others

Rivers do not drink their own water;
Trees do not eat their own fruit;
The sun does not shine on itself and flowers do not spread their fragrance for themselves.

Living for others is a rule of nature.
We are all born to help each other. No matter how difficult it is…
Life is good when you are happy; but much better when others are happy because of you.

Pope Francis

PERSPECTIVE



The practice of medicine will be very much as you make it
- to one a worry, a care, a perpetual annoyance;
- to another, a daily job and a life of as much happiness and usefulness as can well fall to the lot of man,
- because it is a life of self-sacrifice and of countless opportunities to comfort and help the weak-hearted, and to raise up those that fall.

Sir William Olser

The PERSPECTIVE you choose may very well predict your path to professional Burnout

3 Life Attitudes that promote Happiness and dampen Burnout, by E. Hess

1. Be Thankful
2. Embrace Hard Work
3. Be a Blessing to Others

Reference: The School of Life, 1969 -present

HAPPINESS

THANK YOU FOR ALLOWING ME TO SHARE,

CONGRATULATIONS ON THE NEXT PATH OF YOUR LIFE ADVENTURE!!

Summary

- Medical students have high levels of resilience
- Coping strategies ideally occur daily and help to build resilience
- Measures medical students choose to help mitigate fatigue/burnout and promote their own wellness should be individualized

Additional Resources/Tool Kit

- **Apps:**
  - *Attitude of Gratitude*
  - *Meaningful Doc* - Britton Jewell, DO
  - Insight Timer (meditation app)
  - AnxietyCoach, Happify, MindShift, MoodKit, MoodTools, Mood Tracker
- **Online/Virtual Therapy options:**
  - Betterhelp, 7 cups, Amwell, Breakthrough, Faithful Counseling, Talkspace

Additional Resources/Tool Kit

- **Burnout Inventory**
  - Email from ASPIRE on June 14th to complete individually
- **Resources to deal with stress as a medical student**
  - AMA
  - AAMC
  - Mayo Clinic – Stress relievers
  - Surviving Medicine – Mental Health: Choosing to prioritize myself
  - Help Yourself. Help Others.
  - EMResident – Mindfulness meditation: How to stay focused in med school and beyond
  - The University of Arizona, Andrew Weil Center for Integrative Medicine: Wellbeing Activities

References

- *How to Deal with College Stress as a Medical & Healthcare Student* (www.edumed.org/resources/medical-health-student-guide-to-stress/)
- *9 Stress Management Tips for Medical Students* (www.hospitalcareers.com/blog/stress-management-tips/)
- Stress Management: Quick StressRelief (www.helpguide.org/articles/stress/quick-stress-relief.htm)
- Predictors of emotional wellbeing in osteopathic medical students in a COVID-19 world (https://pubmed.ncbi.nlm.nih.gov/33694347/)
- DO creates wellness app to help physicians with burnout (https://thedo.osteopathic.org/2021/05/do-creates-wellness-app-to-help-physicians-with-burnout/)
- The role of extracurricular activities and lectures in mitigating medical student burnout (https://www.degruyter.com/document/doi/10.1515/jom-2020-0311/html)

THANK YOU

"The object of the doctor is to seek health; anyone can find disease."

Dr. Andrew Taylor Still, M.D., D.O.

Diversity & Inclusion

WVSOM 2021

Denise Burgess, MA, BSN, RN-C, LPC, CMFT
Senior Educator
CAMC Institute for Academic Medicine

Objectives

Learning Objectives:

At the conclusion of this workshop, participants will be able to:

- Define implicit bias
- Explain concepts behind unconscious bias
- Describe tools and methods to measure or recognize areas of unconscious bias
- Discuss findings from research on implicit bias in healthcare
- List strategies for managing activation and use of implicit biases

Why are we talking about this?

"When medical students, physicians, and others in health care understand how best to interact with and meet the diverse needs of all patients, the result should be more enlightened leadership, better patient care, more relevant research, and a lower rate of situations that can lead to medical malpractice lawsuits." AAMC

☆

What is unconscious bias?

- **Bias** is a prejudice in favor of or against one thing, person, or group compared with another, usually in a way that's considered to be unfair. Biases may be held by an individual, group, or institution and can have negative or positive consequences.
  - There are types of biases **Conscious bias** (also known as **explicit** bias) and **Unconscious bias** (also known as **implicit** bias)
- **Unconscious, or Implicit, bias does NOT refer to those beliefs we are aware of but that we conceal or suppress in an effort to appear non-biased**
  - 'Implicit' and 'Unconscious' bias terms used interchangeably in the literature

What is unconscious bias?

- "The attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. Activated involuntarily, without awareness or intentional control. Can be either positive or negative. Everyone is susceptible." (Kirwan Institute Report, 2017, p.10).
- Biases, conscious or unconscious, are not limited to ethnicity and race.
  - Racial bias and discrimination are well documented, but biases may exist toward any social group
    - One's age, gender, gender identity, physical abilities, religion, sexual orientation, weight, and many other characteristics are subject to bias.

Key Characteristics of Unconscious Bias

1. Unconscious and automatic: They are activated without an individuals' intention or control.
2. Pervasive: Everyone possesses them, even those avowing commitments to impartiality.
3. Do not always align with explicit beliefs: Implicit and explicit biases are generally regarded as related but distinct mental constructs.
4. Have real-world effects on behavior: significant research has documented real-world effects of implicit bias across domains such as employment, education, and criminal justice, among others.
5. Are malleable: The biases and associations we have formed can be "unlearned" and replaced with new mental associations.

Characterizing Unconscious Bias

Stereotypes

beliefs about attributes that are thought to be characteristic of members of particular groups

Prejudice

a negative attitude or affective response toward a certain group and its individual members

Discrimination

unfair treatment of members of a particular group based on their membership in that group

Microagressions

- "Brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative...slights and insults" (Sue et al., 2007; p. 271).
- Microaggressions:
  - often unintentional or automatic,
  - frequently come from well-meaning people
  - may leave everyone involved uncertain about what happened
- More important to take into account how the individual may experience a microaggression, than it is to take into account the possible intent behind the sentiment.

Microagressions

- Those who experience microaggressions:
  - ⇩
  - – Disengagement
  - – Dissatisfaction in workplace/burnout
  - – Can impact patient safety

The most important thing we can do is verbally **ACKNOWLEDGE** the microaggression that has been committed and **EMPOWER** the aggressor to think about his/her words in a different way

The Cognitive Perspective

young_____,

night_____,

black_____

The Cognitive Perspective

Necessary Purpose of Bias

- We make decisions daily about what's safe or not, appropriate or not, etc.
- Automatic decision making determines if safe before conscious determination is made
  - When object, animal person assessed as dangerous: "fight or flight" response occurs
- From survival standpoint, this is necessary trait
  - Result: hard-wired pattern of making unconscious decisions about others
- Exposed to *11 million pieces of info* at once. We need to filter out all but the 40 pieces our brains can deal with, biases help do this.

The Cognitive Perspective

If you can raed tihs praapragh, it's bcsecuae our mnids are vrey good at ptuting tgoehter peiecs of ifnroamtoin in a way taht is esay for us to make snese of.Our mnids do tihs atoumtaicllay, whituot our cosncoius cotnrol.

The Cognitive Perspective

Outgroup homogeneity effect - *tendency to assume that within-group similarity is much stronger for outgroups than for ingroups*

Affinity bias – individuals unconsciously prefer people who **are part of their ingroup**

Assessing unconscious bias

Exercise

- Visualization

Neuroscience of Implicit Bias

- Structures
  - Amygdala-learned responses, goal directed changes based on in-group
  - Orbital frontal cortex-Social cues that drive behaviors- senses
  - Insula-Visceral (results interpreted ie., disgust
  - Striatum-activation assoc w applying a value on an action – outcomes
  - Prefrontal cortex- activated during judgments – reflecting humanizing/empathy – Qtip vs Needle

Implicit Bias in Healthcare

- Unconscious bias impact studied in: housing, education, employment, law enforcement, etc. More recently, studies on implicit bias and healthcare.
- Negative implicit attitudes about people of color may contribute to racial/ethnic disparities in health and health care.

Implicit Bias in Healthcare

- More than **30 studies** published since 1997 related to unconscious bias and clinical decision-making.
  - Majority found indication of implicit or explicit race bias among healthcare providers, and that race appeared to influence medical decision making
  - Influence of provider bias researched in variety of clinical settings including cardiac care, pain control, communication.
  - Most explore race bias, but bias towards patients from other groups such as obese patients, has also been studied.

BEST KEPT TRAVEL SECRETS

A Black Harvard Doctor Says Flight Attendants on a Delta Flight Didn't Believe She Was a Doctor (She Showed Them Her Certificate)

This story has been heard before.

By Chris Matyszczyk, Owner, Howard Rousseau LLC @ChrisMatyszczyk

Implicit Bias in Healthcare

- Hall et al. 2015 literature review:
  - 15 studies: low-moderate levels of implicit racial/ethnic bias among healthcare professionals in 14 studies
  - "Findings from this review indicate that we are at the fetal stage of understanding what represents the construct of implicit racial/ethnic bias, how it functions in health care, and what it influences"

Addressing implicit bias

Addressing IB

- Preferences based on in/out groups that may have existed in less-complex societies no longer work.
- Fortunately the human mind is adept at self-regulation
- Although IB and stereotypes may come to mind automatically, their expressions can be moderated.

Hopeful Message

- "You can put tools in place to address this"
- "You can advocate for others & for change in the health care system"
- "You can take care of yourself so it doesn't happen that easily"
- "What you **can't do** is **ignore** it". The status quo is not okay".
  - Sharon N. Hayes, M.D. Professor, Cardiovascular Medicine
  - Mayo Clinic, Rochester, MN

VMR4

Creating a Culture of Inclusion

- Respect for diversity in our employee base can:
  - create a richer, smarter, more effective culture that values and supports every employee and ensure CAMC's ability to compete successfully for talent and market share
  - increase our teams' productivity by generating ideas
  - decrease incidents of harassment and discrimination in the workplace
- Create a culture that values and supports every employee.
- When we say every employee we mean EVERY EMPLOYEE!!! This includes everyone from Accountants to X-Ray Technicians.

Inclusive Language

- The Guidelines for Inclusive Language, published by the Linguistic Society of America (LSA), define inclusive language as language that
  - "acknowledges diversity
  - conveys respect to all people,
  - is sensitive to differences,
  - and promotes equal opportunities."

Race/Demographic Language

Ask how someone prefers to be identified. Do not specify race or age, for example, unless there is relevance.

Instead of Saying	Consider Saying
Oriental	Asian (describing the customs, people, and culture or a particular area of Asia; be specific when possible)
Alien, foreigners, "those people"	Immigrant, visitors, travelers
Indian	Native American, American Indian, First Nation, or Indigenous person
The elderly	Older adults

Slide 25

MMR4 For condensing purposes, does slide 5 and slide 11 drive home the same point? We could reduce or delete one slide to save time.
McMillion, Matthew R., 1/21/2021

Gender Language

Commonly used nouns and phrases often include the word "man" or reference men, which sends a subtle message of exclusivity.

Instead of Saying	Consider Saying
Stewardess	Flight attendant
Congressman	Congressional representative, legislator
Man and wife	Husband and wife or partners
"Ladies" or "office girls"	Office staff
"Hey, guys" as a greeting	"Hey, everyone" or "Hi all"
Mankind	People, human beings, humanity
Freshman	First-year student
Mailman	Mail or letter carrier

Medical Language

Health care providers have begun to use person-centered language more often as a part of person-centered care in order to support the dignity of individual patients.

Instead of Saying	Consider Saying
Sufferer, Victim	Survivor
Suffering from	Living with, being treated for
Diabetic	Person with diabetes

Mental Health Language

Learning the language of mental health is key to communicating with patients and colleagues in the field.

Instead of Saying	Consider Saying
Mentally ill, crazy, insane, psycho, schizo	Person with DSM diagnosis
Bipolar person or "they're bipolar"	Someone with bipolar disorder
Down's, retarded, mentally disabled	Person with Down syndrome

"You can't be compelled into belief through violence"

John Locke, An Essay Concerning Human Understanding 1689

Pursuing Egalitarian Goals

- People should be treated as equals
- Should treat one another as equals
- Should relate as equals, or enjoy an equality of social status of some sort
- Egalitarian doctrines tend to rest on a background idea that all human persons are equal in fundamental worth or moral status

Egalitarianism

- Associate egalitarian goals with your tasks in intervening w patients:
  - Meeting the patient
  - Interviewing
  - Formulating and communicating a plan of care
  - What about your conversations w colleagues?

Individuating

- Conscious effort to focus on specific information about an individual
- Use caution in over-generalizing based on cultural, religious, sexual orientation, gender, body size, race….

Individuation

- Cultural competency – consider and apply to your interaction with the patient but reserve these categorizations until needed for making appropriate medical decisions.

Shared Interest

- Ask person about their interests
- Activities in which they participate
- Identify things you also do/enjoy
- Common themes: family of origin similarities, hobbies, sports, community interests

Counter-Stereotyping

- Focus on a shared common identity- ask about interests, social identifies that you might share w the pt.
- Can mitigate the activation of IB/stereotypes
- Learn how to acquire information that is counter to the specific negative beliefs you hold for the "out-group"
- Perform exercises designed to help develop and ask questions that reveal patient's individualized attributes.

Perspective

- A means to reduce activation of implicit bias
- Imagine and appreciate the difficult situation faced by the patient from the "out group"
- Better able to feel/empathize w patient
- What does a day in the life of this patient look like?

Conclusion

- "The grandfather told his grandson he had two wolves fighting inside him. One wanted the grandfather to be courageous and patient and kind. The other wanted his grandfather to be fearful and cruel. This upset the boy and he thought for a few days and then returned to his grandfather and asked, "which of the wolves will win?". The grandfather replied, "The one I feed".
  - Louise Penny The Beautiful Mystery

SWC Orientation: A Title IX Overview

Rebecca Morrow, PhD
Assistant Dean for Student Affairs &
Title IX Coordinator

Summer 2021

What We'll be Discussing

- Review: What is Title IX?
- What are my Reporting Options?
  - Confidential Resources & Grievance Processes
- WVSOM Grievance Process
- How do You Decide about Reporting?
  - You have the Power to Make a Difference
- Case Studies

Review: What is Title IX?

- No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance.
- At WVSOM, the policy that covers sex-based discrimination is GA-14

REMINDER: WVSOM Values

- Violence will not be tolerated.
- Discrimination will not be tolerated.
- Everyone is expected to do their part.

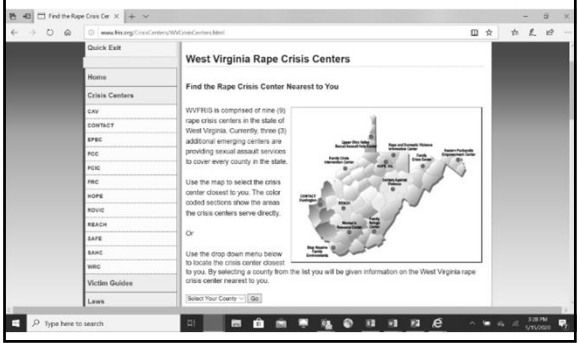
What are my Reporting Options?

- Confidential Resources:
  - WVSOM: ASPIRE Mental Health Professionals:
    Julianna Quick, LPC, Ginger Conley, LPC
    and Kelley Sills, LPC
    - THESE ARE THE ONLY WVSOM EMPLOYEES TO WHOM YOU CAN REPORT CONFIDENTIALLY
  - Local Confidential Resources
  - National Hotlines
    - RAINN, the National Sexual Assault Hotline: 800-656-HOPE (4673)
    - National Domestic Violence Hotline: 800-799-7233

What are my Reporting Options?

- If you Choose to Pursue a Grievance Process:
  - WVSOM: Title IX Coordinator
  - HR Office for the Hospital at which you are Rotating
  - Law Enforcement
  - Department of Education's Office on Civil Rights

Confidential Reporting: WV Local Nonprofits



What Happens When You Report? A Look at WVSOM Policy GA-14

- The Policy Includes Details About:
  - The Grievance Process
    - Remember: Different processes on and off campus
  - Definitions
  - Sanctions
  - Supportive Measures
  - Retaliation Prohibited

Choosing to Engage in the Grievance Process

- What are some barriers to reporting?
- Recently accepted article in Academic Medicine
  - Defines "covert retaliation"
- Why is reporting important?

YOU Have the Power to Make a Difference

- YOU believe in the power of bystanders
- Remember the 3Ds – Direct, Distract, Delegate

Reporting is Key

- How can we encourage more reporting?
  - Talking with senior faculty
  - Safety in numbers
  - Also remember the prohibition on retaliation

Boundaries

- While the preceptor is expected to model good boundaries, YOU are also responsible to do your part in maintaining those boundaries
- If you have concerns about the teacher-student relationship, potential misjudgments about closeness, or if there is anything that has made you feel uncomfortable, you should discuss the situation with your Regional Assistant Dean

Resources

- WVSOM Title IX Website
- Confidential Reporting:
  - Off campus: Local WV Nonprofits
  - On campus: ASPIRE
  - National Hotlines
- Resources to File a Grievance:
  - Title IX Coordinator
  - HR Office at the Hospital
  - Police
  - Department of Education's Office on Civil Rights

National Hotlines

- The National Domestic Violence Hotline
  - http://www.thehotline.org/
  - 1-800-799-7233 (SAFE)
    - Options for both Spanish and English
  - 1-800-787-3224 for TTY
- National Sexual Assault Hotline
  - https://www.rainn.org/about-national-sexual-assault-telephone-hotline
  - 1-800-656-4673 (HOPE)
    - Connected to closest agency which can then connect to interpreters through a number provided by the WV Coalition Against Domestic Violence

Case Studies

- How can I help to make a difference?
  - What would you choose to do in this situation?
  - Why did you make that choice?
  - What happens next?

Scenario 1

- It is the first day of your surgery rotation in the hospital where you hope to do your residency. During the first surgery of the day, the surgeon is focused on one of the nurses. The surgeon starts by commenting on the nurse's appearance that morning and then asks the nurse out for drinks and then for dinner that evening. It looks to you like the nurse is uncomfortable with this attention. The surgeon does not comment on anyone else's appearance or invite anyone else out for drinks or dinner.
  - What would you choose to do in this situation?
  - Why did you make that choice?
  - What happens next?

Scenario 2

- It is your first day on your family medicine rotation. Just before lunch, the waiting room has emptied out, and you are standing at the reception desk. All of sudden, the preceptor comes out of his office, makes a joke that you couldn't hear all of, and drops his pants in front of the receptionist and you, mooning both of you.
- The preceptor, noticing the shocked expression on your face says, "We just like to have fun around here. If you don't like having fun…" and shrugs his shoulders at you.
  - What would you choose to do in this situation?
  - Why did you make that choice?
  - What happens next?

Scenario 3

- You just completed a rotation, and this has been your favorite one yet. You learned so much from your preceptor, and you think that you may have finally decided which specialty you would like to go into, largely because he was such an inspiration.
- One thing that you noticed is that he addresses every woman that he talks to – students, fellow physicians, and patients included – as "honey."
  - What would you choose to do in this situation?
  - Why did you make that choice?
  - What happens next?

Thank you! Questions?

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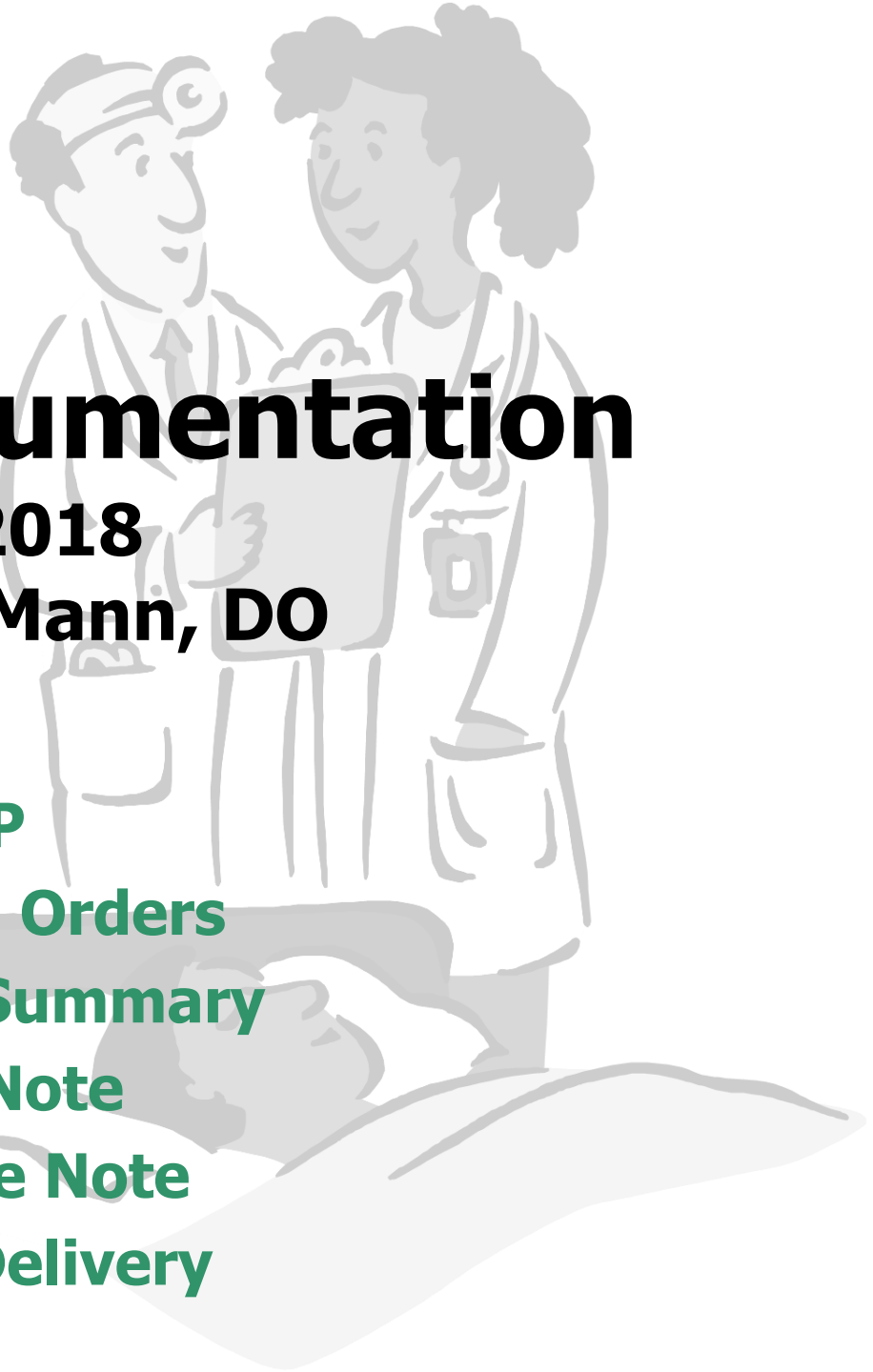
- Office staff: "dental workers" by Consumerist Dot Com is licensed under CC BY 2.0, image cropped
- Orange chair: "Waiting room" by coofdy is licensed under CC BY-NC-SA 2.0
- Clouds: "A Big Question Mark" by Thank you, my friends, Adam! is licensed under CC BY-NC-SA 2.0

Clinical Education Forms

https://www.wvsom.edu/academics/swc-clinical-resources

Forms

- Pediatric Skills Checklist
- OB/Gyn Skills Checklist
- Rotation Documentation and Procedure Log
- Family Medicine Procedure Log
- Approved Rotations
- Rotation Worksheets
  - Class of 2022 Rotation Worksheet 4th Year
  - Class of 2023 Rotation Worksheet 3rd Year
- Conference Leave Request
- ESR Clerkship Forms
  - SWC - South West
  - SWC - Eastern
  - SWC - South Central
  - SWC - Central - East
  - SWC - Central - West
  - SWC - Northern
  - SWC - South East
- Exception Request Form
- Request COMLEX 2CE before June 28
- Request COMLEX 2PE before January 2



Hospital Documentation

June 2018

Josalyn M. Mann, DO

H&P

Admission Orders

Discharge Summary

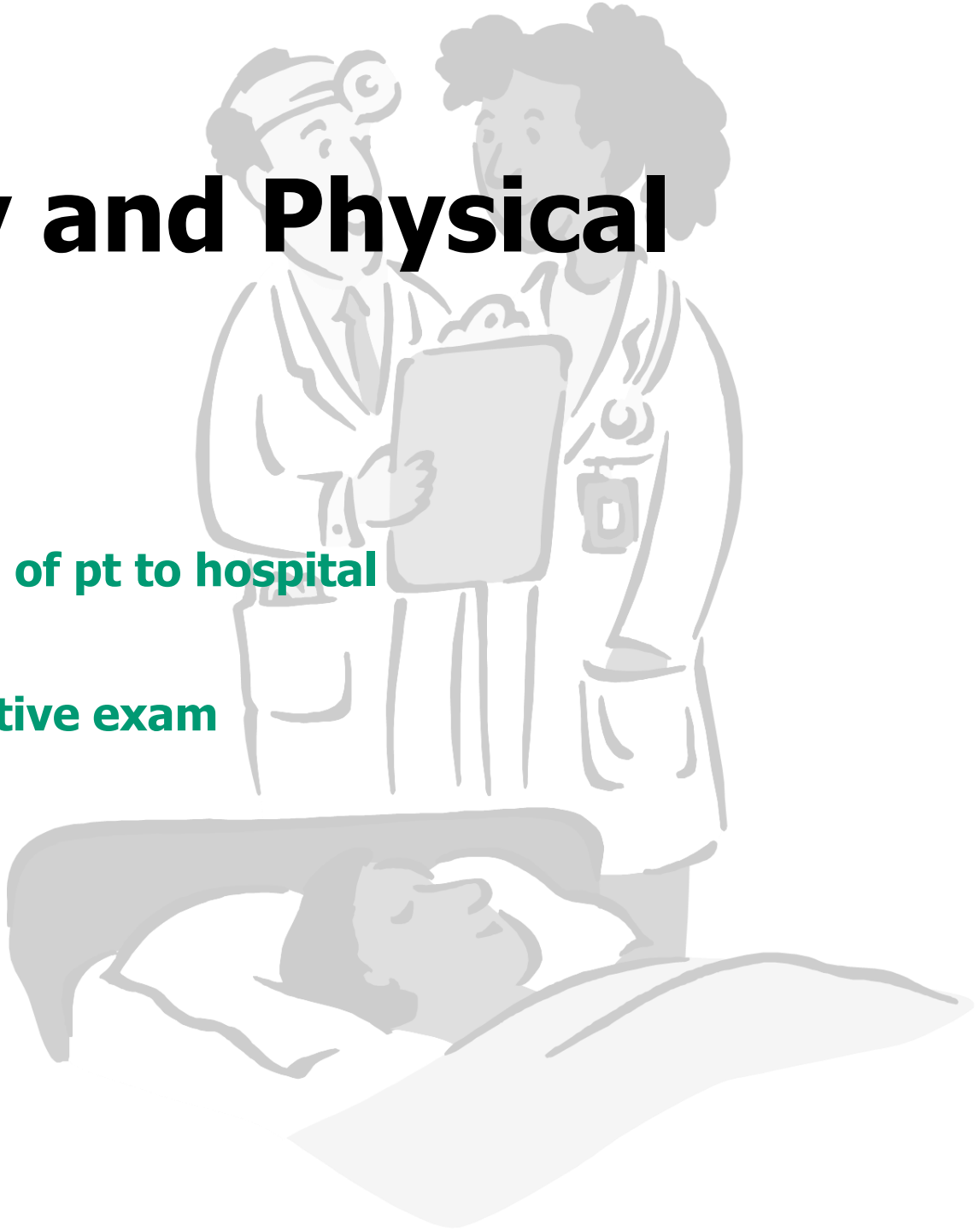
SOAP Note

Operative Note

Labor & Delivery

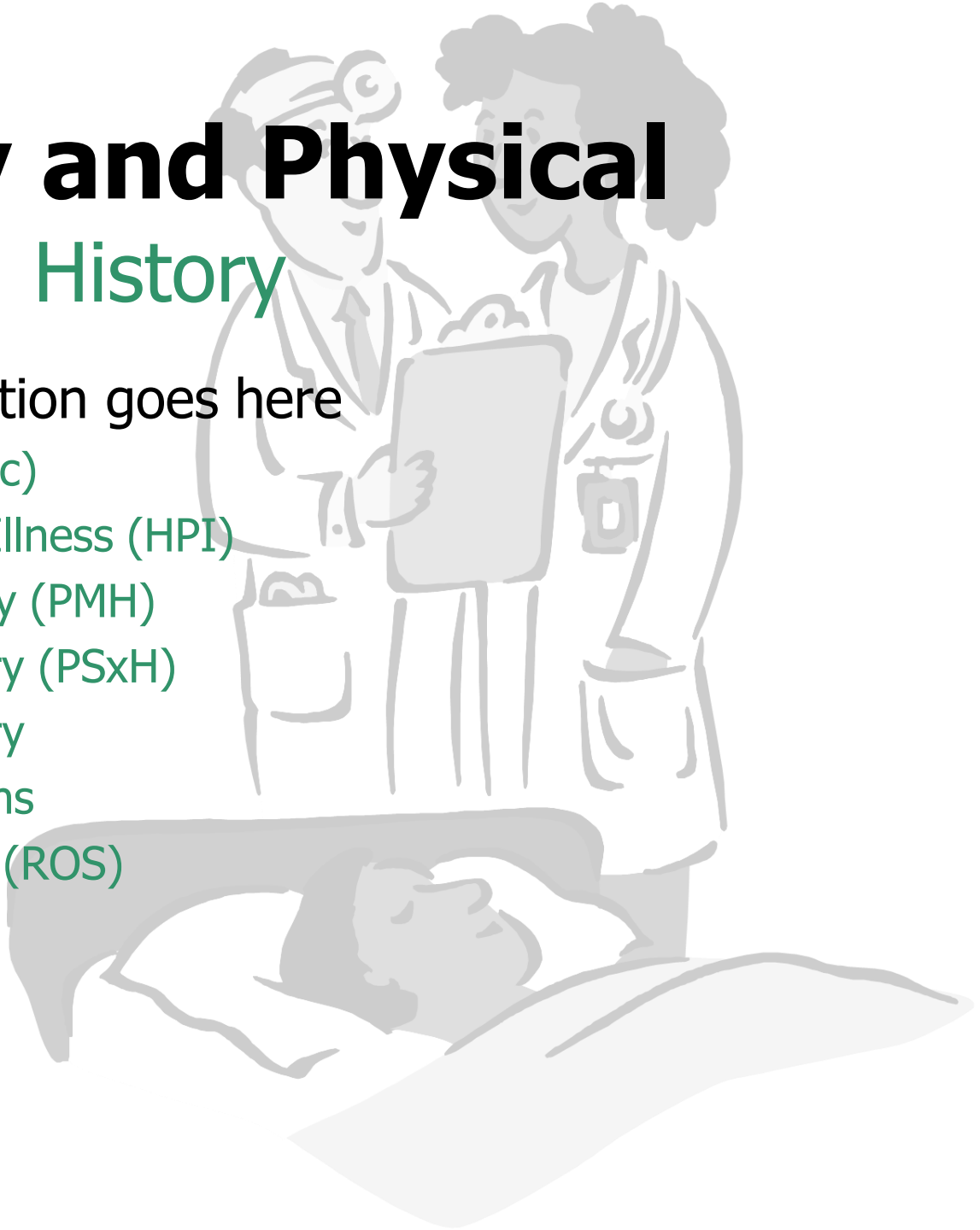
History and Physical

- Uses
  - Inpatient
    - **Admission of pt to hospital**
  - Outpatient
    - **Pre-operative exam**
    - **New pt**



History and Physical

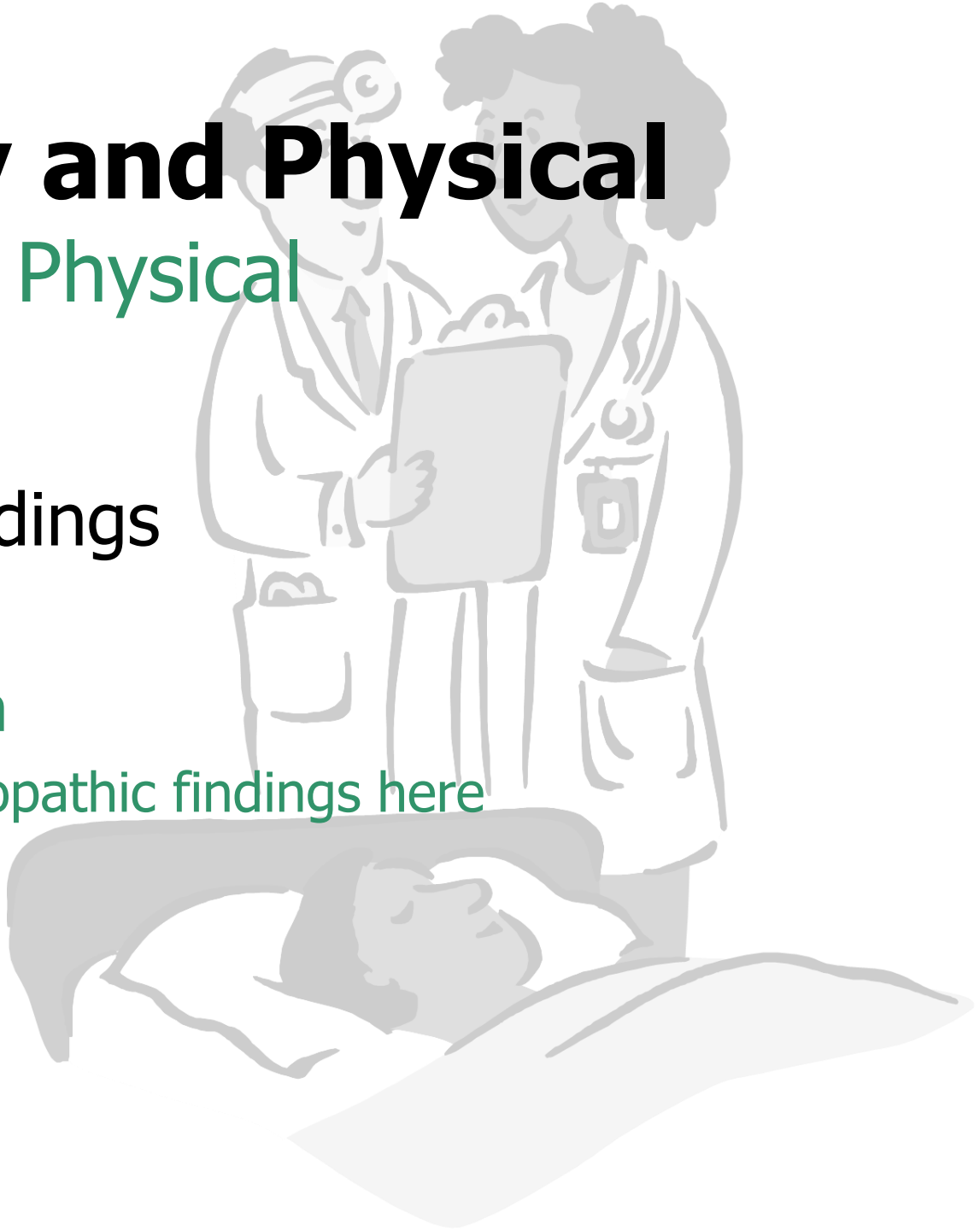
History



- Subjective Information goes here
  - Chief Complaint (c/c)
  - History of Present Illness (HPI)
  - Past Medical History (PMH)
  - Past Surgical History (PSxH)
  - Family/social History
  - Allergies/Medications
  - Review of Systems (ROS)

History and Physical

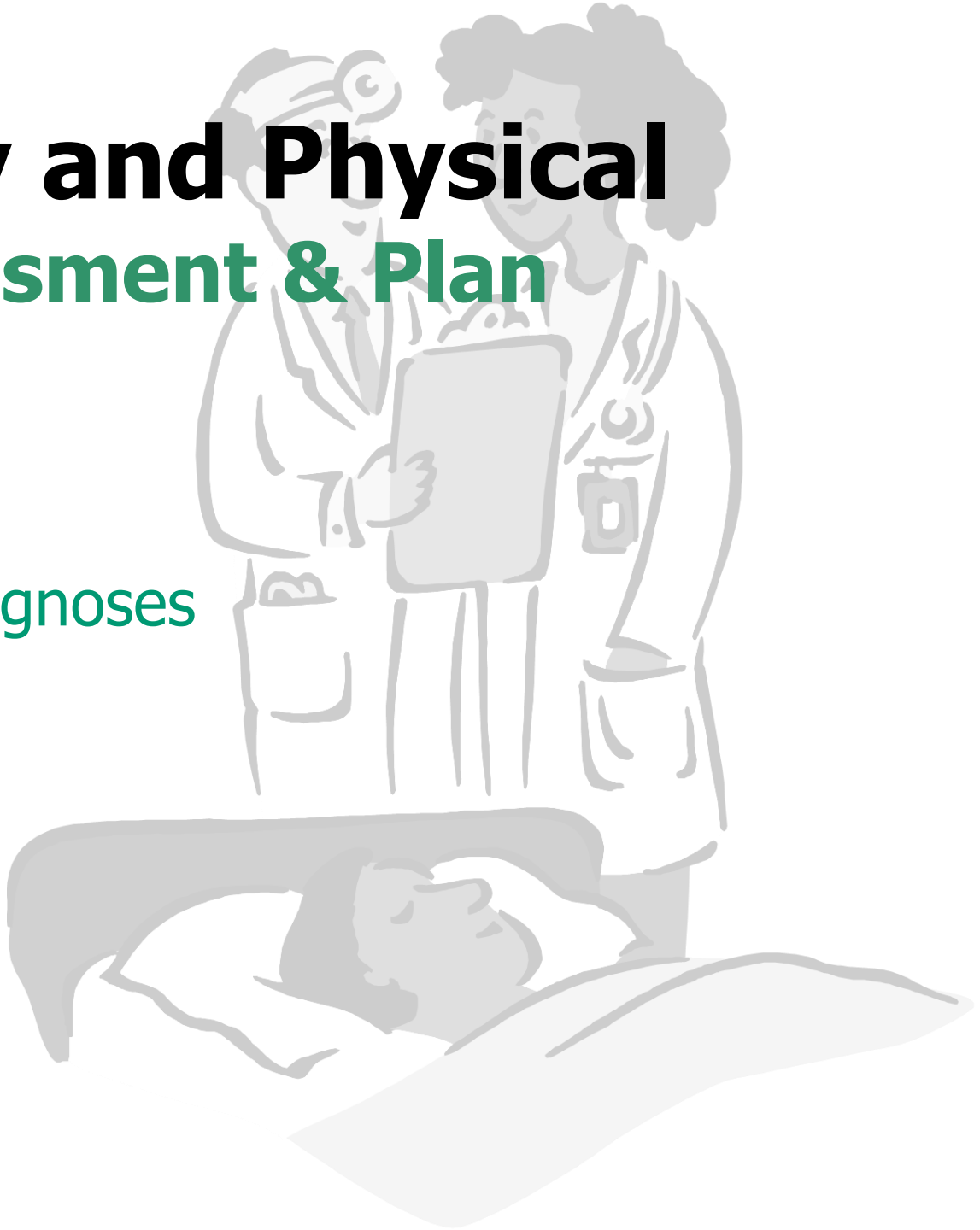
Physical



- Objective--Findings
  - Vitals
  - Physical exam
    - Include osteopathic findings here
  - Laboratory
  - X-ray
  - Other studies

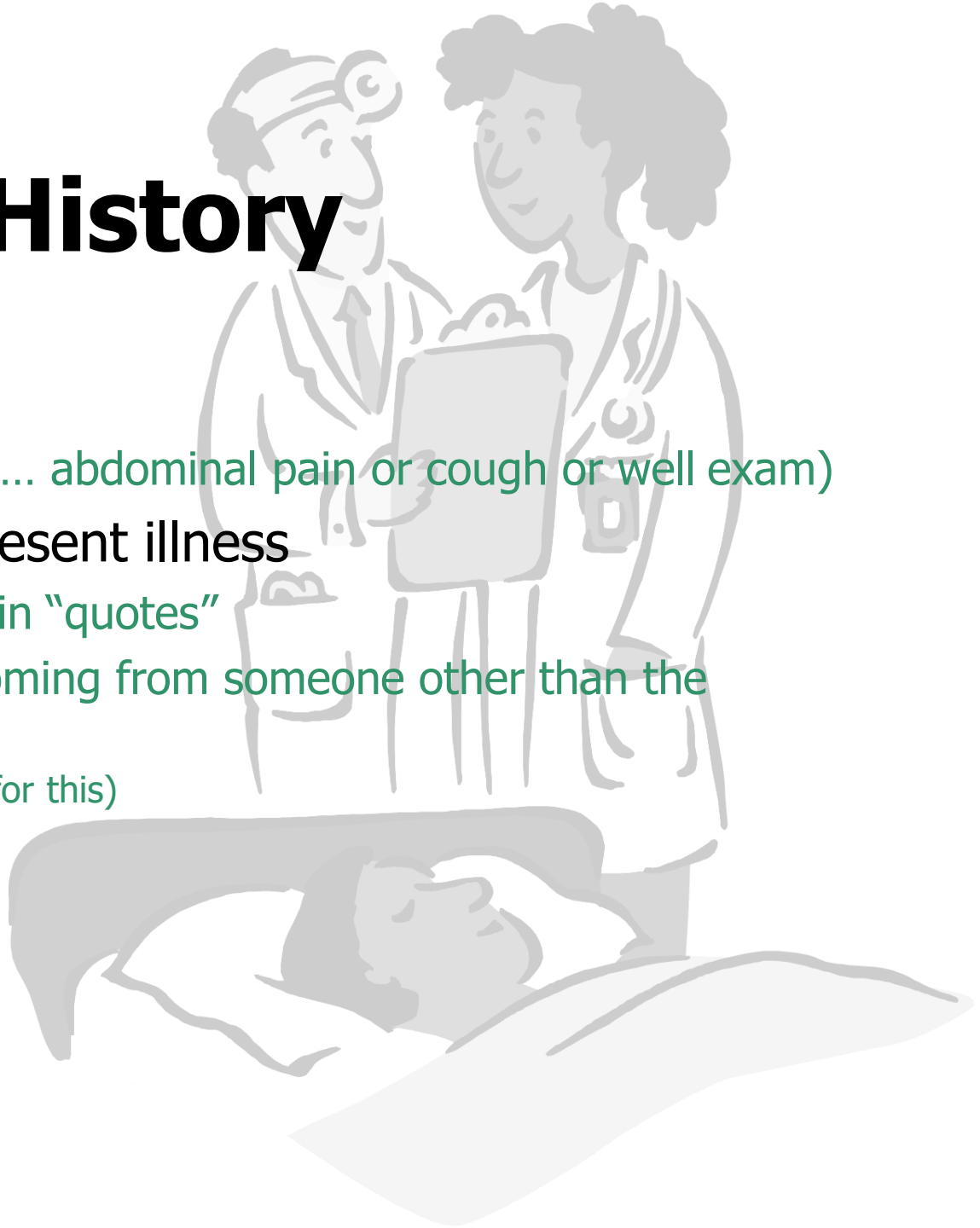
History and Physical

Assessment & Plan



- Assessment
  - Diagnosis/Diagnoses
- Plan
  - Treatment

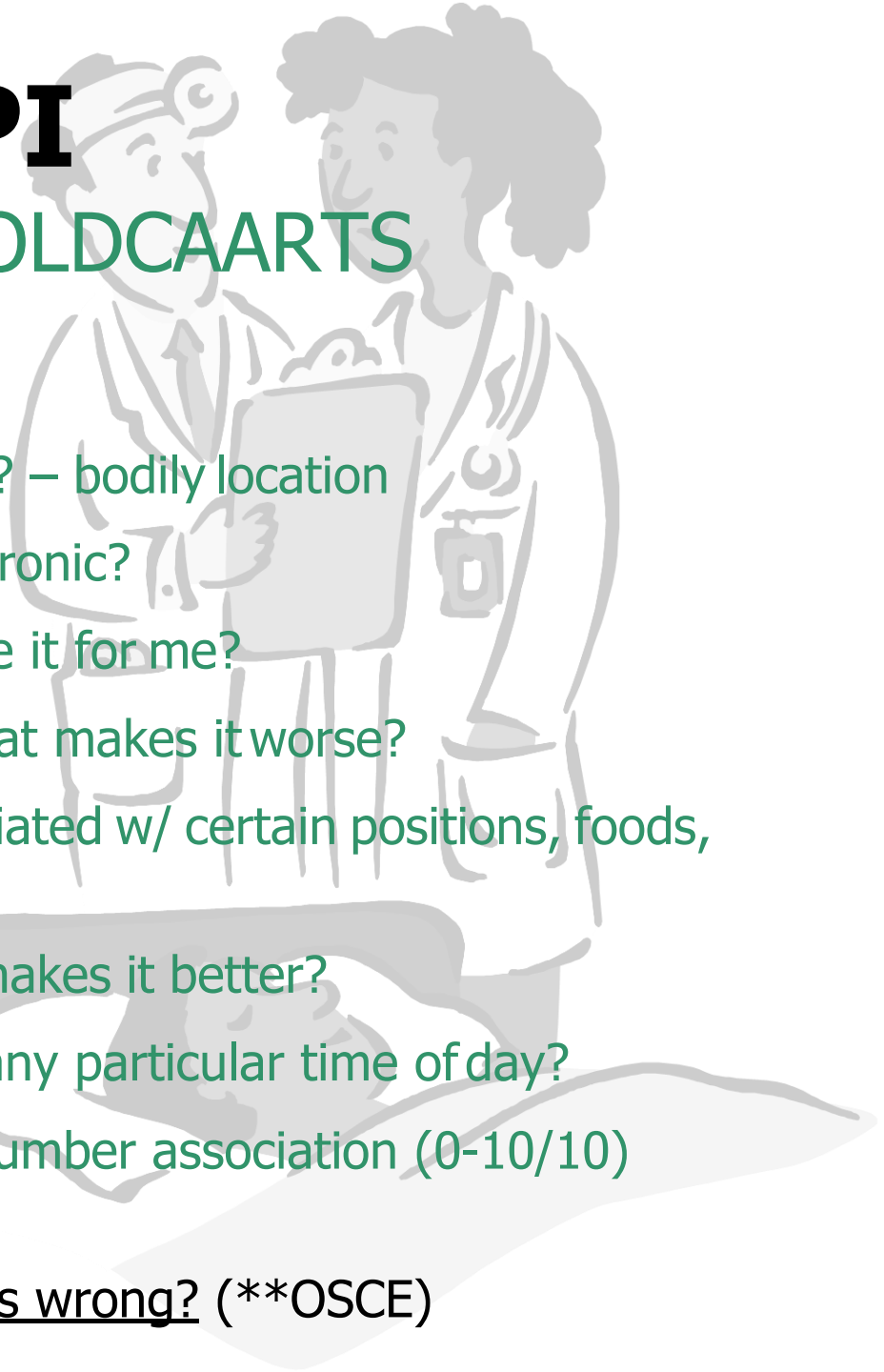
History



- Chief Complaint
  - Should be brief (i.e… abdominal pain or cough or well exam)
- History of c/c or present illness
  - Patient's words go in "quotes"
  - Note if history is coming from someone other than the patient themselves
    - (**OSCE may test for this)

HPI

Mnemonic - OLDCAARTS



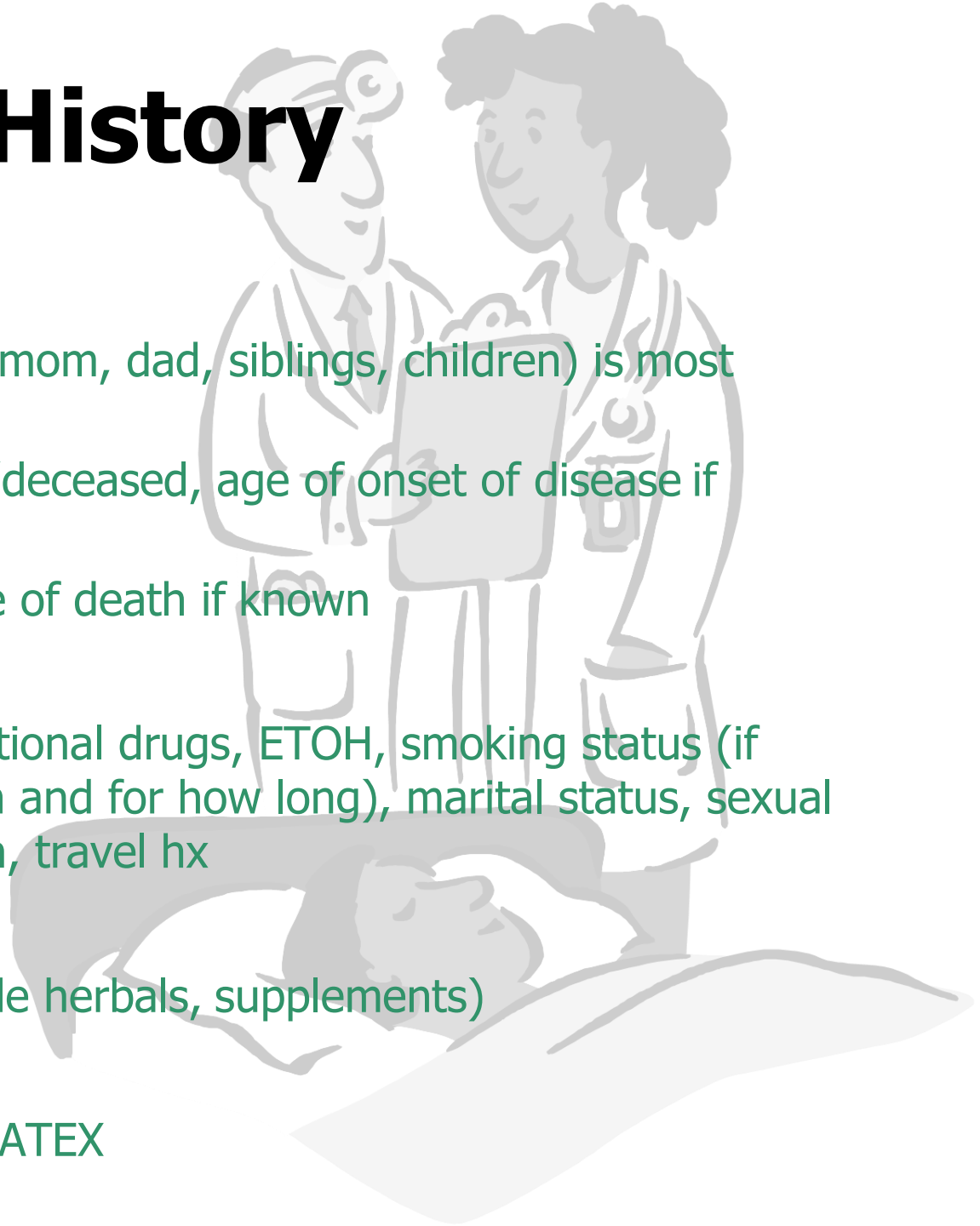
- ***O**nset* – When did this begin?
- ***L**ocation* – Where is the pain? – bodily location
- ***D**uration* – Intermittent or chronic?
- ***C**haracter* – Can you describe it for me?
- ***A**ggravating Factors* – What makes it worse?
- ***A**ssociated Factors* – Associated w/ certain positions, foods, etc…
- ***R**elieving Factors* – What makes it better?
- ***T**emporal Factors* –Worse any particular time of day?
- ***S**everity of Symptoms*– Number association (0-10/10)

Ask the patient what they think is wrong? (OSCE)

History

- PMH—
  - Chronic conditions/illnesses
  - Past hospitalizations
- PSxH—
  - Even ask about wisdom teeth
  - Common sx sometimes forgotten (T&A, appy, chole, tubal ligation)
  - Can include scopes here

History

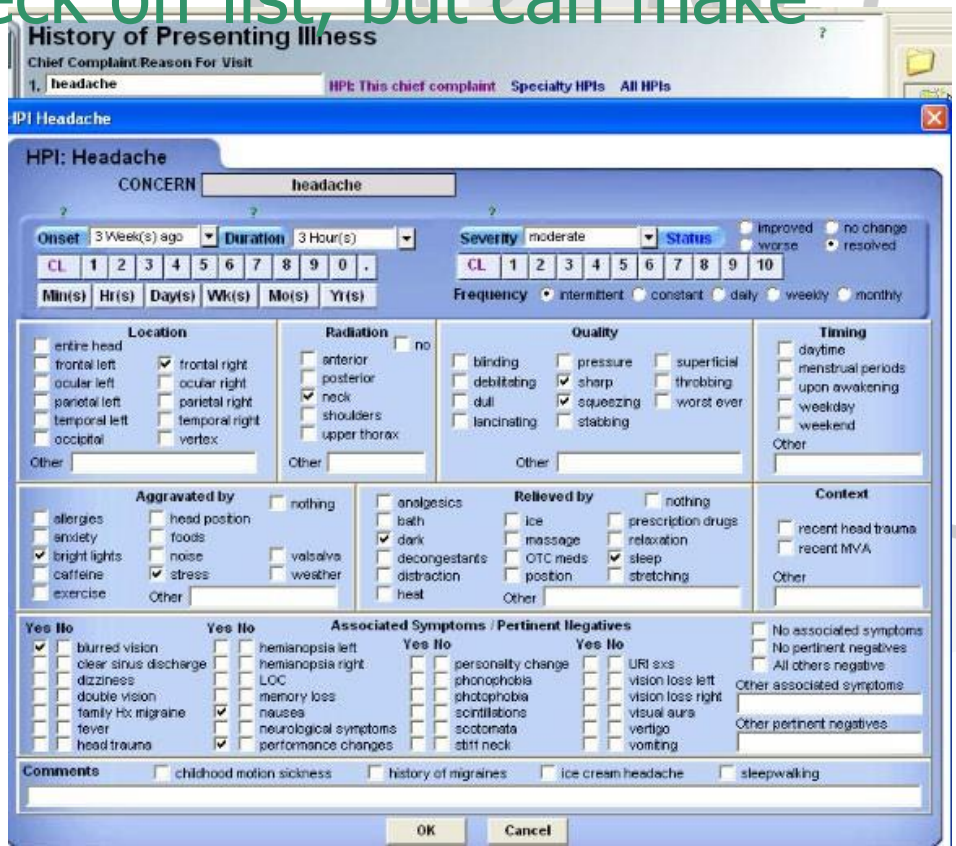


- Family Hx—
  - Primary family hx (mom, dad, siblings, children) is most pertinent
  - Include age, living/deceased, age of onset of disease if pertinent
  - Include what cause of death if known
- Social Hx—
  - Occupation, recreational drugs, ETOH, smoking status (if positive, how much and for how long), marital status, sexual orientation, religion, travel hx
- Meds—
  - Rx and OTC (include herbals, supplements)
- Allergies—
  - Medication/foods/LATEX

- What kind of Rxn

History

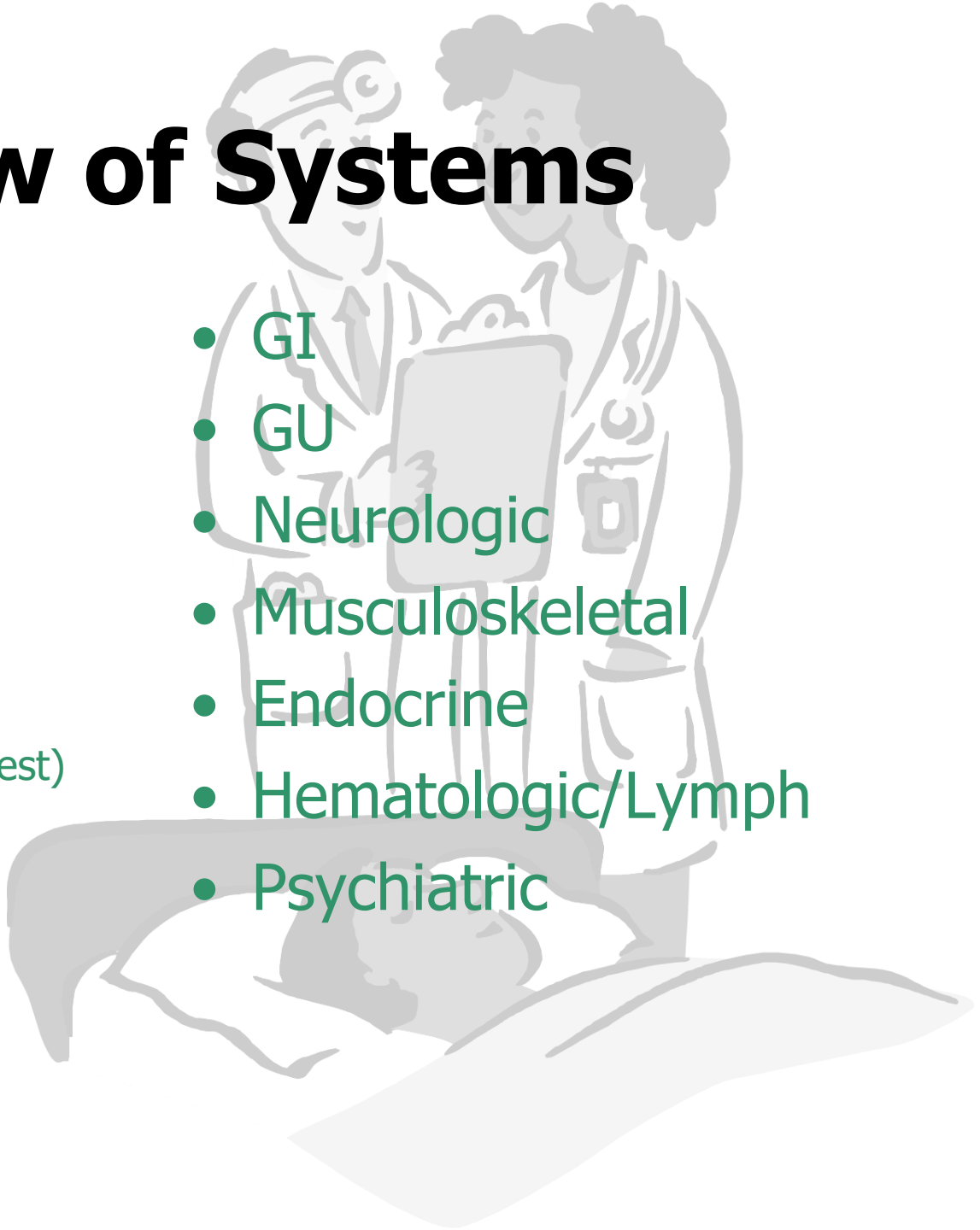
- ROS
  - Pertinent positives AND negatives
  - Often is a check off list, but can make comments



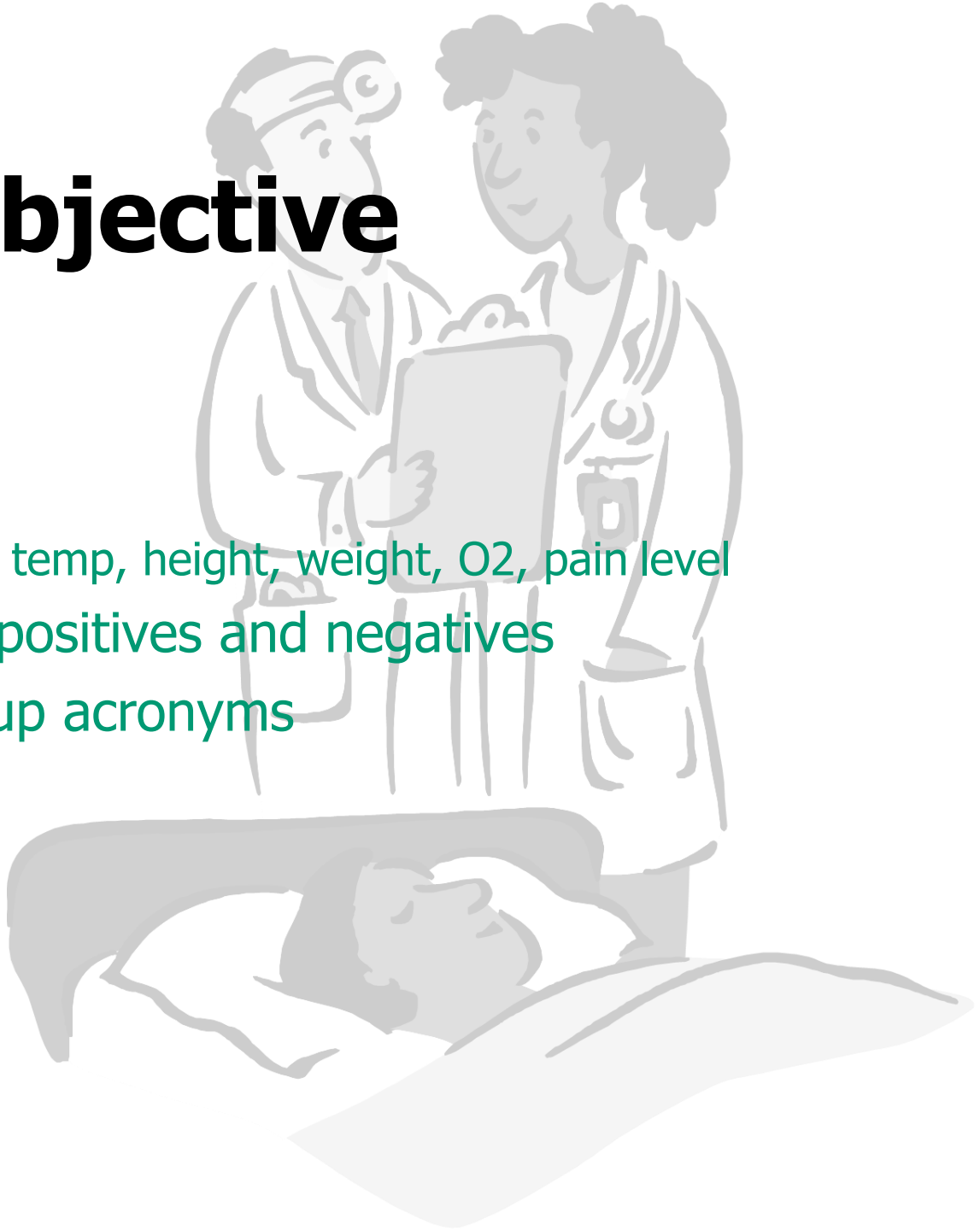
http://healthrecord.us/nextgen-emr-review/

Review of Systems

- General
- Skin
- HENT
- Eyes
- Breasts (sometimes included in pulmonary/chest)
- CV
- Pulmonary
- GI
- GU
- Neurologic
- Musculoskeletal
- Endocrine
- Hematologic/Lymph
- Psychiatric

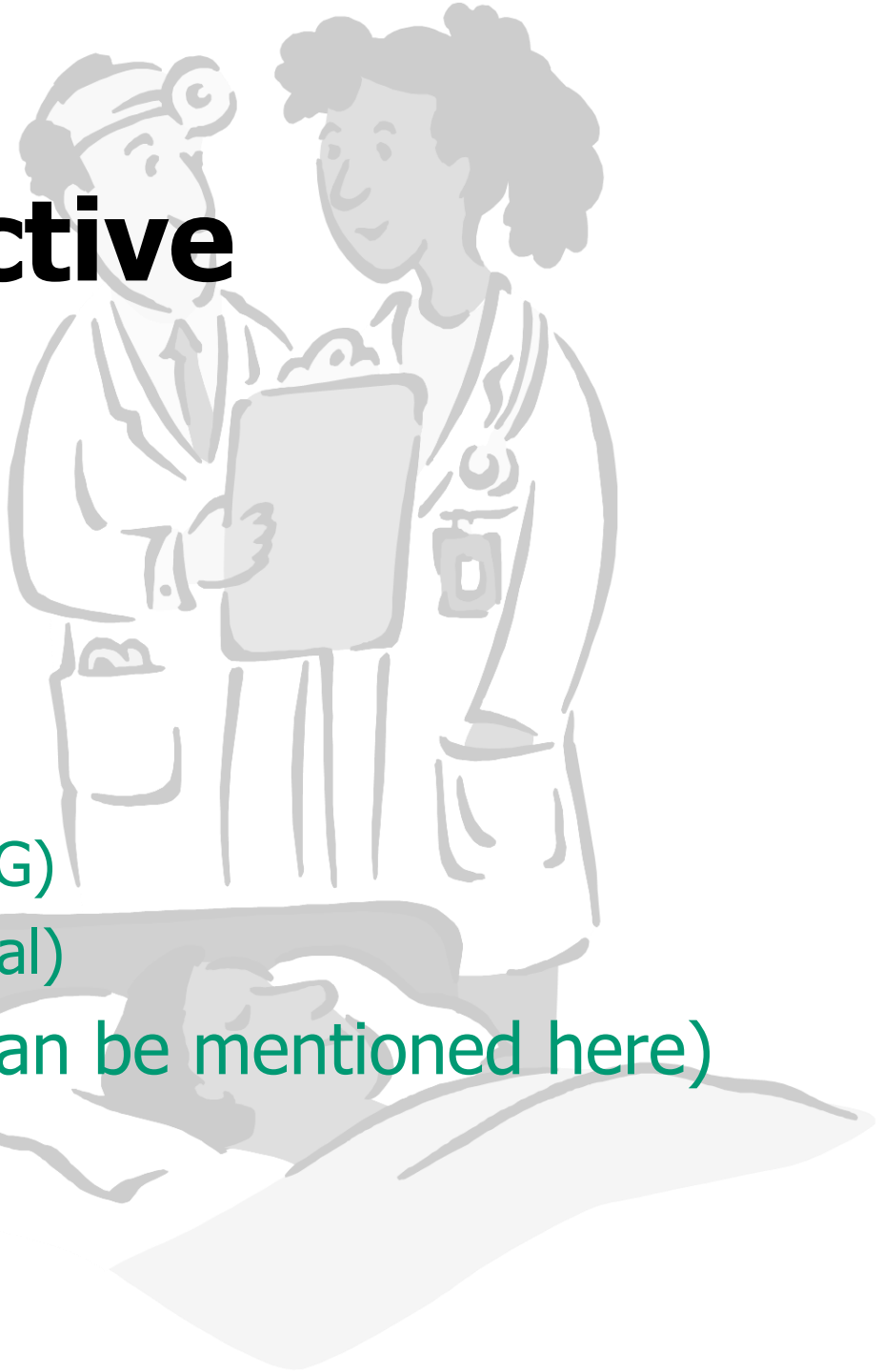


Objective



- Physical Exam
  - Start with vitals
    - BP, pulse, resp, temp, height, weight, O2, pain level
  - Chart pertinent positives and negatives
  - **Do NOT** make up acronyms
    - RRR is standard

Objective



- Tests/Studies
  - Lab(s)
  - Radiologic imaging
  - Other testing
    - Neurologic (EMG, EEG)
    - Cognitive (Mini-mental)
  - Old record review (can be mentioned here)

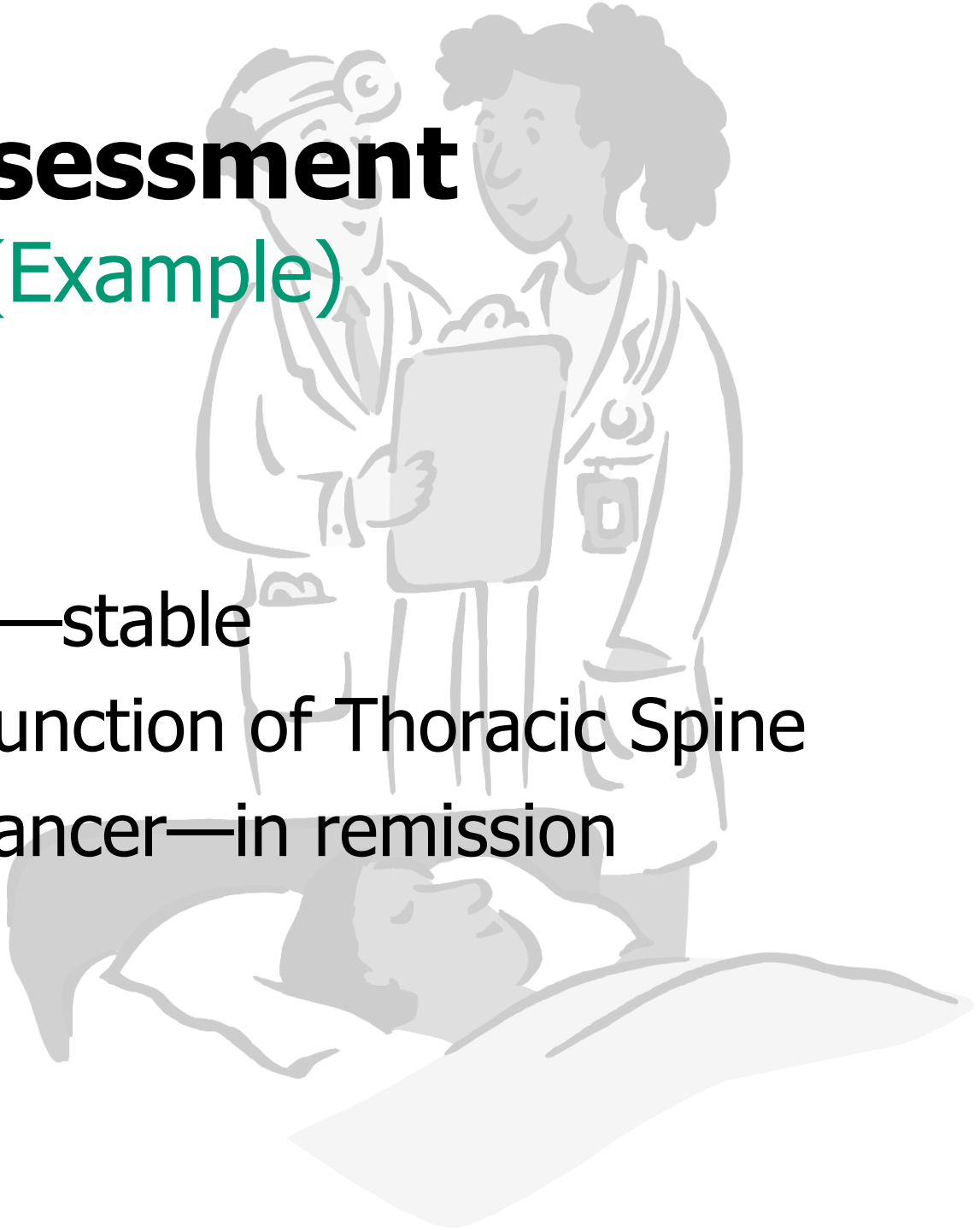
Assessment

- Can be generic or very specific
  - Right knee pain vs. OA of right knee medially
- Order of diagnosis
  - First diagnosis (dx) should be main complaint/problem
  - Followed by most pertinent dx that you are seeing pt for
  - Can include "hx of …" later in list

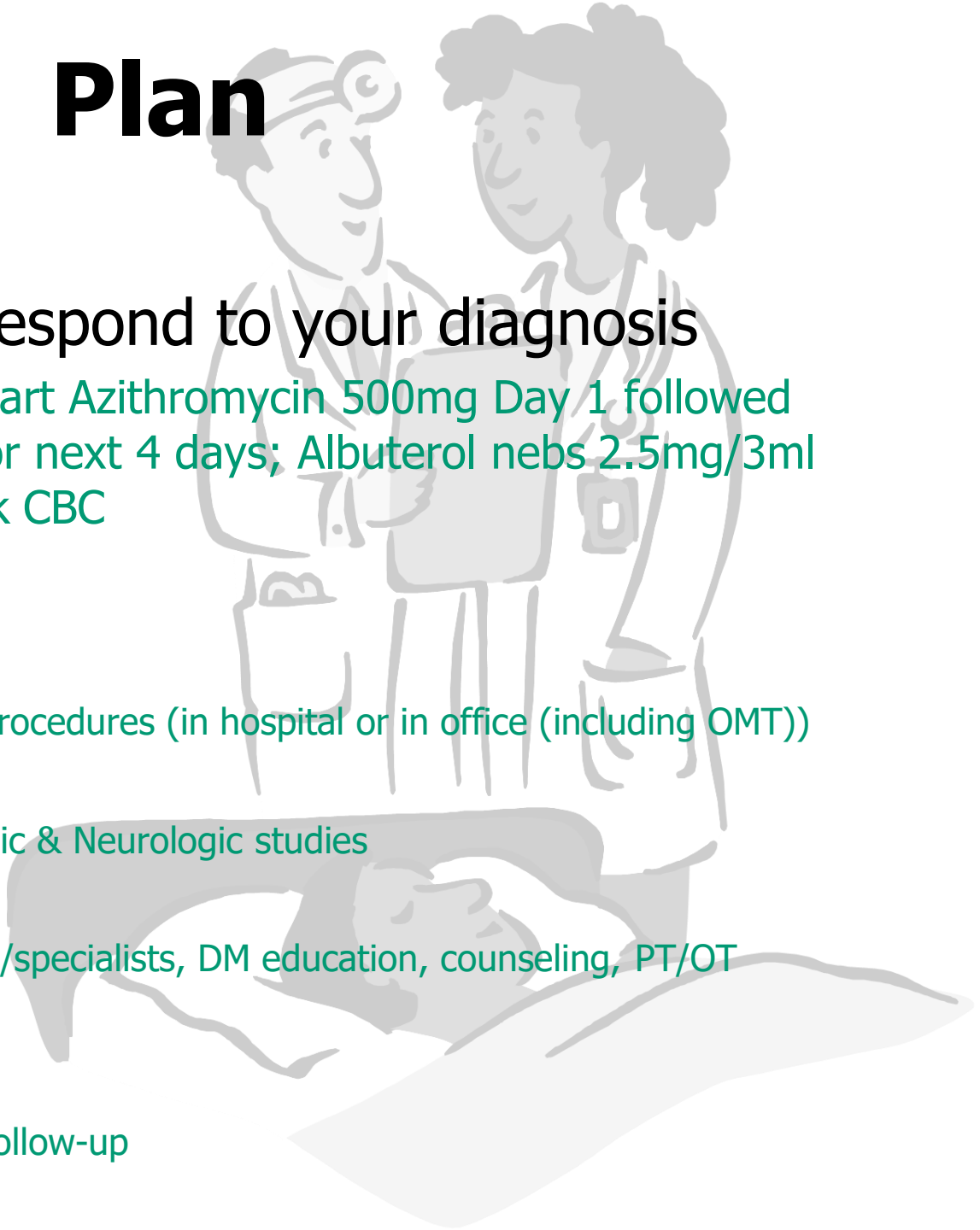
Assessment

(Example)

1. Pneumonia
2. Hypokalemia
3. Hypertension—stable
4. Somatic Dysfunction of Thoracic Spine
5. Hx of Lung Cancer—in remission



Plan



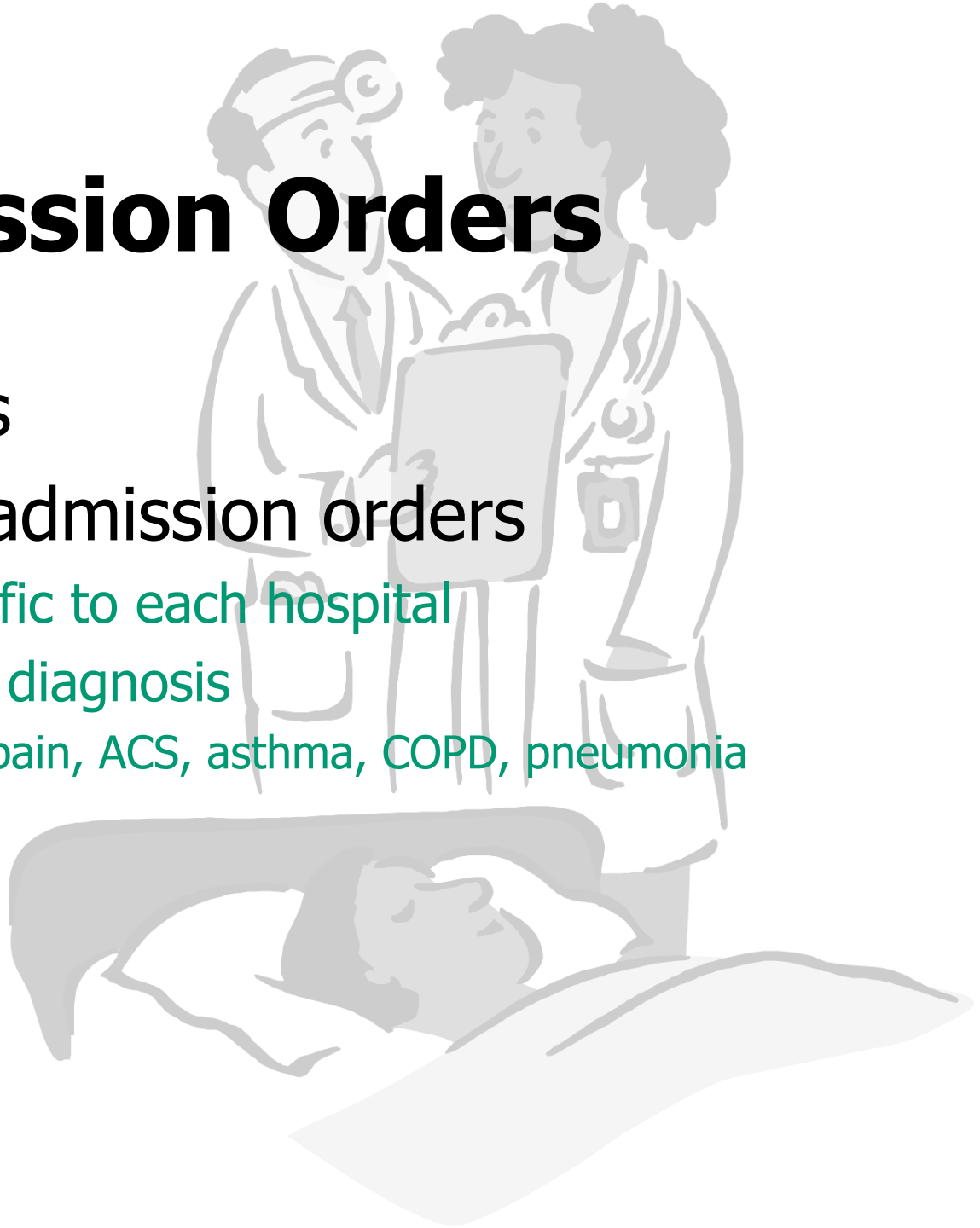
- Plan should correspond to your diagnosis

  1. Pneumonia→start Azithromycin 500mg Day 1 followed by 250mg daily for next 4 days; Albuterol nebs 2.5mg/3ml q 4 hrs prn; check CBC

- What to include:
  - Therapy
    - Medications, procedures (in hospital or in office (including OMT))
  - Investigation
    - Labs, Radiologic & Neurologic studies
  - Referrals
    - To consultants/specialists, DM education, counseling, PT/OT
  - Pt education
  - Disposition
    - Time pt is to follow-up

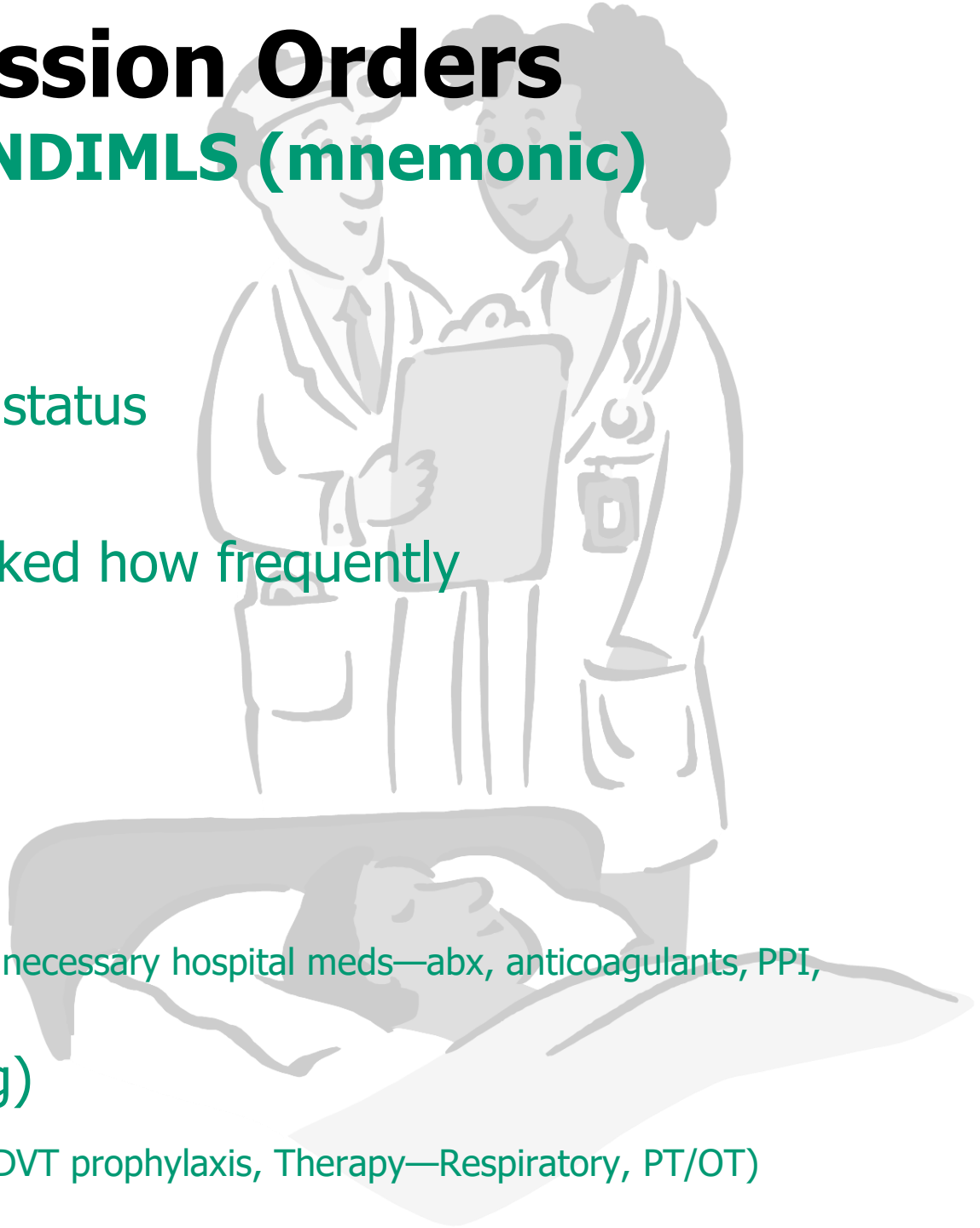
Admission Orders

- Generic orders
- Standardized admission orders
  - May be specific to each hospital
  - For a certain diagnosis
    - i.e… chest pain, ACS, asthma, COPD, pneumonia



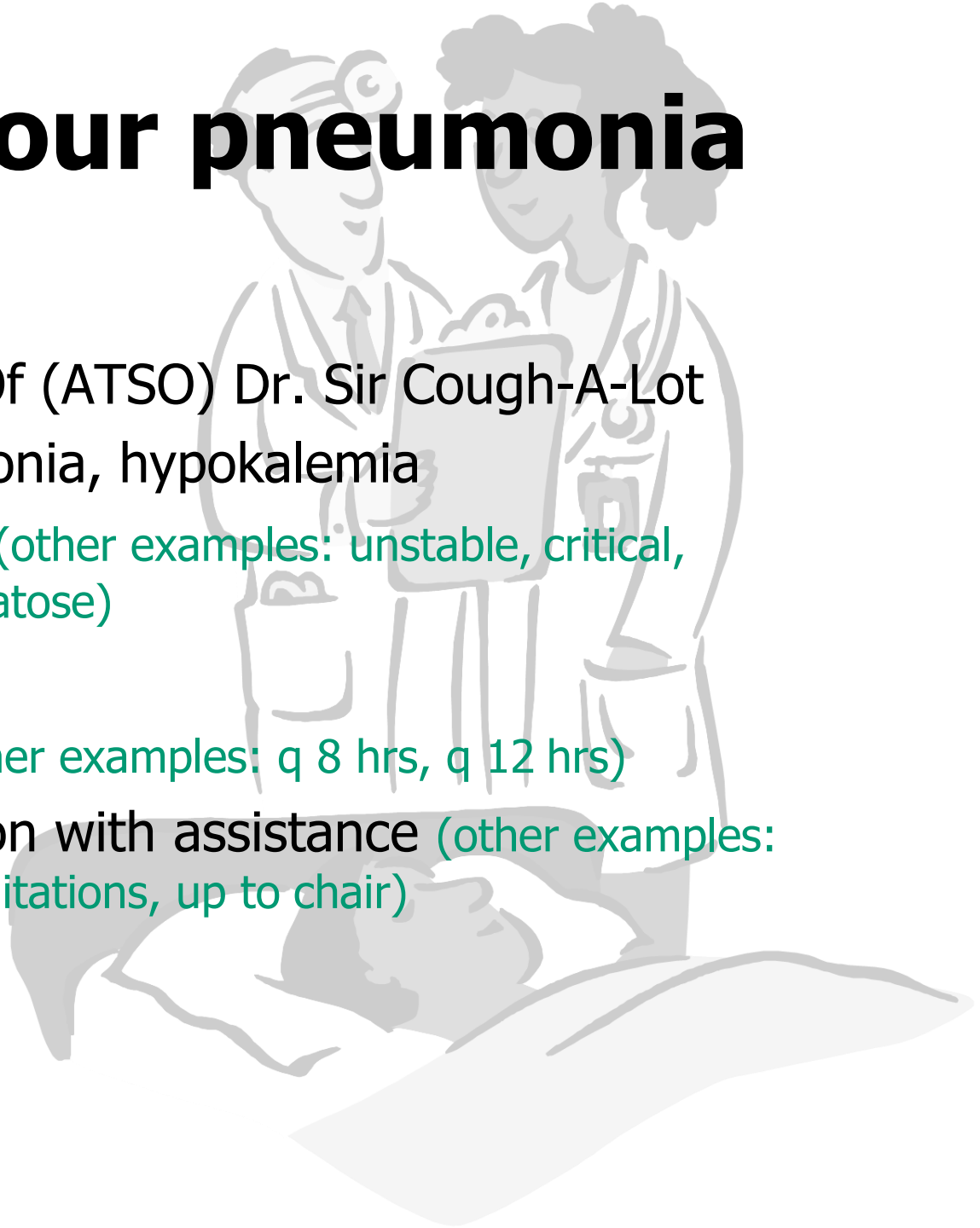
Admission Orders

ADC A VANDIMLS (mnemonic)



- A—Admit to Dr. …
- D—Diagnosis
- C—Condition/code status
- A--Allergies
- V—Vital signs checked how frequently
- A—Activity level
- N—Nursing orders
- D--Diet
- I—IVF
- M—Meds (all home Rx, necessary hospital meds—abx, anticoagulants, PPI, constipation, pain meds)
- L—Labs (& imaging)
- S—Special orders (DVT prophylaxis, Therapy—Respiratory, PT/OT)

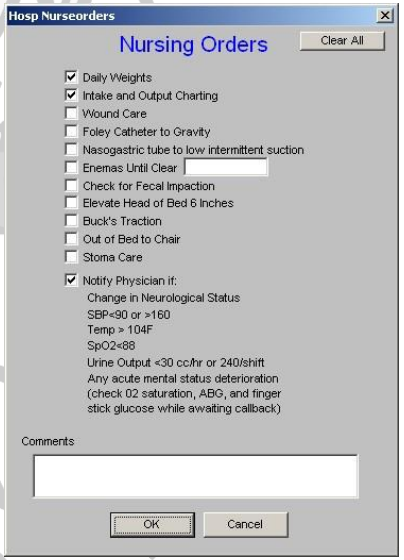
…so for our pneumonia

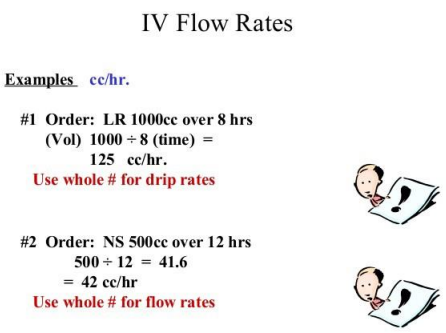


- Admit To Service Of (ATSO) Dr. Sir Cough-A-Lot
- Diagnosis –pneumonia, hypokalemia
- Condition – stable (other examples: unstable, critical, guarded, morbid, comatose)
- NKDA
- Vitals – q 4 hrs (other examples: q 8 hrs, q 12 hrs)
- Activity—Ambulation with assistance (other examples: ambulation with no limitations, up to chair)

…so for our pneumonia

- Nursing – strict I&O's (other examples)
  http://www.setma.com/EPM-Tools/tutorial-admission-orders
- Diet--Regular (other examples: NPO, 1800 cal, ADA, low Na, cardiac, fluid restriction)
- IVF – NS @ 120ml/hr (other examples: D5NS, LR, 1/2NS, NS w/ 20meq KCl ; rate will change based on pt size & heart tolerance)
  https://www.slideshare.net/JHUSONOTE/intravenous-fluids-23116951

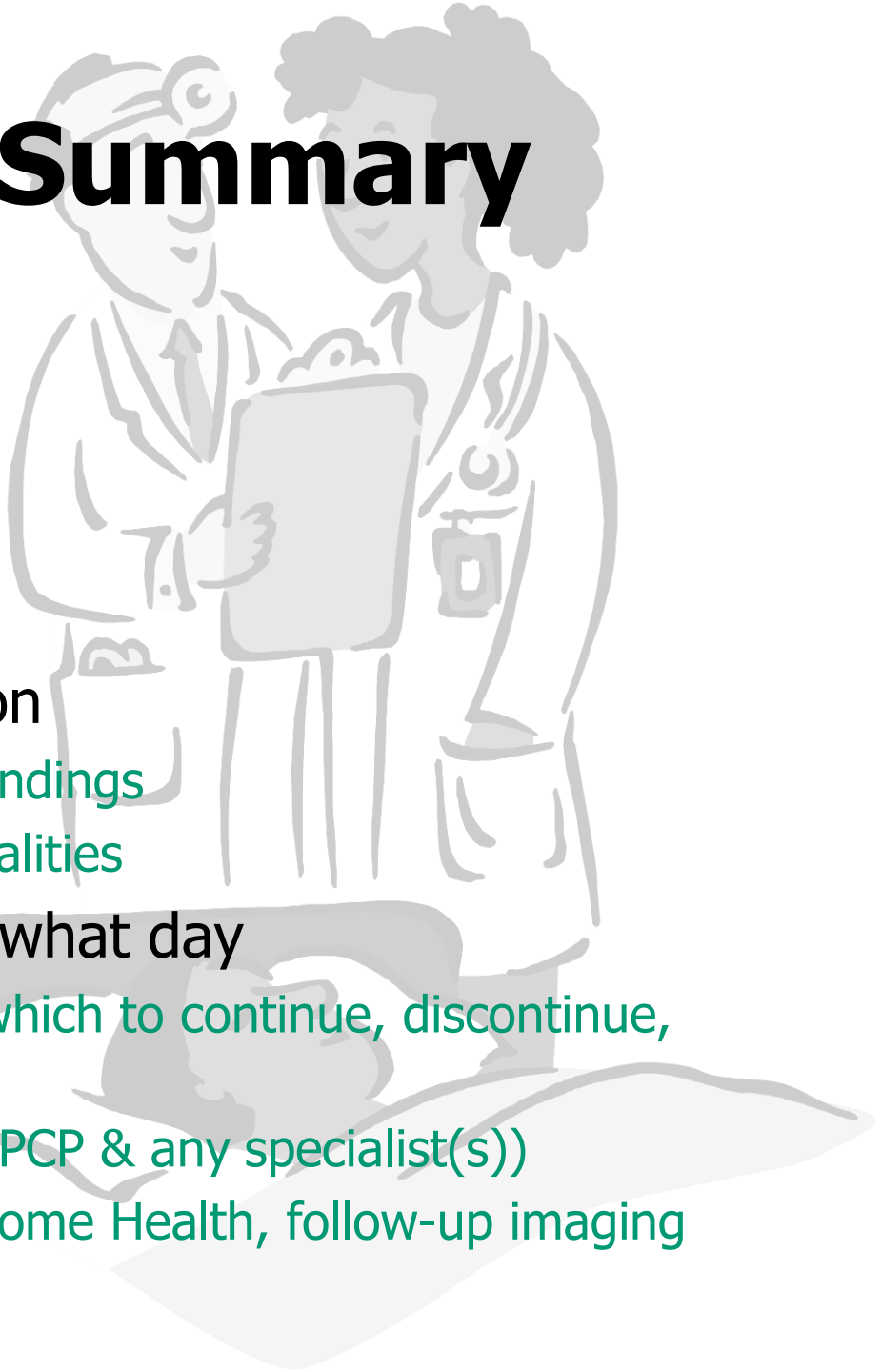




…so for our pneumonia

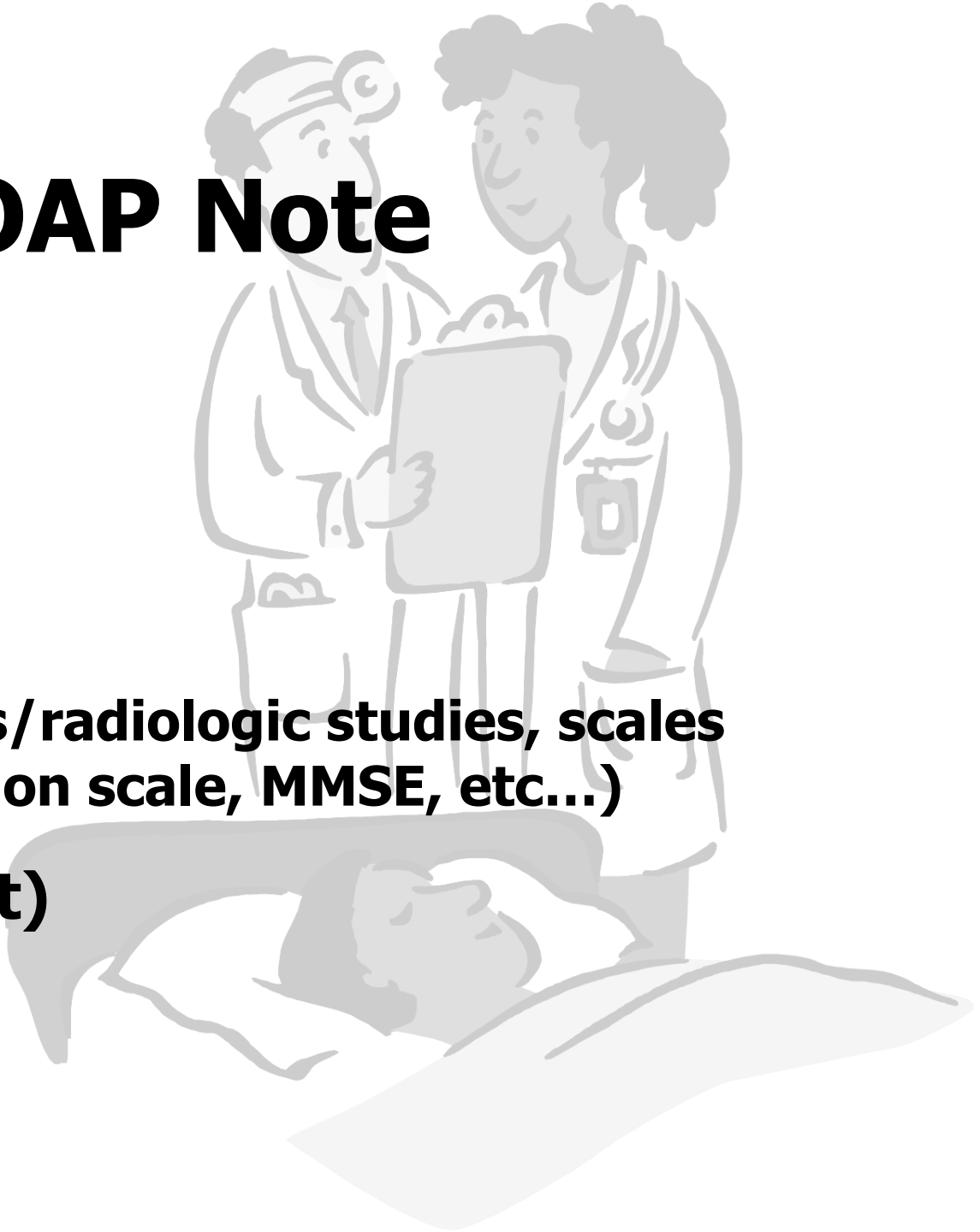
- Medicines – (ertapenem) Invanz 1gm IV daily, Albuterol Neb 2.5mg/3ml inhaled q 4-6 hrs, KCl 20meq bid, Lisinopril 10mg daily, (enoxaparin) Lovenox 40mg SQ daily, (pantoprazole) Protonix 40mg daily
  - Remember to put any home meds here that you want your pt to continue
- Labs/imaging -- Blood cultures x3 prior to first dose IV antibiotics; sputum culture now; CBC, CMP in AM; CT chest (w/ and w/out contrast) in AM
- Special – PT to evaluate pt; O2 @ 2L/min (to titrate to maintain O2 sats >92%); incentive spirometry q shift; chest percussion after neb treatments

Discharge Summary



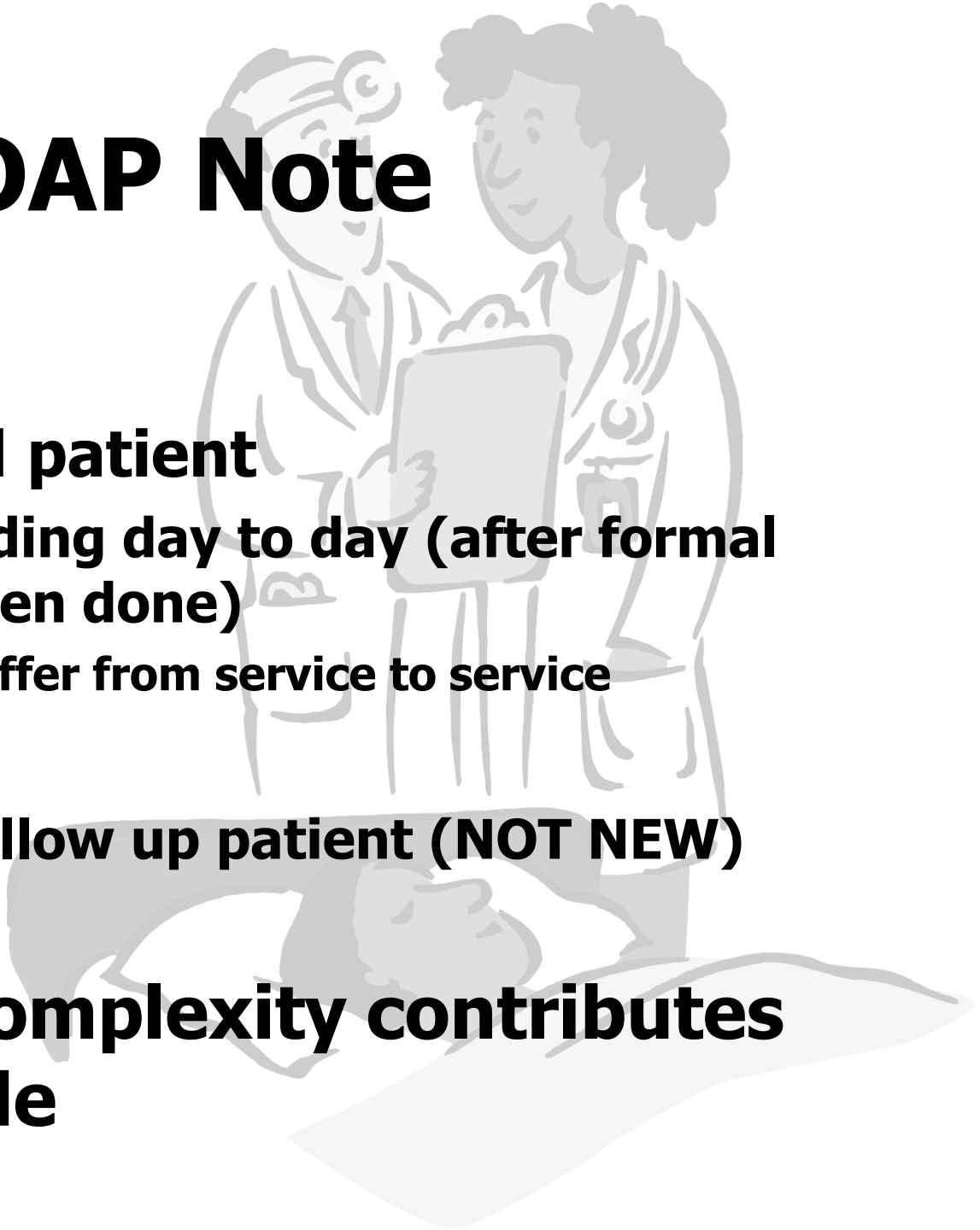
- Systematic order
  - Patient Name
  - Admission diagnoses
  - Discharge diagnoses
  - Summarize what went on
    - Consultations and their findings
    - Labs/imaging –if abnormalities
  - Ready for discharge on what day
    - Reconcile medications– which to continue, discontinue, and use acutely
    - Follow-up appt (time for PCP & any specialist(s))
    - Follow-up instructions (Home Health, follow-up imaging or labs, etc…)

SOAP Note



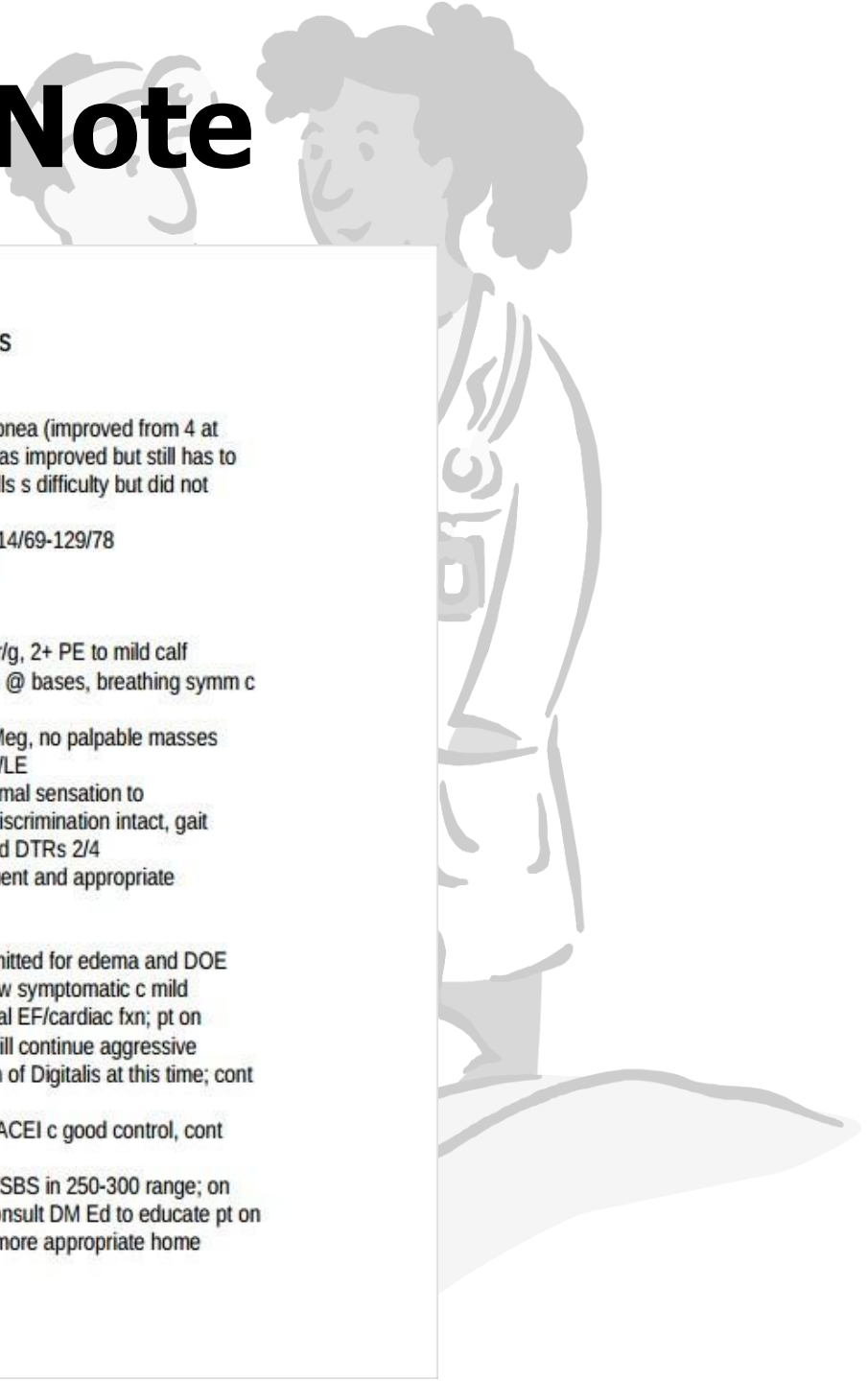
- **S (subjective)**
  - **HPI**
- **O (objective)**
  - **Vitals, PE, labs/radiologic studies, scales (i.e… depression scale, MMSE, etc…)**
- **A (assessment)**
- **P (plan)**

SOAP Note



- **Uses**
  - **Hospitalized patient**
    - **When rounding day to day (after formal H&P has been done)**
      - » **May differ from service to service**
  - **Outpatient**
    - **On every follow up patient (NOT NEW)**
- **Amount of complexity contributes to billing code**

SOAP Note



SOAP Notes

Sample Medicine SOAP

S: No SOB/CP overnight. 3 pillow orthopnea (improved from 4 at admission). Pt feels swelling in feet has improved but still has to elevate legs frequently. Pt walked halls s difficulty but did not tolerate steps.

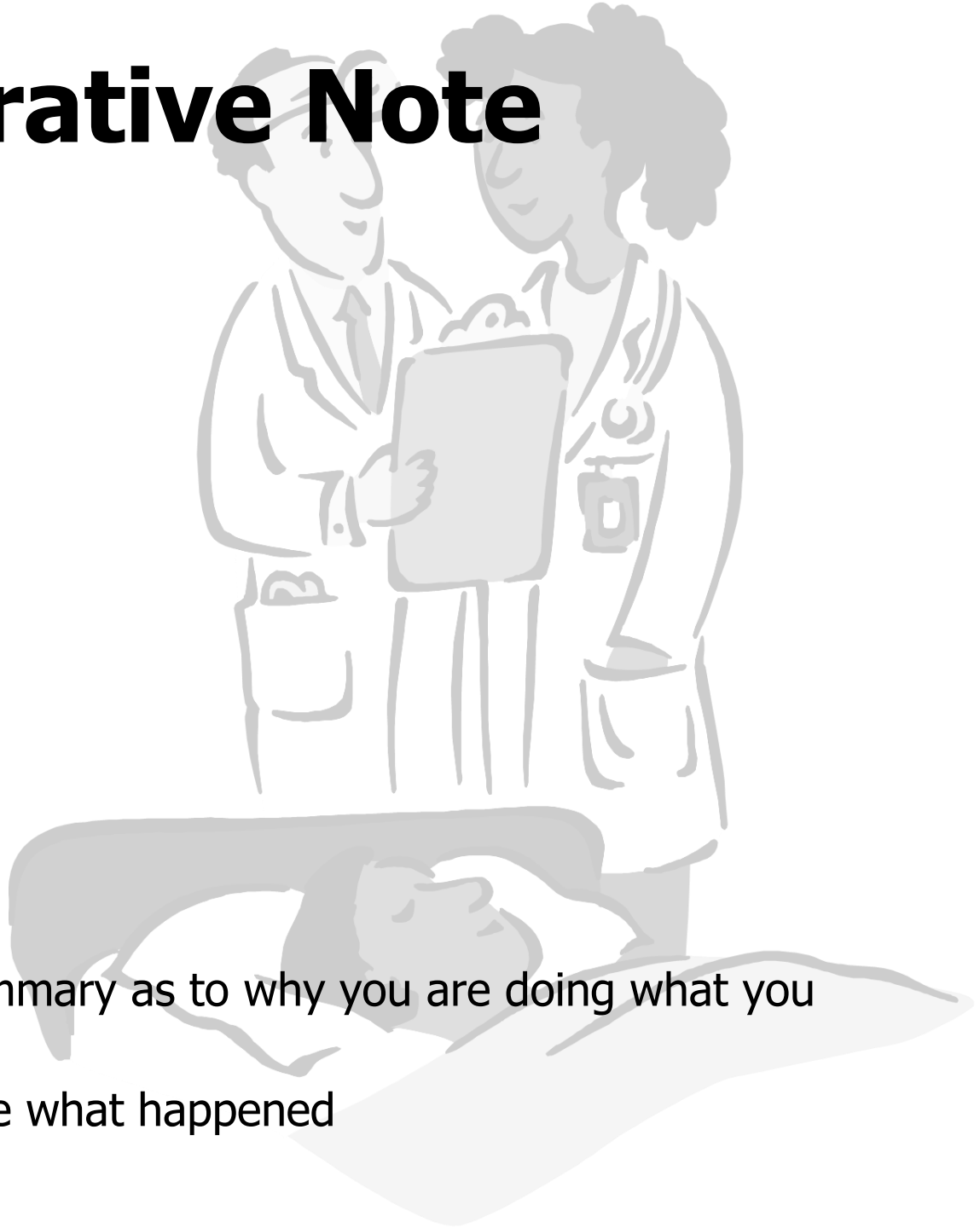
O: T98.6 Tm99.3 HR87 RR14 BP114/69-129/78
I/O1800cc/4500cc FSBS 178-223

PE: GEN – A&O x 3, in NAD
HEENT – PERRL, EOMI
CV – RRR, S3 present, no m/r/g, 2+ PE to mild calf
RESP – CTAB x mild crackles @ bases, breathing symm c normal effort
ABD – s/nt/nd, NABS, no HSMeg, no palpable masses
MS – MAEW, 5/5 strength UE/LE
NEURO – CN II-XII intact, normal sensation to LT/pressure/temp, two-point discrimination intact, gait normal, patellar and brachiorad DTRs 2/4
PSYCH – affect, mood congruent and appropriate

Labs: CBC, BMP or CMP
Imaging: XR, CT, Echo, etc.

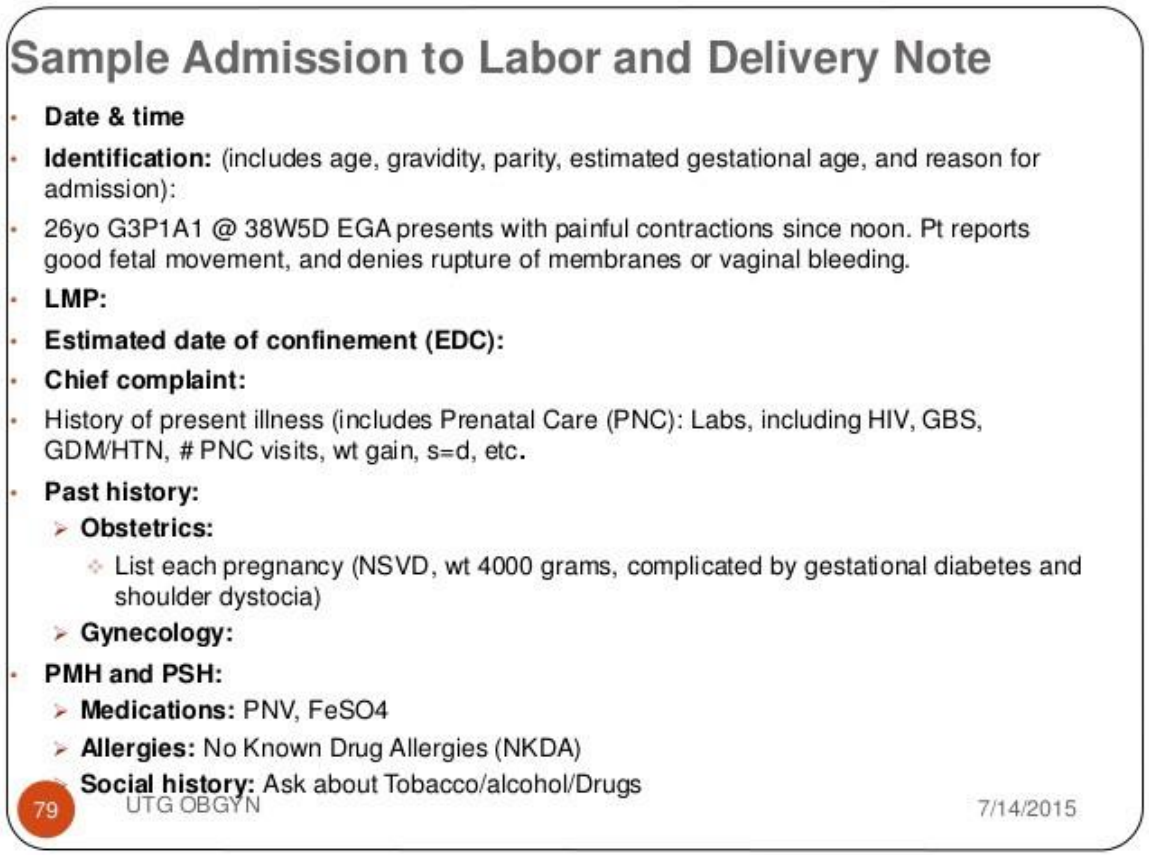
A/P: 68 yo WM c CHF, HTN and DMII admitted for edema and DOE
1. CHF – previously class II but pt now symptomatic c mild exertion; echo scheduled today to eval EF/cardiac fxn; pt on appropriate CHF regimen at home; will continue aggressive diuresis c Lasix and consider addition of Digitalis at this time; cont low Na diet
2. HTN – currently on Lasix, BB and ACEI c good control, cont home meds
3. DMII – on glucophage at home c FSBS in 250-300 range; on SSI c FSBS 178-223 in house; will consult DM Ed to educate pt on diet/exercise as well as recommend more appropriate home regimen; cont Q6H FSBS.

Operative Note



- Patient Name/MRN:
- Date of birth:
- Surgeon:
- Assistants:
- Date:
- Pre-op Diagnosis:
- Post-op Diagnosis:
- Procedure:
- Anesthesia:
- Complications:
- Blood loss:
- Indications: Give a summary as to why you are doing what you are doing
- Procedure: Summarize what happened

Labor and Delivery Note



https://www.slideshare.net/marenam/history-taking-and-examination

Prescription Writing

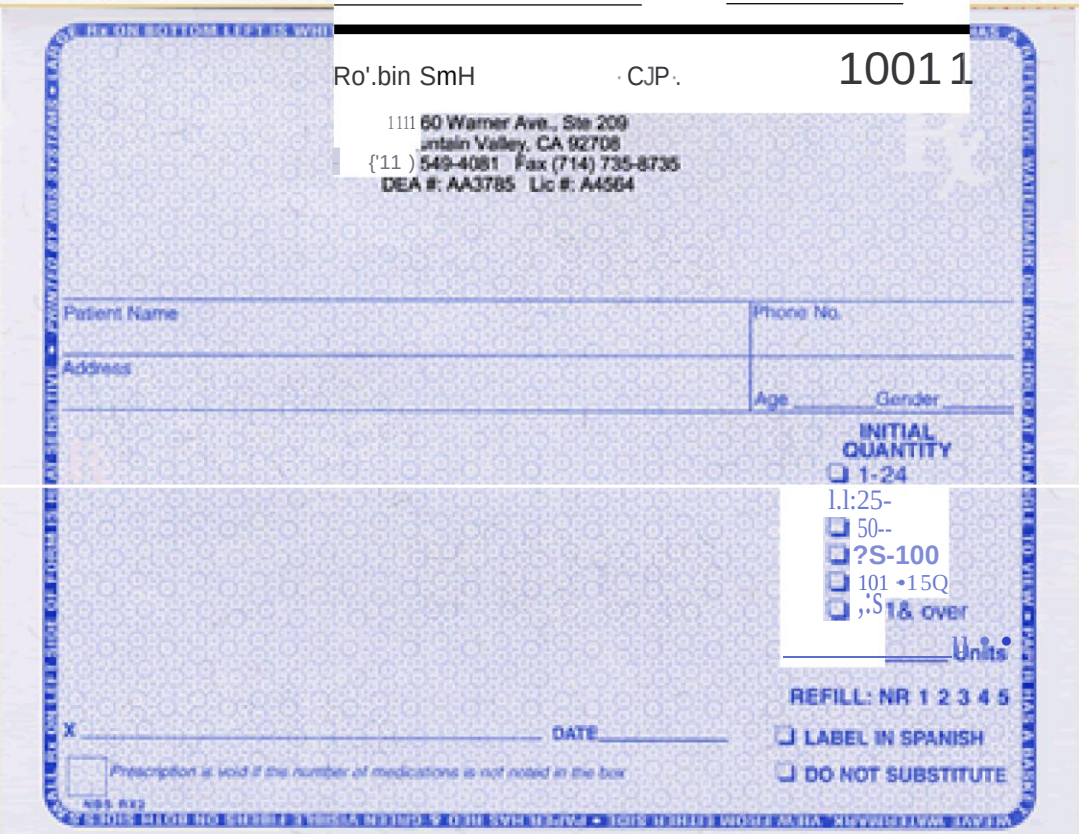
June 2018

Josalyn M. Mann, DO
Central East Region

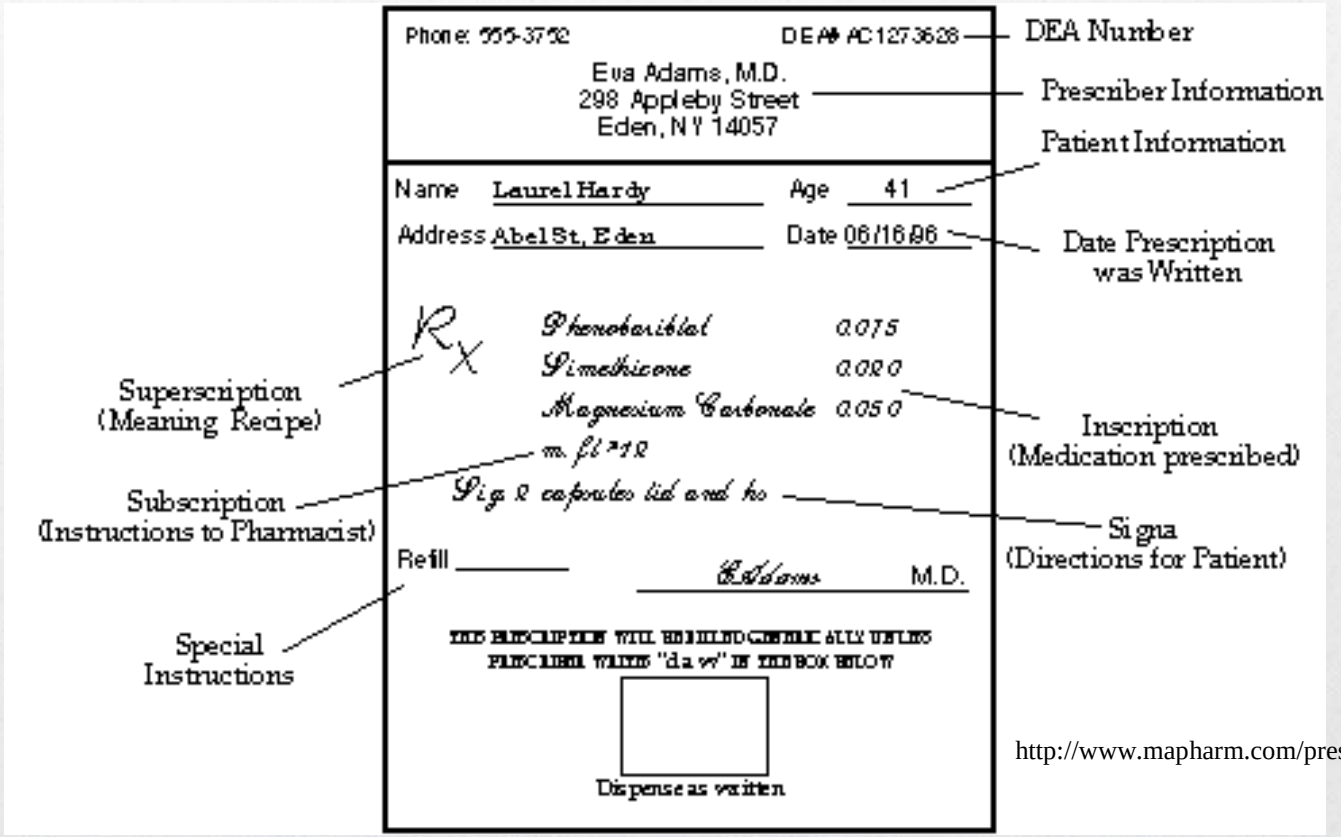
Prescription

- Licensed practitioner
- Legal document that is part of a physician-patient relationship
- Authority per DEA
    - Separate state controlled license number

The Written Prescription



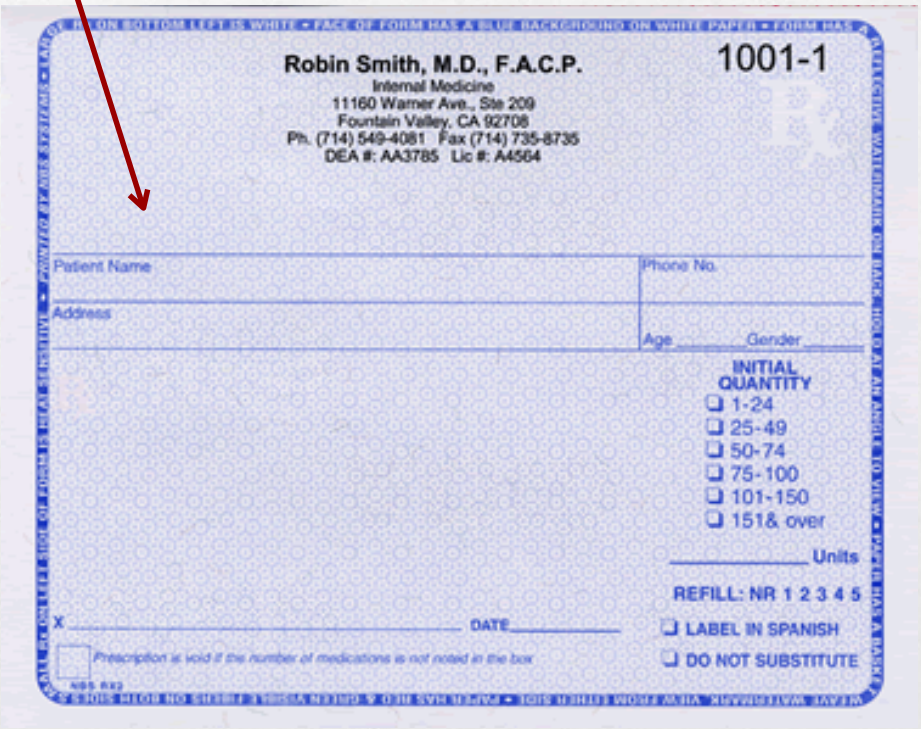
Parts of the Prescription



http://www.mapharm.com/prescr_parts.htm

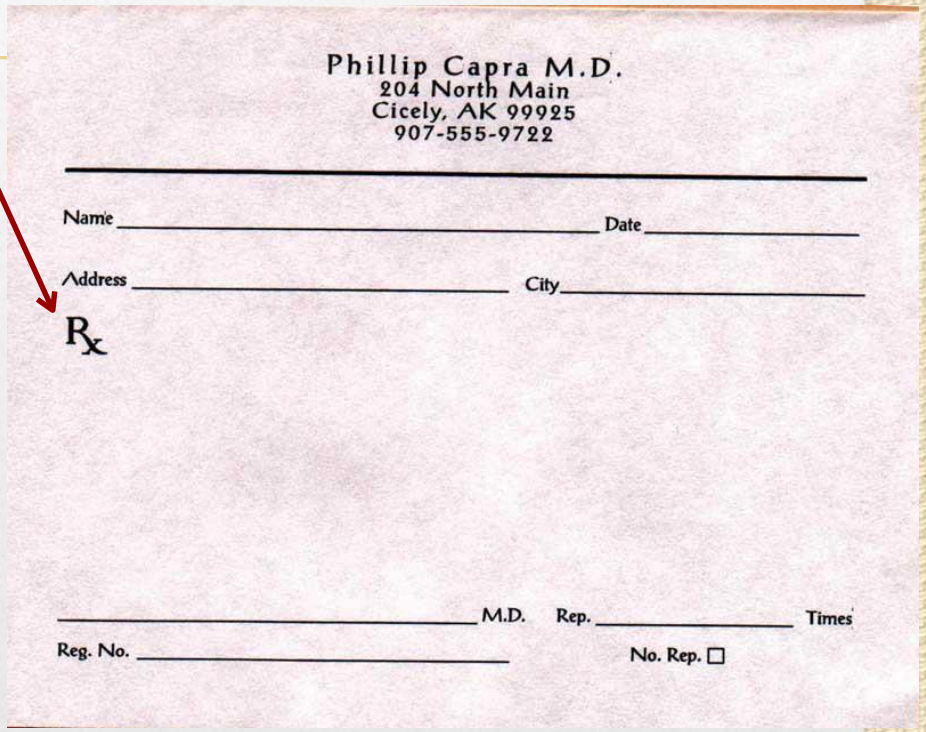
Patient Information

- Name
- Address/
  Phone
- Age
- Weight



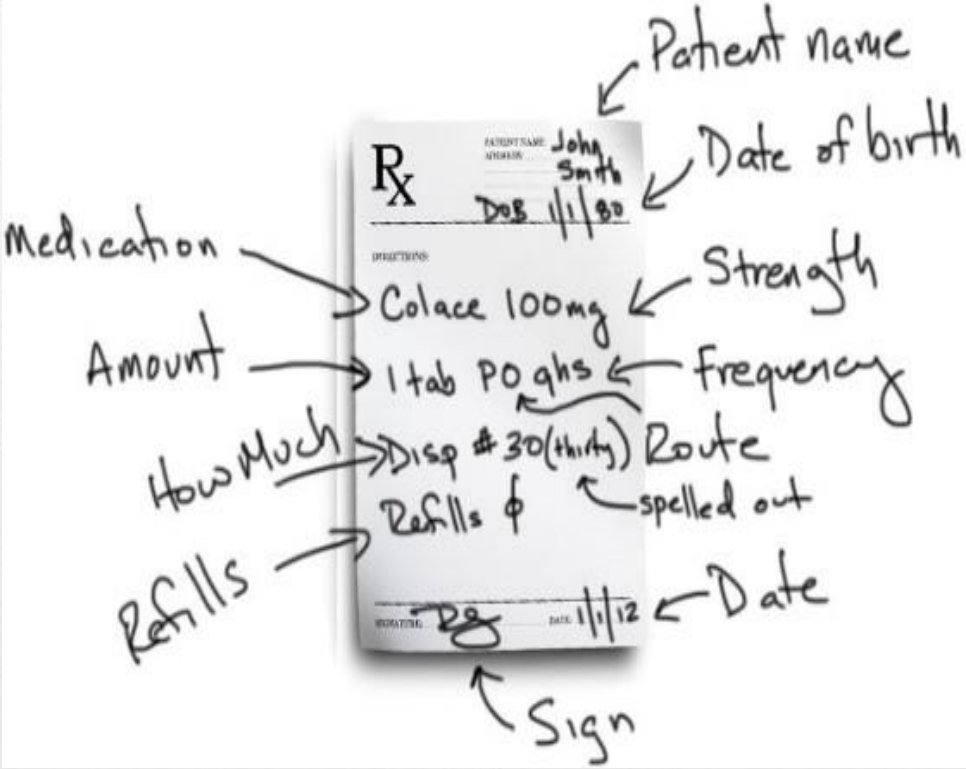
Superscription

- Rx
  - Traditional symbol used for prescription
  - Abbreviation for "recipe"
  - Latin for "take thou"



Inscription

- What are you prescribing?
  - Drug name
  - Dose (quantity of drug per dose form)
  - Dose Form (physical entity needed)
    - Tablet, capsule, suspension
  - Simple vs. Compound
  - Clarity of number forms
    - 0.2 not 2.0 (zeros lead but do not follow)



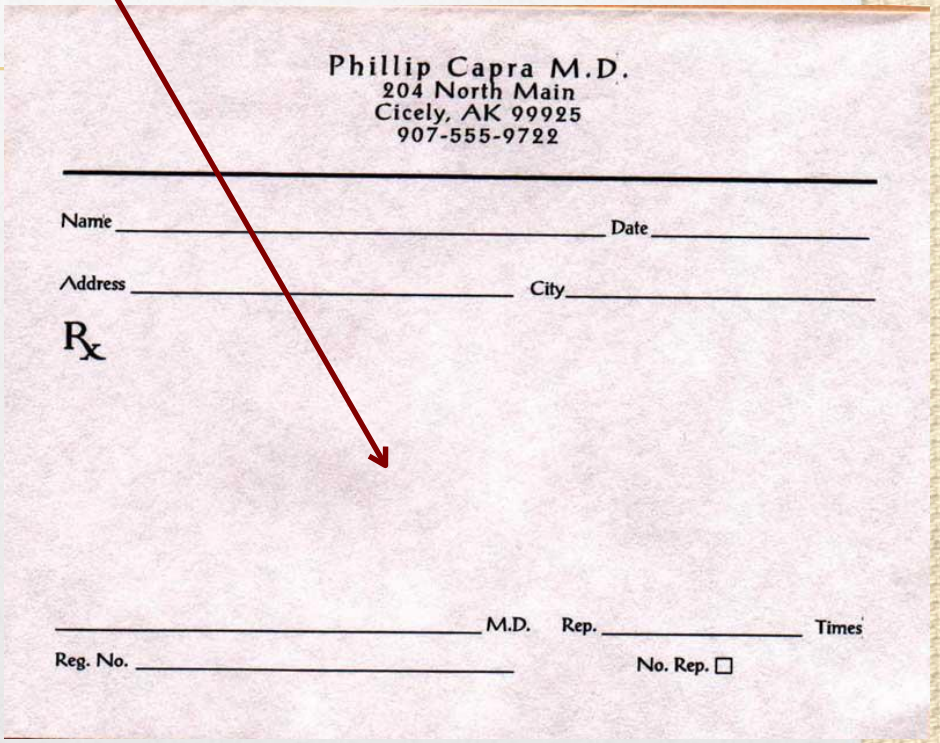
http://tenudge.eu/project/reducing-medication-errors/

Subscription

- Directions to the pharmacist, usually consisting of a short sentence such as
  - Make a solution
  - Mix and place into 10 capsules
  - **Dispense** #10 tablets

Subscription

- **Quantity** to be dispensed (determines the amount in bottle)
- For controlled substances write in numbers and letters
  - 10 (ten)
- Any special compounding instructions

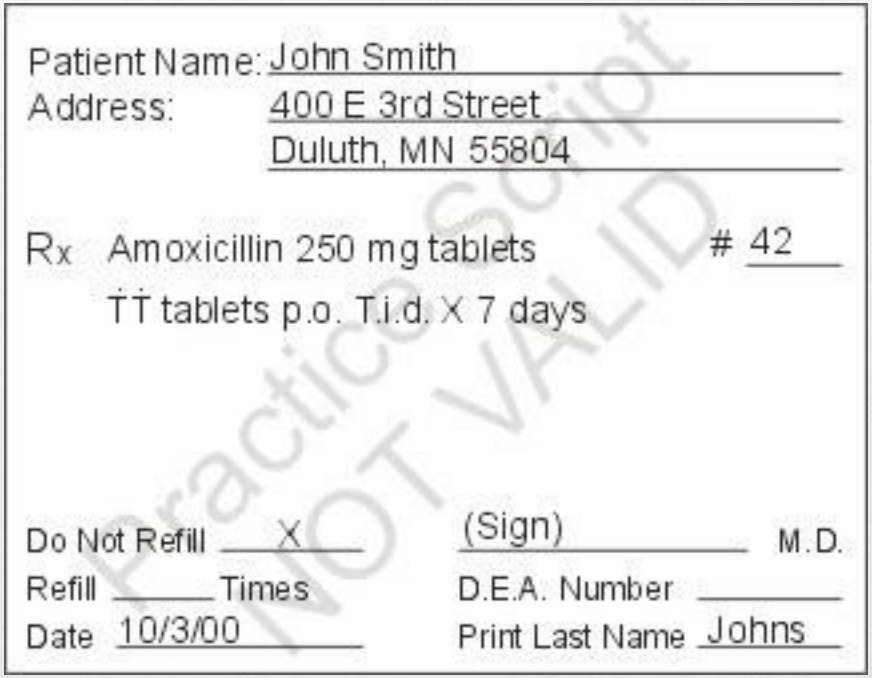


Signature

- "Sig"
- From the Latin "signa" meaning "write", "make" or "label"
  - Directions to the patient
    - Physician continue to insert Latin abbreviations, i.e… "1 cap t.i.d." which the pharmacist translates into English

Signature

- Route of administration
  (oral, nasal, rectal, etc)
- Number of dosage units per dose
  (one tablet, 2 teaspoons)
- Frequency of Dosing
  (every 6 hours, once daily)
- Duration of dosing
  (for 7 days, until gone, as needed)
- Can include purpose of medication
  (for pain, for asthma)



http://www.d.umn.edu/medweb/Modules/Prescription/SampleScript.html

Signature

- Typically do not use "As directed"
  - (exception Medrol Dose pack (methylprednisolone))
- Including purpose can help reduce errors
- Special Instructions
  - Shake well, refrigerate (most times included per pharmacy)
- Warnings (if prefer to include)
- Know your medical abbreviations
  - PO, PR
  - Q day, bid, tid, qid; q 4-6 hrs; prn

Refills and Date Prescribed

- Indicate NO refills or number of refills (don't leave it blank)
- Date the prescription

All prescriptions expire after one year

http://www.rxpaper.com/s-GA.html

Refills and Date Prescribed

- Automatic Stop Orders
  - Inpatient orders or Electronic Medical Records
    - Antibiotics – 7-10 days
    - Controlled substances – 3-7 days

Other

- Importance of YOUR signature
  - Makes the prescription a legal document
    - Include your degree (D.O.)
- You must write "brand necessary", "DAW" (dispense as written), or "brand medically necessary" to get non-generic agent
- Individually assigned DEA # is needed on ANY controlled substance

Controlled Substances

HOW DRUGS ARE CLASSIFIED IN THE US

SCHEDULE	DESCRIPTION	EXAMPLES
Schedule 1	Drugs with no currently accepted medical use and a high potential for abuse. They are the most dangerous drugs of all the drug schedules with potentially severe psychological or physical dependence.	- Heroin - Lysergic acid diethylamide (LSD) - Marijuana (Cannabis) - Methylenedioxymethamphetamine (Ecstasy) - Methaqualone - Peyote
Schedule 2	Drugs with a high potential for abuse, with use potentially leading to severe psychological or physical dependence. These drugs are also considered dangerous.	- Combination products with less than 15mg of hydrocodone per dosage unit (Vicodin) - Cocaine - methamphetamine - Methadone - Hydromorphone (Dilaudid) - Meperidine (Demerol) - Oxycodone (OxyContin) - Fentanyl - Dexedrine - Adderall - Ritalin
Schedule 3	Drugs with a moderate to low potential for physical and psychological dependence. Schedule 3 drugs abuse potential is less than Schedule 1 and Schedule 2 drugs but more than Schedule 4.	- Products containing less than 90mg of codeine per dosage unit (Tylenol and codeine) - Ketamine - Anabolic steroids - Testosterone
Schedule 4	Drugs with a low potential for abuse and low risk of dependence.	- Xanax - Soma - Darvon - Darvocet - Valium - Ativan - Talwin - Ambien - Tramadol
Schedule 5	Drugs with lower potential for abuse than Schedule 4 and consist of preparations containing limited quantities of certain narcotics. Schedule 5 drugs are generally used for antidiarrheal, antitussive, and analgesic purposes.	- Cough preparations with less than 200mg of codeine per 100ml (Robitussin AC) - Lomotil - Motofen - Lyrica - Parepectolin

SOURCE: Drug Enforcement Administration

BUSINESS INSIDER

http://www.businessinsider.com/us-drug-scheduling-system-heroin-marijuana-2016-5

DEA Controlled Substance Schedules

- All scheduled drugs/substances have potential for dependence and abuse.
- Schedule I substances are the most "dangerous"; Schedule V have the lowest potential for dependence and abuse.

Schedule I	No consensus-accepted medical use High potential for abuse Severe psychological or physical dependence	**heroin, LSD, marijuana, methaqualone, peyote**
Schedule II	High potential for abuse Potentially severe psychological or physical dependence Considered "dangerous"	**Opioids:** hydrocodone, morphine, methadone, hydromorphone, meperidine, oxycodone, fentanyl **Amphetamines:** methamphetamines, cocaine, dexedrine, Adderall, Ritalin
Schedule III	Moderate to low potential for psychological/ physical dependence Drug abuse potential lower than Schedule II	**Opioids:** codeine **Anesthetic:** Ketamine **Male sex hormones:** anabolic steroids, testosterone
Schedule IV	Low risk for potential abuse and dependence	**Opioids:** Tramadol, Talwin **Benzodiazepines:** Xanax, Ativan, Soma, Valium **Sedative:** Ambien
Schedule V	Lower potential for abuse or dependence	**Anticonvulsant/neuropathy:** Lyrica **Cough preparations:** Less than 200 mg of codeine **Antidiarrheals:** Lomotil, parapectolin, Motofen

https://www.slideshare.net/milfamln/mc-narcotic-medswebinar

Patient Communication

- Educate before you medicate!
  - Name of the drug and what it is for
  - How to use the medication
  - Warn them of possible side effects
  - What to do if dose is missed
  - Cost (source?) and storage

Avoid Ambiguity

- Careful use of decimal points
  - Write as 5 ml instead of 5.0 ml
  - ALWAYS use zero to prefix decimals
    - 0.5 instead of .5
  - Avoid trailing zeros on decimals
    - 0.5 instead of .50

Avoid Ambiguity

- Avoid unspecified "prn" or "as needed" instructions
  - Use with specific limits (i.e… every 3 hours *prn pain)*
- Clearly write – if not, can cause drug error

PRESCR PTION

NAME_____AGE___

ADDRESS DATE_ _ _

☐ LABEL

RE ILL O 1 2 4 5 PRN

“SOAP” note

Jimmy W. Adams, DO, DAAPM
Regional Assistant Dean
Southwest Region

Purpose

- Record of Patient Encounter
- Method of Communicating

S - Subjective

- Chief Complaint
  - Direct quote from patient
  - Summarized problem
  - Source of history and reliability

S - Subjective

- Severity
- Pattern
- Radiating
- Exacerbating factors
- Remitting factors
- Previous treatment

S - Subjective

- Precipitating event
- Impact of symptoms on patient
- Patient's expectations
- What caused patient to seek advice or treatment at this time

S - Subjective

- Past medical/surgical history
- Family history
- Risk factors
- Social factors – living situation, etc.

O - Objective

- Vital signs, Ht-Wt-T-P-R-BP
- Observations. A/O P,P,T,S
- Physical Exam
- Diagnostic – Labs, X-rays, etc.

O - Objective

- Exam to include pertinent positive findings, abnormal
- Exam to also include pertinent negative findings, normal such as lungs are clear without….hear sounds are normal without….pulses are intact….

A - Assessment

- Differential Diagnosis
  - Active problems, numbered from most significant or probable to least likely with supporting reason
  - Psycho-social implications
  - Prognosis

A - Assessment

- Known or current problems/conditions
  - …. And, their current status

    Severity, Complicatingfactors

A - Assessment

- For health maintenance visits
  - Discuss risk factors
    Such as Lifestyle and,
    Safety issues

P - Plan

- Numbered list of recommendations
  - As relate to each numbered assessment
    - Prescription
    - Diagnostic tests
    - Advice, education, counseling
    - What to do if symptoms worsen or do not improve
    - When to return

Head-To-Toe Physical Exam
Normal Adult, no genitalia, breast, or rectal exams

☐ Introduction

☐ Student Washes hands

Vital Signs:

To receive credit for blood pressure, pulse, or respirations, the student must report a value to the patient in addition to performing the technique.

☐ Blood Pressure (arm at heart height)

☐ Pulse Rate

☐ Respirations

Head:

☐ Student inspects the scalp and hair for; parasites, scaling, skin lesions, symmetry, color, or distribution of hair.

☐ Student palpates the cranial bones: frontal, temporal, parietal, and occipital

☐ Student palpates or percusses over maxillary sinuses and frontal sinuses.

Neck:

☐ Student notes that they are inspecting the neck for items such as symmetry, masses, pulsations, alignment of trachea, or venous distention.

☐ Lymph nodes Student must examine and say

Occipital (back of head)
Anterior Cervical Chain (along neck muscle)
Pre- auricular (front of ear)
Submental (under chin)
Supraclavicular (at your collarbone)
Posterior auricular (behind ear)
Posterior Cerv. Chain (along neck muscle)
Submandibular (at the angle of the jaw)
Sublingual (under chin)

☐ Student feels for the position of trachea in the neck.

☐ Student palpates the thyroid gland.

☐ Student palpates the carotid pulses one side at a time.

☐ Student auscultates for carotid bruits (listens with stethoscope on both sides of neck).

Eyes:

Inspection

- ☐ External eye: brows, lids, palpebral fissures, symmetry, edema, lacrimal gland, or lacrimal duct.
- ☐ Eye: sclera, cornea, iris, conjunctiva, blood vessels, icterus, arcus senilis, conjunctivitis.

Pupils

- ☐ Corneal light reflection
- ☐ Test direct and indirect reaction to light
- ☐ Test accommodation (i.e. near-far reflex)

Fundoscopic Exam

- ☐ Student uses correct ophthalmoscope technique: If using coaxial scope, student must examine R eye to R eye and L eye to L eye. If using panoptic scope, the cup must touch the patient's face.
- ☐ Inspect ocular fundus: red reflex, vessels, cup, disc, macula, fovea, retinal background, A/V nicking, copper wiring, or hemorrhaging.

Ears:

- ☐ External ear: position and alignment, skin condition, auditory meatus, tophi, blood vessels, symmetry, no inflammation of the mastoid
- ☐ Moves auricle and pulls tragus for tenderness

Otoscopic Exam

- ☐ Student inspects the following: external ear canal, tympanic membrane, and cone of light, umbo, handle of the malleus, pars tensa, color, perforations, or contour (bulging or retractions).

Nose:

- ☐ Inspect the external nose for symmetry and lesions.
- ☐ Septum, discharge, nasal mucosa, polyps, color, and turbinates

Oral Cavity:

- ☐ Buccal mucosa, teeth, gums, tongue, tonsils, uvula, floor of mouth, palate, or pharynx

Lungs:

☐ Assess for any signs of respiratory distress:

1. Respiratory rate
2. Body position (tripoding)
3. Use of accessory muscles (intercostals, scalenes, sternocleidomastoid)
4. Cyanosis or color of the patient
5. Lip pursing
6. Nasal flaring
7. Mental status…is the patient alert and oriented
8. Diaphoresis

Inspection:

☐ Configuration of the thoracic cage: symmetry, barrel chest, and pectus excavatum or pectus carinatum.

☐ Skin Characteristics: The student should be looking at bare skin on the front and back of the chest looking for and noting any lesions, color changes, scars, accessory nipples, and venous patterns

Auscultation

☐ Exam done with stethoscope on bare skin and using side to side comparison

☐ Student instructs the patient to breathe in and out through their mouth.

☐ Anterior Chest: Auscultates at least 4 areas covering both the upper and lower lobes

☐ Posterior Chest: Auscultates at least 4 areas covering both the upper and lower lobes

☐ Lateral Lobes: Auscultates the lingula in the left axilla and right middle lobe in the right axilla (5^{th}-7^{th} intercostal spaces)

Heart exam:

Inspection

- ☐ Inspect the precordium for any pulsations or heaves (lifts) on bare skin

Auscultation

- ☐ Exam done on bare skin using the diaphragm of the stethoscope.
- ☐ Aortic Point (2nd intercostal space, right sternal border)
- ☐ Pulmonic Point (2nd intercostal space, left sternal border)
- ☐ Erb's Point (3rd intercostal space, left sternal border)
- ☐ Tricuspid Point (4th intercostal space, left sternal border)
- ☐ Mitral Point (5th intercostal space, mid-clavicular line)

.

Abdomen:

Inspection

- ☐ Student instructs the patient to lie down on their back and exposes the abdomen
- ☐ Abdominal contour: flat, distended, or protuberant.
- ☐ Skin characteristics: venous pattern, tattoos, jaundice, moles, cyanosis, or scars

Auscultation

- ☐ Auscultation performed before percussion and palpation
- ☐ Bowel sounds
- ☐ Aortic Bruits (auscultate 2 inches above the umbilicus or just left of the umbilicus)
- ☐ Renal Bruits (auscultate 2 inches above and two inches lateral to the umbilicus)

Percussion

- ☐ Percussion in all 4 quadrants
- ☐ Percuss the lower edge of liver in the right mid-clavicular line

Palpation

- ☐ General palpation in all 4 quadrants (light then deep)
- ☐ Palpate for the liver
- ☐ Palpate for the aorta

Neurologic:

Cranial nerve II

- ☐ Visual acuity: (use hand-held vision card) student holds the chart approximately 14 inches in front of the patient and ask them to read the smallest line they can. (Corrected vision only)

CN III, IV, VI

- ☐ Test extraocular muscles: Six Cardinal positions of gaze

CN V

- ☐ Sensation: Light touch on the forehead, cheeks, and jaw
- ☐ Motor: clench jaw while the student palpates

CN VII

- ☐ Student inspects the face for symmetry when they ask patient so smile, frown, or raises eyebrows.

CN VIII

- ☐ Whisper test (may use fingers)

CN IX, X

- ☐ Elevate uvula and soft palate (Say "ahhh")

CN XI

- ☐ Tests muscle strength against your resistance: Head turned to each side
- ☐ Tests muscle strength against your resistance: Shoulder shrug

CN XII

- ☐ Stick out tongue

Sensory Testing: arms, hands, legs and feet

- ☐ The student asks you to close your eyes.
- ☐ The student performs light touch testing on the above listed areas.
- ☐ The student compares sensation between left and right sides.

Test Cerebellar Function: Student must perform all three

- ☐ Finger-nose-finger test or rapid alternating movements test
- ☐ Heel to shin test: Ask patient to run each heel down the opposite shin
- ☐ Romberg Test: the student must ask you to stand, with eyes closed and arms at your side or extended out front.

Deep Tendon Reflexes (Bilaterally)

- ☐Biceps
- ☐ Triceps
- ☐ Brachioradialis
- ☐ Patellar
- ☐Achilles

<u>Musculoskeletal</u>:

Gait

- ☐ Walk (normal walk)
- ☐ Walk on toes
- ☐ Walk on heels
- ☐ Tandem (heel to toe)

Motor: Muscle Strength Testing
Shoulders

- ☐ Adduction
- ☐ Abduction
- ☐ Flexion
- ☐ Extension

Arms

- ☐ Biceps flexion
- ☐ Triceps extension

Fingers

- ☐ Abduction
- ☐ Adduction

Hips (seated position)

- ☐ Flexion

Knees

- ☐ Extension

☐Flexion

Feet

- ☐ Dorsiflexion
- ☐ Plantar flexion

Lower Extremity Palpation: (Bilaterally)

☐ Posterior tibial pulse

☐ Dorsalis pedis pulse

Communication Section:

☐ Maintains eye contact

☐Conducts exam in an organized fashion

☐ Explains exam procedures to patient concisely and logically

☐ Student closes the exam appropriately

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, formal and informal programs that occur at your base hospitals. If your base hospital has an accredited residency program, you should go to the residency didactic programs. Required didactic programs will be communicated to you by your Statewide Campus Personnel.

Rotation Specific Didactics will be required for each of the following rotations: Pediatrics, Obstetrics & Gynecology/Women's Health, Surgery and Psychiatry. Each of these rotations will have a mandatory, discipline specific half-day didactic (3 hours) during the first week of the rotation which may consist of a combination of lectures, hands-on activities, and interactive activities. All SWC students in this discipline will participate from the region where their rotation is taking place in real time via electronic means for the portions of the didactic being provided from a central location. The presentations selected for this discipline are meant to augment the student's experience on the rotation and provide topics consistent with the NBOME blueprint for this rotation discipline.

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, 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 within 3 weeks of the unexcused absence. **Failure to remediate as outlined above will result in a professionalism report.**

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**: https://www.wvsom.edu/policies/student-handbook

Progressive Disclosure Case Presentation

Orientation 2020

Arthur Rubin, DO, FACOP, MHA

Presenting a Case

- Required once during academic year
- Will be during education days
  - Only audience will be peers
- "Professional" presentation
  - Will be "graded" on the following
    - Knowledge of subject
    - Ease of presentation
    - Appropriate use of Osteopathic Principles

Presenting a Case

- Use a SOAP format
- Give information, but make interactive
  - For example:
    - Ask audience for differential
    - Ask audience for lab/studies they might order

Basics -
SOAP Note – what goes where?

- **S** = subjective data
  - Chief complaint, present illness, Medical Hx, Surgical Hx, etc.
- **O** = objective data
  - Physical exam
  - Osteopathic structural exam
  - Lab data, x-ray results, etc.
- **A** = assessment
  - Medical diagnosis
  - **Somatic dysfunction** diagnosis by regions
- **P** = plan
  - Standard medical treatments
  - **OMT** - then record type of OMT, to what body regions, and patient's response to OMT.
  - Disposition

WVSOM Student OMM Clinic

Case Presentation

- Example…

Case Study

History

- Chief Complaint: A 10 year old boy complains of difficulty breathing.

Basics:

History of Chief Complaint - OLDCAARTS

- **O**nset
- **L**ocation
- **D**uration
- **C**haracteristics
- **A**ggravating factors
- **A**ssociated factors
- **R**elieving
- **T**emporal factors
- **S**everity

Case Study
History

- Hx of CC:

  He is asthmatic and has been doing fine on his medications until about 3 weeks ago. He cannot recall what might have occurred to explain his symptoms.
  He admits that his shortness of breath worsens after playing soccer. He has played soccer for 5 years.

Case Study

History

- Medical History: Admits asthma since age 5 and well controlled on his medications. He was delivered vaginally with no neonatal complications. No other hospitalizations. He is on a general diet and drinks 2 glasses of milk a day.
- Surgical History: None.
- Injuries: Fell off of trampoline 3 months ago. Slipped on ice landing on buttocks 5 months ago.

Case Study
History

- Family History:

  Father had asthma as child but grew out of it. He is a non-smoker.

  Mother smokes ½ pack of cigarettes per day but only outdoors.

  1 brother in good health.

Case Study

History

- Social History: He is an excellent student. He has had a cat for 8 years. He recently moved to Lewisburg, WV from El Paso, TX when his dad got a job promotion.
- Medications: Steroid inhaler and rescue inhaler with Albuterol
- Allergies: NKA

Basics:
Physical Exam

- **Where does it go in SOAP note format?**

Case Study
Physical Exam

- Appearance: Normal growth curve. Well nourished but slightly pale with "allergic shiners."
- Vital Signs: T=98.6 F.; P=68; R=22; BP=80/50
- HEENT:

  PERLA without retinopathy.

  TMs clear.

  Positive nasal flaring with nasal horizontal crease noted.

  Nasal turbinates engorged bilaterally.

  Buccal mucosa pink and moist. No tonsillar hypertrophy. No post nasal drainage.

  Thyroid not enlarged. No cervical adenopathy.

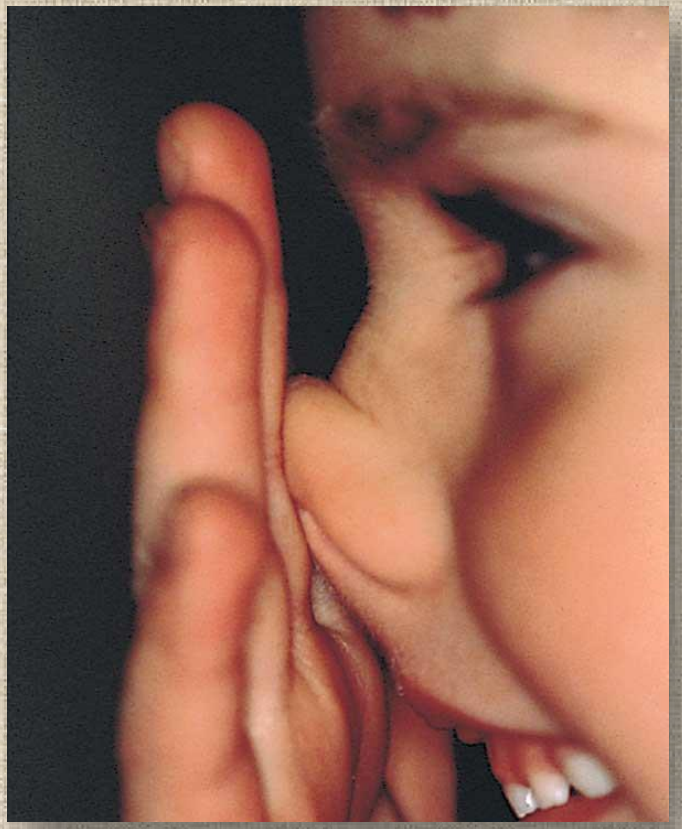
Case Study

Physical Exam – Optional Photo

Allergic Shiners

mdconsult.com

Transverse nasal crease secondary to "allergic salute"



mdconsult.com

Case Study
Physical Exam

- Heart: HRRR without murmur.
- Lungs: Faint bilateral end expiratory wheezes. No crackles. No dullness to percussion.
- Abdomen: Soft without masses, tenderness or organomegaly. Bowel sounds physiologic.
- Extremities: No edema. Pulses equal and full.
- Neurological: CNNs 2-12 intact. DTRs 2/4, motor strength 5/5 bilaterally in upper and lower extremities. No sensory deficits.

Case Study

Physical Exam – Osteopathic Findings

- Osteopathic Structural Exam:

  OA FRS left

  TPs - AC1 right, PC2 left, AT2,4 midline

  C4 FRS left

  T3 FRS left

  Chapman point 3rd left intercostal space

  T12 ERS right

  Elevated left 1st rib

  Ribs 2-5 exhalation restriction left

  Ribs 8-10 restricted inhalation right

  Cranial - SBS right sidebending rotation;
  Left temporal restricted in external rotation;
  CRI amplitude 2/5.

  Sacrum bilateral anatomical flexion (base anterior) restriction

What is your diagnosis (assessment) at this point?

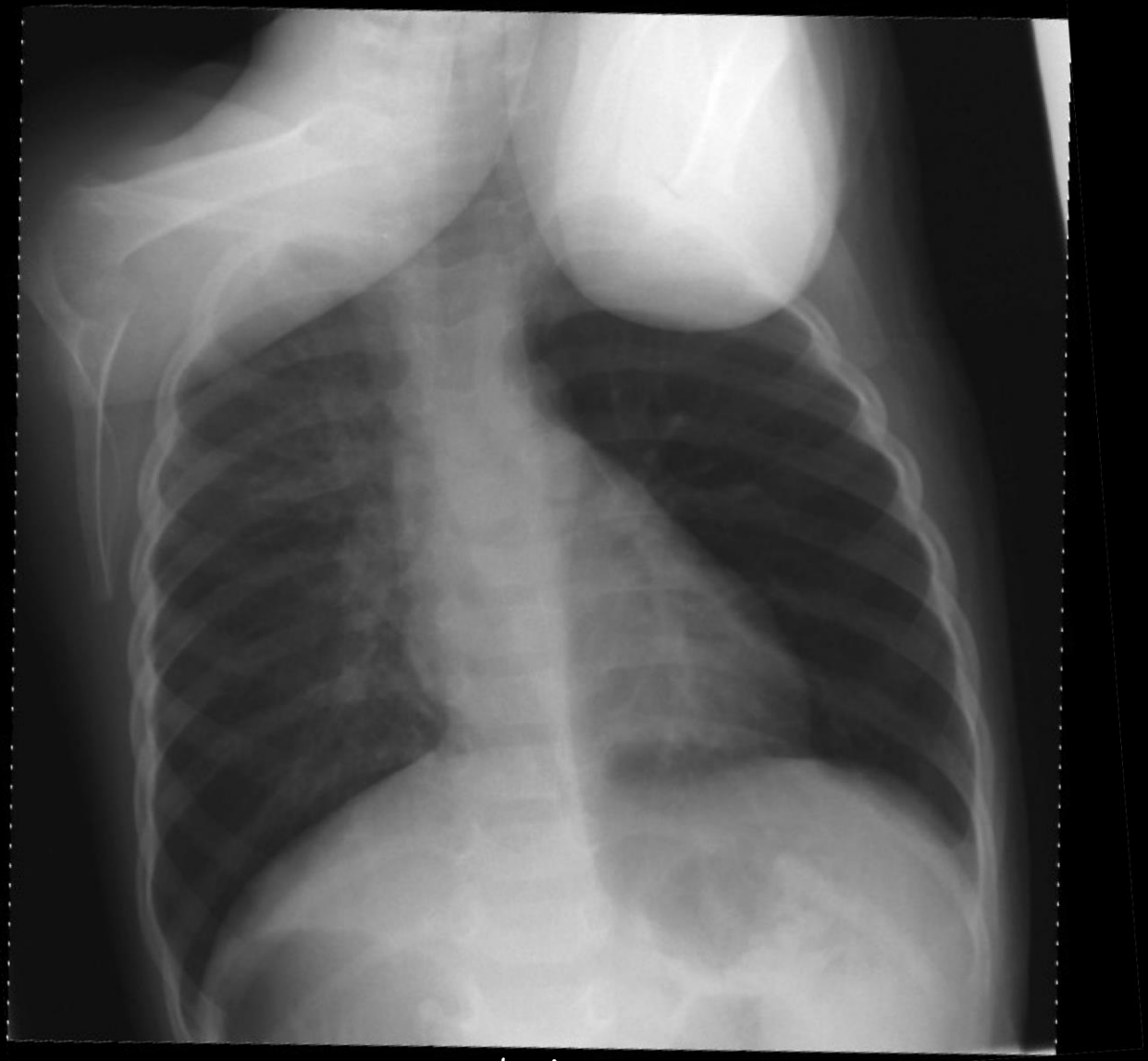
What lab would you like to order?

Lab Results

Where does this go in SOAP note?

- CBC normal
- Nasal pharyngeal swab = normal flora
- Pulse oximetry = 94%
- Pulmonary function studies = Decrease in FEV1

Chest X-ray



ep.bmj.com

Case Study

Diagnosis – Where does this go in SOAP note?

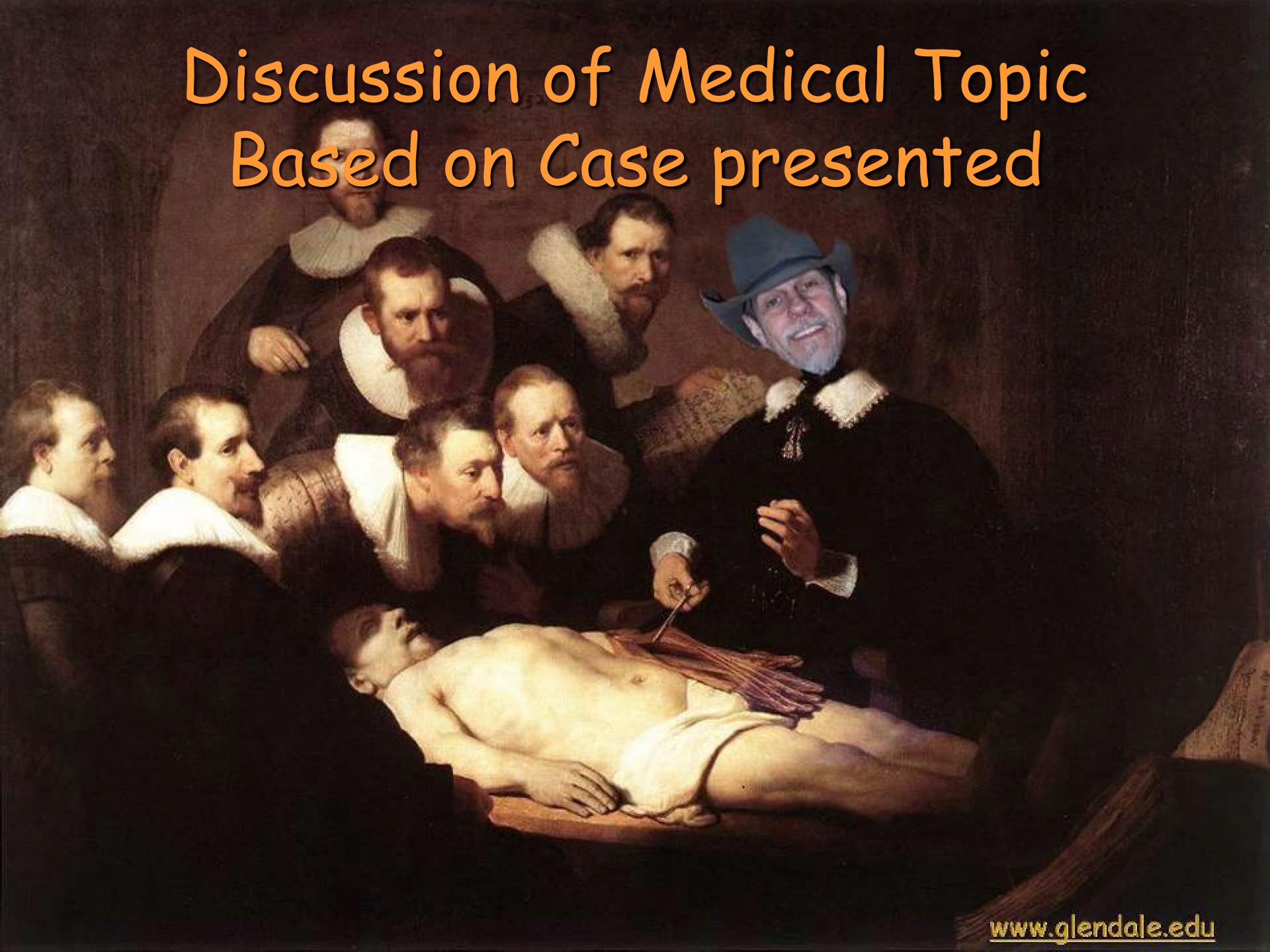
1. Bronchial Asthma
2. Somatic dysfunction head, cervical, thoracic, rib, sacrum

Case Study

Treatment decisions – where does this go in SOAP format?

- You have options for this slide
  - You can place it here in your presentation, describing what was done for the patient, then go on to your teaching discussion….or
  - You can place it at the end of your teaching discussion to "wrap up" what happened with your patient.

Discussion of Medical Topic Based on Case presented



www.glendale.edu

Example: *Asthma*

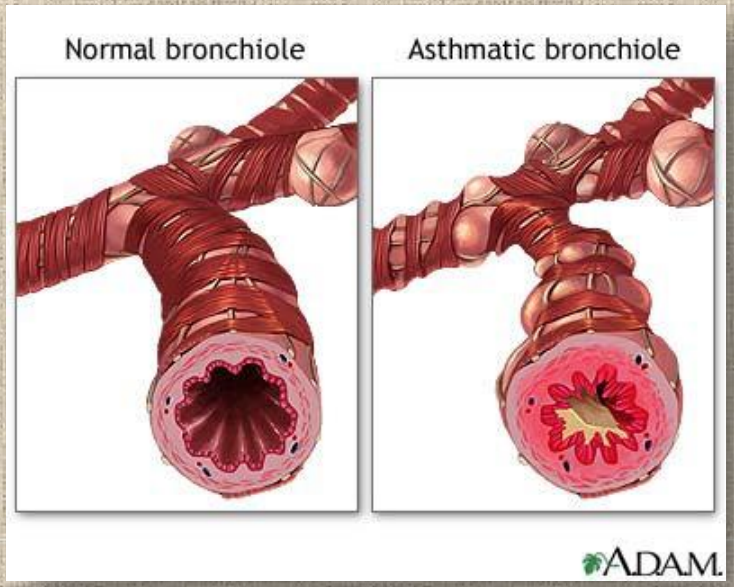

Pathophysiology of Asthma
outside.danmitchell.org

Pathophysiology
Asthma

- Most common chronic disease in children.
- More common in:
  - Males
  - African Americans
- 80-90% of asthmatic children exhibit symptoms by age 5.

Pathophysiology
Asthma Characteristics

- Airway obstruction and narrowing
  - Usually reversible
  - Lung hyperinflation
- Airway inflammation
  - Bronchospasm
  - Edema of mucous membranes
  - Thick tenacious mucus plugs
- Bronchial hyper-responsiveness



Pathophysiology

Precipitating Factors of Asthmatic Attack

- Emotional stress
- Exercise
- Gastroesophageal reflux
- Sinusitis or URI
- Inhaled and ingested allergins
  - i.e. pollen, mold, spores, house dust, mites, animal dander, food
- Inhaled irritants
  - i.e. tobacco smoke, air pollution, aerosol sprays, strong odors

Case Presentation Wrap up

- This is the other option for the Plan section of the SOAP format.

At end of presentation (for education day) there will ALWAYS be a Post-Test

1. The questions are based on the case presented
2. Questions should come from a board review source
3. There should be 5 board-style questions

Example
Post-Test

1. Which of the following key accessory muscles of respiration is responsible for maintaining the rib 2-5 inhalation somatic dysfunction on the left?
   a. Anterior scalene
   b. Middle scalene
   c. Posterior scalene
   d. Sternocleidomastoid
   e. Pectoralis minor


Are there any questions?

Examples of Topics for Case Studies

Anesthesiology

- □ Airway Obstruction
- □ Conditions requiring local anesthesia
- □ Conditions requiring general anesthesia
- □ Acute and chronic pain
- □ Blood loss (requiring blood transfusion & fluid management)

Dermatology

- □ Acne
- □ Contact dermatitis
- □ Skin cancer
- □ Eczema
- □ Actinic keratosis
- □ Warts
- □ Tinea & onychomycosis

Emergency Medicine

- □ Resuscitation/cardiac arrest (ABC's)
- □ Major/multiple trauma (including C spine fractures)
- □ Chest pain/angina/acute myocardial infarction
- □ Vomiting including hematemesis/diarrhea/ dehydration
- □ Cardiovascular accidents
- □ Acid-base disorders (including diabetic
- □ keto-acidosis)
- □ Management of overdose
- □ Acute respiratory distress/asthma/Chronic Obstructive Pulmonary Disease (COPD)
- □ Shock
- □ Assessment of low back pain
- □ Diagnosis & initial management of minor trauma (including fractures, sprains, bites, burns)
- □ Acute abdomen/pelvic pain
- □ Bronchitis/pneumonia
- □ Pain management
- □ COPD/Asthma
- □ Abdominal pain (Inflammatory Bowel Disease [IBD]/peptic ulcer)
- □ Dermatological conditions (risks, etc.)

Ear, Nose, and Throat

- □ Otitis Media/Externa
- □ Tonsillitis
- □ Sinusitis
- □ Neck mass—cancer, thyroid, adenopathy
- □ Vertigo

Family Medicine

- □ Sinusitis/rhinitis/Upper Respiratory Infection (URI)
- □ Otitis media
- □ Hypertension
- □ Diabetes
- □ Low back pain

Geriatrics

- □ Dementia/delirium/depression
- □ Osteoarthritis
- □ Hypertension
- □ Osteoporosis
- □ Diabetes
- □ Urinary incontinence/Urinary Tract Infection (UTI)
- □ Polypharmacy
- □ Benign Prostatic Hypertrophy (BPH) prostate cancer
- □ Sexual dysfunction/Erectile Dysfunction (ED)
- □ Falls

Internal Medicine

Cardiology

- □ Hypertension
- □ Chest pain (cardiac & non-cardiac etiologies)
- □ Dysrhythmia
- □ Cardiomyopathy
- □ Chronic Heart Failure (CHF) (functional assessment & management)
- □ Coronary Arterial Disease (CAD)
- □ Dyslipidemia
- □ Murmurs (diagnostic workup)
- □ Syncope (cardiac & non-cardiac)

Circulatory

- □ Anemia

Endocrine

- □ Diabetes
- □ Thyroid disease

Gastrointestinal

- □ Diverticulitis/Diverticulosis
- □ Hepatitis
- □ Colon cancer
- □ Abdominal pain
- □ Diarrhea
- □ Gallbladder disease
- □ Gastro-Esophageal Reflux Disease (GERD)
- □ Inflammatory bowel disease
- □ Irritable bowel Syndrome (IBS)
- □ Pancreatitis
- □ Peptic ulcer disease

Genitourinary

- □ Renal failure
- □ Fluid/electrolyte imbalance

Heart

- □ Hypertension
- □ Congestive Heart Failure (CHF)

Lung

- □ Chronic Obstructive Pulmonary Disease (COPD)
- □ Asthma
- □ Pneumonia

Neurology

- □ Stroke
- □ Altered mental status (coma, encephalopathy, etc.)
- □ Seizures (including epilepsy)
- □ Headache (migraine, etc.)
- □ Syncope

Pulmonology

- □ Acute bronchitis
- □ Asthma
- □ Chronic Obstructive Pulmonary Disease (COPD)/emphysema
- □ Lung cancer
- □ Pneumonia
- □ Pulmonary embolism
- □ Respiratory failure
- □ Sleep apnea
- □ Chronic cough

Managed Care Concepts

- □ Healthcare payers and payment systems
- □ Cost control methods
- □ Cost containment and utilization management
- □ Clinical practice guidelines

Medical Jurisprudence

Ophthalmology

- □ Conjunctivitis
- □ Diabetic retinopathy
- □ Glaucoma

Orthopedics

- □ Spine defects & injuries
- □ Shoulder injuries
- □ Knee injuries
- □ Ankle injuries
- □ Sports injuries
- □ Arthritis
- □ Hip injuries

Pediatrics

- □ Growth and development
- □ Asthma and cystic fibrosis
- □ Febrile child
- □ Otitis media
- □ Newborn jaundice
- □ Diarrhea/gastrointestinal disturbances
- □ Upper respiratory tract infections/bronchitis/ pharyngitis
- □ Common rashes
- □ Well child care/immunizations
- □ Child abuse
- □ Meningitis

Physical Medicine

- □ Stroke

Psychiatry/Psychology

- □ Depression
- □ Anxiety disorders & panic attacks
- □ Schizophrenia
- □ Bipolar disorder
- □ Personality disorders
- □ Dementia
- □ Substance abuse, alcohol withdrawal
- □ Obsessive-Compulsive Disorder (OCD)
- □ Eating disorders
- □ Attention Deficit Hyperactivity Disorder (ADHD)
- □ Chronic pain

Radiology

- □ Diagnostic approach to interpretation of
- □ Chest x-rays
- □ Abdominal x-rays
- □ Extremity x-rays

Spirituality & Medicine

Surgery

- □ Gall bladder disease
- □ Hernias
- □ Appendicitis
- □ Breast disease—cyst/cancer
- □ Colon cancer
- □ Bowel obstruction
- □ GI bleeding
- □ Anorectal disease (hemorrhoids/fissures/abscess)
- □ Fluid & electrolyte balance
- □ Total Peripheral Nutrition (TPN)
- □ Inflammatory bowel disease
- □ Abdominal
- □ Pain/Irritable Bowel Syndrome (IBS)
- □ Post-op complications (wound infections, systemic infections)

Women's Health

- □ Labor & delivery
- □ Menopause, Hormone Replacement Therapy (HRT)
- □ Vaginitis/Pelvic Inflammatory Disease (PID)
- □ Contraception
- □ Breast disease—cancers
- □ Cervical, uterine & ovarian cancers
- □ Pap tests/pelvic exams
- □ Intrauterine & extrauterine pregnancy

Revised 03/2013

WVSOM SWC Clinical Case Conference
Evaluation by Physician

Date:_____ Student Presenter: _____

Topic _____

Please answer these questions by checking the appropriate box, using the following scale:

SA-Strongly Agree A- Agree D-Disagree SD-Strongly Disagree

	SA	A	D	SD
Patient Care/Medical Knowledge: The student appeared knowledgeable about the case				
The content was appropriate for the case				
Practice Based Learning and Improvement: The materials used (handouts, slides) enhanced the overall presentation				
There was evidence of research in preparation of the case presented				
Interpersonal and Communication Skills: This presentation was logically organized				
The student appeared comfortable presenting to a group of peers				
Professionalism: This is the type of presentation that you would expect from a 3rd year medical student				
The presentation is something that can be given to either a community audience or group of outside physicians (looking at professionalism)				
Systems Based Practice (If appropriate for presentation) The student demonstrated understanding of working with a medical team or appropriate utilization of medical resources in dealing with the patient				
Osteopathic Principles and Practice The student appropriately incorporated OMM into evaluation and/or treatment plan of patient presented				

Suggestions for Improvement (required)

_____

_____

_____

_____ _____

Preceptor (Print name) Signature

Updated 6/18/2010

WVSOM Statewide Campus -- Region
Education Day Evaluation
Date -- Topic

Overall Evaluation of Education Day

Please rate the following areas: (leave blank if not applicable)	**Very Poor**	**Poor**	**Acceptable**	**Good**	**Very Good**
Quality of Education Day presentations	1	2	3	4	5
Content of class meeting	1	2	3	4	5
Relevance of presentations to clinical years	1	2	3	4	5
Quality of the meeting space	1	2	3	4	5
Quality of the meals provided	1	2	3	4	5
Overall evaluation of this Education Day	1	2	3	4	5
What did you like most about this Education Day?					
What did you like least about this Education Day?					
General comments about this presentation:					

Topic: Presenter

Please rate the following areas:	**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
Objectives were clearly presented	1	2	3	4	5
Presentation stimulated thinking and understanding	1	2	3	4	5
Presentation was clear and well organized	1	2	3	4	5
Active participation and discussion were encouraged	1	2	3	4	5
AV (and handout if applicable) was useful	1	2	3	4	5
What was MOST effective about this presentation?					
What was LEAST effective about this presentation?					
General comments about this presentation:					

Print Name Signature Date

Topic: Student Presenter

Please rate the following areas:	**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
Student was prepared for presentation	1	2	3	4	5
Student was knowledgeable about case content	1	2	3	4	5
AV (and handout if applicable) was useful	1	2	3	4	5
Presentation was clear and well organized	1	2	3	4	5
Presentation improved my medical knowledge	1	2	3	4	5
What was MOST effective about this presentation?					
What was LEAST effective about this presentation?					
General comments and suggestions for student presenter:					

Clinical Skills Lab Evaluation

Please rate following training sessions:	**Very Poor**	**Poor**	**Acceptable**	**Good**	**Very Good**
Overall organization of skills lab exercises	1	2	3	4	5
Knowledge base of clinicians and facilitators	1	2	3	4	5
Usefulness of skills lab exercises to student learning	1	2	3	4	5
Peripheral IV Practice	1	2	3	4	5
Male/Female GU Catheterization	1	2	3	4	5
Prostate Exam	1	2	3	4	5
Pelvic and Breast Exam	1	2	3	4	5
Airway Skills	1	2	3	4	5
Virtual Laparoscopy	1	2	3	4	5
Joint Injection	1	2	3	4	5
What did you like most about these exercises?					
What did you like least about these exercises?					
General comments about Clinical Skills Lab:					

Print Name Signature Date

Proctored End of Rotation Exams

Students must complete a proctored End of Rotation (COMAT) exam near the end of each Core required rotation (excluding IM 1) in the third year. The COMAT exam is an objective assessment of the student's medical knowledge. The Standard Score (as defined by the National Board of Osteopathic Examiners/NBOME) will be used to determine whether or not the student passed or failed the examination. All students will be required to pass the COMAT with a standard score of 80 or greater, which is 2 deviations below the national mean of 100. Standard scores will be converted to a percentage with standard scores greater than 122 being recorded as 100%. The standard score of 79 and below will be listed as 67% and therefore a failure of the COMAT exam. As this is a national standardized exam, failing scores are ineligible for appeal.

In the first week of the core rotations Family Medicine, Internal Medicine II, Pediatrics, Surgery, OB/GYN, Emergency Medicine and Psychiatry, all students are encouraged to take the online sample COMAT Rotation exam.
This is a 15 question exam located at
https://www.nbome.org/exams-assessments/comat/clinical-subjects/ .

The pretest is strongly recommended, but the score will not be included in the course grade

For the disciplines of Family Medicine, Internal Medicine II, Pediatrics, Surgery, OB/GYN, Emergency Medicine and Psychiatry, it is necessary to pass the COMAT with a standard score of 80 to pass the rotation, regardless of the preceptor grade.

A single retest of a failed COMAT will be permitted. If the student passes the retest of the COMAT, a final rotation grade of 70 will be recorded and the rotation will be successfully completed. Retesting is only permitted for a single COMAT failure. This excludes the OPP COMAT as that score is not included in any rotation course grade. Specific guidelines for the OPP COMAT are in Section 1.7.1

If a standard score of at least 80 is not achieved on the repeat COMAT or if a student fails a second COMAT, a failure grade will be recorded and students will have their record remanded to the Student Promotions Committee for review. After review, the committee will make a recommendation to the Associate Dean for Predoctoral Clinical Education (See Institutional Policy and Procedure E-17 https://www.wvsom.edu/policies/e-17).

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

- No cell phones or electronic devices are permitted in the exam area during testing.
- Students are expected to be on time for the exam. If a student is late, no additional time will be allowed to take the exam.
- Students with an **unexcused absence** from the end of rotation COMAT exam **will have failed the COMAT exam. If the student is eligible for a retest, the date will be determined by their Regional Dean and/or Director.** Exceptions for taking the COMAT end of rotation examination can only be made in the case of dire circumstance or illness at the discretion of the Statewide Campus Regional Dean.
- The COMAT will be 40% of the calculated final rotation grade for the disciplines of Family Medicine, Internal Medicine II, Pediatrics, Surgery, OB/GYN, Emergency Medicine and Psychiatry.

Professional dress is required at the time of the examination.

Introduction to the 3rd-year End-of-Rotation Exams (COMAT)

Statewide Campus Orientation

Raeann L. Carrier, Ph.D.
rcarrier@osteo.wvsom.edu

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Presentation Overview

- COMAT definition
- Interpreting COMAT results
- COMAT preparation
- COMAT Logistics

2

COMATs

- Comprehensive Osteopathic Medical Achievement Tests
  - https://www.nbome.org/exams-assessments/comat/
  - Each COMAT is 125 questions, taken over 2 hours, 30 minutes
- Administered at the end of CORE rotations
  - Date/time assigned by your Director
  - Scheduled through ONBEC

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COMAT Exam Info

- 8 separate exams
  - Emergency Medicine
  - Family Medicine
  - Internal Medicine (2nd IM month)
  - OB/GYN
  - **OPP (orientation weeks)**
  - Pediatrics
  - Psychiatry
  - Surgery

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Importance of the COMAT

- Measure of Competency
  - measured against a national standard of class performance
  - comparison with individual students nationally
- Preparation for COMLEX Level 2 CE
  - made up of newly-written COMLEX-style questions
  - important to learn material well the first time

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COMAT characteristics

- Different forms (versions) of the exam are given
- Score equivalency between forms is provided by the Standard Score
  - Standard Scores range from 0 to 200
  - National Standard Score mean for all exams is 100
- These scores are highly correlative of COMLEX performance
  - Higher COMAT scores → higher COMLEX scores/pass rates

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COMAT Results

Scoring/Grading

- These Standard Scores will be used to determine the points you will receive by the table.
- COMAT score will be the basis for 40% of your rotation score
  - A score of 80 is 70% for the COMATs
- Percentage is NOT the percent correct
- Failure to meet the minimum score of **80** will trigger a COMAT re-test

Standard Score	Pct. Score (for rotation)
123-125	100%
120-122	97%
116-119	93%
111-115	90%
105-110	87%
100-104	83%
95-99	80%
90-94	77%
85-89	73%
80-84	70%
<80	67%

COMAT Retest: Similar to Years 1-2

- Students may be granted a single retest for a COMAT score < 80
- The retest will occur at a time designated by your Regional Assistant Dean and Director based upon student schedule
- The highest possible rotation grade after failing a COMAT is a 70
- *Failing two COMATS or failing both a COMAT and a Retest will result in a failing rotation grade and referral to the Student Promotions Committee*

COMAT Preparation

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COMAT Prep

NBOME Pretests

- Provide practice on format/expectations of question on a particular COMAT
  - 15 items, untimed
  - Un-proctored, taken on student's own computer

Other Materials

- Consult NBOME guidelines for each specialty exam
- Use texts specified by Clin Ed
  - most available on library site
- Use Q-bank questions
  - Kaplan/others

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COMAT Guidelines

- Exam Blueprints, Assessment Objectives and Practice Exams (pretest) available at https://www.nbome.org/exams-assessments/comat/clinical-subjects/
- Included information lists
  - general objectives
  - specific topics in the exam blueprint
  - textbooks used to reference items

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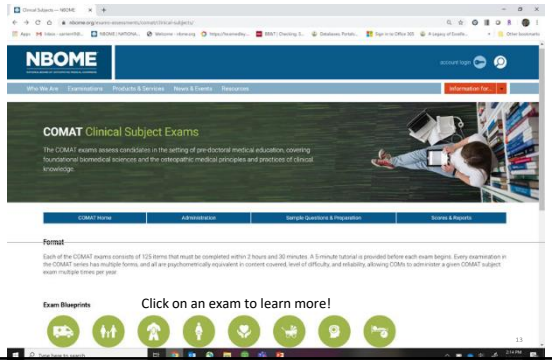
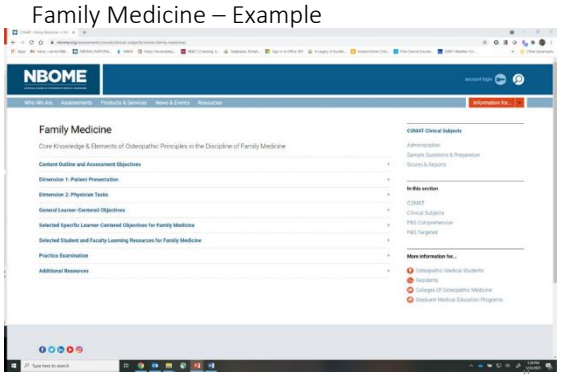
Clinical Sciences COMAT Home Page



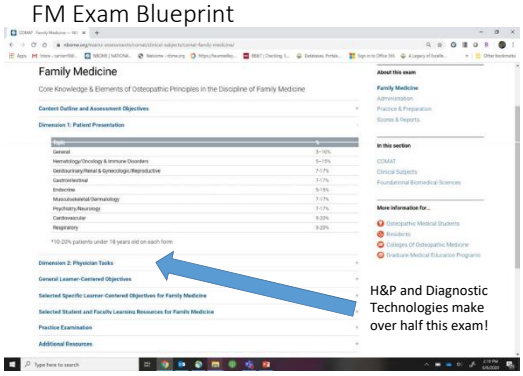
Family Medicine – Example



Content Outline and Assessment Objectives

- Each COMAT exam has specific content outlines and assessment objectives.
- Dimension 1 (Patient Presentations) – specific to common types of presentations seen with a specific clinical science/disciple
- Dimension 2 (Physician Tasks) – similar to competencies used for level 1, but weighted more specifically to clinical science

FM Exam Blueprint



H&P and Diagnostic Technologies make over half this exam!

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Each clinical science has specific objectives that may be assessed

- General Learner Centered Objectives
  - Ability to apply foundational and clinical sciences (including OPP/OMT) to specific clinical science patient presentations
- Selected Learner Centered Objectives
  - Specific to patient presentations seen in the clinical sciences

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Additional Information from the specific clinical sciences webpage

- Useful textbooks or webpages specific to the discipline/clinical science
- Many of these resources are supplied through SWC or through the WVSOM library (within the online resources)

- **Link to COMAT practice quiz**
  - Useful practice tool – use!

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The COMAT Process

Comprehensive Osteopathic Medical Achievement Test

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COMAT Testing

- Scheduling is determined by SWC Director and Office of National Boards
- This is a highly-secured, proctored exam
- The exam is taken through the COMAT website: www.comat.starttest.com
  - installed on specific computers at most SWC sites

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General Exam Rules

- Exam must be proctored.
- No cell phones, electronic devices, or other review/support allowed.
- Must bring computer power cord and/or other computer supplies, as needed.
- If a student requires a break during an exam, the proctor can grant the time, but any time used for a break comes from the allotted exam time.
  - The exam cannot be paused and additional time will not be granted.
  - The Exam Proctor will log any deviations from normal testing
- Students late for an exam start may not be given additional time and the procedure/timeline for testing is at the discretion of the Proctor.
  - The Exam Proctor will log any deviations from normal testing.
- Absence from exam must be excused by SWC Regional Assistant Dean
  - unexcused absence = rotation failure
  - known conflict with exam schedule must be discussed ASAP

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Starting the Exam

- The Proctor (or region) will provide both a launch code AND proctor code to begin the exam
- Click on the COMAT browser icon and when instructed to start, click on the "Run" button
- The *Exam Launch Code* must be entered on the next screen
- The student must confirm their ID and the exam to be taken
- Next, the *Proctor Code* must be entered
- The exam timer will begin counting down after the instruction page

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If you have trouble on exam day,

- Raise your hand immediately and the proctor will address issues as quickly as possible
- If technical difficulties are unable to be resolved immediately by the Proctor, the Proctor and/or student is to notify the Office of National Boards immediately.
  - The Exam Proctor will log any technical difficulties on the proctor log within the NBOME.
- If the exam has not been accessed, you will not lose any time from the exam from timing delays
  - if the exam (or computer) crashes, the timer will stop and the exam will be restored to the same place when the student reaccesses the exam

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Issues that Arise

- Network Drop
  - answers are not lost
  - simply re-access exam
  - timer resumes
  - serious issues must be addressed immediately
- No Score: A student experiencing dire hardship during the exam may request a "NO SCORE" by notify their Regional Dean and Director in writing via email within 24 hours of exam completion.
  - The Regional Dean will review and submit such request to the Director of National Boards.
  - Once investigated, with or without the consultation of the NBOME, the Director will render a decision to the student's Region Dean.
- The student can file an appeal to the Associate Dean of Pre-doctoral Education.

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Score Reporting

- NBOME score sheet delay
  - typically released in about 5-10 days
  - Office of National Boards releases scores to students (via NBOME) and shares with regions. Grades entered into eMedley by SWC staff.
- Score/Percentile Converter:
  - https://www.nbome.org/exams-assessments/comat/clinical-subjects/scores-transcripts/comat-percentile-score-conversion-table/

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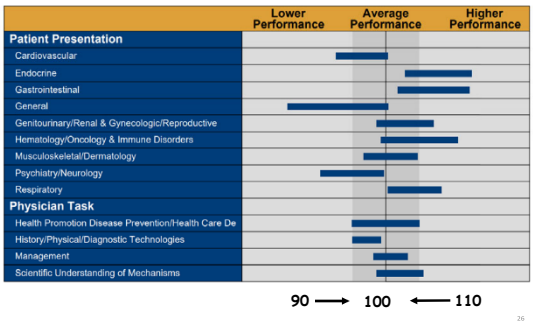
Sample FM Score Sheet

Gray bar under average is range of 90-110. Black line = 100 (standard score mean)



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Presentation Summary

- COMAT definition
- Interpreting COMAT results
- COMAT preparation
- COMAT Logistics

Questions? Contact Dr. Carrier or Kathy Hoke (khoke@osteo.wvsom.edu)

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Link to COMAT Blueprints on NBOME

https://www.nbome.org/assessments/comat/clinical-subjects/

Student eMedley Instructions for Year 3

Logging In

You must use Google Chrome.

1. Login at https://he.emedley.com/wvsom using your WVSOM email and password.

If you are using Google Chrome and have issues, please try the following:

1. Try completely closing Google Chrome and re-opening it or restarting your machine.
2. If the login page you are attempting to use does not have the WVSOM logo on it, please check to make sure the link above is being entered in the address bar of the browser **exactly as shown** or try https://he.emedley.com/univ/wvsom/common/adfs/login.php.
3. Ensure that you are using the correct WVSOM email address and password.
4. Make sure that the link did open in Google Chrome and not another browser.

General Information/Quick Tools

1. In the upper right hand corner, click the dropdown arrow next to your name to see navigation tools.
    a. The Bell icon (next to your name) will take you to your Notifications (see additional instructions on notifications below)
    b. The Green Bar (below your name) will display the amount of idle time you have left before being logged out of the system. You can click this bar to reset your time.
    c. The Home icon will take you back to the initial Lobby Home.
    d. The Lock icon is your personal Account Information.
    e. The Switch Terms icon will allow you to go back and forth between years (if you have been at WVSOM more than one year).- IMPORTANT
    f. The Arrow icon will allow you to Logout of the system.

Notifications Icon

You can access the Notifications area by clicking the bell next to your name in the upper right corner of the screen after you login to eMedley. The Notifications interface (bell by your name) shows you items that need to be completed in the system. These items do not automatically go away when you have done the task. You will need to archive the notification once it is completed. There are three views in the notification area: Inbox, Archived, and All (you can change between them using the dropdown in the top right corner of the screen under your name).

You have the ability to move notifications from the Inbox to Archived by checking the one you want to move and clicking the “Archive” button. This should only be done after you have completed the action required by the notification (e.g. completing the evaluation). You can also move notifications from Archived to the Inbox by clicking the “Move to inbox” button on the Archived page.

You can determine if you have already completed an evaluation by clicking on the Action link (box with arrow pointing up to the right corner) for that evaluation. If you have completed the item, when you click it, you will get a message saying “This evaluation is complete. Please check the “Completed” tab.” If it is not finished, you will be taken to the form to complete.

eKeeper

Viewing Student Dashboard

1. Click on the Applications icon on the left (three stacked blocks) and select eKeeper
2. Click on the Dashboard icon
3. You will see student information that WVSOM has for you on the Overview and Student Information tabs.

4. On the My Settings tab, you can select your default calendar view by clicking day, week, or month next to "Calendar View". You can also select the application that you would like to start in on login every time by selecting the appropriate application from the dropdown next to "Start Application".
5. The Immunization/Diseases tab will contain information on immunization records and certifications.- This is not currently being used by the school.
6. Documents is an area where you may be asked to upload documents for rotations, research, etc.
    a. To add a document, Click the Add Document button, enter the date and brief description, use the browse button to search for the document, select appropriate values in the type, and click Submit.
    b. To update a document, highlight the document from the list, click the Update button, makes changes to the document, and click Save to save the changes.
    c. To delete a document, highlight the document from the list, click the Delete button, in the pop up window, click OK to confirm.
7. Grades are now accessible from eKeeper by clicking **the Snapshot** icon on the right. This will take you to an overview of all grades. Rotations will not be added until the schedule has been approved and published for that rotation. You can click details to view scores for individual grades that make up the final score for a course/rotation. Next to your preceptor grade score, there will be a magnifying glass. You can click this icon to view the actual completed form.

Viewing Documents and Forms Pertinent to All Rotations

1. Click on the Applications icon on the left (three stacked blocks) and select eKeeper.
2. Click on Reference Documents.
3. Links to forms will be listed as well as a link to the SWC Clinical Resources site.

Viewing Completed Grade Forms

You can view grade forms that have been completed on you by preceptors only after Regional Deans and Directors review, approve, and release the forms to students. Once they are approved and released, you can:

1. Click on the Applications icon on the left (three stacked blocks) and select eKeeper
2. Click on My Dashboard
3. Select Snapshot
4. Click Details next to the rotation for which you would like to view your completed grade form
5. Click the magnifying glass next to your grade for the Preceptor Grade Form

Viewing Graduation Requirements

1. Click on the Applications icon on the left (three stacked blocks) and select eKeeper
2. Click on My Dashboard
3. Click on the Graduation Requirements box

Adding Information or Updating Your CV in eMedley

You will be asked to add information to the CV area of eMedley for your Dean's Letters. To do this:

1. Click on the Applications icon on the left (three stacked blocks) and select eKeeper
2. Click on My Dashboard
3. Click on the CV tab
4. Enter the appropriate information into each field.
5. Noteworthy Characteristics are required. You will need to add a single noteworthy characteristic into each noteworthy characteristic box (three are required but adding 5 or more would be better) NOTE: There are only five noteworthy characteristic spaces at the top of the CV tab. More can be found at the bottom.

6. Click Submit at the bottom of the page. The page will just refresh but the information will be saved/submitted. You can go out and back into the tab to check.

evaluate

Completing and Submitting an Evaluation

1. Click on the Applications icon on the left (three stacked blocks) and select evaluate
2. Click on Other Evaluations
3. You will see a list of evaluations to be completed on the “To Complete” tab and a list of evaluations that you have completed on the “Completed” tab.
4. Click on the evaluation you want to complete and select the Evaluate button at the top of the listing. This will start the evaluation.
5. Complete the questions and press Save.
6. A Thank You screen will appear.
7. If you have more forms to fill out, select them from the left-hand side.
8. If you are finished filing out all evaluation forms, click the X in the upper right hand corner or click Go Back to Listing.
9. A confirmation message will appear.
10. Click Send Evaluation only if you are completely done---you will not be able to update or fill out any additional forms related to this evaluation.
11. If you need to finish filling out the forms, or modify your answers, click Keep as Draft.
12. You must click the Send Evaluation button to completely finish the submission process.
13. Be sure to complete the forms within the deadline provided.

Finalizing an Evaluation After Keeping it as a Draft

If you start an evaluation but do not fully submit it, the evaluation may show up on the Completed tab. You can reopen the survey and finish it by doing the following:

1. Click on the Applications icon on the left (three stacked blocks) and select evaluate
2. Click on Other Evaluations
3. Go to the "Completed" tab.
4. Find the evaluation and click on it.
5. Use the "Mark as To Complete" button to re-open the evaluation (It will show up in the "To Complete" tab)
6. Go to the “To Complete” tab to edit and submit the evaluation

* Note: You can only re-open evaluations for the time they are available. For example, if an evaluation is set to open on 8/23 and close on 8/31, you can only re-open and submit it during that time.

Printing a Grade Form to Give to Your Preceptor to Fill out and Send In

It is best to encourage preceptors to complete forms in the system. However, if a preceptor prefers or needs to fill out a paper copy of the form and send it in, you can:

1. Click on the Applications icon on the left (three stacked blocks) and select evaluate
2. Click on Print Pending Preceptor Evaluations
3. Select the evaluation that you need to print.
4. Click Print Blank Form at the top of the page.

* Note: A Grade Form does not show as available until 1 week before the end of the rotation. However, you can still print a grade form that is not yet available:

1. Follow steps 1 & 2 as listed above.
2. Click on the Filter button in the upper right-hand corner of the screen.
3. Change the Availability to Upcoming and click on the Filter button.
4. Proceed with Steps 3 through 5 as listed above.

Viewing Rating or Comments on a Preceptor or Site

1. Click on the Applications icon on the left (three stacked blocks) and select evaluate
2. Click on Basic Reports
3. Double click on Student Evaluations of Clinical Sites and Preceptors
4. Select the Form (e.g. Site/Preceptor/Course Evaluation for 3rd Year Rotations for all 3rd year rotations)
5. Select the Assignment by putting a checkmark next to the assignment (there should be only one to select)
6. Select a site or preceptor by clicking the dropdown for either and picking one from the list. You can also start typing the preceptor name or site name in the appropriate field to search for one.
7. Click Filter.

Searching for Preceptors by Specialty and/or Location

1. Click on the Applications icon on the left (three stacked blocks) and select evaluate
2. Click on Basic Reports
3. Double click on Student evaluations of Clinical Sites and Preceptors Summary
4. Select the Form (e.g. Site/Preceptor/Course Evaluation for 3rd Year Rotations)
5. Select a Preceptor Specialty or Rotation by clicking the dropdown for either and picking one from the list. You can also start typing a specialty in the field to search for one.
6. Select a State and/or City by clicking the dropdown for either and picking one from the list.
7. Click Filter.
8. The next screen will list all preceptors that meet the search criteria. To view ratings and comments for that preceptor, click on Details.

edusched

edusched is the location you will go to view/download your schedule.

Viewing your schedule

1. Click on the Applications icon on the left (three stacked blocks)
2. Select edusched
3. Click on My Schedule. All rotations or activities that have been approved and published will be listed for you to view in this area.

Downloading your schedule

1. Click on the Applications icon on the left (three stacked blocks)
2. Select edusched
3. Click on Basic Reports.
4. Select Rotation Schedule by Student.
5. You can then view the schedule, print it by clicking the Print icon at the top of the schedule, or download it to Excel or CSV by clicking either the Excel or CSV icons at the top of the schedule.

Downloading your schedule with contact information and documents

1. Click on the Applications icon on the left (three stacked blocks)
2. Select eKeeper

3. Click on Basic Reports.
4. Select "Student Clinical Sites and Preceptors".
5. You can then view the schedule with contact information, print it by clicking the Print icon at the top of the schedule, or download it to Excel or CSV by clicking either the Excel or CSV icons at the top of the schedule.

educate

This area of the system will be used little in Year 3. You will go here to find and complete the OSHA and HIPAA training. There may be a few other items that are added later but you will be notified via email if other pieces are added. The instructions below are being left, in case you need to reference them when something is added or need a refresher for accessing the OSHA/HIPAA information.

Finding overall course documents

1. Click the Applications icon on the left (three stacked blocks) and select educate
2. Click on filter icon (looks like a funnel) at the top of the feed.
3. Select the Course/Rotation for which you want to view the overall course documents from the dropdown next to “Section”.
4. Click Filter
5. Click on the Sections (Blue Bar with three stacked blocks) on the right.
6. Click on a document to open and view it.

Searching and filtering for certain items

1. Click the Applications icon on the left (three stacked blocks) and select educate
2. Click on filter icon (looks like a funnel) at the top of the feed.
3. Select the appropriate course/rotation from the dropdown next to “Section”
4. Search for a specific session topic e.g. “antimalarial” by putting that in the space next to “Content” in the filter window then click filter or put it in the space at the top of the feed and click the search icon (looks like a magnifying glass) to the left of that space. Either way works.
5. You can filter for all announcements, Homework, and Tests in the filter window by selecting that “Type” from the list and clicking Filter.
6. You can filter by keyword (e.g. by “vimeo” to find all the video links or by “audio” to find all documents) by putting that in the space next to “Content” in the filter window then click filter or put it in the space at the top of the feed and click the search icon (looks like a magnifying glass) to the left of that space. Either way works.

Downloading Course Files from the Feed

1. Click the Applications icon on the left (three stacked blocks) and select educate
2. Click on filter icon (looks like a funnel) at the top of the feed.
3. Select the appropriate course/rotation from the dropdown next to “Section”
4. Search for a specific session topic e.g. “antimalarial” by putting that in the space next to “Content” in the filter window then click filter or put it in the space at the top of the feed and click the search icon (looks like a magnifying glass) to the left of that space. Either way works.
5. Right click on the file icon and click Save Link As
6. Browse to where you want to save it on your computer and click Save.
7. You can filter for audio files to download using step #6 in the previous section. Click the download button-save.

Viewing Course/Rotation Grades

1. Click the Applications icon on the left (three stacked blocks) and select educate
2. Click the green Grades bar on the right side of the screen.

3. Click on the link for the letter grade next to the course/rotation that you want to view.
4. Note: The calculation of the letter grade and overall percentage may not be accurate for some courses until all grades have been entered into the system. Therefore, you should always refer to the grading schemes in the syllabi for each course/rotation to calculate these overall scores.
5. Next to your preceptor grade score, there will be a magnifying glass. You can click this icon to view the actual completed form.

Case Study Scores and Feedback

The case study process has a few steps. 1) You will create the case in the EHR program. 2) Jenny Patton or other designee in the CEC will review the case and save it as a PDF. 3) The case will be uploaded into eMedley for grading. 4) Graders will grade the case and assign the score/provide feedback in eMedley. 5) A grade will be posted in eMedley.

Therefore, you have two points of contact, if there are issues. 1) For questions about creating the case in the EHR program, contact Jenny Patton (jpatton@osteo.wvsom.edu). 2) For questions about scoring or grading of cases in eMedley, contact Machelle Linsenmeyer (alinsenmeyer@osteo.wvsom.edu).

Case studies are uploaded into one of four sections in eMedley (basically corresponding to the four cases that you are required to complete throughout Years 3 and 4).

1) Family Medicine cases go in:
    a. Family Medicine Case One
    b. Family Medicine Case Two
2) Stookey cases go in:
    a. Stookey Case One
    b. Stookey Case Two

Once a case is graded you can review your grade in educate (under the Grades area of the appropriate section) or in eKeeper in your Snapshot area (Snapshot icon on the right of your profile). ***If your case is rejected, your grade will say REJ***. You should receive an email notification if a case is rejected. If you do not receive an email indicating a rejection, please check your junk email.

To redo a rejected case, you will edit the case in the EHR program and contact Jenny Patton's office to have the edited case uploaded to eMedley.

Viewing Case Study rubric/feedback in educate

1. Click the funnel icon next to the search bar at the top of the screen.
2. Click the dropdown next to section and select the appropriate section from the four listed above.
3. Click Filter.
4. You will see an item listed titled "Family Medicine Case Study 1", "Family Medicine Case 2", "Stookey Case One", or "Stookey Case Two". Click the View Homework icon.
5. In the bottom left corner, click on the View Rubric bar.
6. The shaded bubbles on the rubric correspond to the level that you got in each row/section. The comments to the right are comments for that particular row/section. On the bottom under General Comments, you will find the overall comments that were left by the grader (if any).

ExamN

This area of the system will be used very little in Year 3. Most exams in Year 3 are given through the national boards and will be given through their system. The OSHA/HIPAA training has a quiz that will be taken in this area. You will be instructed via email, if other items are added.

To download/start an exam:

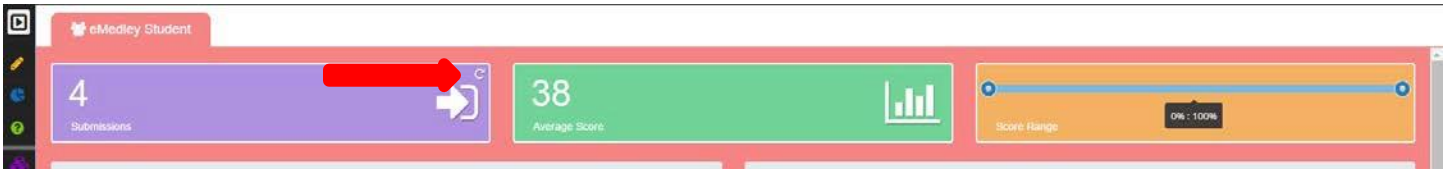
1. Click on the Applications icon on the left (three stacked blocks) and select ExamN
2. Click on View Available Tests.
3. You can either download or start the exam depending on the security settings.
    a. If you need to download, click on the exam and select Download Test at the top of the list. This will change the exam status to Downloaded.
    b. If you just downloaded the exam and now want to start it (you must have the exam password to start a secure exam), click on the exam and select Take Test. Enter the security code (if needed) to begin.
    c. If you downloaded the exam at a different time, you can navigate back to the View Available Tests area, select the test, and click Take Test. Enter the security code (if needed) and begin.
    d. If you started the exam but got kicked out or had an issue that required a restart, you may need a Resume Code if a password was required for the test. You will then go through the steps in c and click Resume Test. Restart the exam.

Submitting an exam:

When you are completely finished and ready to submit, click the submit button at the bottom of the screen. This will take you to a test summary page where you can review your answers or see items that you had marked to review. If you want to go back and make additional changes, click Go Back or click the question number you want to go to. If you are satisfied with your answers, click Submit Test. Click Yes in the confirmation dialog box. Once you submit, you will see the results that you have been allowed to see. Click Done or close the exam window when you are finished. NOTE: For secure exams, after you close the window, you will be taken back to your desktop. You will have to login to eMedley using your regular Google Chrome browser to return to regular functions in eMedley.

Viewing personal exam/quiz profile:

To see your exam profile, you can go to ExamN and click on the Dashboard icon under Reporting. This will display all exams/quizzes and how you have done over time. NOTE: It is good to refresh different areas to ensure you are getting the most up-to-date results. To do this, click the refresh icons that appears in the upper right of the header.



Help/Support

The Office of Assessment and Educational Development maintains and provides support for all components of eMedley. If you need help, please contact Machelle Linsenmeyer via email at alinsenmeyer@osteo.wvsom.edu or via phone at 304-793-6871.

Additionally, most eMedley areas (eKeeper, eValuate, ExamN) have help videos and manuals. You can access these by clicking the videos or manuals icon within the area for which you need help. The green icon with a question mark in the middle on the left of these areas will also take you to the help materials.

Academic

Please refer to institutional policies as appropriate.
Dismissal Policy E 24 https://www.wvsom.edu/policies/e-24
Student Academic Responsibilities E 08 https://www.wvsom.edu/policies/e-08
Student Attendance Policy E 09 https://www.wvsom.edu/policies/e-09

To view all institutional student related policies, log onto the WVSOM web page and access the following: https://www.wvsom.edu/policies

Illness

Should a student incur an illness during the course of a clinical rotation, he/she must immediately notify the appropriate preceptor and Statewide Campus office if he/she will be absent from or will be late to the rotation. When the illness results in an absence of more than two days, the student must be seen by a physician and obtain documentation (return to work document). The Statewide Campus Assistant Dean must receive this documentation within five business days of the absence. If the Statewide Regional Assistant Dean does not receive the documentation within five days, the student may be placed on vacation or may have to take a leave of absence if no vacation time remains. If a student is absent from a rotation due to illness, all time missed must be made up.

If any absence from any rotation is deemed to be unexcused, the student will automatically fail the rotation.

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.

Temporary Absence

Temporary absence is defined as only 4 hours or less in one day. This time must be approved prior to the student taking the temporary absence by the Statewide Regional Assistant Dean and the supervising physician. This time will be allowed when the student has to attend to personal business that cannot be attended to after clinic or hospital rotation duties are complete. It is noted that there are no days off during a rotation. The preceptor establishes the rotation schedule. An exception request form must be submitted to the SWC Regional Assistant Dean and Director prior to the absence.

Leave of Absence

A leave of absence can only be granted by the Vice President for Academic Affairs and Dean. A leave of absence will only be granted for significant reasons, including but not limited to medical problems and/or family crisis. Should a situation occur where the student will be unable to continue on rotations, the student should consult the Regional Assistant Dean immediately. Please reference Instutitional Policy E-26: https://www.wvsom.edu/policies/e-26

Student Attendance Policy

Report on time: Attendance is a vital part of the student's clinical training/education; therefore, attendance is required for the entire duration of each clinical rotation. It is the responsibility of the student to contact the rotation coordinator or supervising physician **3 to 5 days** in advance of the rotation to clarify the time and location to meet on the first day of the rotation. Rotation contact information is available on eMedley. Be sure to check the "Instructions from Preceptor" and "Logistics for Students" sections, as they will contain important information regarding the rotation and rotation contact. We suggest that direct contact be made by phone and not solely by email. If the student has not been able to make contact or discover this information by the Thursday prior to the start of the rotation, the student should contact his/her SWC Regional staff for guidance. Punctuality is evaluated as part of the professionalism core competency. If as student missed a day of rotation due to illness, inclement weather, etc the time missed must be made up.
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 and the supervising physician. Any departures from an assigned rotation must also be approved by the WVSOM Statewide Campus office and supervising physician. **Any unapproved early departure will result in a failing grade for the rotation.**

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.
- 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.

Interview for Residency Program

Students that are in their fourth year and need to go to an interview must complete the Exception Request Form and submit it with a copy of the interview invitation to their Statewide Campus Regional Assistant Dean prior to the interview or it will be considered an unexcused absence and the student will fail the rotation. Students will be allowed 2 days maximum for an interview. Students will be allowed to attend 1 interview on a 2 week rotation, 2 interviews when on a 4 week rotation.

Unexcused Absence

All absences during a rotation must be immediately reported to and approved by your Regional Statewide Campus office. An absence that occurs and is not approved by the Regional Statewide Campus office is considered an unexcused absence. An absence from any rotation without approval will be regarded as an unexcused absence. Student absence from rotation without notification and approval of the Statewide Campus Regional office will result in a failing grade for the rotation. 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.

Removal/Dismissal from a Rotation

A student who is removed for cause or dismissed from a clinical rotation prior to completion of the rotation/course will fail the rotation and a grade of 65% (F) will be recorded. Failure of a clinical rotation course will result in the student being automatically placed on Academically-at-Risk Category 2. Once the grade becomes final, the student's file will be remanded to the Student Promotion Committee.

Medical Student Supervision

The WVSOM curriculum provides students required clinical learning experiences during all four years. The student will participate at varying levels of responsibility based on academic year and experience. **A student of the WVSOM is not legally or ethically permitted to provide care to patients independently.**

All students involved in clinical patient care activities **must be** supervised by a licensed physician. The licensed physician may delegate the supervision of the medical student to a resident, fellow or other qualified healthcare provider (Nurse Midwife, Nurse

practitioner, PA, Psychologist, etc.). The supervising physician retains full responsibility for the supervision of the medical students assigned to the medical rotation and must ensure his/her designee(s) is prepared for their roles for supervision of medical students. Designation of a qualified healthcare provider requires that the student only perform care that is in the scope of the healthcare provider.
A student may not administer treatment or medication until a licensed supervising physician has personally seen the patient and confirmed the diagnosis. Treatment may not commence unless the supervising physician reviews and counter signs all orders, progress notes, etc., written by the student.

The physician supervisor/preceptor and his/her designee(s) must have appropriate license and specialty board eligibility/board certification and be supervising the medical student within that scope of practice of the identified specialty.

Level of Supervision/Responsibilities
Clinical supervision is designed to foster progressive responsibility as the student gains experience in the clinical setting through the curriculum. The supervising physician provides the medical student the opportunity to demonstrate progressive involvement in patient care. In regards to medical records and clinical patient care, WVSOM students are expected to adhere to the policies of the facility where they are seeing patients.
Supervising Physician Definition

An attending physician employed by WVSOM; a community/rural attending physician (preceptor) who has been credentialed or approved by the school; a resident or fellow in a graduate medical education program.

Supervision Levels

- Direct Physician Supervision **Present**: The physician must be present in the room from beginning to end during the performance of a procedure or provision of general patient care.
- Direct Physician Supervision **Available**: The physician must be present in the office or on hospital grounds and immediately available to provide assistance/direction throughout the performance of the provision of patient care or procedure.

Scope of Duties Permitted:

Year 3 and 4 Medical Students

- Obtaining a patient's complete and problem-focused history
- Limited Physical Examination, which specifically excludes genitourinary, breast and rectal exams. The level of supervision requires the physician to be available or present during the exam based on the student's level of competency.

- Under direct physician supervision, who is present in the room, students may preform genitourinary, breast, and/or rectal exam. If the supervising physician determines the student is competent in the examination of the genitourinary, breast and rectal exam then the student may be allowed to perform these diagnostic examinations only with a gender appropriate chaperone present in the room and the supervising physician is immediately available should he/she be needed
- Under direct physician supervision available, students may round on patients in the hospital and
    - Gather lab, imaging, nursing and other pertinent information/results
    - Develop interim assessments and recommendations
- Under direct supervision available, students may write notes regarding Evaluation and Management services or procedure notes with the supervising physician verifying in the medical record any student documentation of components of the Evaluation and Management services.

The above notwithstanding, duties and activities of students must not conflict with hospital or clinic policies. In the event a supervising physician or his/her designee is not available, the student should cease patient care activities. If this situation is frequent, WVSOM's Statewide Campus must be notified. A student faced with 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.

Procedure for Off-Campus Student Meeting Attendance

Please see student conference request form (login to mywvsom required): https://my.wvsom.edu/cas-web/login?service=https://my.wvsom.edu/Visitors/fileserver.cfm/_pdf/SWC/Conference_Leave_Request.pdf

Year 3 students may be allowed to attend one meeting during their third year. However, students will not be able to attend meetings during core required rotations unless the attending preceptor is also attending the meeting. Students may not attend meetings during any two-week rotation.

Year 4 students may attend one meeting during their fourth year as long as it is not during a required rotation (unless the preceptor is also attending the meeting) or during a two-week rotation. Year 4 students may attend a second meeting, if there is a valid reason, with permission of the Associate Dean for Predoctoral Clinical Education and the preceptor.

All Year 3 and Year 4 required activities must be made up. Arrangements for make-up must be made and approved by the preceptor/Director of Medical Education and the appropriate Regional Assistant Dean at least THREE WEEKS prior to attending the

meeting. Students must still meet the criteria listed in section III above. Exceptions for Student Officers: students who hold an office in a school-supported club or organization and are required to attend national meetings.

No student should buy a nonrefundable ticket or pay a nonrefundable conference fee before receiving final approval from the Associate Dean for Predoctoral Clinical Education.

Administrative

Please refer to institutional policies as appropriate.
Student Mental Health ST-08 https://www.wvsom.edu/policies/st-08
Drugs, Alcohol, Testing and Treatment GA-08 https://www.wvsom.edu/policies/ga-08
Student Professional Liability Insurance Coverage E-15
https://www.wvsom.edu/policies/e-15
Promotion Requirement National Board Examination -Passage of COMLEX E-23
https://www.wvsom.edu/policies/e-23
Personal Hospitalization/Health Insurance ST-05 https://www.wvsom.edu/policies/st-05

Student Health Insurance Coverage

All students are required to have personal hospitalization/health insurance while on clinical rotations (Policy ST-05) https://www.wvsom.edu/policies/st-05. All students shall be required to pay a student health insurance fee that provides for that coverage. Students may apply for a waiver of the student health insurance fee by providing satisfactory proof of equivalent health insurance coverage prior to the beginning of the academic school year. The insurance must cover each state in which the student is assigned or plans to rotate. This insurance will need to start before a student starts third year rotations.

ST-06

Students must comply with all current policies (including, but not limited to, policies on vaccination and testing, drug and alcohol use, background checks, confidentiality and use of patient health information, and any other applicable policies) of any affiliated hospitals or other healthcare facilities/providers with which the student may participate as part of any clinical rotation or other curricular activity. Students should be aware that such policies may be changed at any time. https://www.wvsom.edu/policies/st-06

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. See policy E-23 https://www.wvsom.edu/policies/e-23

Lawsuits, Litigation, or Potential Legal Action

The Statewide Regional Assistant Dean and the Associate Dean for Predoctoral Clinical Education 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 the Regional Assistant Dean and the associate Dean 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 Vice President for Academic Affairs and Dean and Director of Human Resources of such action who will ensure the Board of Governors legal counsel is notified. All of the above notifications shall be in writing.

The student will at all times be responsible to the personnel in charge of the rotational service involved. All students will be expected to comply with the general rules established by the hospital, clinic, or other training site. The supervising physician must be aware of his/her duties as it relates to timely review, verification and sign off of any transactions (encounter notes, orders, History and Physical examinations, etc…) generated by the trainee in their role and patient care responsibilities as assigned.

Student Professional Liability Insurance

Student professional liability insurance is provided under the WVSOM student liability policy only if the student is participating in an educational rotation that 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. There is no student liability coverage provided on international rotations or rotations that are outside the United States.

Meals

Meals may be provided by a hospital or rotation site free or at a discount for rotating students; otherwise, students are responsible for providing their own meals.

Americans with Disabilities Act (ADA)

All clinical education sites must be in compliance with the Americans with Disabilities Act (ADA). Questions should be addressed to WVSOM's Office of Predoctoral Clinical Education.

Housing

Housing at the Statewide Regional site is the responsibility of the student. Housing will be provided for third year required rotations that are greater than 50 miles from the student's Base site, not the student's residence. Students who use housing that is provided are expected to be respectful of the property/housing that is provided, and must leave the premises clean and in good repair. Housing that is provided is just for the students. If the student wishes to take family members with them while they are on an away rotation, they will be responsible for their family members' housing. All housing arrangements must be completed prior to the beginning of the rotation.

Housing is not provided for fourth year student rotations.

No pets are allowed at any site.

Clinical

Please refer to institutional policies as appropriate.
Academic and Professional standards ST-01 https://www.wvsom.edu/policies/st-01
Standardization of Student Clinical Lab Coat and Identification Badge ST-12
https://www.wvsom.edu/policies/st-12

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, students must wear clean short white lab coats with a WVSOM insignia patch on the upper left sleeve. The coat should have the student's legal name embroidered on the coat with WVSOM placed below the student's name.

The student's WVSOM identification card will also be worn at all times. Hospital identification badges may be required and the student will need to wear these as required by the hospital or clinic.

Reasonable alterations in dress may be indicated by individual physicians on whose services the students are being trained.

To avoid situations of potential allergies or problems with asthma, it is recommended to refrain from wearing scented perfume or cologne.

Students shall dress appropriately for all educational settings where patients are present or while in a hospital setting (Education Days, testing, etc.) 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/Nail 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.
- Nails must be kept closely trimmed.

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 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.).

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.

Immunizations, TB Screening and Training

WVSOM utilizes the Castlebranch program which is an immunization tracking and document system. Students have access to this program. It is the student’s responsibility to keep this information updated.

The student is required to provide his/her immunization record upon the request of the on-site Medical Education Coordinator/Director or supervising physician. Students are also required to provide documentation of HIPAA and OSHA training required by hospitals prior to the student starting a rotation. Some hospitals may have additional requirements that the student must meet in order to rotate at that facility. Example: Some hospitals will require an additional background check and finger printing.

If you have any questions regarding immunizations, please contact WVSOM’s Office of Predoctoral Clinical Education and ask to speak to the health educator responsible for immunizations.

Immunizations, Titers, and TB Screening:

- Documented dates of primary tetanus toxoid, diphtheria toxoid, and acellular pertussis (minimum 3) vaccination
- Documented date of Tdap – a single dose if not previously received, regardless of the time since the most recent Td vaccination
- Documented date of Td booster, if ≥10 years since the prior Tdap dose
- Documented dates of polio vaccination (minimum 3)
- Documented dates of at least two measles, mumps, and rubella vaccination; or, laboratory confirmation of prior disease
- Documented dates of Hepatitis B vaccination (series of 3). Laboratory documentation showing serologic titer values for Hepatitis B immunity or if titer is negative then a repeat series of three vaccinations.

- Documented date of last annual influenza vaccination, or documentation of contraindication from further influenza immunization. Required **yearly.**
- Documentation of 2 varicella vaccinations or evidence of immunity.
- WVSOM screens all students for TB with two-step tuberculin skin testing (TST), prior to student rotations beginning in the 3rd year, and repeats a single TST prior to the 4th year unless hospital policies dictate otherwise. Students with positive TST will have a negative Interferon Gamma Release Assay (IGRA) or negative chest x-ray. Students will not have to repeat these tests unless required by the hospital.

Students requesting to perform International Rotations may have additional requirements.

Training:

- BLS and ACLS (is completed during orientation at the statewide campus site) cards that aren't expired.
- All WVSOM students must complete yearly OSHA and HIPAA training and education regarding needle stick/sharps procedures and prevention of blood borne pathogens.

Failure to meet the training requirement will result in the following:

- You will be placed on vacation (vacation is scheduled by weeks, not days) until the training is documented to have been completed. If you have no vacation available, you will be required to request a leave of absence.
- If you take a leave of absence, you may not graduate on time.
- Your BLS and ACLS cards must be uploaded into your Castlebranch account. Do not lose your cards, as you will have to pay for replacements.

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 or emailed 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.

Needle stick, Blood and Body Fluid Exposure Procedure

All WVSOM students must complete yearly OSHA/HIPAA training and education regarding needle stick/sharps procedures and prevention of blood borne pathogens. The course is available in eMedley.

Each rotation site for students should have a working needle stick/sharps policy in place.

If a student is stuck with a needle or has other percutaneous exposure to blood or body fluids, the student must first wash the injury site with soap and water. If there is contact with the ocular mucosa, the eye should be flushed with water or saline solution. If there is contact with other mucous membranes, flush exposed membranes with water.

The student must immediately notify the site/rotation physician preceptor and WVSOM's Statewide Campus Office of the exposure and report the incident to the Employee Health Office at the site where the exposure occurred. The facility where the incident occurred will be responsible for providing care. The student will be evaluated at the nearest emergency department if the facility where the incident occurred is unable to provide care. The student will be evaluated by a Health Care Provider to determine the potential of the exposure to transmit Hepatitis B, Hepatitis C, or Human Immunodeficiency Virus (based on the type of body substance involved, route, and severity of exposure), to perform baseline testing as indicated, and for appropriate care and post exposure prophylaxis if warranted.

The student will be responsible for all expenses related to the incident. WVSOM students are required to carry a health insurance policy. WVSOM does not accept any financial responsibility.

It is recommended that the provider who sees the student reference the CDC website on treatment recommendation after an exposure to bloodborne pathogens at:

http://www.cdc.gov/niosh/topics/bbp/guidelines.html or
http://nccc.ucsf.edu/clinical-resources/pep-resources/pep-guidelines/

If the source person or patient is known at the time of the student's evaluation, consent should be obtained and blood drawn from the source person for testing to include: Hepatitis B Surface Antigen (HBsAg), Hepatitis C antibody (HCV-Ab), and HIV Antibody (HIV-Ab). If the source patient is Hepatitis B Surface Antigen-positive, additional consideration to testing the source for Hepatitis B e Antigen (HBeAg).

Consent for HIV testing is not required in documented medical emergencies as provided for in the West Virginia 64CSR64 and determined by a treating physician, whether the source patient's blood is to be obtained or is already available.

If the source person is not infected, baseline testing or further follow-up of the student is not necessary.

In the case of HIV, anti-retroviral medications significantly lower an exposed person's seroconversion rate. The student in consultation with the treating health care provider will decide within 2 hours of exposure to an HIV-positive patient whether or not to receive anti-retroviral medication prophylactically.

Hepatitis B Vaccine and/or Hepatitis B immune globulin are key considerations for post-exposure prophylaxis after exposure to an HBV-infected patient (Hepatitis B Surface Antigen positive). The student in consultation with the treating health care provider will decide whether additional HBV postexposure prophylaxis is warranted (based on the student's medical history, HBV immunization status, and antibody response to prior immunization), and initiate appropriate treatment, preferably within 24 hours after the exposure, if indicated.

At present, there are no recommendations regarding postexposure prophylaxis for Hepatitis C virus. A student exposed to an HCV-positive patient's blood or body fluids should receive appropriate counseling, testing, and follow up.

The Statewide Campus Regional Assistant Dean will assist as necessary in the notification of the appropriate medical care providers that the student is reporting to them for initiation of exposure of Blood Borne Pathogen Protocol and ensure that the plan is working smoothly. The Statewide Campus Regional Assistant Dean will make sure that the student is appropriately excused from rotation to complete this workup.

An occurrence report must be filed with the rotation site and a copy sent to WVSOM's Statewide Campus Office. A copy of the occurrence report will also be sent to the WVSOM main campus to be placed into the student's health file.

A letter from the Statewide Campus Regional Assistant Dean will be mailed or emailed to the student acknowledging the incident and emphasizing that the student is responsible for follow-up care. A copy of the letter will also be sent to the WVSOM main campus to be placed into the student's health file.

A Bloodborne Pathogen Exposure Incident Report Form must be completed and returned to the WVSOM Office of Human Resources within 24 hours of the incident, or within 24 hours after the Statewide Campus is notified.

If the source person is infected, or if the source is unknown and the exposure deemed sufficient risk, the student will receive baseline testing as appropriate to the specific virus(es) (if not already performed); and, follow-up testing appropriate to the exposure based on current expert recommendations. See Table 1 for a recommended approach to bloodborne pathogen exposure evaluation and management, and laboratory testing recommendations.

If the student seroconverts to any bloodborne pathogen, appropriate treatment should begin immediately.

The student will need to send follow-up labs results 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 a health educator at WVSOM.
Failure to obtain and submit indicated laboratory testing will result in suspension from rotation until results are received.

Table 1: Recommendations for the Evaluation of Potential Bloodborne Pathogen Exposure*

Step-wise Approach to Evaluation		
1) Treat the exposure site. 2) Report and document circumstances of the exposure and subsequent management. 3) Evaluate the exposure for the potential to transmit HBV, HCV, and/or HIV. 4) Evaluate the source (if known) or the likelihood of a high risk exposure (if source unknown). 5) Provide disease-specific postexposure prophylaxis management. 6) Provide appropriate follow-up.		
Known Source Person/Patient:		
1) Obtain informed consent as required by State regulation (NOTE: Consent for HIV testing is not required in documented medical emergencies as provided for in WV 64CSR64 and as determined by a treating physician.) 2) Test blood from source person for: HBsAg, HCV-Ab, and HIV-Ab (rapid HIV-Ab if available) a) If HBsAg-positive, consider testing for presence of HBeAg b) If HCv-Ab positive, consider measuring HCV viral load c) If HIV-Ab positive, consistent HIV viral load, resistance testing, and clinical status of patient. 3) If source person is NOT infected, baseline testing or further follow-up of health care personnel (student) is not necessary.		
Unknown Source Person/Patient (or Unavailable for Testing):		
1) Consider likelihood of BBP infection based on community infection rate, prevalence of at risk patients in clinic/hospital practice. 2) Do not test discarded needles – reliability is unknown.		
Laboratory Testing of Health Care Personnel (Student): Source Infected, Source Unknown, or Source Unavailable for Testing		
Exposure	Baseline– test as early as possible, preferably ≤72hrs	Follow-up testing
HBV	Anti-HBs (if antibody response to prior vaccination unknown)	1) Anti-HBs 1-2 months after last dose of vaccine. If HBIG was given, anti-HBs cannot be ascertained within 6-8 weeks 2) Consider testing for HBsAg if no antibody response after 3-dose vaccination series

HCV	Anti-HCV and ALT	1) HCV RNA at 4-6 weeks (CAUTION with interpretation of results) 2) Anti-HCV and ALT at least 4-6 months post-exposure; confirm repeatedly positive anti-HCV results with supplemental tests
HIV	HIV-Ab	1) Repeat HIV-Ab at 6 weeks, 3 months, and 6 months post-exposure 2) Extended follow-up (12 months) is recommended for HCP who become infected with HCV following exposure to source co-infected with HIV and HCV.
*[Source: Adapted from *PEP Steps, April 2006. Mountain Plains AIDS Education & Training Center in consultation with National Clinicians' Postexposure (PEP) Hotline. Link and other resources available at http://www.cdc.gov/niosh/topics/bbp/guidelines.html]*		

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 therefore a requirement for passing any clinical rotation. Shortcomings in any of these areas may result in a failing grade for a rotation regardless of other academic or clinical performance.

Extemporary or Unprofessional behavior can be reported using the WVSOM Professional Behavior Form (login required): https://my.wvsom.edu/cas-web/login?service=https://my.wvsom.edu/Students/StudentAffairs/StudentProfessionalBehavior/index.cfm

Cell Phone Use

Restrict the use of your personal cell phone, including texting and emailing, to when you are off-duty. It is appropriate to discuss with each preceptor 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 should not occur.

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.

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. OSHA training must be completed prior to orientation in Year 3 and before beginning Year 4. The training video is in eMedley.

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. HIPAA training must be completed prior to orientation in Year 3 and before beginning Year 4. The training video is in eMedley.

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 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.

- **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.

Clinical Education Manual – Reflection Requirements

Self-Reflections in Year 3 Outcomes and Objectives

As a requirement prior to each quarterly meeting between a student and their Regional Assistant Dean (RAD), students will be expected to:

A. Realistically assess his/her academic performance and professionalism

- assessment data (preceptor feedback on rotation grade forms and COMAT scores) thus far in their Year 3 coursework
- experiences during clinical patient encounters
- proficiency with documentation and EPAs
- experiences concerning professional behavior thus far: including the impact of unprofessional behavior on themselves, their peers, and future colleagues in the medical community,

B. Write a narrative reflection on current progress and create specific goals to address needed changes

1. Using the What? So What? Now What? format, students will create and submit a written reflection addressing the identified areas needing improvement.
2. Students will include at least two SMART (specific, measurable, achievable, relevant, time-bound) goals in their written reflection to be used as benchmarks against attainment of these goals and addressing needed improvement during their next quarterly meeting.

C. Discuss reflections and goals in a formal meeting with their Regional Assistant Dean

1. At four designated times during Year 3, students will meet with their assigned RAD to discuss his/her submitted reflection and SMART goals.
    - Meeting 1 (insert dates)
    - Meeting 2
    - Meeting 3
    - Meeting 4
2. Students will participate in a professional discourse that includes thoughtful answering of prompts and careful consideration of given feedback.

Meeting Attendance:

Scheduled quarterly meetings are **mandatory.** Students are expected to respond to requests for meetings and arrive on time.

Year 3 Self-Reflection Requirements

Requirements for each self-reflection will be as follows:

1. Students will complete a guided self-reflection submission prior to each quarterly meeting with his/her Regional Assistant Dean (RAD). These submissions are mandatory and must be uploaded in the electronic portfolio apace by the dates indicated in the next requirement (#2)
2. Students will be given a two-week window to complete their assigned self-reflections before meeting with their RAD.
    a. Window 1: June 15-30, 2021
    b. Window 2: September 15-30, 2021

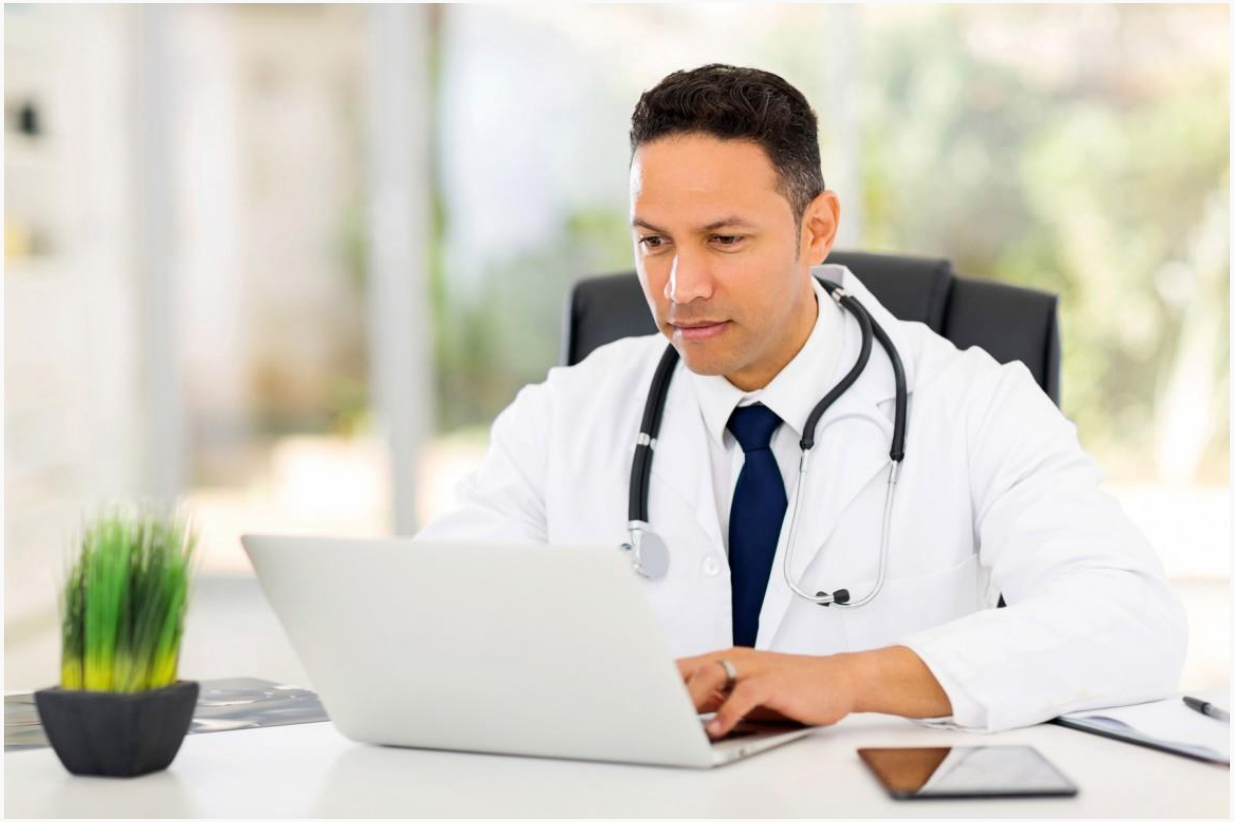
    c. Window 3: December 15-31, 2021
    d. Window 4: March 15-31, 2022
3. If a student does not complete the self-reflection by the posted deadline, he or she will meet with his/her RAD to discuss the missed requirement.
4. If a student has not completed the required self-reflection as specified by the quarterly meeting with the RAD or within a timeframe set by the RAD, the student will be issued a professionalism letter and referred to the Associate Dean for Predoctoral Education.
5. If a student has not remediated all self-reflection requirements by the end of Year 3 or within the timeframe set by their RAD, the student will be will be referred to the Student Promotions Committee for a professionalism review.
6. Self-reflection assignments are not graded, but must be completed in order to complete requirements for Year 3.

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 https://www.wvsom.edu/students/swc-behavioral-resources.

SWC IT Orientation for 3rd Year Medical Students

By: James Morgan, WVSOM IT Support Specialist - SWC



James Morgan

Email: jmorgan@osteo.wvsom.edu

Office Phone: 304-647-6406

Helpdesk Email: helpdesk@osteo.wvsom.edu

Helpdesk Phone: 304-647-6246, option 3

Support Types

1. Laptop support.
    a. Your options.

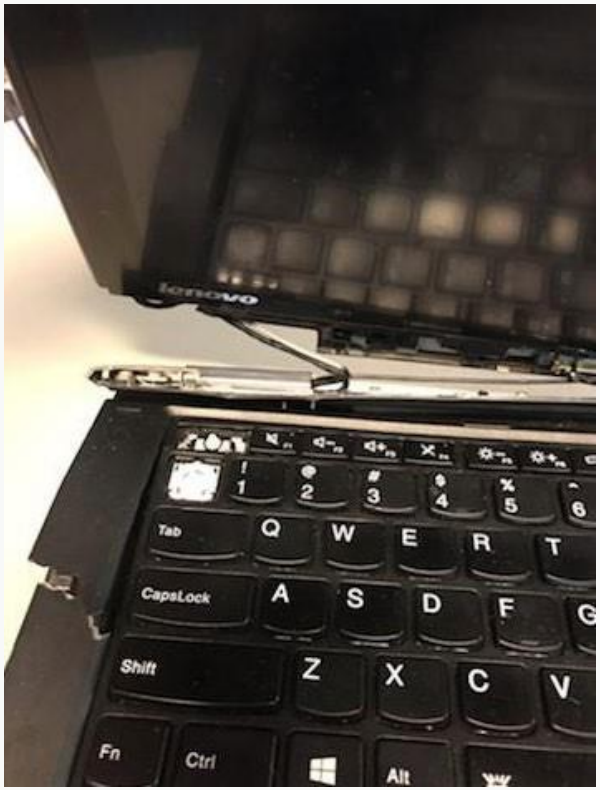
2. Banner Self Service/Active Directory account support.
    a. Microsoft Self Service Password Reset tool.

3. EHR account support.

1. Laptop Support

- Contact James Morgan for all support related issues.
- Beginning with the Class of 2022, all classes thereafter receive a Microsoft Surface Book laptop.
- It is important to understand that should something happen to your Surface and you need to turn it in for repairs beyond the scope of the WVSOM IT Department, Microsoft will not “fix” your Surface. They will “replace” it.
- It is vital that you do periodic backups of your data from your Surface to OneDrive, an external USB drive, or other means. If your Surface has to be sent to Microsoft you will not be getting the same one back. So if you do not want to lose your data, back it up.
- Per the Laptop Ownership Notification signed on the first day at WVSOM your laptop is still “owned” by WVSOM but “leased” by you until graduation. On that day it becomes your personal property and support by WVSOM ceases.
- Do NOT take your laptop to any third-party computer repair shops or places like Best Buy to have your laptop serviced. Doing so could VOID the four year warranty on it. Contact James for all repairs.
- You the student are responsible for obtaining additional AC power adapters, mice, stylus pens, and network adapters other than what you were provided when you received your laptop. Please contact James if you need assistance in finding the proper peripheral for your laptop for online ordering.
- If you sustain external damage to your laptop outside of the scope of normal wear and tear and this damage was found to be due to negligence you may be responsible for all costs associated with getting your laptop repaired. Therefore, please take care of your laptop at all times!

NOT normal “wear and tear”



Process for turning in your damaged or malfunctioning Surface laptop

- Contact James when you determine you need assistance with your laptop. Email him a detailed description of the issue(s) you are experiencing. You may submit a Track It ticket as well.
- Provide your mailing address(no PO boxes) and cell phone number for UPS purposes. Someone must be present at your residence to sign for the loaner/replacement laptop from UPS when it arrives. If that is not possible it can be sent to your Regional Statewide Campus office for you to pick up there.
- Let James know if you wish to receive a loaner laptop to use while yours is being repaired IF the issue(s) can be resolved without sending it to Microsoft for replacement.
- James will be in contact with you to facilitate the process of providing you with a good, working laptop to use either as a temporary loaner or as a permanent replacement.

If you DO require a loaner laptop to use while yours is being repaired by WVSOM IT (not sent to Microsoft):

Option 1: Have the loaner laptop sent directly to your home address.

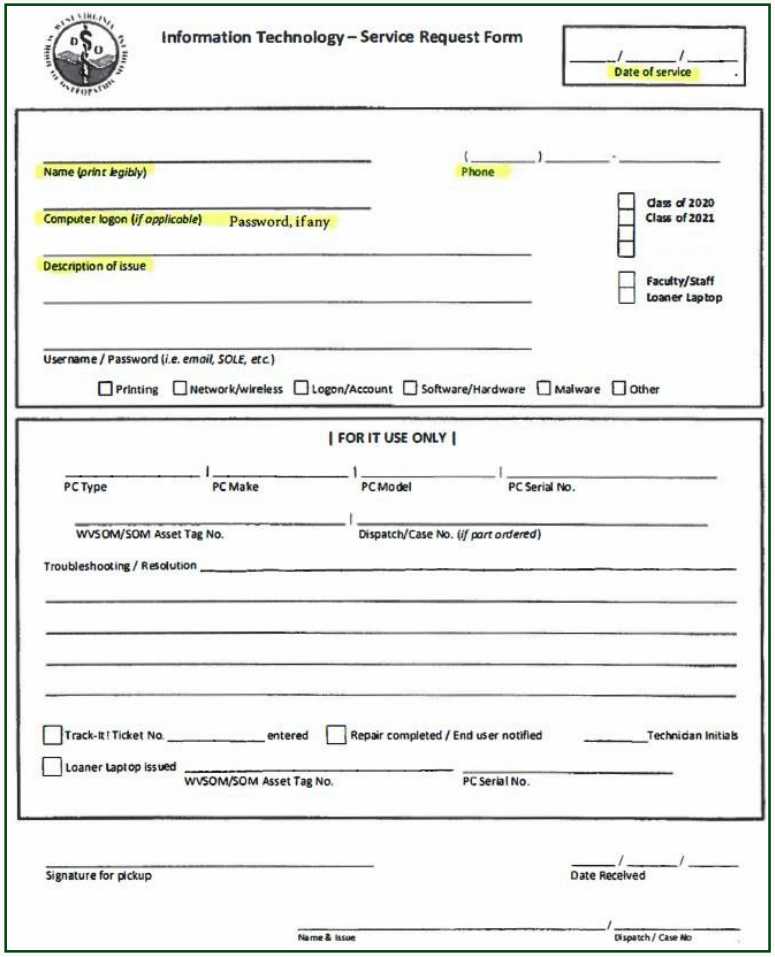
- Provide James with a physical address. UPS will not deliver to PO Boxes.
- Provide a cellphone number for UPS in case they need to call you about delivery.
- Someone must be at your residence to sign for the laptop when UPS delivers it. If no one is available to sign for it then you may be required to pick it up from the local UPS station. UPS may attempt a second and third delivery though it depends on the area.
- If multiple unsuccessful delivery attempts are made then UPS will send the loaner back to James prolonging the process and delaying you in obtaining a good working laptop.
- Once you get the loaner you will use the same box and enclosed prepaid shipping label to send your laptop that needs service back to James. Send only the laptop. Do NOT send power cords.
- There will also be two forms inside the box. Fill out the highlighted sections on both forms and return them with the laptop.
- Make sure you do a backup of your files before sending the laptop in for service.
- You will receive status emails once the laptop is received.

If you DO require a loaner laptop to use while yours is being repaired by WVSOM IT (not sent to Microsoft):

Option 2: Have the loaner laptop sent to your Regional Statewide Campus office.

- Your loaner laptop can be sent to your Regional SWC office. You will be notified when it arrives so you can pick it up from there.
- There will also be two forms inside the box when the AA or Director receives the loaner. Fill out the highlighted sections only on both forms and return them with the laptop.
- Make sure you do a backup of your files before sending the laptop in for service.
- This is the best option if you live alone or it is not possible to have someone sign for the laptop when UPS delivers it at your home due to rotation or training schedules.
- You will receive status emails once the laptop is received.
- When service is complete your laptop will be sent back to your Regional SWC office from which you can pick it back up.

Required Forms



Information Technology – Service Request Form

Date of service

Name (*print legibly*)

Phone

Computer logon (*if applicable*) Password, if any

Class of 2020
Class of 2021

Description of issue

Faculty/Staff Loaner Laptop

Username / Password (*i.e. email, SOLE, etc.*)

☐ Printing ☐ Network/wireless ☐ Logon/Account ☐ Software/Hardware ☐ Malware ☐ Other

| FOR IT USE ONLY |

PC Type | PC Make | PC Model | PC Serial No.

WVSOM/SOM Asset Tag No. | Dispatch/Case No. (*if part ordered*)

Troubleshooting / Resolution

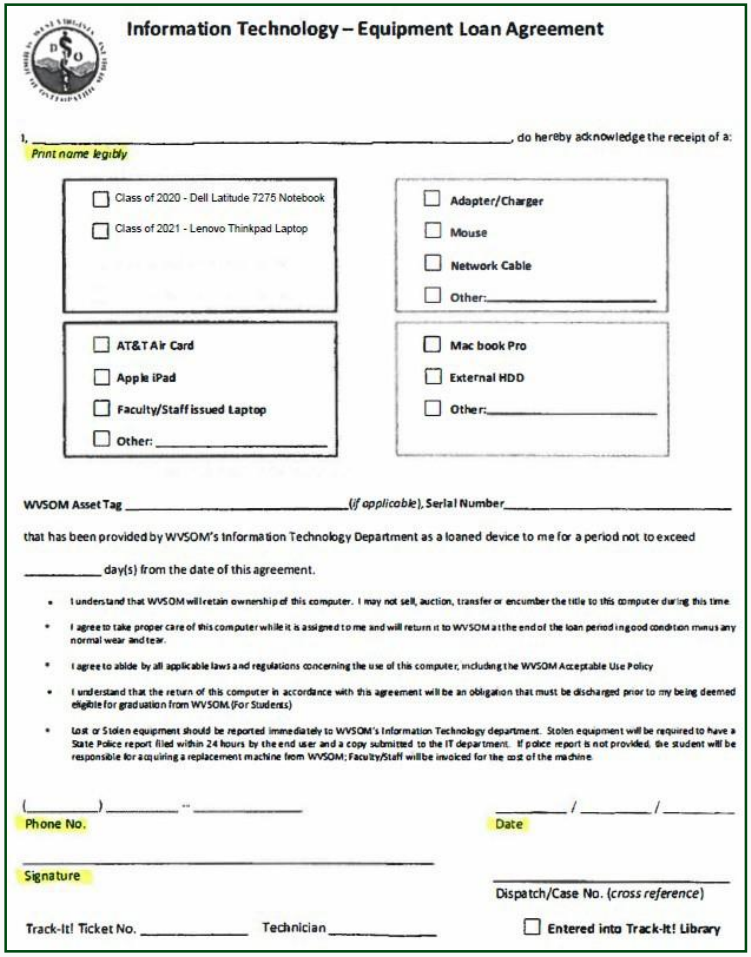
☐ Track-It! Ticket No. _____ entered ☐ Repair completed / End user notified _____ Technician Initials

☐ Loaner Laptop issued _____ WVSOM/SOM Asset Tag No. _____ PC Serial No.

Signature for pickup

Date Received

Name & Issue / Dispatch / Case No



Information Technology – Equipment Loan Agreement

I, _____, do hereby acknowledge the receipt of a:
Print name legibly

☐ Class of 2020 - Dell Latitude 7275 Notebook
☐ Class of 2021 - Lenovo Thinkpad Laptop

☐ Adapter/Charger
☐ Mouse
☐ Network Cable
☐ Other: _____

☐ AT&T Air Card
☐ Apple iPad
☐ Faculty/Staff issued Laptop
☐ Other: _____

☐ Mac book Pro
☐ External HDD
☐ Other: _____

WVSOM Asset Tag _____ (*if applicable*), Serial Number _____

that has been provided by WVSOM's Information Technology Department as a loaned device to me for a period not to exceed _____ day(s) from the date of this agreement.

- I understand that WVSOM will retain ownership of this computer. I may not sell, auction, transfer or encumber the title to this computer during this time.
- I agree to take proper care of this computer while it is assigned to me and will return it to WVSOM at the end of the loan period in good condition minus any normal wear and tear.
- I agree to abide by all applicable laws and regulations concerning the use of this computer, including the WVSOM Acceptable Use Policy.
- I understand that the return of this computer in accordance with this agreement will be an obligation that must be discharged prior to my being deemed eligible for graduation from WVSOM. (For Students)
- Lost or Stolen equipment should be reported immediately to WVSOM's Information Technology department. Stolen equipment will be required to have a State Police report filed within 24 hours by the end user and a copy submitted to the IT department. If police report is not provided, the student will be responsible for acquiring a replacement machine from WVSOM; Faculty/Staff will be invoiced for the cost of the machine.

(_____) _____ - _____
Phone No.

_____ / _____ / _____
Date

Signature

Dispatch/Case No. (*cross reference*)

Track-It! Ticket No. _____ Technician _____

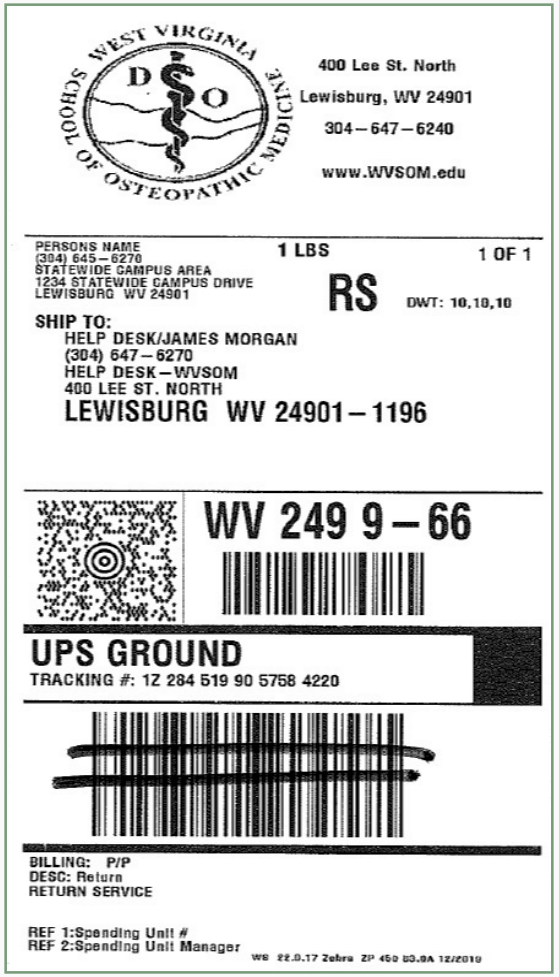
☐ Entered into Track-It! Library

Fill out highlighted sections only!

If you DO NOT require a loaner laptop to use while yours is being repaired by WVSOM IT (not sent to Microsoft):

Option 1: You can receive a prepaid shipping label and send your laptop in yourself.

- A prepaid shipping label can be emailed to you. The email will come from UPS. Print it out.
- Find a suitable box with padding. Use this box and the prepaid shipping label and send it to James via UPS.
- You will also be emailed a Service Request form. Fill out the highlighted sections only and return it with the laptop.
- You will receive status emails once the laptop is received.



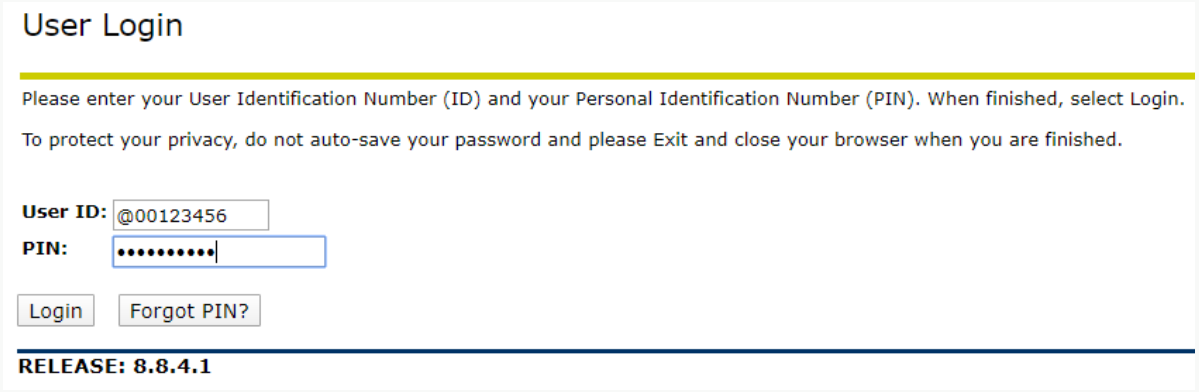
If you DO NOT require a loaner laptop to use while yours is being repaired by WVSOM IT (not sent to Microsoft):

Option 2: Take your laptop to your Regional Statewide Campus office.

- You will be emailed a Service Request form. Fill out the highlighted sections only.
- Turn in your Service Request Form along with your laptop to your Regional SWC office and they will ship your laptop and form to James.
- You will receive status emails once the laptop is received.
- When service is complete your laptop will be sent back to your Regional SWC office from which you can pick it up.

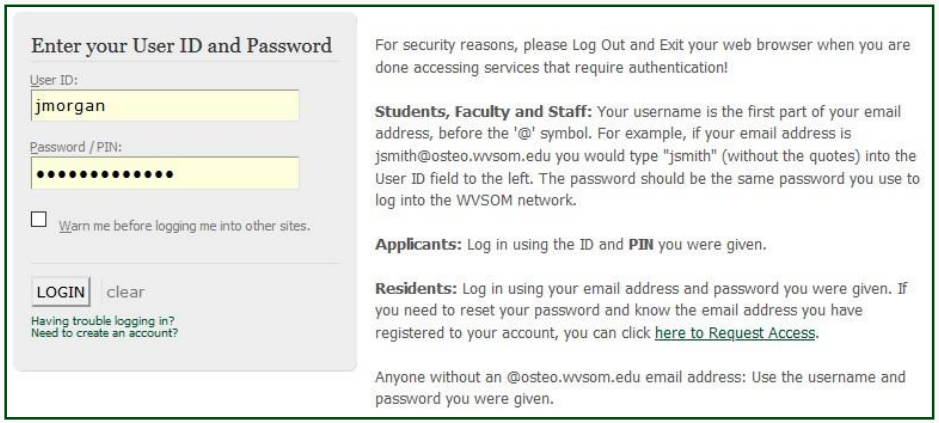
2. Banner Self Service/Active Directory Account Support

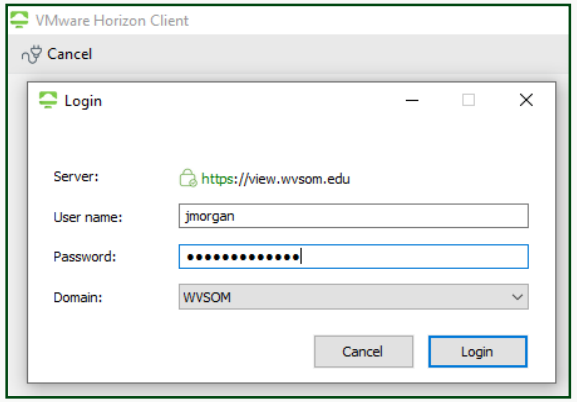
Banner Self Service



You must log into Banner Self Service for Financial Aid, bill paying, and transcript purposes. Use your “At (@) number” as your User ID and PIN to log in. If you cannot remember your @ number or cannot get logged in due to account disabling or other reasons, call James and he can assist you with re-enabling your account and re-setting your PIN. PIN must be 8 - 15 alphanumeric characters and containing at least one number.

2. Banner Self Service/Active Directory Account Support





Your Active Directory User ID and password are used to access applications such as my.wvsom.edu, eMedley, VMWare/EHR, and your Outlook email account. If you are unable to log into these applications please call James so that he may assist you by either unlocking your account or changing your password, or both.

Active Directory(Network) password change:

Effective January 1, 2021, the minimum length of Active Directory passwords is 15 characters. It is suggested to use small sentences. Example, Ihatepa$$words1

On January 17, 2020 WVSOM migrated to the Microsoft Self Service Password Reset tool as the new method of resetting the password for your Active Directory account. Remember, your AD User ID and password are the ones used for my.wvsom.edu, eMedley, VMWare/EHR, and your Outlook email account.

If you have not done so already please go to https://www.wvsom.edu/About/it/self-service-password-reset and register your cell phone number or email address for 2-factor authentication purposes. Your cell phone number or email address will not be used for anything other than to assist you with getting back into your account.

If you encounter difficulties in the process please call or email James for assistance in accessing your account.

Active Directory(Network) password change:

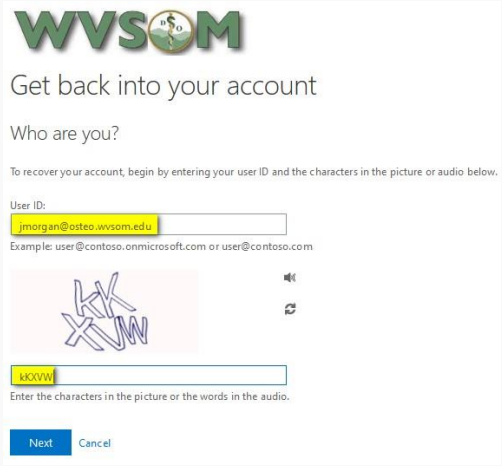
If you are already registered and forgot your password, or just want to change it, per the instructions in the previous link, do the following:

1. Go to your Office365 login screen and select “Use another account”.

2. At the next screen click on “Can’t access your account?”

Active Directory(Network) password change:

3. At the next screen enter your complete email address as your ‘User ID’ as well as the characters seen in the captcha window exactly as they appear.



4. Proceed with the two-factor authentication process to change your password. AD passwords must be a minimum of 15 characters long; must not contain any part of your user ID or full name; must contain an upper case letter, lower case letter, and either a number or special character.
5. When complete make sure you change the password on any devices you have your password saved on like iPads, iPhones, etc. Failure to do so will result in your account to be locked out after a short period of time.

3. Electronic Health Record (EHR) account support.

Your AD User ID and password allows you to log in to the VMWare Horizon View client. If you cannot get logged in please contact James so that he can review your account.

If your current VMWare Horizon View client is not at version 5.0 and your desktop icon does not look like the icon below then you need to upgrade it.

If you need to upgrade your VMWare Horizon View client please go to http://www.wvsom.edu/About/it/virtualdesktops for upgrade instructions.

If you have issues logging into the EHR application after logging into VMWare Horizon View you will need to contact Jenny Patton in the CEC building at 304-793-6557 or jpatton@osteo.wvsom.edu for additional assistance.

IT Support Summary for 3rd Year Statewide Campus Students

Updated: 3/26/21

1. **Your Primary contact during your 3rd and 4th years is James Morgan, WVSOM IT Support Specialist – SWC, at 304-647-6406, or jmorgan@osteo.wvsom.edu for all IT-related issues. Allow for 24 hours to receive a reply to your request. After that you may utilize the secondary contact below.**
2. Secondary contact is IT Helpdesk at 304-647-6246, option 3, or helpdesk@osteo.wvsom.edu .
3. As long as you are an active student WVSOM is obligated to supply you with a good working laptop until the day you graduate. At that time the laptop will become your personal property. *Until then you are leasing it from WVSOM.* If damage to your laptop is determined to be caused from negligence then you may be responsible for all costs associated with getting your laptop completely repaired. Do not put stickers on your laptop as again, you are leasing it, not owning it until graduation. **Please take very good care of your laptop.**
4. Do regular backups of your data onto a USB drive or OneDrive to safeguard against data loss. Should your Surface require being sent to Microsoft for repair, you will be provided a replacement Surface at that time so you will not be getting your current Surface back. So these backups are vital if you wish to retain all of your data. WVSOM is not obligated to back up your data for you.
5. Do NOT take your laptops to any computer repair shops or places like Best Buy to have your laptop serviced. Doing so could VOID the four year warranty that WVSOM has purchased for your device.
6. If you need additional or replacement power cords, wireless mice, or any other laptop peripherals let James Morgan know and he will send you web links so you can order them. WVSOM does not supply students with additional items other than what came with your laptop when you recieved it.
7. Call James Morgan if you have trouble logging into Banner Self Service. He can look up your "At @ number" if you have forgotten it, re-enable your account, or reset your PIN. PINs must be 8 – 15 alphanumeric characters and contain at least one number.
8. Call James Morgan if you have trouble using your Active Directory(AD) User ID and password to access my.wvsom.edu, eMedley, VMWare/EHR, or your Outlook email account. He can unlock your account and reset your password if need be. AD passwords must be a minimum of 15 characters long; must not contain any part of your user ID or full name; must contain an upper case letter, lower case letter, and either a number or special character.
9. If you have not done so already make sure you are registered for the Microsoft Self Service Password Reset application. This will empower you to change your own AD password without having to contact James or the Helpdesk to do it. But of course we will always be here to assist you when you need us. Go to https://www.wvsom.edu/About/it/self-service-password-reset to register for this two-factor authentification process and for instructions on how to change your password.
10. If you cannot access the Electronic Health Record system after logging into the VMWare Horizon View client please call Jenny Patton at 304-793-6557 or email her at jpatton@osteo.wvsom.edu .

If you DO require a loaner laptop to use while yours is being repaired by WVSOM IT (not sent to Microsoft):

Option 1: Have the loaner laptop sent directly to your home address.

- Provide me with a physical address. UPS will not deliver to PO Boxes.
- Provide a cellphone number for UPS in case they need to call you about delivery.
- Someone **must** be at your residence to sign for the laptop when UPS delivers it. If no one is available to sign for it then you may be required to pick it up from the local UPS station. UPS may attempt a second and third delivery though it depends on the area.
- If multiple unsuccessful delivery attempts are made then UPS will send the loaner back to James, prolonging the process and delaying you in obtaining a good working laptop.
- Once you get the loaner you will use the same box and enclosed prepaid shipping label to send your laptop that needs service back to James. Send only the laptop. Do NOT send power cords.
- There will also be two forms inside the box. Fill out the highlighted sections on both forms and return them with the laptop.
- Make sure you do a backup of your files before sending the laptop in for service.
- You will receive status emails once the laptop is received.

Option 2: Have the loaner laptop sent to your Regional Statewide Campus office.

- Your loaner laptop can be sent to your Regional SWC office. You will be notified when it arrives so you can pick it up from there.
- There will also be two forms inside the box when the AA or Director receives the loaner. Fill out the highlighted sections only on both forms and return them with the laptop.
- Make sure you do a backup of your files before sending the laptop in for service.
- This is the best option if you live alone or it is not possible to have someone sign for the laptop when UPS delivers it at your home due to rotation or training schedules.
- You will receive status emails once the laptop is received.
- When service is complete your laptop will be sent back to your Regional SWC office from which you can pick it back up.

If you DO NOT require a loaner laptop to use while yours is being repaired by WVSOM IT (not sent to Microsoft):

Option 1: You can receive a prepaid shipping label and send your laptop in yourself.

- A prepaid shipping label can be emailed to you. The email will come from UPS. Print it out.
- Find a suitable box with padding. Use this box and the prepaid shipping label and send it in to James via UPS.
- You will also be emailed a Service Request form. Fill out the highlighted sections only and return it with the laptop.
- You will receive status emails once the laptop is received.

Option 2: Take your laptop to your Regional Statewide Campus office.

- You will be emailed a Service Request form. Fill out the highlighted sections only.
- Turn in your Service Request Form along with your laptop to your Regional SWC office and they will ship your laptop and form to James.
- You will receive status emails once the laptop is received.
- When service is complete your laptop will be sent back to your Regional SWC office from which you can pick it up.

Process for turning in your damaged or malfunctioning Surface laptop:

- Contact James when you determine you need assistance with your laptop. Email him a detailed description of the issue(s) you are experiencing. You may submit a Track It ticket as well.
- Provide your mailing address (no PO boxes) and cell phone number for UPS purposes. Someone must be present at your residence to sign for loaner/replacement laptops from UPS when it arrives. If that is not possible it can be sent to your Regional Statewide Campus office for you to pick up there.
- Let James know if you wish to receive a loaner laptop to use while yours is being repaired IF the issue(s) can be resolved without sending it to Microsoft for replacement.
- James will be in contact with you to facilitate the process of providing you with a good working laptop to use either as a temporary loaner or as a permanent replacement.