

Class of 2022

**Academic Year
2020-2021**

CLINICAL EDUCATION MANUAL



Office of Predoctoral Clinical Education

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PREFACE

The Four Tenets of Osteopathic Medicine

Professionalism and the Practice of Osteopathic Medicine

The Osteopathic Oath

Core Competencies

Core Entrustable Professional Activities for Entering Residency

The Four Tenets of Osteopathic Medicine

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

What is a DO?

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

Professionalism and the Practice of Osteopathic Medicine

Code of Ethics

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

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

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

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

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

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

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

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

Section 7. Under the law a physician may advertise, but no physician shall advertise or solicit patients directly or indirectly through the use of matters or activities, which are false or misleading.

Section 8. A physician shall not hold forth or indicate possession of any degree recognized as the basis for licensure to practice the healing arts unless he is actually licensed on the basis of that degree in the state in which she/he practices. A physician shall designate her/his osteopathic school of practice in all professional uses of her/his name. Indications of specialty practice, membership in professional societies, and related matters shall be governed by rules promulgated by the American Osteopathic Association.

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

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

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

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

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

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

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

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

Section 17. From time to time, industry may provide some AOA members with gifts as an inducement to use their products or services. Members who use these products and services as a result of these gifts, rather than simply for the betterment of their patients and the improvement of the care rendered in their practices, shall be considered to have acted in an unethical manner. (Approved July 2003)

Section 18. A physician shall not intentionally misrepresent himself/herself or his/her research work in any way.

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

(Reprinted from the AOA website 04/1/13)

Osteopathic Oath

The Osteopathic Oath

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

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

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

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

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

Core Competencies

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

- **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

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

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

1.0 Procedural Statement

The provisions of the 2020-2021 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.

1.1 Calendar of Events, Class of 2022

West Virginia School of Osteopathic Medicine Calendar of Events

June 2020	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
Monday, June 15 - Friday, June 26, 2020	Orientation of your Statewide Campus Site
Monday, June 30, 2020	Family Medicine I/ Primary Care rotation begins for all students
Friday, August 14, 2020	Educational Agreement for all Fall elective rotations are due in your Statewide Campus office
Friday, October 2, 2020	Educational Agreement for all winter elective rotations are due into your Statewide Campus office
December 2020	VSLO access will be given
December 1-11, 2020	According to your individual schedules, you will participate in 3 rd Year OSCE
Friday, January 8, 2021	Educational Agreement for all spring elective rotations are due into your Statewide Campus office
January 11-12, 2021	Re-education week for those who fail or receive a conditional pass on the 3 rd Year OSCE
January 2, 2021	First day eligible to take COMLEX 2-PE. You must have received official notification of passage of Year 3 OSCE to be eligible to take the COMLEX 2-PE.
May 31 – June 25, 2021	Board Study and full access to ERAS will be given.

June 28, 2021	First opportunity to sit for COMLEX 2 CE (If all third year requirements are met)
July 30, 2021	MSPE Request Deadline
September 1, 2021	WVSOM deadline for ERAS application certification for students graduating by 6/30/22
September 24, 2021	Last recommended day to sit for COMLEX 2-CE (first attempt)
September 30, 2021	Deadline for WVSOM students to register for the Match
February 14, 2022	Deadline for those participating in the match to submit ROL
April 30, 2022	For students graduating in May, COMLEX 2-PE must be taken and <u>passed</u> by this date. To obtain your score by April 30 th it would be wise to take the COMLEX 2-PE by the end of February.
Friday, May 13, 2022	Last day to complete Year 4 curriculum requirements
Monday, May 16, 2022	Begin mandatory time off prior to graduation
Saturday, May 28, 2022	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.

1.2 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)	4 weeks
Internal Medicine II (Required)	4 weeks
Pediatrics I (Required)	4 weeks
Psychiatry (Required)	4 weeks
Surgery I (Required)	4 weeks
Dean's Selective (Selective)	4 weeks
Emergency Medicine (Required)	4 weeks
OB-GYN (Required)	4 weeks
Electives	4 weeks
Vacation	4 weeks
Board Prep	4 weeks

Fourth Year Rotations

Contains syllabi and competencies for:

Internal Medicine III (Selective)	4 weeks
Internal Medicine IV (Selective)	4 weeks
Surgery II (Selective)	4 weeks
Surgery III (Selective)	4 weeks
Family Medicine II (Selective)	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

Third Year Rotations

NAU Module -		JACQUES Module -	
<i>Contains syllabi and competencies for:</i>		<i>Contains syllabi and competencies for:</i>	
Internal Medicine 1	4 weeks	Family Medicine 1	8 weeks
Internal Medicine 2	4 weeks	OB/GYN	4 weeks
Surgery 1	4 weeks	Surgery 3/OB-GYN	2 weeks
Psychiatry	4 weeks	Dean's Selective	2 weeks
Dean's Selective	2 weeks	Pediatrics 1	4 weeks
Elect 1	2 weeks	Pediatrics 2	4 weeks

Orientation	1 week
Board Study	2 weeks
Vacation	4 weeks

Fourth Year Rotations

<i>Contains syllabi and competencies for:</i>	
Emergency Medicine	4 weeks
Family Medicine 2	4 weeks
Family Medicine 3	4 weeks
Internal Medicine 3	4 weeks
Internal Medicine 4	4 weeks
Surgery 2	4 weeks
Surgery 3	2 weeks
Electives	12 weeks
Mandatory Time Off	1 week
Vacation	8 weeks

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

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

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

1.3 Student Involvement on Clinical Rotations

- A student of the West Virginia School of Osteopathic Medicine is not a licensed physician and, therefore, is not legally or ethically permitted to practice medicine. A student may be involved in assisting in the care of a patient, but only under the direction and guidance of a licensed physician. The 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 their Statewide Campus office.
- A student faced with a life-threatening emergency in the absence of the supervising physician should use his/her best judgment in rendering care until the supervising or other physician arrives.
- In the event a supervising physician or other authorized physician is not available the student shall cease patient care activities. If there is a frequency of this situation, the student must notify the appropriate Statewide Campus office.
- If a student finds himself/herself in a questionable situation, he/she should immediately contact the Assistant Dean of his/her Statewide Campus office.
- 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.
- 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.

1.4 Clinical Case Conferences – Statewide Campus Requirement

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

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

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

1.5 Objective Structured Clinical Examination (OSCE)

The COMLEX Level 2 PE exam 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 2020.

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.

1.6 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. 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 Level 1 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.

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 4th year rotations for each exam (unless taken consecutively).

You should seek approval from your preceptor regarding these absences and notify your Statewide Campus office of your test dates and locations once scheduled. You are not permitted to take days off from rotation unless approval is given by Regional Assistant Dean & Director prior to the exam via Exception Request Form. You are responsible for scheduling all NBOME exams.

Questions regarding COMLEX may be addressed to the Director of the Office of National Boards and Exam Center at nationalboards@osteowvsom.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>.

1.7 Proctored End of Rotation Exams

Students must complete a proctored 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 end of rotation exam (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 the 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 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 35% 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.

1.7.1 Pretest/Posttest OPP

At the end of hospital orientation, 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 1.17). 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 at the end of the Stookey rotation during year three.

If this is not feasible or if the Stookey rotation has already occurred, the repeat COMAT exam will follow a two-week OPP rotation (must meet the minimal Stookey requirements for manipulation), either on Main Campus in Lewisburg or in the SWC region as available.

This rotation will occur either during the Elective month or during the Dean's Selective, as determined by the SWC Regional Dean and Director. The repeat OPP COMAT *will not count* against the single retest of the core rotation COMAT examinations.

Students that 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 1.7 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 syllabus as well as any additional work assigned and completed to strengthen the student's knowledge in OPP.
- The student will retake the COMAT OPP end of rotation exam per the Clinical Education Manual Section 1.7 and the approval of both the Associate Dean for OPP and his/her Regional Assistant Dean.
- The student will not be allowed to move from third year to fourth year status without passage of the COMAT OPP exam.

1.8 Didactic Programs

Didactic programs are an important part of your clinical education. These programs include Education days once a month at each Statewide Campus Region, MSOPTI programs, formal and informal programs that occur at your base hospitals. 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 on at least a monthly basis.

Permission to be excused must be obtained from the Statewide Campus Regional Assistant Dean or Director **prior** to the beginning of any required didactic program. Excused absences include, but are not limited to serious personal matter, bereavement, personal or family illness or injury, and other legitimate extenuating circumstances at the discretion of the Statewide Campus Regional Assistant Dean or Director.

Arriving late (ten minutes or more) or leaving early (ten minutes or more) constitutes an **unexcused** absence. Unexcused absences must be remediated.

Remediation is an original paper (double-spaced, minimum three typed pages/each hour missed) on the missed topic accepted by the Statewide Campus Regional Assistant Dean and the Associate Dean of Predoctoral Clinical Education within 3 weeks of the unexcused absence. **Failure to remediate as outlined above 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>

1.9 Requirements for Graduation

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

In the event of illness or a grade of incomplete in any rotation, the weeks of vacation may be utilized to make up the missed time and to complete the required rotation as designated by your Statewide Campus office and/or the 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 Higher Education Policy Commission (HEPC). This definition is subject to change based on the HEPC and its decision on the criteria that will be utilized. The Regional Assistant Deans and Directors will assist you in the determination of what sites will meet the requirement of rural.
- Students must complete either their FM I or FM II or FM III rotation with a DO and one must be completed in a rural area. If you do not meet these requirements in your FM I, then you must meet them in either your FM II or your FM III. 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 residents.
- Students are required to complete the Year 4 Interprofessional Activity as described in section [1.18](#).

1.10 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.

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	65%
Post Rotation Examination (COMAT)	35%

The grade for IM I is based on the Clinical Education Grade Form (100%), as there is no associated COMAT.

The grade will be reported to the Registrar.

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

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

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

A failing grade will occur if the score for the rotation components fall below 70 or the student receives a COMAT end of rotation examination grade of less than a NBOME standard score of 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 completed by 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 in the final month of year 4, no diploma will be issued until the failure is successfully remediated.

During the final week of the rotation, the student should verify that the preceptor still has a copy of the Grade Form and provide another copy of the form if necessary. The paper grade form must be mailed or faxed by the supervising physician in a timely fashion. **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
304.234.8455	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, Southampton)
304.399.7593	South West Region (Huntington, Ashland, Gallipolis)
304.431.5255	South East Region (Princeton, Beckley, Lewisburg area)

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

1.11 Student Site Evaluations and Log Books

Site Evaluations:

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

Log Books:

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

Throughout the remainder of the students' undergraduate academic career and beyond, timely completion of all documents and records will be expected. The above preceptor/site/course evaluations and log books are essential in assisting in the evaluation of rotations meeting the academic requirements of the rotations. **The patient procedure logs and skills checklists must be turned in to the Regional Assistant Dean or Director by the last day of the rotation. Failure to comply will result in a professionalism report.**

1.12 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 preceding 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 is 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 student 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	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.
b) <input type="checkbox"/>	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	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 <u>Sign your statement and have your Regional Assistant Dean sign your statement. And include your CV/ résumé</u> No approval will be given without this.
d) <input type="checkbox"/>	Documents to complete. <ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> • 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 3 rd 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) <input type="checkbox"/>	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) <input type="checkbox"/>	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) <input type="checkbox"/>	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) <input type="checkbox"/>	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) <input type="checkbox"/>	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) <input type="checkbox"/>	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) <input type="checkbox"/>	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.
	<p>What can cause academic non-recognition of an international rotation?</p> <ol style="list-style-type: none"> 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) □	<p>1. A weekly journal with a final written conclusion (total <u>no less</u> than 8000 words, size 11 or 12 font, 1.15 spaced, outlining an overview of your rotation experience. This narrative <u>must</u> include:</p> <ul style="list-style-type: none"> • 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 <p>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.</p> <p>Failure to complete the report/journal and/or exit interview could result in the rotation not counting academically.</p>
b)	<p>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.</p>
c)	<p>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.</p>

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

The following elective rotations are NOT considered completion of Rural requirements: Research, Health Policy, Anatomy Intensive, Culinary Medicine.

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

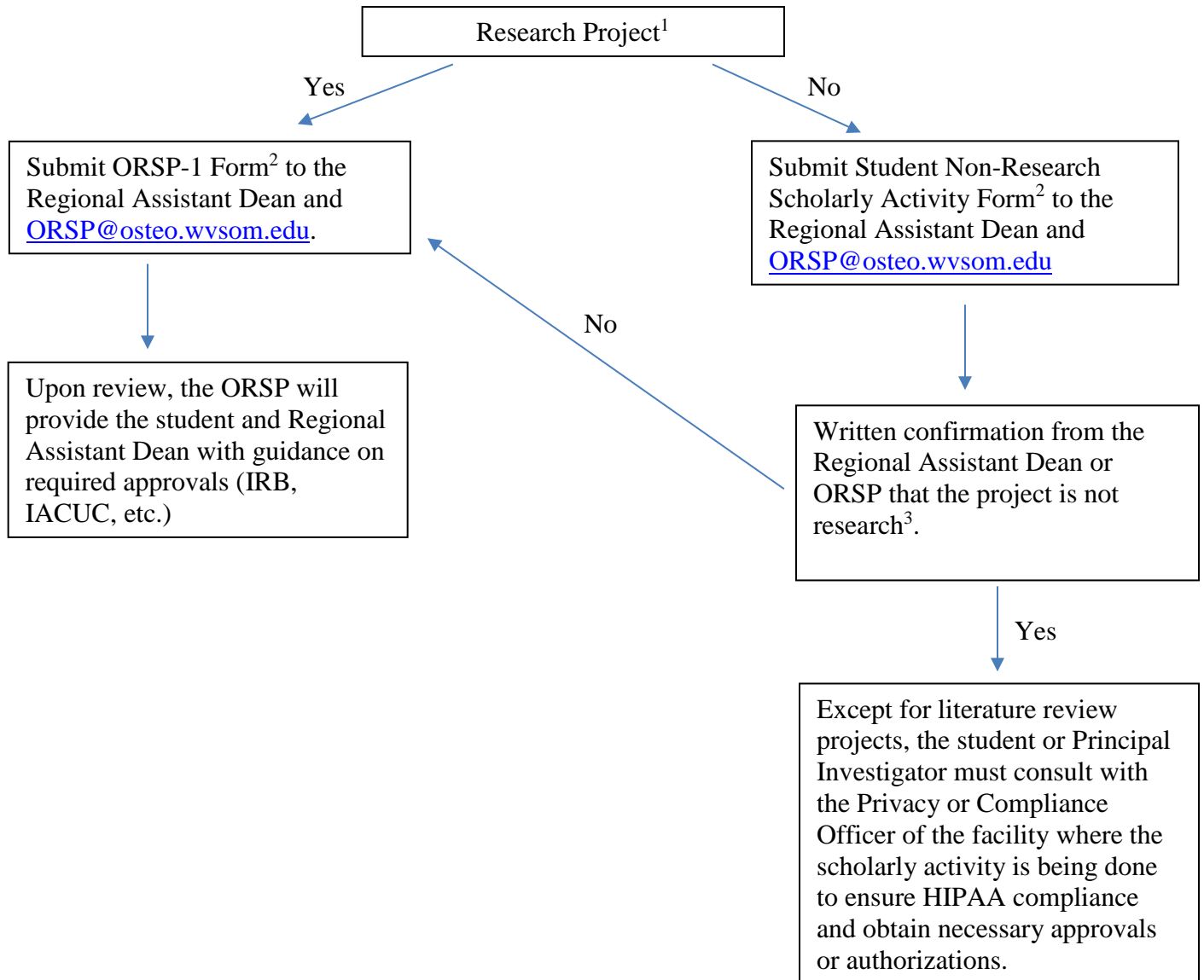
Students are encouraged to participate in research or other types of scholarly activity either as an elective rotation or while completing regular rotations. The federal Common Rule defines research as “a systematic investigation including research development, testing and evaluation designed to develop 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 during an elective or 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



¹Case 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.

²These forms are available on the ORSP web pages at <https://www.wvsom.edu/research/forms>

³Contact the WVSOM IRB at irb@osteowvsom.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 of 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
<p>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.</p>	<p>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.</p>
<p>Characteristics of Research:</p> <ul style="list-style-type: none"> • 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. 	<p>Characteristics of Quality Improvement:</p> <ul style="list-style-type: none"> • 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-improvement-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.

1.14 Health Policy Elective

I. Introduction:

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

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

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

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

II. Osteopathic Relevance :

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

III. Rotation Objectives and Core Competencies

1. Osteopathic Philosophy and Manipulative Medicine

- Relate the Osteopathic Principles to health policy

2. Medical Knowledge

- Relate the concepts and principles of osteopathic, biomedical, clinical, epidemiological, biomechanical, social and behavioral sciences and how they apply to the formation of health policy.
 - Relate how new developments in osteopathic medical knowledge and concepts affect health policy over time.
 - Use appropriate Informatics to attain the knowledge and skills needed to understand and work on health policy.
- 3. Patient Care**
- Explain how health policy affects the delivery of patient care(include a discussion of access, cost and quality)
- 4. Interpersonal and Communication Skills**
- Demonstrate interpersonal and communication skills that enable and maintain professional relationships with lobbyists, legislators and the health policy team
 - Demonstrate effective written and electronic communication
- 5. Professionalism**
- Demonstrate sufficient knowledge of the behavioral and social sciences that provide the foundation for the professionalism competency, including medical ethics, social accountability and responsibility
 - Demonstrate humanistic behavior, including respect, compassion, honesty and trustworthiness.
 - Demonstrate responsiveness to the needs of society that supersedes self interest
 - Demonstrate accountability to patients, society, and the profession, including a duty to act on knowledge of professional behavior of others.
 - Demonstrate a commitment to excellence with ongoing professional development as evidence of a commitment to continuous learning behaviors
 - Demonstrate knowledge of and apply ethical principles in business practice and health policy research
 - Demonstrate awareness and proper attention to issues of culture, religion, age, gender, sexual orientation and mental and physical disabilities.
- 6. Practice Based Learning and Improvement**
- Demonstrate the ability to describe and apply fundamental epidemiologic concepts and evidence based medicine in the development and evaluation of health policy.
 - Demonstrate how significance research evidence is used in the development of health policy.

- Discuss how health policy influences clinical practice patterns and affects practice based improvements and medical errors.
- Discuss and demonstrate an understanding of how a student's behavior is a reflection of the osteopathic profession and that student's must lead by example.

7. System Based Practice

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

IV. Activities

1. Within 6 weeks of completion of this rotation you will submit a paper(s) on the following:

- A description of the three branches of government and discussion on how they are involved in health care
- A description of the life of a bill from conception through implementation
- A description of the legislative process
- The workings of the office where your elective occurred and each individuals role in the office
- Give an example of at least one bill and a discussion of unintended consequences that occurred once the bill was implemented
- Discuss the AOA agenda for the present Congress
- Create an issue analysis brief to include:
 - a) Definition of the problem
 - b) What makes this issue pertinent?
 - c) Identify the Health Policy Focus (Access, Cost and/or Quality)
 - d) Identify the stakeholders
 - e) Is there evidence to take a position if not what research is needed?

- 2. At the end of this rotation you will have researched the following and be prepared to answer the following questions by your Regional Assistant Dean:**
- Who pays for healthcare? Include discussion of private payers (individuals, insurance) and public payers (Medicare, Medicaid, SCHIPS, VA, DOD, Workers Comp)
 - Where are health care dollars being spent?
 - How does Lobbying affect health care?
 - Why is American Health Care rated less than other countries?
 - Congress tends to deal with problems one at a time. As pertains to health care, who is looking at the big picture?
- 3. Make a presentation to your Region at Education Day on your experience.**

1.15 Anatomy Intensive Elective

I. Introduction:

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

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

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

II. Osteopathic Relevance :

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

III. Rotation Objectives and Core Competencies

1. Osteopathic Philosophy and Manipulative Medicine

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

2. Medical Knowledge

- Students will conduct a focused dissection and regional review of the anatomy related to their project. This review not only recapitulates the

anatomical knowledge from their first year but will expand beyond it, aiding students in becoming experts in their subject of interest.

3. Patient Care

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

4. Interpersonal and Communication Skills

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

5. Professionalism

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

6. Practice Based Learning and Improvement

- Demonstrate how research evidence is used in the development of health policy and for the improvement of medical procedures.
- Develop a coherent critique of the clinical literature that is reviewed and elaborate ways in which subsequent studies might expand upon it.
- Discuss how such research can be used to change and improve clinical practice and minimize medical errors and morbidity.

- Discuss and demonstrate an understanding of how a student's behavior is a reflection of the osteopathic profession and that student's must lead by example.

7. System Based Practice

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

IV. Activities

1. By the end of this elective you will have conducted a focused review of literature relevant to your topic of interest.

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

2. By the end of this elective you will have conducted a laboratory dissection or microanatomical investigation relevant to your focused review of literature.

- Based on the topic of interest, you will dissect and document the structures that are relevant and review their importance.
- You will reacquaint yourself with the muscular, nervous, vascular, bony, or visceral structures related to your investigation.
- You may prepare histology samples that will be excised, sectioned, stained, and scanned for use. This will only be done if it relates directly to your topic.

3. By the end of this elective you will prepare a public presentation of your findings that includes:

- A brief review of your review of literature.
- A demonstration of the relevant anatomy and microanatomy from the laboratory.
- A question and answer session that will give you the opportunity to expand upon your findings or to clarify sections of your presentation.

- **If the student's above activities will include a component of Research, all requirements for a Research Project must be completed. Cadaver dissection and documentation must adhere to the rules and regulations of the Human Gift Registry program.**

1.16 Culinary Medicine Elective

Nutrition and Culinary Medicine Elective			
Two-week elective (2 weeks)			
Fall/Spring 2020 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.

1.17 Stookey Rotations

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

In order to receive credit for this requirement, your preceptor should be a Stookey approved preceptor. For assistance in determining which preceptors are Stookey approved, please contact your Statewide Campus Regional Dean or Director.

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

Stookey Rotation Documentation (example)

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 rotation.

In the 4th year, the Stookey requirement must be completed and submitted for grading no later than April 1.

Electronic Health Record (EHR) Stookey OMT SOAP Note:

As a mandatory requirement for successful completion of your OMT Stookey Rotations you will be required to submit 1 SOAP note during your Year 3 Stookey rotation and 1 SOAP note during your Year 4 Stookey rotation on a patient of your choice documented in the WVSOM Greenway PrimeSuites' EHR.

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

1.18 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

2.0 Introduction to Clinical Medicine – Year 3

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

Year 3 required rotations

Clinical rotations required are:

Family Medicine I	8 weeks
Internal Medicine I	4 weeks
Internal Medicine II	4 weeks
Pediatrics I	4 weeks
Surgery I	4 weeks
Emergency Medicine	4 weeks
OB/GYN (Women's Health)	4 weeks
Psychiatry	4 weeks
Dean Selective	4 weeks
Elective	4 weeks
Vacation	4 weeks
Board Prep	4 weeks

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

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

2.1 Family Medicine I

Course Number: 806

A. Introduction

Family medicine 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. 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 osteopathic structural examination.
 - Be able to develop an appropriate assessment and treatment based on the information gathered.
 - Incorporate appropriate preventive medicine at each visit.
 - Understand and implement focused evaluations of geriatric patients who present for evaluation and care.
- b. By the end of the rotation the student should be able to:

- Differentiate between common etiologies that present with that symptom.
 - Recognize dangerous/emergency conditions that may present with that symptom and know when emergent referral is needed.
 - Perform a focused age appropriate history and physical examination as indicated for all patients.
 - Make recommendations as to labs/imaging/tests to obtain to narrow the differential.
 - Appreciate the importance of a cost-effective approach to the diagnostic work-up.
 - Describe the initial management of common and dangerous diagnoses that present with that symptom.
- c. For each core chronic disease, the student should be able to:
- Find and apply diagnostic criteria and surveillance strategies for that problem.
 - Elicit a focused age specific history, including information on compliance, self-management, and barriers to care.
 - Perform a focused age specific physical examination that includes identification of complications.
 - Locate and evaluate clinical practice guidelines associated with each of the core chronic diseases.
 - 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. Develop an evidence-based health promotion/disease prevention plan for a patient of any age or gender.
- d. For women: elicit a full menstrual, gynecological, and obstetric history.
- e. For men: identify issues and risks related to sexual function and prostate health.
- f. Conduct a physical examination on an infant, child, adolescent, and adult.
- g. Demonstrate competency in advanced history-taking, communication, physical examination and critical thinking skills.
- h. Incorporate OP&P into the practice of family medicine.

3. Interpersonal and Communication Skills

- a. Demonstrate ability to effectively communicate with patients from the pediatric patient to the geriatric patient.
- b. Demonstrate ability to identify and communicate with caregivers.
- c. Demonstrate competency in communication with patients of all age groups.
- d. Establish effective relationships with patients and families using patient-centered communication skills.
- e. Demonstrate competency in communicating appropriately with other healthcare professionals (e.g. other physicians, physical therapists, occupational therapists, nurses, counselors, etc.).
- f. Be able to document an acute 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, including accidental 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 and Improvement**
- a. Apply fundamental epidemiologic concepts to practice improvement.
 - b. Understand how medical informatics/EBM/research can be used to enhance patient care and understand their limitations in the practice of medicine.
 - c. Demonstrate ability to identify personal knowledge deficits.
 - d. Demonstrate ability to locate educational resources and strengthen personal medical knowledge.
 - e. Display commitment to continuous quality improvement.
 - f. Demonstrate 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. Universal Notes is a comprehensive online program to facilitate and guide your study.

This can be supplemented by Rakel, the core reference text. Conn's Current Therapy and Lange Case Files are excellent supplemental sources, especially when you need focused readings, such as time between patients.

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 information Family Medicine

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. As you can see, similar to the specialty itself, the Family Medicine COMAT content is broad and fairly evenly distributed.

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

If you have not done so, please take the time to read section 1.17 on the Stookey Rotations.

Pretest/Posttest: Family Medicine

Please refer to section 1.7 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

Diagnosis and Plan for Manual Medicine (refer to this for your Family Medicine H&P case write-up).

F. Other Resources

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

Cecil Essentials of Medicine; Elsevier, 9th ed.

Nelson Essentials of Pediatrics; Elsevier, 7th ed.

Essentials of Family Medicine, Sloane, et al; Lippincott, Williams and Wilkins 6th ed

Ham's Primary Care Geriatrics; Elsevier, 6th ed.

Case Files Family Medicine; McGraw Hill/Lange 4th ed.

Conn's Current Therapy 2018; Elsevier

G. Didactic and Reading assignments

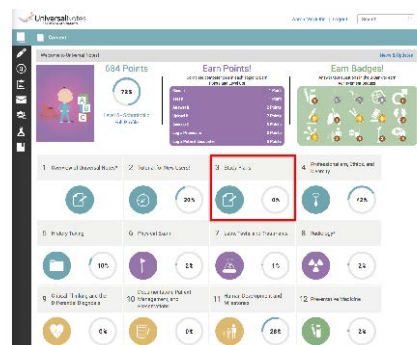
Universal Notes (www.myuniversalnotes.com)

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 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. 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 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 scabiei* (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
 - Respiratory Syncytial 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 Abnormalities
 - 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

Suggested Readings from Rakel's and Conn's Current Therapy:

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 Universal Notes subjects as well as 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: <http://webcampus.drexelmed.edu/doccom/user/> you will log in using your Email address and Password.

I. 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 HORSESSES.

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(es)) is derived from the information obtained in the H&P. This is where you commit to diagnoses 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)
 - o 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

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.

- K. **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, Strain/counterstrain, HVLA, craniosacral, 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/cast application	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			
Anoscopy	Clinical Skills II Handbook			
Flexible sigmoidoscopy	Clinical Skills II Handbook			
I&D of abscess: list type of abscess				
Other:				

*EKG Basics—LSU: www.sh.lsuhs.edu/fammed/OutpatientManual/EKG/ecghome.html

* 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's signature: _____ Date: _____

L. Grading/Calculations

1. Preceptor grade 65%
2. Family Medicine COMAT end of rotation examination 35%
3. Completion of Patient Procedure Logs, Family Medicine Procedure Log and Preceptor/Site/Course Evaluation
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 and family medicine procedure log 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.
- 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.

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.

2.2 Internal Medicine I

Course Number: 810

See discussion of Internal Medicine requirements under section 2.3.

2.3 Internal Medicine II

Course Number: 811

A. Introduction

Studying the discipline of Internal Medicine provides the foundational knowledge to formulate a diagnostic and therapeutic plan for all adult medical patients.

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

B. Course (Rotation) Objectives and Core Competencies

1. Medical Knowledge

- a. The student will be able to demonstrate understanding of patient presentation and pathophysiology of common presenting complaints seen in the adult patient, including Cardiovascular Diseases, Gastrointestinal Diseases.
- b. Allergic, Dermatologic, and Immunologic Disorders
- c. Musculoskeletal and Connective Tissue Neurologic Disorders – Endocrine Disorders
- d. Renal Disorders – Infectious Disorders Pulmonary Disorders
- e. The student will demonstrate the ability to evaluate and develop a differential diagnosis for each of the following symptoms/conditions:
 - Chest Pain
 - Syncope
 - Edema
 - Anemia
 - Fatigue
 - Headache

- Cough
 - Shortness of Breath
 - Fever
 - Abdominal Pain
 - GI bleed
 - Constipation
 - Diarrhea
 - Dizziness
 - Back Pain
 - Joint Pain
 - Rash
- f. The student will demonstrate an understanding of the basic principles and current recommendation for adult Immunizations based on ACIP or CDC guidelines. Age appropriate cancer screenings ex: Breast, Colon, Cervical, Prostate Screenings and their utilization of the USPSTF Database.

2. Patient Care

- a. Compare and contrast the approach to a patient in the office vs. hospital setting.
- b. Demonstrate the ability to identify a pertinent chief complaint.
- c. Perform a complete and focused H&P exam related to chief complaint.
- d. Develop a differential diagnosis appropriate to the context of the patient 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:
 - different types of medical notes

- SOAP notes
 - newborn nursery admission notes
 - admission history & physicals
 - discharge summaries
 - procedure notes
- c. Describe the capabilities of electronic health records.
 - d. 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 Plan

In general, the best approach to studying clinical medicine is to use multiple sources. For Internal Medicine, the foundational required reading and study guide will be the Step Up to Medicine text supplemented by the required IM texts such as Cecil's.

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 section 1.7 Proctored End of Rotation Exams.

E. Required Textbooks

*Agabegi, S. S., Agabegi, E. D., & Ring, A. C. (2015). Step-up to medicine (4th 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. Other 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/>

G. Didactics and Reading assignments

The foundation of your required study will be comprised of reviewing the material in Step-Up to Medicine.

Agabegi, S. S., Agabegi, E. D., & Ring, A. C. (2015). Step-up to medicine (4th Ed.). Philadelphia: Wolters Kluwer/Lippincott Williams & Wilkins.

Step-Up to Medicine is intended to provide the content needed to help you succeed in your internal medicine rotations, a means of self-assessment for preparation for the COMAT and COMLEX examinations, and a foundation for further study. Students are expected to expound on the information when needed by utilizing other texts and resources (see sections 2.3.D and 2.3.F). This resource provides an outline of the material essential to internal medicine, but provides a knowledge base that may be useful in other disciplines as well, such as Family Medicine, Emergency Medicine, and Surgery.

Subjects Covered

- Diseases of the Cardiovascular System
- Diseases of the Pulmonary System
- Diseases of the Gastrointestinal System
- Endocrine and Metabolic Diseases

- Diseases of the Central and Peripheral Nervous System
- Connective Tissue and Joint Diseases
- Disease of the Renal and Genitourinary System
- Fluids, Electrolytes, and Acid-Base Disorders
- Hematologic Diseases and Neoplasms
- Infectious Diseases
- Diseases of the Skin and Hypersensitivity Disorders
- Ambulatory Medicine

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

1. The required texts are excellent resources.
2. *Cecil's Essentials of Medicine* is a foundational textbook and should be in the personal library and heavily referred to by every medical student.

DocCom Cases

IM 1: Communicating in Specific Situations #36: Ending Doctor-Patient Relationships

IM 2: Giving Bad News #33

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

I. **Procedures/Clinical Skills**

Skills the student must learn to perform independently:

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

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

Activities the student may observe, assist or perform:

- Cardiac stress test
- Basic cardiac life support (BCLS) and advanced cardiac life support (ACLS)
- Phlebotomy
- Administration of intradermal, subcutaneous, and intramuscular injections

- Peripheral intravenous access
- 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

J. Patient Procedure Logs

You are required to maintain a log of your activities while on both Internal Medicine I and Internal Medicine II rotations. This is important to document the experiences that you are exposed to in the clinical setting. You should get used to maintaining a log, as this will continue during your residency. A well-documented log will help you to know the cases and procedures that you are exposed to and those that you may need to see in the future of your education. The log books 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. 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.

K. Grading/Calculations

Internal Medicine I

- | | | |
|----|--|-------|
| 1. | Preceptor grade | 100 % |
| 2. | Completion of Patient Procedure Logs and Preceptor/Site/Course Evaluation | |
| | <ul style="list-style-type: none"> • The patient and 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. | |

Internal Medicine II

- | | | |
|----|----------------------------------|-----|
| 1. | Preceptor grade | 65% |
| 2. | COMAT IM II end of rotation exam | 35% |

3. Completion of Patient Procedure Logs and Preceptor/Site/Course Evaluation
 - The patient and 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.
 - Note that you will have a standard score of 80 or greater on the IM 2 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 2 rotation course grade.
 - If the retest COMAT score is below a standard score of at least 80, this will be recorded as an IM 2 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.

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.

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

2. Patient Care

- a. Develop and demonstrate interviewing and physical examination skills required to conduct interviews with children or adolescents and their families and perform age appropriate physical examinations.
- b. Develop interviewing and physical examination skills required to conduct interviews with children or adolescents and their families and perform age appropriate osteopathic structural examinations.
- c. For the sick child, educate the patient and/or caregiver and evaluate their comprehension of the diagnosis and treatment plan as directed by the preceptor, including conveying clinical condition and obtaining informed consent prior to procedures.
- d. For the well child, educate the patient and/or caregiver and evaluate their comprehension of health promotion and anticipatory guidance.
- e. Demonstrate the ability to accurately convey patient issues and needs when transitioning the patient to other members of the healthcare team, families, and parents.

3. Interpersonal and Communication Skills

- e. Demonstrate the ability to effectively communicate with pediatric patients and their caregivers.
- f. Demonstrate the ability to effectively communicate with the healthcare team.
- g. Identify parental and patient concerns and perspectives including cultural and religious influences.
- h. Develop proficiency in writing the following:
 - different types of medical notes
 - SOAP notes
 - newborn nursery admission notes
 - admission history & physicals
 - discharge summaries
 - procedure notes
- i. Demonstrate awareness and understand the capabilities of electronic health records.
- j. 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 effects of his/her demeanor, appearance and language during the interaction with patient and family.
- c. Demonstrate an understanding of privacy and independence of adolescents and of the private individual interview of an adolescent during the interview process.
- d. Demonstrate sensitivity, empathy and responsiveness to diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.
- e. Demonstrate a commitment to ethical principles pertaining to provision or withholding of care, confidentiality, informed consent, and business practices, including compliance with relevant laws, policies, and regulations.

- f. Recognize that all patients in emergency situations shall receive care regardless of medical insurance coverage, ethnicity, race, or social economic status.

5. Practice-Based Learning and Improvement

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

6. Systems-Based Practice

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

7. Osteopathic Philosophy and Osteopathic Manipulative Medicine

All preceptors (MD and DO) are expected to encourage and verify application of osteopathic principles. The Four Tenets of Osteopathic Medicine: 1) The body is a unit; 2) Structure and function are interdependent; 3) The body has self-healing and self-regulatory capabilities; 4) Rational osteopathic care relies on the integration of these tenets in patients care. DO preceptors are expected to encourage and evaluate appropriate use of Osteopathic Manipulative Treatment (OMT). Pediatrics provides an opportunity to experience the application of osteopathic principles utilizing diagnostic and treatment skills that focus on both the visceral and somatic functions of the body as they relate to disease processes and the patient's growth and development. Application of Osteopathic Manipulative Treatment (OMT) should be demonstrated when applicable based on the patient's specific clinical

presentation. This rotation is heavily dependent upon the basics of prevention and anticipatory guidance. It will build the student's appreciation of the need to interact with the patient and his/her caregivers, family, friends, community, and the healthcare team.

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 Exam

Take the time to review the NBOME website in regards to the Pediatric COMAT exam.

<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 section 1.7 Proctored End of Rotation Exams.

E. Required Textbooks

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

F. Other Resources

- *Bright Futures*, 4th edition
- *Harriet Lane Handbook*, 21st edition
- *Nelson's Textbook of Pediatrics*, 21st edition
- *Redbook 2018: Report of the Committee on Infectious Diseases*, 21st edition
- UpToDate (www.uptodate.com)

G. Didactic and Reading Assignments

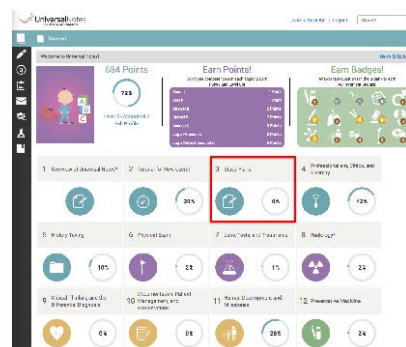
Universal Notes (www.myuniversalnotes.com)

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 Willebrand'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
 - Chlamydomphila 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:
<http://webcampus.drexelmed.edu/doccom/user/> 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.

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

Ambulatory Patient Encounters

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)			

NAME: _____

WVSOM PEDIATRIC SKILLS CHECKLIST

Musculoskeletal complaint (lower extremity)			
Musculoskeletal complaint (upper extremity)			
Nasal concern (congestion, rhinorrhea, epistaxis)			
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

Clinical Skills and Procedures

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			
Newborn resuscitation with APGAR scores			
Phlebotomy finger stick			
Phlebotomy heel stick			
Phlebotomy venous stick			
Silver nitrate application to umbilical granuloma			
Throat swab			
Urinary catheterization			
Vision screening			

J. Patient Procedure Logs

Although optional, the best way to improve your history and physical examination in children is practice and feedback. Students should strongly consider submitting a total **2 History and Physical Exams** and **2 Progress Notes (one well visit and one sick visit)**. These should be submitted to your Regional Assistant Dean for discussion along with your Patient Procedure Log Book for discussion.

History and Physical Exam for a Newborn should contain:

- Maternal history
- Family history
- Prenatal history
- Labor and delivery history
- Newborn exam
- Relevant labs and diagnostics from mother and newborn
- Assessment and Plan for newborn
- Anticipatory guidance for discharge including
 - Bathing
 - Breast feeding/Formula feeding
 - Circumcision
 - Exposure to crowds
 - Fever
 - Umbilical cord care

History and Physical Exam for the infant, child, and adolescent should contain:

- Chief complaint
- History of Present Illness
- Past Medical History including hospitalizations with relevant dates
- Birth History
- Past Surgical History
- Medications
- Allergies and reactions
- Family history
- Immunizations
- Dietary history
- Social history
- Review of Symptoms
- Physical Exam
- Relevant Labs and Diagnostics
- Assessment and Plan

The progress notes should contain:

- Chief complaint
- History of Present Illness
- Relevant PMH
- Relevant PSH
- Relevant ROS
- Current medications
- Physical Exam
- Relevant Labs and Diagnostics
- Assessment and Plan

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.
- 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.

K. Grading/Calculations

- | | |
|--|-----|
| 1. Preceptor grade | 65% |
| 2. Pediatric COMAT end of rotation examination | 35% |
| 3. Completion of Patient Procedure Logs, the optional 2 H&Ps and 2 Progress Notes, Pediatric Skills Checklist and Preceptor/Site/Course Evaluation | |

- The Patient Procedure Logs, Pediatric Skills Checklist, and 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.
- 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.

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.

2.5 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 include differential 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 Plan

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 Exam

Take the time to review the NBOME web site on the COMAT exam. In addition <https://www.nbome.org/exams-assessments/comat/exam-series/comat-psychiatry/>

Note that up to 78% of the exam focuses on the following concepts:

- Adjustment Disorders
- Anxiety Disorders/Trauma-Related Disorders/Obsessive Compulsive Disorders
- Mood Disorders
- Neurocognitive Disorders
- Neurodevelopmental Disorders

Pretest/Posttest

Please refer to section 1.7 Proctored End of Rotation Exams.

E. Required Textbooks

First Aid for the Psychiatry clerkship, 4th edition:

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:

This is an excellent reference book and provides narrative and descriptive information for most topics you will experience during your clinical rotation.

DSM 5:

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: 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. Other Resources

Stahl's Essential Psychopharmacology:

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.

G. Didactic and Reading Assignments:

Review these to 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
Sleep-wake disorders	Insomnia disorder
	Breathing-related sleep disorder
Paraphilic disorders	Voyeuristic disorder

H. Additional Recommendations

DocCom Cases:

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

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

I. Procedures and 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.

J. Patient Procedure Logs

It is important to document your clinical experiences during this rotation. By maintaining a log of your activities, you will be able to assess whether you have participated in a sufficiently broad number of clinical cases. Your log will also help you prepare for future exams and point out areas where you might need further study. Your log should include a wide variety of demographic groups as well as diagnostic categories. The logbooks need to be initialized by the preceptor. The logs also need to

be reviewed by your Regional Assistant Dean and accepted as proper documentation of your psychiatry rotation experience. Your log should include:

- Time and date that you met with the patient.
- Type of facility in which you met the patient.
- Diagnosis and presenting complaints.
- Type of note (e.g. admission notes for a hospital, progress notes for a hospital or outpatient clinic, discharge summary). You should also annotate whether you provided an oral presentation to the preceptor on this patient.
- Any procedures that you observed, assisted, or performed in treating this patient (e.g. IV injection).

Your 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 65%
2. Psychiatry COMAT end of rotation examination 35%
3. 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.
 - 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.

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.

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

2. Patient Care

- a. Perform a thorough physical exam of the abdomen, breast, thyroid, anorectal and genital areas.

- b. Perform, observe, or assist with all procedures listed on the procedure list.
- c. Perform a preoperative assessment and management plan.
- d. Create a post-operative management plan.
- e. Recognize common post-operative complications.

3. Interpersonal and Communication Skills

- a. Demonstrate ability to effectively communicate with surgical patients.
- b. Demonstrate ability to identify and communicate with appropriate family members, medical power of attorney, or person of authority to speak on behalf of the patient.
- c. Understand the documentation expectations of the attending surgeon during your rotation (H&P, surgical progress notes, etc).
- d. Demonstrate effective communication techniques with the surgical healthcare team and ancillary staff.
- e. Consolidate and organize pertinent information for presentation to the attending physician.
- f. Demonstrate appropriate surgical consultation skills.
- g. Demonstrate the ability to communicate effectively and compassionately with patients and family.

4. Professionalism

- a. Demonstrate a team approach for treating surgical patients.
- b. 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. Practice-Based Learning and Improvement

- a. Apply fundamental epidemiologic concepts to practice improvement.
- b. Include topics related to Medical informatics/EBM/Research.

- c. Demonstrate ability to identify personal knowledge deficits.
- d. Demonstrate ability to locate educational resources and strengthen personal medical knowledge.
- e. Display commitment to continuous quality improvement.
- f. Demonstrate ability to teach both peers and lay audiences.

6. System Based Practice

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

7. Osteopathic Philosophy and Osteopathic Manipulative Medicine

- a. Utilize osteopathic diagnostic skills that must be adapted to the physical limitations common to 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 Plan

In general, the best approach to studying clinical medicine is to use multiple sources. For General Surgery, the 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.

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

D. COMAT General Surgery 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 section 1.7 Proctored End of Rotation Exams.

E. Required Textbooks

Seidel's Guide to Physical Examination, 9th ed.
Surgery: A Competency-Based Companion, Mann
Essentials of General Surgery, Lawrence

F. Other 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. Didactic and Reading Assignments

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

Specific recommended sources include Lawrence, Mann, and the Lange Surgery on Call.

Topic	Sub-Topic		
Abdominal Defects and Hernias	Hernia		
Endocrine	Thyroid		
	Parathyroid		
Preoperative Care and Risk Assessment			
	Adrenal		
	Pancreas		
	Breast		
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			

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: <http://webcampus.drexelmed.edu/doccom/user/> you will log in using your Email address and Password.

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

- 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

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			
Procedure	Observe	Assist	
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

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 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.

K. Grading/Calculations

1. Preceptor grade

65%

2. Surgery COMAT end of rotation examination 35%
 3. 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.
 - 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.

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.

2.7 Dean's Selective

Course Numbers: 831, 832, 833

A. Introduction

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

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

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

B. 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.

2.8 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 ER 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 to never ignore an abnormal vital sign, historical findings, a focused accurate physical exam, and 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; 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 be a part of that team in taking care of seriously ill or injured patients.

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

B. Course (Rotation) Objectives and Core Competencies

1. Medical Knowledge

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

- e. 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 evidence-based utilization of 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 principle of poisoning and drug overdose.

2. Patient Care

- a. Demonstrate how to approach a patient in the emergency medicine department.
- b. Demonstrate the ability to identify the chief complaint.
- c. Perform a focused exam related to chief complaint.
- d. Demonstrate 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. 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 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 peers within the emergency department and hospital staff.
- b. Demonstrate a team approach to treating emergency room patients.
- c. Demonstrate responsibility, dependability, and reliability including being punctual and providing notification of an absence.
- d. Dress appropriately for emergency room:

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 an appropriate referral from the emergency department.
- e. Arrange outpatient testing from emergency department and follow-up with other providers.
- f. Be aware of medication and treatment costs (direct patient costs).
- g. Appreciate patient's rights and responsibilities and that shared decision-making improves understanding and compliance.
- h. Understand EMTALA and HIPAA relative to the emergency department.
- i. Recognize how to reduce medical errors and patient and staff safety.
- j. Recognize cost effective health care that does not compromise patient care.
- k. 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.
- l. 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, Headaches, Spine pain, Extremity pain, Overuse Syndromes, Joint pain and Abdominal pain.
- c. Recognize and apply osteopathic treatment modalities appropriate to the emergency department environment for somatic dysfunction.
- d. Develop an appreciation for the need to treat the entire patient including emotional, spiritual, physical and family needs.
- e. Consider the application of OMT only if safe in the context of the patient's current medical condition and patient care environment.

C. Study Guide

In general, the best approach to studying clinical medicine is to use multiple sources. For Emergency Medicine, Tintinalli is the original and classic core reference textbook used by almost every Emergency Room. Although it is a large reference textbook, it is foundational and strongly recommended as your primary source of study. It should also be supplemented by other sources such as readings assigned to you by your preceptor.

D. COMAT Emergency Medicine 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.
<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 section 1.7 Proctored End of Rotation Exams.

E. Required Textbooks

Tintinalli's Emergency Medicine A Comprehensive Study Guide, 8th edition
(Available on Access Medicine on WVSOM Online Library)

F. Other Resources

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

G. Didactic and Reading assignments:

The reading assignments are intentionally broad.

The core textbook of Emergency Medicine is the “big” Tintinalli. It is also the reference book for the COMAT. Therefore, it is strongly suggested that you choose this text for the foundation of your Emergency Medicine readings.

In addition to the suggested topics, read about your individual patient encounters and anything additional that your preceptor assigns.

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:
<http://webcampus.drexelmed.edu/doccom/user/> you will log in using your 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, 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 and the first minute of a code, treatment of shock states including anaphylaxis, cardiogenic, hypovolemia, and septic.
10. **Shortness of Breath:** Airway obstruction, asthma/COPD, heart failure, pulmonary embolism, and infections including pneumonia, bronchitis, and epiglottitis,
11. **Traumatic injuries:** Abdomen including bowel, hepatic, and splenic injuries, chest including hemothorax, pneumothorax, and tension pneumothorax, Extremities including dislocations, fractures and splinting, Head injuries including epi-/subdural hematomas, Neck including cervical fractures and spinal cord damage, and pediatric non-accidental trauma/domestic violence.
12. **OB/GYN:** Abortion including complete, incomplete, inevitable and threatened, ectopic pregnancy, placenta Previa and placental abruption. Infections including Pelvic inflammatory disease and sexual transmitted infections.
13. **Wound Care:** Irrigation, local anesthesia, primary closure, and tetanus prophylaxis

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.

K. Grading/Calculations

- | | |
|--|-----|
| 1. Preceptor grade | 65% |
| 2. EM COMAT end of rotation examination | 35% |
| 3. 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.
 - Note that you will have a standard score of 80 or greater on the COMAT end of rotation exam to pass the Emergency 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.

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.

2.9 Obstetrics and Gynecology/Women's Health

Course Number: 803

A. Introduction

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

Regardless of 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.
- d. Demonstrate knowledge of postpartum care.
- e. Describe menstrual cycle physiology, discuss 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.
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 different cultural or religious background, including LGBT 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 Plan

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 section 1.7 Proctored End of Rotation Exams.

E. Required textbooks

Seidel's Guide to Physical Examination, 9th ed.
Beckmann, Obstetrics and Gynecology. 7th ed. Philadelphia, PA: Lippincott Williams and Wilkins, Wolters Kluwer Health 2014

Obstetrics and Gynecology: a Competency-Based Companion. 2010
 Saunders/Elsevier
Obstetrics, Gynecology & Infertility: Handbook for Clinicians

F. Other 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

G. Didactic and reading assignments: APGO uwise questions and APGO Videos

Topic	Videos and uWise question topics
PAP Smears and Cultures <i>**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.**</i>	#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
Topic	Videos (uWise)
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
- Forceps
- 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:

<http://webcampus.drexelmed.edu/doccom/user/> 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 OB/GYN 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 ob patient from admission to delivery			
Assessment of cervical exam during labor			
Admission H&P & L&D note for ob patient			
Progress note for: 1) ob patient in office 2) gyn patient in office 3) well female exam			
Procedures (Observe, Assist, or Perform)			
Circumcision			
Cryotherapy of cervix			
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 degree)			
Laceration Repair (3rd/4th degree)			
Other:			
Other:			
Other:			

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 use to maintaining a log as this will continue during your residency. A well-documented log will help you to know the cases and procedures that you are exposed to and those that you may need to see in the future of your education. The log books 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.

K. Grading/Calculations

1. Preceptor grade 65%
2. Women's Health/OB/GYN COMAT end of rotation examination 35%
3. 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.
 - 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.

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.

SECTION III FOURTH YEAR ROTATION SYLLABI

3.0 Introduction to Fourth Year

All students must have successfully completed the requirements of year three before being permitted to begin 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.

3.1 Internal Medicine III and Internal Medicine IV (Selective)

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

A. Introduction

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

Internal Medicine III and IV will be at a site of the student's choosing. These may also be scheduled as four (4) two-week rotations. These will be graded as two (2) or four (4) separate rotations in general internal medicine or a subspecialty. See section 4.1 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, attending hospital lectures, and be generally introduced to hospital routine. Students in Medicine are expected to attend morning report, internal medicine conferences, and medical grand rounds. Presentation of cases by students should be encouraged early and their performance should be observed and critiqued.

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

B. Course (Rotation) Objectives and Core Competencies

1. **Medical Knowledge**

- a. The student will be able to demonstrate understanding of patient presentation and pathophysiology of common presenting complaints seen in the adult patient, including Cardiovascular Diseases, Gastrointestinal Diseases.
- b. Allergic, Dermatologic, and Immunologic Disorders
- c. Musculoskeletal and Connective Tissue Neurologic Disorders – Endocrine Disorders
- d. Renal Disorders –Infectious Disorders Pulmonary Disorders
- e. The student will demonstrate the ability to evaluate and develop a differential diagnosis for each of the following symptoms/conditions:
 - Chest Pain
 - Syncope

- Edema
 - Anemia
 - Fatigue
 - Headache
 - Cough
 - Shortness of Breath
 - Fever
 - Abdominal Pain
 - GI bleed
 - Constipation
 - Diarrhea
 - Dizziness
 - Back Pain
 - Joint Pain
 - Rash
- f. The student will demonstrate an understanding of the basic principles and current recommendation for adult Immunizations based on ACIP or CDC guidelines. Age appropriate cancer screenings ex: Breast, Colon, Cervical, Prostate Screenings and their utilization of the USPSTF Database.

2. Patient Care

- a. Compare and contrast the approach to a patient in the office vs. hospital setting.
- b. Demonstrate the ability to identify a pertinent chief complaint.
- c. Perform a complete and focused H&P exam related to chief complaint.
- d. Develop a differential diagnosis appropriate to the context of the patient 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:
 - different types of medical notes
 - SOAP notes
 - newborn nursery admission notes
 - admission history & physicals
 - discharge summaries
 - procedure notes
- c. Describe the capabilities of electronic health records.
- d. 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 Plan

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.

D. COMAT Blueprint

Not applicable

E. Required Textbooks

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. Other 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/>

G. Didactics and Reading Assignments

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

Agabegi, S. S., Agabegi, E. D., & Ring, A. C. (2015). Step-up to medicine (4th 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:

- The required texts are excellent resources.
- *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 learned in IM1. Review the core competencies and the EPAS.

Skills the student must continue to progress with the goal of being able to perform independently (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

Activities the student may observe, assist or perform:

- Cardiac stress test
- Basic cardiac life support (BCLS) and advanced cardiac life support (ACLS)
- Phlebotomy
- Administration of intradermal, subcutaneous, and intramuscular injections
- Peripheral intravenous access
- 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

J. Patient and Procedure Logs – N/A

K. Grading - Calculations

- | | | |
|----|--|-------|
| 1. | Preceptor grade | 100 % |
| 2. | Completion of Preceptor/Site/Course Evaluation | |

- The preceptor/site/course evaluation must be submitted electronically 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.

3.2 Surgery II and Surgery III (Selectives)

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

A. Introduction

Surgery II and Surgery III (Selective) are designed to further train the student in basic surgical skills, preoperative patient evaluations, operating room procedures, and postoperative patient care.

During these rotations the student will:

- Continue to develop skills in 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 found in section 4.1) 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. Medical Knowledge

- a. Understand basic surgical principles and terminology.
- b. Understand the basic principles of tissue healing.
- c. Understand the role of pre-operative clearance, intra-operative care and post-operative patient management.
- d. Understand the presentations, pathophysiology, etiology, differential diagnosis and surgical management of the following complaints or diagnosis: acute

abdominal pain, appendicitis, cholecystitis, hernias, colon cancer, breast cancer, diverticulitis, thyroid nodules, thyroid cancer, pancreatitis, small bowel obstruction, dyspepsia/peptic ulcer disease, inflammatory bowel disease, upper and lower gastrointestinal bleeding, burn management, and trauma management.

- e. Understand the role of appropriate surgical consultation.
- f. Understand and recognize the principles of evidence-based utilization of resources as applied to general surgery (system based).

2. Patient Care

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

3. Interpersonal and Communication Skills

- a. Demonstrate ability to effectively communicate with surgical patients.
- b. Demonstrate ability to identify and communicate with appropriate family members, medical power of attorney, or person of authority to speak on behalf of the patient.
- c. Understand the documentation expectations of the attending surgeon during your rotation (H&P, surgical progress notes, etc).
- d. Demonstrate effective communication techniques with the surgical healthcare team and ancillary staff.
- e. Consolidate and organize pertinent information for presentation to the attending physician.
- f. Demonstrate appropriate surgical consultation skills.
- g. Demonstrate the ability to communicate effectively and compassionately with patients and family.

4. Professionalism

- a. Demonstrate a team approach for treating surgical patients.
- b. 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. Practice-Based Learning and Improvement

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

6. System Based Practice

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

7. Osteopathic Philosophy and Osteopathic Manipulative Medicine

- a. Utilize osteopathic diagnostic skills that must be adapted to the physical limitations common to 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 Plan

In general, the best approach to advance your study of clinical medicine is to use multiple sources. For General Surgery, the 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.

Sabiston is the classic reference text and is the go to source for more in-depth explanations of common procedures.

D. COMAT Resources

Not applicable

E. Required Textbooks

Seidel's Guide to Physical Examination, 9th ed.
Surgery: A Competency-Based Companion, Mann
Essentials of General Surgery, Lawrence

F. Other 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 Assignments

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. Patient and Procedure Logs – N/A

J. Grading – Calculations

- | | |
|---|------|
| 1. Preceptor grade | 100% |
| 2. Completion of Preceptor/Site/Course Evaluation | |

- The preceptor/site/course evaluation must be submitted electronically 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.

3.3 Family Medicine II

Course Number: 931, 932, 933

See discussion of Family Medicine requirements under section 3.4.

3.4 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.

These rotations are each four (4) weeks in length and each 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 osteopathic structural examination.
 - Be able to develop an appropriate assessment and treatment based on the information gathered.
 - Incorporate appropriate preventive medicine at each visit.
 - Understand and implement focused evaluations of geriatric patients who present for evaluation and care.
- b. By the end of the rotation the student should be able to:
 - Differentiate between common etiologies that present with that symptom.
 - Recognize dangerous/emergency conditions that may present with that symptom and know when emergent referral is needed.
 - Perform a focused age appropriate history and physical examination as indicated for all patients.
 - Make recommendations as to labs/imaging/tests to obtain to narrow the differential.
 - Appreciate the importance of a cost-effective approach to the diagnostic work-up.
 - Describe the initial management of common and dangerous diagnoses that present with that symptom.
- c. For each core chronic disease, the student should be able to:
 - Find and apply diagnostic criteria and surveillance strategies for that problem.
 - Elicit a focused age specific history, including information on compliance, self-management, and barriers to care.
 - Perform a focused age specific physical examination that includes identification of complications.
 - Locate and evaluate clinical practice guidelines associated with each of the core chronic diseases.

- 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. Develop an evidence-based health promotion/disease prevention plan for a patient of any age or gender.
- d. For women: elicit a full menstrual, gynecological, and obstetric history.
- e. For men: identify issues and risks related to sexual function and prostate health.
- f. Conduct a physical examination on an infant, child, adolescent, and adult.
- g. Demonstrate competency in advanced history-taking, communication, physical examination and critical thinking skills.

- h. Incorporate OP&P into the practice of family medicine.

3. Interpersonal and Communication Skills

- a. Demonstrate ability to effectively communicate with patients from the pediatric patient to the geriatric patient.
- b. Demonstrate ability to identify and communicate with caregivers.
- c. Demonstrate competency in communication with patients of all age groups.
- d. Establish effective relationships with patients and families using patient-centered communication skills.
- e. Demonstrate competency in communicating appropriately with other healthcare professionals (e.g. other physicians, physical therapists, occupational therapists, nurses, counselors, etc.).
- f. Be able to document an acute 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, including accidental 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 and Improvement

- a. Apply fundamental epidemiologic concepts to practice improvement.
- b. Understand how medical informatics/EBM/research can be used to enhance patient care and understand their limitations in the practice of medicine.
- c. Demonstrate ability to identify personal knowledge deficits.
- d. Demonstrate ability to locate educational resources and strengthen personal medical knowledge.
- e. Display commitment to continuous quality improvement.

- f. Demonstrate 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.

Universal Notes as used in FM 1 is a comprehensive online program to facilitate your study.

This can be supplemented by Rakel, the core reference text.

Conn's Current Therapy and Lange Case Files are excellent supplemental sources, especially when you need focused readings, such as time between patients.

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

Not applicable.

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

Diagnosis and Plan for Manual Medicine (refer to this for your Family Medicine H&P case write-up).

F. Other resources

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

Cecil Essentials of Medicine; Elsevier, 9th ed.

Nelson Essentials of Pediatrics; Elsevier, 7th ed.

Essentials of Family Medicine, Sloane, et al; Lippincott, Williams and Wilkins 6th ed

Ham's Primary Care Geriatrics; Elsevier, 6th ed.

Case Files Family Medicine; McGraw Hill/Lange 4th ed.

Conn's Current Therapy 2018; Elsevier

G. Didactic and Reading Assignments

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 to read about subjects that you didn't cover or want to review from FM 1.

H. Patient and 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.

- I. **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, Strain/counterstrain, HVLA, craniosacral, 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/cast application	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			
Anoscopy	Clinical Skills II Handbook			
Flexible sigmoidoscopy	Clinical Skills II Handbook			
I&D of abscess: list type of abscess				
Other:				

*EKG Basics—LSU: www.sh.lsuhs.edu/fammed/OutpatientManual/EKG/ecghome.html

* 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's signature: _____ Date: _____

J. Grading - Calculations

- a. Preceptor grade 100%
 - b. Completion of Patient Procedure Logs, Family Medicine Procedure Log and Preceptor/Site/Course Evaluation
- The patient procedure logs, family medicine procedure logs and 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.

3.5 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

- 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 effects of his/her demeanor, appearance and language during the interaction with patient and family.
- c. Demonstrate an understanding of privacy and independence of adolescents and of the private individual interview of an adolescent during the interview process.
- d. Demonstrate sensitivity, empathy and responsiveness to diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

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

5. Practice-Based Learning and Improvement

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

6. Systems-Based Practice

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

7. Osteopathic Philosophy and Osteopathic Manipulative Medicine

All preceptors (MD and DO) are expected to encourage and verify application of osteopathic principles. The Four Tenets of Osteopathic Medicine: 1) The body is a unit; 2) Structure and function are interdependent; 3) The body has self-

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

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 Exam

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*, 21st 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.

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

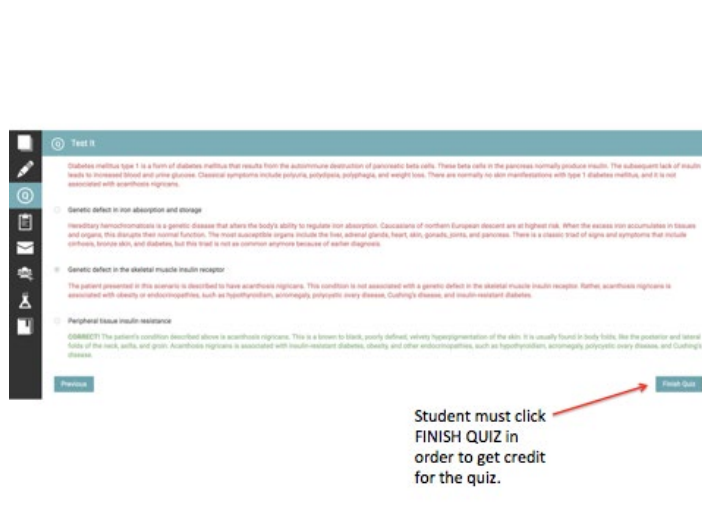
Students should complete the following practice exams in Universal Notes for Pediatrics II:

- 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. Pediatric Skills Checklist

A hard copy of 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 result in a professionalism report. The following Pediatrics Skills Checklist can be found on eMedley:

4. Go to **educate**
5. Select 005-1: Statewide Campus Information in the Search box
6. 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 (bum, 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			

J. Patient and 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.

K. Grading

1. Preceptor grade 100%
 2. Completion of Patient Procedure Logs, Pediatric Skills Checklist and Preceptor/Site/Course Evaluation
- The patient procedure logs, pediatric skills checklist and 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.

SECTION IV SCHEDULING ROTATIONS

4.0 Selectives – Directed Electives

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

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

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

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

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

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

Students must complete Preceptor/Site/Course Evaluations by the last day of the rotation. Failure to comply will result in a Professionalism report.

A table of approved rotations appears on the following pages.

4.1 Approved Selective Rotations

Internal Medicine III (2 or 4 weeks) *	Internal Medicine IV (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
Sleep Medicine**	Sleep Medicine**
*No more than 4 weeks total of any subspecialty may be used between Internal Medicine III and IV **No more than 2 weeks and can only be done for IM III <u>OR</u> IM IV, not both.	

Pediatrics II (2 or 4 weeks)	
Adolescent Medicine	
Pediatric Anesthesiology	
Pediatric Cardiology	
Critical Care (NICU) or (PICU)	
Developmental Pediatrics	
Pediatric Endocrinology	
Pediatric Emergency Medicine (Children's Hospital)	
Pediatric ENT	
Inpatient Peds	
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	

4.1.1 Allergy/Immunology

A. Introduction

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

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

B. Required Textbooks

Suggested Text: *Goldman's Cecil Medicine*, 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. Medical Knowledge

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

2. Patient Care

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

3. Interpersonal and Communication Skills

- a. Demonstrate ability to effectively communicate with acutely ill or injured patients.
- b. Demonstrate ability to identify and communicate with family members, medical power of attorney, or person of authority to speak on behalf of the patient.
- c. Demonstrate the ability to identify the person with key information about the patient. Demonstrate the ability to identify themselves to the patient and their role in their care.

- d. Demonstrate the ability to put the patient and their family at ease.
- e. Consolidate and organize pertinent information for presentation to attending physician. Use the appropriate medical terminology while communicating with other medical staff. Demonstrate effective communication techniques with other members of the healthcare team and ancillary staff.
- f. Use appropriate terminology/language with patient and family.
- g. Learn the documentation expectations the hospital or office.
- h. Demonstrate a personal self-awareness of their interaction with the patient.

4. Professionalism

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

5. Practice-Based Learning and Improvement

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

6. Systems-Based Practice

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

- k. Recognize cost effective health care that does not compromise patient care.
- l. Understand how information technology is used to solve patient care problems, improve knowledge base, and develop case presentations and demonstrate these skills by utilizing the local Electronic Medical Record (EMR), on-line resources, and accessing local patient instruction protocols to provide patient instructions.
- m. Understand and be able to discuss any medical disparities in the community being served.

7. Osteopathic Philosophy and Osteopathic Manipulative Medicine

- a. Demonstrate Osteopathic diagnostic skills adapted to the physical limitations of the patient's surroundings.
- b. Recognize and diagnose somatic dysfunction in the context of common patient pain presentations.
- c. Recognize and apply osteopathic treatment modalities appropriate to the orthopedic environment for somatic dysfunction.
- d. Develop an appreciation for the need to treat the entire patient including emotional, spiritual, physical and family needs.
- e. Consider the application of OMT only if safe in the context of the patient's current medical condition and patient care environment.

H. COMAT Blueprint Information – N/A

I. Grading - Calculations

- 1. Preceptor Grade 100%

Please note the following:

The 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.

4.1.2 Anesthesiology

A. Introduction

During the anesthesiology rotation you will be exposed to selected topics and patients in the practice of anesthesia in the hospital or a surgical center. This is where you learn how to evaluate a patient who will be going to surgery and the types of different anesthetics, indications and contraindications. You must learn to gather important History and Physical data, and develop an understanding of the need for specific anesthesia dependent on the patient's medical condition and acuity.

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

B. Required Textbooks

Faust's Anesthesiology Review, 4th ed., Elsevier (Clinical Key)

C. Other Resources

Suggested Text:

Anesthesia: A Comprehensive Review, 4th ed., Mayor Foundation for Medical Education and Research

Clinical Cases in Anesthesia, 4th ed., Saunders

Essence of Anesthesia Practice, 3rd ed., Saunders

D. Didactic and Reading Assignments

- Carbon Dioxide retention and capnography
- Tracheal Tubes
- Pulse oximetry
- Intermittent noninvasive blood pressure monitoring
- Depth of anesthesia
- Interpretation of arterial blood gases
- Factors affecting pulmonary compliance and airway resistance
- Pulmonary ventilation and perfusion
- Physiologic determinants of cardiac output
- Myocardial oxygen supply and demand

- Tachyarrhythmias
- Bradyarrhythmias
- The autonomic system: Anatomy and receptor pharmacology
- The parasympathetic nervous system: Anatomy and receptor pharmacology
- Factors affecting cerebral blood flow
- Electrolyte abnormalities: potassium, sodium, calcium and magnesium.
- Spinal cord anatomy and blood supply
- Brachial plexus anatomy
- Central venous cannulation
- Inhalation anesthetic agents
- Nitrous oxide
- Cardiovascular effects of inhalation agents
- Central nervous system effects of the inhalation agents
- Renal effects of inhalation agents
- Hepatic effects of inhalation agents
- Thiopental
- Propofol
- Etomidate
- Opioid pharmacology
- Cardiovascular effects of opioids
- Opioid side effects: Muscle rigidity and biliary colic
- Nondepolarizing neuromuscular blocking agents
- Succinylcholine side effects
- Pharmacology of atropine, scopolamine, and glycopyrrolate
- Type screen and crossmatch of red blood cells
- Preoperative evaluation of the patient with cardiac disease for noncardiac operations
- Tobacco use in surgical patients
- Obstructive sleep apnea
- Postoperative nausea and vomiting
- Local anesthetic agents: mechanism of action
- Local anesthetic agents: pharmacology
- Toxicity of local anesthetic agents
- Spinal and Epidural anesthesia
- Malignant Hyperthermia
- Anaphylactic and anaphylactoid reactions

Your attending may provide you with additional topics to read or journal articles. The above list is recommended for Anesthesiology rotations that are 4 weeks in duration. If the student is on a 2 week rotation the student should discuss with the preceptor at the beginning of the rotation the topics that are most important to read. Student must read the last two items on the list whether it is a 2 or 4 week rotation.

E. Procedures and Clinical Skills

The following procedures will be allowed at the discretion of the Preceptor.

- Intubation
- Starting IVs
- Placement of foley catheters in male and female patient if indicated
- Placement of central venous access under direct supervision

F. Logs – N/A

G. Core Competencies

1. Medical Knowledge

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

2. Patient Care

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

3. Interpersonal and Communication Skills

- a. Demonstrate ability to effectively communicate with acutely ill or injured patients.
- b. Demonstrate ability to identify and communicate with family members, medical power of attorney, or person of authority to speak on behalf of the patient.
- c. Demonstrate the ability to identify the person with key information about the patient. Demonstrate the ability to identify themselves to the patient and their role in their care.

- d. Demonstrate the ability to put the patient and their family at ease.
- e. Consolidate and organize pertinent information for presentation to attending physician. Use the appropriate medical terminology while communicating with other medical staff. Demonstrate effective communication techniques with other members of the healthcare team and ancillary staff.
- f. Use appropriate terminology/language with patient and family.
- g. Learn the documentation expectations the hospital or office.
- h. Demonstrate a personal self-awareness of their interaction with the patient.

4. Professionalism

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

5. Practice-Based Learning and Improvement

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

6. Systems-Based Practice

- a. Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
- b. Recognize how delivery systems differ: controlling health care costs, allocating resources.
- c. Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
- d. Make appropriate referrals.
- e. Arrange outpatient testing and follow-up with other providers.
- f. Be aware of medication and treatment costs (direct patient costs).
- g. Appreciate Patient's rights and responsibilities and that shared decision making improve understanding and compliance.
- h. Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
- i. Understand EMTALA and HIPAA.
- j. Recognize how to reduce medical errors and patient and staff safety.
- k. Recognize cost effective health care that does not compromise patient care.

- 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.

4.1.3 Cardiology

A. Introduction

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

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

B. Required Textbooks

Goldman's Cecil Medicine, 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 Angina 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. **Medical Knowledge**
 - a. Characterize the principles of cardiac physical examination, noninvasive examination and laboratory interpretation.
 - b. Identify indications and limitations of invasive examinations such as cardiac catheterizations.
 - c. Identify the pathophysiology and management and rehabilitative measures for coronary artery disease, arrhythmias, hypertension, congestive heart failure, thromboembolic disease, congenital heart and valvular disease, and other cardiac disorders.
 - d. Perform history and physical examination related to the cardiovascular system.
 - e. Order and interpret diagnostic tests such as EKG, chest x-ray.
 - f. Perform resuscitation using fluids, basic CPR and Advanced Life Support, and antiarrhythmic medications and electrical cardioversion.
 - g. Manage patients with chest pain, acute myocardial infarction, arrhythmias, heart failure, cardiogenic shock, and conduction abnormalities.

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

2. **Patient Care**

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

3. **Interpersonal and Communication Skills**

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

4. **Professionalism**

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

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

- a. Apply fundamental epidemiologic concepts to practice improvement.

- b. Demonstrate understanding of medical informatics/Evidence-Based Medicine/Research.
- c. Demonstrate ability to identify personal knowledge deficits.
- d. Demonstrate ability to locate educational resources and strengthen personal medical knowledge.
- e. Display commitment to continuous quality improvement.
- f. Demonstrate ability to teach both peers and lay audiences.

6. **Systems-Based Practice**

- a. Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
- b. Recognize how delivery systems differ: controlling health care costs, allocating resources.
- c. Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
- d. Make appropriate referrals.
- e. Arrange outpatient testing and follow-up with other providers.
- f. Be aware of medication and treatment costs (direct patient costs).
- g. Appreciate Patient's rights and responsibilities and that shared decision making improve understanding and compliance.
- h. Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
- i. Understand EMTALA and HIPAA.
- j. Recognize how to reduce medical errors and patient and staff safety.
- k. Recognize cost effective health care that does not compromise patient care.
- l. Understand how information technology is used to solve patient care problems, improve knowledge base, and develop case presentations and demonstrate these skills by utilizing the local Electronic Medical Record (EMR), on-line resources, and accessing local patient instruction protocols to provide patient instructions.
- m. Understand and be able to discuss any medical disparities in the community being served.

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

- a. Demonstrate Osteopathic diagnostic skills adapted to the physical limitations of the patient's surroundings.
- b. Recognize and diagnose somatic dysfunction in the context of common patient pain presentations.
- c. Recognize and apply osteopathic treatment modalities appropriate to the orthopedic environment for somatic dysfunction.
- d. Develop an appreciation for the need to treat the entire patient including emotional, spiritual, physical and family needs.
- e. Consider the application of OMT only if safe in the context of the patient's current medical condition and patient care environment.

H. COMAT Blueprint Information – N/A

I. Grading – Calculations

1. Preceptor Grade

100%

Please note the following:

The 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.

4.1.4 Dermatology

A. Introduction

The dermatology rotation is unique in that you will be exposed to selected topics and patients. This is where you learn how to perform a focused History and Physical exams on patients with Dermatology complaints. These are done with specific symptoms based on the patient's presenting complaint. You will normally need to only evaluate the specific reason for that visit, however you must remember that dermatologic problems may have a systemic origin. You must learn to gather important History and Physical data, develop a differential diagnosis and utilize ancillary tests to rule in or out your diagnosis. You will then learn to develop a plan of treatment for specific medical conditions.

During your rotation you will be expected to learn specific procedures as outlined below. This rotation requires a student to be an effective communicator and to quickly organize and analyze medical information. You will be expected to work as a team and to be a part of that team in taking care of seriously ill patients. You will be challenged to have a basic knowledge of clinical medicine and expected to read on topics of interesting cases or topics suggested by your attending physician. You must always remember you represent WV SOM 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, 26th ed., Saunders

Pediatric Dermatology, Elsevier

Dermatology, 3rd ed., Elsevier

Treatment of Skin Disease: Comprehensive Therapeutic Strategies, 4th ed., Elsevier

D. Didactic and Reading Assignments

You will need to review the anatomy of the skin and be able to describe the lesions using the appropriate terminology. The following list of chapters are suggested for your reading while on a dermatology rotation.

1. Topical therapy and topical corticosteroids
2. Exzema
3. Contact dermatitis

4. Atopic dermatitis
5. Acne, rosacea and related disorders
6. Psoriasis
7. Superficial fungal infections
8. Exanthems and drug eruptions
9. Hypersensitivity syndromes and vasculitis
10. Benign Skin Tumors
11. Premalignant and malignant nonmelanoma skin tumors
12. Nevi and malignant melanoma
13. Dermatologic surgical procedures

E. Procedures and Clinical Skills

F. Logs – N/A

G. Core Competencies

1. Medical Knowledge

- a. Characterize the normal anatomy and physiology of the skin.
- b. Recognize risk factors and preventive measures for skin problems.
- c. Identify dermatologic manifestations of systemic disease or toxicity.
- d. Recognize dermatologic conditions requiring emergency treatment.
- e. Recognize that the skin is a very important organ in mirroring the emotions and recognize that the patient who presents with dermatological complaints may have a serious disorder or has significant concerns even with what appears to be very minor problems.
- f. Develop a systematic approach toward categorizing skin lesions by etiology i.e. infectious, allergic, vascular, and neoplastic.
- g. Manage common skin problems utilizing topical, systemic, and physical agents.
- h. Evaluate those skin disorders representing serious illness.
- i. Observe skin culture, scraping, biopsy, curettage, excision, cautery, and cryosurgery and intra-lesional injection.
- j. Counsel patient regarding skin problems.

2. Patient Care

- a. Demonstrate how to approach a dermatology patient.
- b. Demonstrate the ability to identify the chief complaint.
- c. Perform a focused exam related to chief complaint.
- d. Demonstrate effective patient management skills.
- e. Demonstrate the ability to develop an evaluation and treatment plan.
- f. Demonstrate the ability to monitor the response to therapeutic interventions.
- g. Discuss with their attending the referral of the patient for subsequent healthcare services to insure proper transition of care including OMT.
- h. Educate patient and evaluate their comprehension of their treatment plan.

- i. Participate with the health care team to provide patient care.

3. Interpersonal and Communication Skills

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

4. Professionalism

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

5. Practice-Based Learning and Improvements

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

6. Systems-Based Practice

- a. Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
- b. Recognize how delivery systems differ: controlling health care costs, allocating resources.
- c. Use patient-centered, equitable systems of care that recognize the need to

- reduce medical errors and improve patient safety.
- d. Make appropriate referrals.
- e. Arrange outpatient testing and follow-up with other providers.
- f. Be aware of medication and treatment costs (direct patient costs).
- g. Appreciate Patient's rights and responsibilities and that shared decision making improve understanding and compliance.
- h. Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
- i. Understand EMTALA and HIPAA.
- j. Recognize how to reduce medical errors and patient and staff safety.
- k. Recognize cost effective health care that does not compromise patient care.
- l. Understand how information technology is used to solve patient care problems, improve knowledge base, and develop case presentations and demonstrate these skills by utilizing the local Electronic Medical Record (EMR), on-line resources, and accessing local patient instruction protocols to provide patient instructions.
- m. Understand and be able to discuss any medical disparities in the community being served.

7. Osteopathic Philosophy and Osteopathic Manipulative Medicine

- a. Demonstrate Osteopathic diagnostic skills adapted to the physical limitations of the patient's surroundings.
- b. Recognize and diagnose somatic dysfunction in the context of common patient pain presentations.
- c. Recognize and apply osteopathic treatment modalities appropriate to the orthopedic environment for somatic dysfunction.
- d. Develop an appreciation for the need to treat the entire patient including emotional, spiritual, physical and family needs.
- e. Consider the application of OMT only if safe in the context of the patient's current medical condition and patient care environment.

H. COMAT Blueprint Information - N/A

I. Grading – Calculations

- 1. Preceptor Grade 100%

Please note the following:

The 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.

4.1.5 Endocrinology

A. Introduction

The endocrinology rotation you will be exposed to selected topics and patients who have abnormalities for the endocrine system. You learn how to do focused History and Physical exams on patients with specific symptoms that are due to abnormalities of the endocrine system. You may normally need to only evaluate the specific reason for that visit. You must learn to gather important History and Physical data, develop a differential diagnosis and utilize ancillary tests to rule in or out your diagnosis. You will then learn to develop a plan of treatment for specific medical conditions.

During your rotation you will be expected to become familiar with specific procedures as outlined below. This rotation requires a student to be an effective communicator and to quickly organize and analyze medical information. You will be expected to work as a team and to be a part of that team in taking care of seriously ill patients. You will be challenged to have a basic knowledge of clinical medicine and expected to read on topics of interesting cases or topics suggested by your attending physician. You must always remember you represent WWSOM 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

Williams Textbook of Endocrinology, 12th ed., Saunders

Churchill's Pocketbook of Diabetes, 2nd ed., Elsevier

Clinical Management of Thyroid Disease, Saunders

D. Didactic and Reading Assignments

1. Neuroendocrinology and the Neuroendocrine System
2. Anterior Pituitary
3. Posterior Pituitary
4. Thyroid
5. Adrenal Cortex
6. Adrenal Medulla, Catecholamines, and Pheochromocytoma

7. Type 1 Diabetes Mellitus
8. Type 2 Diabetes Mellitus
9. Hypoglycemia/Pancreatic Islet Cell Disorders
10. Polyglandular disorders
11. Carcinoid Syndrome
12. Other reading as assigned by the preceptor

E. Procedures and Clinical Skills

1. You should become familiar with Diabetic Ketoacidosis diagnosis and treatment.
2. You should become familiar with the use of all types of insulin both in hospital and in treatment of the patient in the outpatient setting.
3. Imaging studies for the thyroid and pituitary glands.

F. Logs – N/A

G. Core Competencies

1. Medical Knowledge

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

2. Patient Care

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

3. Interpersonal and Communication Skills

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

4. Professionalism

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

5. Practice-Based Learning and Improvement

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

6. Systems-Based Practice

- a. Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
- b. Recognize how delivery systems differ: controlling health care costs, allocating resources.
- c. Use patient-centered, equitable systems of care that recognize the need

- to reduce medical errors and improve patient safety.
- d. Make appropriate referrals.
- e. Arrange outpatient testing and follow-up with other providers.
- f. Be aware of medication and treatment costs (direct patient costs).
- g. Appreciate Patient's rights and responsibilities and that shared decision making improve understanding and compliance.
- h. Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
- i. Understand EMTALA and HIPAA.
- j. Recognize how to reduce medical errors and patient and staff safety.
- k. Recognize cost effective health care that does not compromise patient care.
- l. Understand how information technology is used to solve patient care problems, improve knowledge base, and develop case presentations and demonstrate these skills by utilizing the local Electronic Medical Record (EMR), on-line resources, and accessing local patient instruction protocols to provide patient instructions.
- m. Understand and be able to discuss any medical disparities in the community being served.

7. Osteopathic Philosophy and Osteopathic Manipulative Medicine

- a. Demonstrate Osteopathic diagnostic skills adapted to the physical limitations of the patient's surroundings.
- b. Recognize and diagnose somatic dysfunction in the context of common patient pain presentations.
- c. Recognize and apply osteopathic treatment modalities appropriate to the orthopedic environment for somatic dysfunction.
- d. Develop an appreciation for the need to treat the entire patient including emotional, spiritual, physical and family needs.
- e. Consider the application of OMT only if safe in the context of the patient's current medical condition and patient care environment.

H. COMAT Blueprint Information – N/A

I. Grading – Calculations

- 1. Preceptor Grade 100%

Please note the following:

The 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.

4.1.6 Gastroenterology (GI)

A. Introduction

During the GI rotation you will be exposed to selected topics and patients who have diagnosis involving the GI system. You will be expected to perform focused History and Physical exams on patients with specific symptoms based on the patient's presenting complaint. You may need to only evaluate the specific reason for that visit. You must learn to gather important History and Physical data, develop a differential diagnosis and utilize ancillary tests to rule in or out your diagnosis. You will then learn to develop a plan of treatment for specific medical conditions.

During your rotation you will be expected to learn specific procedures as outlined below. This rotation requires a student to be an effective communicator and to quickly organize and analyze medical information. You will be expected to work as a team and to be a part of that team in taking care of seriously ill patients. You will be challenged to have a basic knowledge of clinical medicine and expected to read on topics of interesting cases or topics suggested by your attending physician. You must always remember you represent WV SOM 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

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. 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.

4.1.7 Hematology/Oncology

A. Introduction

The hematology/oncology rotation is unique in that you will be exposed to selected topics and patients that require evaluation for abnormal blood chemistries and individuals that have or are being evaluated for the diagnosis of cancer. This is where you learn how to do focused History and Physical exams. These are done on patients with specific symptoms based on the patient's presenting complaint. You must learn to gather important History and Physical data, develop a differential diagnosis and utilize ancillary tests to rule in or out your diagnosis. You will then learn to develop a plan of treatment for specific medical conditions.

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

B. Required Textbooks

Goldman's Cecil Medicine, 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 Intravascular Coagulation, Liver Failure and Vitamin K Deficiency
- Thrombotic Disorders: Hypercoagulable States
- Transfusion Medicine
- Epidemiology of Cancer
- Cancer Biology and Genetics
- Myelodysplastic Syndromes
- The Acute Leukemias
- The Chronic Leukemias
- Non-Hodgkin Lymphomas
- Hodgkin Lymphoma
- Plasma Cell Disorders
- Amyloidosis
- Tumors of the Central Nervous System
- Head and Neck Cancer
- Lung Cancer and other Pulmonary Neoplasms
- Neoplasms of the Esophagus and Stomach
- Neoplasms of the Small and Large Intestine
- Pancreatic Cancer
- Pancreatic Neuroendocrine Tumors
- Liver and Biliary Tract Cancers
- Tumors of the Kidney, Bladder, Ureters and Renal Pelvis
- Breast Cancer and Benign Breast Disorders
- Gynecologic Cancers
- Testicular Cancer
- Prostate Cancer
- Malignant Tumors of Bone, Sarcomas and Other Soft Tissue Neoplasms
- Melanoma and Nonmelanoma Skin Cancers

E. Procedures and Clinical Skills

F. Logs – N/A

G. Core Competencies

1. Medical Knowledge

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

2. Patient Care

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

3. Interpersonal and Communication Skills

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

4. Professionalism

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

5. Practice-Based Learning and Improvement

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

6. Systems-Based Practice

- a. Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
- b. Recognize how delivery systems differ: controlling health care costs, allocating resources.
- c. Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
- d. Make appropriate referrals.
- e. Arrange outpatient testing and follow-up with other providers.
- f. Be aware of medication and treatment costs (direct patient costs).
- g. Appreciate Patient's rights and responsibilities and that shared decision making improve understanding and compliance.
- h. Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
- i. Understand EMTALA and HIPAA.
- j. Recognize how to reduce medical errors and patient and staff safety.
- k. Recognize cost effective health care that does not compromise patient care.
- l. Understand how information technology is used to solve patient care problems, improve knowledge base, and develop case presentations and demonstrate these skills by utilizing the local Electronic Medical Record (EMR), on-line resources, and accessing local patient instruction protocols to provide patient instructions.
- m. Understand and be able to discuss any medical disparities in the community being served.

7. Osteopathic Philosophy and Osteopathic Manipulative Medicine

- a. Demonstrate Osteopathic diagnostic skills adapted to the physical

- limitations of the patient's surroundings.
- b. Recognize and diagnose somatic dysfunction in the context of common patient pain presentations.
 - c. Recognize and apply osteopathic treatment modalities appropriate to the orthopedic environment for somatic dysfunction.
 - d. Develop an appreciation for the need to treat the entire patient including emotional, spiritual, physical and family needs.
 - e. Consider the application of OMT only if safe in the context of the patient's current medical condition and patient care environment.

H. COMAT Blueprint Information – N/A

I. Grading – Calculations

1. Preceptor grade 100%

Please note the following:

The 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.

4.1.8 Diagnostic Imaging (Radiology)

A. Introduction

The imaging rotation is unique in that you will be exposed to selected topics and patients in the area of radiological medicine. This is where you learn how to do focused History and Physical exams. These are done on patients with specific symptoms based on the patient's presenting complaint. You will normally need to only evaluate the specific reason for that visit. You must learn to gather important History and Physical data, develop a differential diagnosis and utilize ancillary tests to rule in or out your diagnosis. You will then learn to develop a plan of treatment for specific medical conditions.

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

B. Required Textbooks

C. Other Resources

Suggested Text:

Chapman & Nakielny's Aids to Radiological Differential Diagnosis, 6th ed., Elsevier Ltd
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. Medical Knowledge

- a. Be able to interpret the most commonly ordered plain films.
- b. Understand the techniques for doing plain radiographs, ultrasounds, nuclear medicine studies, CT scans, MRI, mammograms, and fluoroscopic procedures.

- c. Understand the indications for CT guided and stereotactic biopsies.
- d. Understand the risks and complications surrounding certain types of diagnostic studies including risks of radiation exposure.
- e. Appreciate the appropriate techniques and specialty consultations in the diagnostic imaging and nuclear medicine therapy of body systems.
- f. Appreciate the radiographic film/diagnostic imaging interpretation and nuclear medicine therapy pertinent to primary care.

2. Patient Care

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

3. Interpersonal and Communication Skills

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

4. Professionalism

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

5. Practice-Based Learning and Improvement

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

6. Systems-Based Practice

- a. Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
- b. Recognize how delivery systems differ: controlling health care costs, allocating resources.
- c. Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
- d. Make appropriate referrals.
- e. Arrange outpatient testing and follow-up with other providers.
- f. Be aware of medication and treatment costs (direct patient costs).
- g. Appreciate Patient's rights and responsibilities and that shared decision making improve understanding and compliance.
- h. Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
- i. Understand EMTALA and HIPAA.
- j. Recognize how to reduce medical errors and patient and staff safety.
- k. Recognize cost effective health care that does not compromise patient care.
- l. Understand how information technology is used to solve patient care problems, improve knowledge base, and develop case presentations and demonstrate these skills by utilizing the local Electronic Medical Record (EMR), on-line resources, and accessing local patient instruction protocols to provide patient instructions.
- m. Understand and be able to discuss any medical disparities in the community being served.

7. Osteopathic Philosophy and Osteopathic Manipulative Medicine

- Demonstrate Osteopathic diagnostic skills adapted to the physical limitations of the patient's surroundings.
- Recognize and diagnose somatic dysfunction in the context of common patient pain presentations.
- Recognize and apply osteopathic treatment modalities appropriate to the orthopedic environment for somatic dysfunction.
- Develop an appreciation for the need to treat the entire patient including emotional, spiritual, physical and family needs.

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

H. COMAT Blueprint Information – N/A

I. Grading – Calculations

1. Preceptor Grade 100%

Please note the following:

The 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.

4.1.9 Nephrology

A. Introduction

The nephrology rotation is unique in that you will be exposed to selected topics and patients who will have varying diagnosis and at different stages of chronic kidney disease. This is where you learn how to do History and Physical exams that focus on renal pathology. These are done on patients with specific symptoms based on the patient's presenting complaint. You may need to only evaluate the specific reason for that visit. You must learn to gather important History and Physical data, develop a differential diagnosis and utilize ancillary tests to rule in or out your diagnosis. You will then learn to develop a plan of treatment for specific medical conditions.

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

B. Required Textbooks

Goldman's Cecil Medicine, 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. Medical Knowledge

- a. Develop the knowledge skills for understanding common diagnoses in nephrology.
- b. Develop the management skills necessary for common nephrologic conditions.
- c. Understand renal anatomy, physiology, and pathology.
- d. Be able to evaluate and manage essential and secondary hypertension.
- e. Be able to evaluate and manage disorders of fluids, electrolytes, and acid-base regulation.
- f. Understand the pathogenesis, evaluation, and management of urinary tract infections.
- g. Appreciate clinical pharmacology including drug metabolism and pharmacokinetics and the effects of drugs on renal structure and function.
- h. Understand nutritional aspects of renal disorders.
- i. Have the knowledge of normal mineral metabolism and its alteration in renal diseases, metabolic bone disease, and nephrolithiasis.
- j. Understand the pathogenesis, natural history, and management of congenital and acquired diseases of the urinary tract and renal diseases associated with systemic disorders such as diabetes, collagen-vascular disease and pregnancy.
- k. Understand tubule-interstitial renal diseases as well as glomerular and vascular diseases including glomerulonephritis.

2. Patient Care

- a. Demonstrate how to approach patients in the nephrology department setting.
- b. Demonstrate the ability to identify the chief complaint.
- c. Perform a focused exam related to chief complaint.
- d. Demonstrate effective patient management skills.

- e. Demonstrate the ability to develop an evaluation and treatment plan.
- f. Demonstrate the ability to monitor the response to therapeutic interventions.
- g. Discuss with their attending the referral of the patient for subsequent healthcare services to insure proper transition of care including OMT.
- h. Educate patient and evaluate their comprehension of their treatment plan.
- i. Participate with the health care team to provide patient care.

3. Interpersonal and Communication Skills

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

4. Professionalism

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

5. Practice-Based Learning and Improvement

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

6. Systems-Based Practice

- a. Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
- b. Recognize how delivery systems differ: controlling health care costs, allocating resources.
- c. Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
- d. Make appropriate referrals.
- e. Arrange outpatient testing and follow-up with other providers.
- f. Be aware of medication and treatment costs (direct patient costs).
- g. Appreciate Patient's rights and responsibilities and that shared decision making improve understanding and compliance.
- h. Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
- i. Understand EMTALA and HIPAA.
- j. Recognize how to reduce medical errors and patient and staff safety.
- k. Recognize cost effective health care that does not compromise patient care.
- l. Understand how information technology is used to solve patient care problems, improve knowledge base, and develop case presentations and demonstrate these skills by utilizing the local Electronic Medical Record (EMR), on-line resources, and accessing local patient instruction protocols to provide patient instructions.
- m. Understand and be able to discuss any medical disparities in the community being served.

7. Osteopathic Philosophy and Osteopathic Manipulative Medicine

- a. Demonstrate Osteopathic diagnostic skills adapted to the physical limitations of the patient's surroundings.
- b. Recognize and diagnose somatic dysfunction in the context of common patient pain presentations.
- c. Recognize and apply osteopathic treatment modalities appropriate to the orthopedic environment for somatic dysfunction.
- d. Develop an appreciation for the need to treat the entire patient including emotional, spiritual, physical and family needs.
- e. Consider the application of OMT only if safe in the context of the patient's current medical condition and patient care environment.

H. COMAT Blueprint Information – N/A

I. Grading – Calculations

- 1. Preceptor Grade 100%

Please note the following:

The 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.

4.1.10 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 Dememtiias
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. 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.

4.1.11 Ophthalmology

A. Introduction

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

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

B. Required Textbooks

Ophthalmic 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.

4.1.12 Orthopedics

A. Introduction

The orthopedics rotation is unique in that you will be exposed to selected topics and patients who have disorders of the bones, joints, tendons, ligaments and muscles. This is where you will learn to do focused History and Physical exams one on patients with specific symptoms based on the patient's presenting complaint. You may need to only evaluate the specific reason for that visit. You must learn to gather important History and Physical data, develop a differential diagnosis and utilize ancillary tests to rule in or out your diagnosis. You will then learn to develop a plan of treatment for specific medical conditions.

During your rotation you will be expected to learn specific procedures as outlined below. This rotation requires a student to be an effective communicator and to quickly organize and analyze medical information. You will be expected to work as a team and to be a part of that team in taking care of seriously ill patients. You will be challenged to have a basic knowledge of clinical medicine and expected to read on topics of interesting cases or topics suggested by your attending physician. You must always remember you represent WV SOM 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. Medical Knowledge

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

2. Patient Care

- a. Demonstrate how to approach an orthopedic patient.
- b. Demonstrate the ability to identify the chief complaint.
- c. Perform a focused exam related to chief complaint.
- d. Demonstrate effective patient management skills.
- e. Demonstrate the ability to develop an evaluation and treatment plan.

- f. Demonstrate the ability to monitor the response to therapeutic interventions.
- g. Discuss with their attending the referral of the patient for subsequent healthcare services to insure proper transition of care including OMT.
- h. Educate patient and evaluate their comprehension of their treatment plan.
- i. Participate with the health care team to provide patient care.

3. Interpersonal and Communication Skills

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

4. Professionalism

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

5. Practice-Based Learning and Improvement

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

6. Systems-Based Practice

- a. Recognize how patient care and professional practice affect other health

- care professionals, health care organizations, and the larger society.
- b. Recognize how delivery systems differ: controlling health care costs, allocating resources.
- c. Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
- d. Make appropriate referrals.
- e. Arrange outpatient testing and follow-up with other providers.
- f. Be aware of medication and treatment costs (direct patient costs).
- g. Appreciate Patient's rights and responsibilities and that shared decision making improve understanding and compliance.
- h. Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
- i. Understand EMTALA and HIPAA.
- j. Recognize how to reduce medical errors and patient and staff safety.
- k. Recognize cost effective health care that does not compromise patient care.
- l. Understand how information technology is used to solve patient care problems, improve knowledge base, and develop case presentations and demonstrate these skills by utilizing the local Electronic Medical Record (EMR), on-line resources, and accessing local patient instruction protocols to provide patient instructions.
- m. Understand and be able to discuss any medical disparities in the community being served.

7. Osteopathic Philosophy and Osteopathic Manipulative Medicine

- a. Demonstrate Osteopathic diagnostic skills adapted to the physical limitations of the patient's surroundings.
- b. Recognize and diagnose somatic dysfunction in the context of common patient pain presentations.
- c. Recognize and apply osteopathic treatment modalities appropriate to the orthopedic environment for somatic dysfunction.
- d. Develop an appreciation for the need to treat the entire patient including emotional, spiritual, physical and family needs.
- e. Consider the application of OMT only if safe in the context of the patient's current medical condition and patient care environment.

H. COMAT Blueprint Information – N/A

I. Grading – Calculations

- 1. Preceptor Grade 100%

Please note the following:

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.

4.1.13 Otolaryngology

A. Introduction

During the otolaryngology rotation you will be exposed to a variety of diagnoses and patients that are seen and evaluated by the Otolaryngologist (ENT surgeon). This is where you learn the types of diagnoses and inpatient/outpatient surgeries that the ENT surgeon handles in their daily practice. You must learn to gather important History and Physical data, develop a differential diagnosis and utilize ancillary to assist in diagnosis. You will then learn to develop a plan of treatment for specific medical conditions.

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

B. Required Textbooks

ENT Secrets, 4th ed., Elsevier Copyright 2016 (Clinical Key)

C. Other Resources

Suggested Text:

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

D. Didactic and Reading Assignments

- ENT Emergencies
- Deep Neck Infections
- Antimicrobials and Pharmacotherapy
- Snoring and Obstructive Sleep Apnea
- Facial Pain and Headache
- Skin Cancer
- Diseases of the Oral Cavity and Oropharynx
- Cancer of the Hypopharynx, Larynx, and Esophagus
- Diseases of the Thyroid and Parathyroid Glands
- Neck Dissection

- 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 Microsurgery
- 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. Medical Knowledge

- a. Identify common problems related to the nose, throat, and pharynx, such as epistaxis, sinusitis, polyps, otitis, etc.
- b. Characterize common head and neck masses and their causes.
- c. Identify those head and neck problems requiring surgical treatment.
- d. Perform a complete head and neck examination.

- e. Diagnose and treat common ENT infections and other disorders.
- f. Refer for timely surgical management as appropriate.
- g. Participate in care of hospitalized and operative patients.
- h. Assist in airway management of emergency patients.
- i. Interpret tympanograms, sinus films, audiograms, and other common ENT tests.

2. Patient Care

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

3. Interpersonal and Communication Skills

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

4. Professionalism

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

5. Practice-Based Learning and Improvement

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

6. Systems-Based Practice

- a. Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
- b. Recognize how delivery systems differ: controlling health care costs, allocating resources.
- c. Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
- d. Make appropriate referrals.
- e. Arrange outpatient testing and follow-up with other providers.
- f. Be aware of medication and treatment costs (direct patient costs).
- g. Appreciate Patient's rights and responsibilities and that shared decision making improve understanding and compliance.
- h. Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
- i. Understand EMTALA and HIPAA.
- j. Recognize how to reduce medical errors and patient and staff safety.
- k. Recognize cost effective health care that does not compromise patient care.
- l. Understand how information technology is used to solve patient care problems, improve knowledge base, and develop case presentations and demonstrate these skills by utilizing the local Electronic Medical Record (EMR), on-line resources, and accessing local patient instruction protocols to provide patient instructions.
- m. Understand and be able to discuss any medical disparities in the community being served.

7. Osteopathic Philosophy and Osteopathic Manipulative Medicine

- a. Demonstrate Osteopathic diagnostic skills adapted to the physical limitations of the patient's surroundings.
- b. Recognize and diagnose somatic dysfunction in the context of common patient pain presentations.
- c. Recognize and apply osteopathic treatment modalities appropriate to the orthopedic environment for somatic dysfunction.
- d. Develop an appreciation for the need to treat the entire patient including emotional, spiritual, physical and family needs.

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

H. COMAT Blueprint Information – N/A

I. Grading – Calculations

- 1. Preceptor Grade 100%

Please note the following:

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.

4.1.14 Physical Medicine & Rehabilitation

A. Introduction

During the PM&R rotation you will be exposed to selected topics and patients that require focused evaluation and care due to an alteration in their ability to function at home, work or in recreational activities. This is where you learn how to do focused History and Physical exam, evaluation of the patient physical disability and note the plan that is developed to address the deficit/injury. These are done on patients with specific symptoms based on the patients presenting complaint. You will normally need to only evaluate the specific reason for that visit. You must learn to gather important History and Physical data, develop a differential diagnosis and utilize ancillary tests to rule in or out your diagnosis. You will then learn to develop a plan of treatment for specific medical conditions.

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

B. Required Textbooks

C. Other Resources

Suggested Text:

Physical Medicine & Rehabilitation Secrets, 3rd ed., Mosby (on Clinical Key)
Braddom's Physical Medicine and Rehabilitation, 5th ed., Elsevier (Clinical Key)

The above two textbooks are very good references for the PM&R rotation. The *Braddom's Physical Medicine and Rehabilitation* has 51 videos for your reference and offers detailed information on topics pertinent in PM&R.

The Washington Manual of Medical Therapeutics, 34th ed., Lippincott Williams & Wilkins
Goldman's Cecil Medicine, 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. 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.

4.1.15 Pulmonology

A. Introduction

The pulmonology rotation is unique in that you will be exposed to selected topics and patients in the area of pulmonological medicine. This is where you learn how to do focused History and Physical exams. These are done on patients with specific symptoms based on the patient's presenting complaint. You will normally need to only evaluate the specific reason for that visit. You must learn to gather important History and Physical data, develop a differential diagnosis and utilize ancillary tests to rule in or out your diagnosis. You will then learn to develop a plan of treatment for specific medical conditions.

During your rotation you will be expected to learn specific procedures as outlined below. This rotation requires a student to be an effective communicator and to quickly organize and analyze medical information. You will be expected to work as a team and to be a part of that team in taking care of seriously ill patients. You will be challenged to have a basic knowledge of clinical medicine and expected to read on topics of interesting cases or topics suggested by your attending physician. You must always remember you represent WV SOM 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., Elsevier/Saunders

Principles of Pulmonary Medicine, 6th ed., Saunders

D. Didactic and Reading Assignments

- Imaging in Pulmonary Disease
- Respiratory Function: Mechanisms
- Disorders of Ventilatory Control
- Asthma
- Chronic Obstructive Pulmonary Disease
- Cystic Fibrosis
- Bronchiectasis, Atelectasis, Cysts and Localized Lung Disorders
- Alveolar Filling Disorders

- Interstitial Lung Disease
- Occupational Lung Diseases
- Physical and Chemical Injuries of the Lung
- Sarcoidosis
- Acute Bronchitis and Tracheitis
- Overview of Pneumonia
- Pulmonary Embolism
- Diseases of the Diaphragm, Chest Wall, Pleura and Mediastinum
- Obstructive Sleep Apnea
- Interventional and Surgical Approaches to Lung Diseases
- Approach to the Patient in Critical Care Setting
- Respiratory Monitoring in Critical Care
- Acute Respiratory Failure
- Mechanical Ventilation

E. Procedures and Clinical Skills

F. Logs – N/A

G. Core Competencies

1. Medical Knowledge

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

2. Patient Care

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

3. Interpersonal and Communication Skills

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

4. Professionalism

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

5. Practice-Based Learning and Improvement

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

6. Systems-Based Practice

- a. Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
- b. Recognize how delivery systems differ: controlling health care costs, allocating resources.
- c. Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
- d. Make appropriate referrals.

- e. Arrange outpatient testing and follow-up with other providers.
- f. Be aware of medication and treatment costs (direct patient costs).
- g. Appreciate Patient's rights and responsibilities and that shared decision making improve understanding and compliance.
- h. Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
- i. Understand EMTALA and HIPAA.
- j. Recognize how to reduce medical errors and patient and staff safety.
- k. Recognize cost effective health care that does not compromise patient care.
- l. Understand how information technology is used to solve patient care problems, improve knowledge base, and develop case presentations and demonstrate these skills by utilizing the local Electronic Medical Record (EMR), on-line resources, and accessing local patient instruction protocols to provide patient instructions.
- m. Understand and be able to discuss any medical disparities in the community being served.

7. Osteopathic Philosophy and Osteopathic Manipulative Medicine

- a. Demonstrate Osteopathic diagnostic skills adapted to the physical limitations of the patient's surroundings.
- b. Recognize and diagnose somatic dysfunction in the context of common patient pain presentations.
- c. Recognize and apply osteopathic treatment modalities appropriate to the orthopedic environment for somatic dysfunction.
- d. Develop an appreciation for the need to treat the entire patient including emotional, spiritual, physical and family needs.
- e. Consider the application of OMT only if safe in the context of the patient's current medical condition and patient care environment.

H. COMAT Blueprint Information – N/A

I. Grading – Calculations

- 1. Preceptor Grade 100%

Please note the following:

The 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.

4.1.16 Wound Care

A. Introduction

During the wound care rotation the student will be exposed to patients with wounds in various stages of healing. This is where the student will learn to evaluate the wound, be able to obtain a history and perform a physical on patients to better understand the healing process as well as the treatment modalities available. The student must learn to gather important History and Physical data, develop a differential diagnosis and utilize ancillary tests to develop the treatment plan for the patient.

During the rotation the student will be expected to learn specific procedures used in the care of acute and chronic wound care. This rotation requires a student to be an effective communicator and to quickly organize and analyze medical information. The student is expected to work as part of the team. The student will be challenged to have a basic knowledge of clinical medicine and expected to read on topics of interesting cases or topics suggested by your attending physician.

B. Required Textbooks

Essentials of Surgery, Becker, Elsevier, Chapter 9 Wound Healing
Tintinalli's Emergency Medicine, 8th ed. McGraw-Hill, Section 6 Wound Management
Wounds and Lacerations, 4th ed., Elsevier

C. Other Resources

Suggested Text:

The Washington Manual of Medical Therapeutics, 34th ed., Lippincott Williams & Wilkins
Goldman's Cecil Medicine, 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. Medical Knowledge

- a. Characterize the principles of history, physical examination and diagnostic interpretation of common problems encountered in the wound care setting.

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

2. Patient Care

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

3. Interpersonal and Communication Skills

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

4. Professionalism

- a. Display respect for peers.
- b. Demonstrate a team approach to treating patients.
- c. Demonstrate responsibility, dependability, and reliability including being punctual and providing notification of an absence.
- d. Dress appropriately:

- Professional attire as defined in the institution's dress code.
- If personal clothing is worn, it should be washed after each shift.

5. Practice-Based Learning and Improvement

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

6. Systems-Based Practice

- Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
- Recognize how delivery systems differ: controlling health care costs, allocating resources.
- Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
- Make appropriate referrals.
- Arrange outpatient testing and follow-up with other providers.
- Be aware of medication and treatment costs (direct patient costs).
- Appreciate Patient's rights and responsibilities and that shared decision making improve understanding and compliance.
- Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance.
- Understand EMTALA and HIPAA.
- Recognize how to reduce medical errors and patient and staff safety.
- Recognize cost effective health care that does not compromise patient care.
- Understand how information technology is used to solve patient care problems, improve knowledge base, and develop case presentations and demonstrate these skills by utilizing the local Electronic Medical Record (EMR), on-line resources, and accessing local patient instruction protocols to provide patient instructions.
- Understand and be able to discuss any medical disparities in the community being served.

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.

- 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.

4.2 Electives

During the third year, students are permitted to select one (1), 4 week or two (2), 2 week elective rotations. All students are strongly encouraged to do at least fifty percent (50%) of all electives in the 3rd and 4th years with an osteopathic physician.

Electives in the areas of Pediatrics, Obstetrics/Gynecology, Ophthalmology, Radiology, Cardiology, Gastroenterology, Pathology, OP&P/OMT, ENT, Nephrology, and Dermatology are recommended during year three. More advanced subspecialties such as Critical Care, Orthopedics, Rheumatology, Plastic Surgery, Neurosurgery, etc., should be reserved for 4th year after the basic core rotations have been completed.

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

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

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

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

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

Students must complete Preceptor/Site/Course Evaluations by the last day of the rotation. Failure to comply will result in a Professionalism report.

Throughout year 3 and 4 rotations, the student will not be permitted to participate with the **same preceptor** for more than **12 weeks**. Also, the student will not be permitted to rotate more than **16 weeks in any specialty or subspecialty with the exception of Family Medicine, 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.

4.3 Rotations with Relatives

No required or selective rotation will be approved with a family member. Only an elective rotation will be approved with a family member. Elective rotations with a relative should not exceed four (4) weeks. A family member is defined as: parent, sibling, aunt, uncle, cousin, grandparent, or relative-in-law.

4.4 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.

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 4th year selective and elective rotations. 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. Once the Affiliation Agreement has been completed, or if WVSOM has a prior agreement that is active, the ESR will be sent to the facility for the appropriate signature and confirmation of the rotation.
5. It is only after the rotation is confirmed with a properly executed Affiliation Agreement in place, that the SWC staff can notify the student and place the approved rotation on the student's online schedule.

6. Should the rotation be denied or an affiliation agreement between WVSOM and the rotation site fail to be executed, the student will be notified by the SWC staff.

The Affiliation Agreement process often takes several months, involving legal representatives from WVSOM and the rotation facility to negotiate specific language. The student portion of the ESR form must be submitted to the SWC office at least 90 days prior to the start of the rotation to ensure adequate time for all documents to be returned. Failure to follow this procedure will result in the student being listed as on vacation or required to request a leave of absence if their vacation is used up. This may result in the delay of the student's graduation.

4.5 WVSOM Scheduling Policy

Required Year 3 rotations are scheduled for the student through the student's Statewide Campus office and cannot be changed.

Electives and Selectives are scheduled by the student as follows:

- Complete an Elective and Selective Rotation Request Form (ESR Form) for each rotation. This form, *specific to your Statewide Campus office*, may be obtained by logging on to eMedley. The form can be found in the eKeeper application under Reference Documents.
- An ESR Form, Affiliation Agreement and all other required documentation must be completed before the rotation will be approved by the Statewide Campus regional office.
- If a student would like to schedule an elective or selective rotation within the statewide system they must complete an ESR form and submit it to **their** regional director. Their regional director will then contact the region of the rotation to make arrangements. **In this situation, students are not to contact preceptors.**

You cannot change rotations once your rotation has been approved by the rotation site and added to the student schedule.

Electives and Selectives must meet the requirements as stated in the Clinical Education Manual.

COMPLETED is defined as:

All information on the ESR Form has been legibly completed.

If **ANY** requested information is not supplied on the form at the time it is turned in, the ESR Form will not be accepted.

IF APPROVED PAPERWORK FROM THE ROTATION SITE IS NOT RECEIVED BY THE STATEWIDE CAMPUS OFFICE 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.**

4.6 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 additional Elective 5 rotation using no more than 4 weeks of their vacation time.

4.7 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.

4.8 Scheduling Rotations for Residency Auditions

Open blocks of time, particularly between July and December of the 4th year, can be used to schedule rotations at institutions that have Graduate Medical Education (GME) programs in which you are interested.

Students will want to contact the GME office at their institutions of interest no later than spring of the 3rd year, to be aware of all deadlines for interviews and internship and residency program applications. Checking the web is a good place to begin.

For AOA Programs: <http://opportunities.osteopathic.org/>

For AMA Programs: <https://www.ama-assn.org/life-career/search-ama-residency-fellowship-database>

If any rotations are scheduled during the 3rd-year OSCE re-education time and a student is required to participate in the OSCE re-education, the student will have to leave the rotation to attend re-education (no exceptions).

4.9 Rotation Payment by Student

Certain clinical sites outside of the Statewide Campus system will require students to pay a visiting rotation fee. It is the student's decision if they would like to pay the fee 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.

4.10 Mandatory Time Off and Vacation

Class of 2022

Mandatory Time Off

- The week prior to graduation week and the week of graduation:
 - Weeks of 5/16/22 – 5/27/22 (2 weeks)

If a student is off-cycle and would like to remain on rotation the week of 5/16/22 – 5/27/22, a written request must be submitted to the Associate Dean for Predoctoral Clinical Education.

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.

4.11 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 days of a rotation that are planned or immediately after being absent due to illness. In the case of illness the Statewide Campus office and preceptor must be notified of the absence on the 1st day of illness. The Regional Assistant Dean will determine if the Exception Request will be approved and will direct the student as to the makeup plan that will be required.

4.12 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 HEPC. 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.

SECTION V FORMS FOR SCHEDULING STUDENT ROTATION WORKSHEETS

Student Rotation Worksheet

Student Rotation Worksheet
Class of 2022 Third Year

Date	Rotation	Date	Rotation	Date	Rotation
6/29/2020		11/9/2020		3/22/2021	
7/6/2020		11/16/2020		3/29/2021	
7/13/2020		11/23/2020		4/5/2021	
7/20/2020		11/30/2020		4/12/2021	
7/27/2020		12/7/2020		4/19/2021	
8/3/2020		12/14/2020		4/26/2021	
8/10/2020		12/21/2020		5/3/2021	
8/17/2020		12/28/2020		5/10/2021	
8/24/2020		1/4/2021		5/17/2021	
8/31/2020		1/11/2021		5/24/2021	
9/7/2020		1/18/2021		5/31/2021	Board Study
9/14/2020		1/25/2021		6/7/2021	Board Study
9/21/2020		2/1/2021		6/14/2021	Board Study
9/28/2020		2/8/2021		6/21/2021	Board Study
10/5/2020		2/15/2021			
10/12/2020		2/22/2021			
10/19/2020		3/1/2021			
10/26/2020		3/8/2021			
11/2/2020		3/15/2021			

Family Medicine I *	Required	8 weeks	Pre/Posttest
Internal Medicine I	Required	4 weeks	
Internal Medicine II	Required	4 weeks	Pre/Posttest
Pediatrics I	Required	4 weeks	Pre/Posttest
Psychiatry	Required	4 weeks	Pre/Posttest
Surgery I	Required	4 weeks	Pre/Posttest
Emergency Medicine	Required	4 weeks	Pre/Posttest
OB/GYN	Required	4 weeks	Pre/Posttest
Dean's Selective		4 weeks	
Elective 1		4 weeks	
Vacation		4 weeks	
Board Study		4 weeks	

*OPP COMAT Given During Orientation. H&P (Due 5th week of the Family Medicine I rotation)
Must complete EHR OMT SOAP Note on Stookey Rotation

Note: All rotations start on a Monday and end on a Friday. The dates posted above are all Mondays. Year 3 Orientation will be held June 15- June 26, 2020.

Student Rotation Worksheet

Student Rotation Worksheet Class of 2022 Fourth Year

Date	Rotation	Date	Rotation	Date	Rotation
6/28/2021		11/8/2021		3/21/2022	
7/5/2021		11/15/2021		3/28/2022	
7/12/2021		11/22/2021		4/4/2022	
7/19/2021		11/29/2021		4/11/2022	
7/26/2021		12/6/2021		4/18/2022	
8/2/2021		12/13/2021		4/25/2022	
8/9/2021		12/20/2021		5/2/2022	
8/16/2021		12/27/2021		5/9/2022	
8/23/2021		1/3/2022		5/16/2022	Mandatory time off
8/30/2021		1/10/2022		5/23/2022	Graduation Week
9/6/2021		1/17/2022			
9/13/2021		1/24/2022			
9/20/2021		1/31/2022			
9/27/2021		2/7/2022			
10/4/2021		2/14/2022			
10/11/2021		2/21/2022			
10/18/2021		2/28/2022			
10/25/2021		3/7/2022			
11/1/2021		3/14/2022			

Internal Medicine III	Selective	4 weeks
Internal Medicine IV	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 28, 2022

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 2022 Third Year**

Date	Rotation	Date	Rotation	Date	Rotation
6/15/2020	Vacation	10/26/2020		3/8/2021	
6/22/2020	Vacation	11/2/2020		3/15/2021	
6/29/2020	Orientation	11/9/2020		3/22/2021	
7/6/2020		11/16/2020		3/29/2021	
7/13/2020		11/23/2020		4/5/2021	
7/20/2020		11/30/2020		4/12/2021	
7/27/2020		12/7/2020		4/19/2021	
8/3/2020		12/14/2020		4/26/2021	
8/10/2020		12/21/2020	Vacation	5/3/2021	
8/17/2020		12/28/2020	Vacation	5/10/2021	
8/24/2020		1/4/2021		5/17/2021	
8/31/2020		1/11/2021		5/24/2021	
9/7/2020		1/18/2021		5/31/2021	
9/14/2020		1/25/2021		6/7/2021	
9/21/2020		2/1/2021		6/14/2021	Board Study
9/28/2020		2/8/2021		6/21/2021	Board Study
10/5/2020		2/15/2021			
10/12/2020		2/22/2021			
10/19/2020		3/1/2021			

Family Medicine I	Required	8 weeks	Pre/Posttest
Internal Medicine I	Required	4 weeks	
Internal Medicine II	Required	4 weeks	Pre/Posttest
Pediatrics I	Required	4 weeks	Pre/Posttest
Pediatrics II	Selective	4 weeks	
Psychiatry	Required	4 weeks	Pre/Posttest
Surgery I	Required	4 weeks	Pre/Posttest
OB/GYN	Required	4 weeks	Pre/Posttest
Surgery 3/OB-GYN	Selective	2 weeks	
Dean's Selective		4 weeks	
Elective 1		2 weeks	
Vacation		4 weeks	
Board Study		2 weeks	

*OPP COMAT Given During Orientation. James R. Stookey requirement for 3rd year will be scheduled depending upon availability of preceptor. Must complete EHR OMT SOAP Note as part of Stookey requirement.

Note: All rotations start on a Monday and end on a Friday. The dates posted above are all Mondays. Year 3 Orientation will be held June 29 – July 2, 2020.

Highlighted Rotations are different from Traditional WVSOM Student Scheduling.

Student Rotation Worksheet

Berkeley Medical Students Only

**Student Rotation Worksheet
Class of 2022 Fourth Year**

Date	Rotation	Date	Rotation	Date	Rotation
6/28/2021		11/8/2021		3/21/2022	
7/5/2021		11/15/2021		3/28/2022	
7/12/2021		11/22/2021		4/4/2022	
7/19/2021		11/29/2021		4/11/2022	
7/26/2021		12/6/2021		4/18/2022	
8/2/2021		12/13/2021		4/25/2022	
8/9/2021		12/20/2021		5/2/2022	
8/16/2021		12/27/2021		5/9/2022	
8/23/2021		1/3/2022		5/16/2022	Mandatory time off
8/30/2021		1/10/2022		5/23/2022	Graduation Week
9/6/2021		1/17/2022			
9/13/2021		1/24/2022			
9/20/2021		1/31/2022			
9/27/2021		2/7/2022			
10/4/2021		2/14/2022			
10/11/2021		2/21/2022			
10/18/2021		2/28/2022			
10/25/2021		3/7/2022			
11/1/2021		3/14/2022			

Emergency Medicine	Required	4 weeks (To Be Completed 4 th Year)
Family Medicine 2	Selective	4 weeks***
Family Medicine 3	Selective	4 weeks***
Internal Medicine 3	Selective	4 weeks
Internal Medicine 4	Selective	4 weeks
Surgery 2	Selective	4 weeks
Surgery 3	Selective	2 weeks (Completed 2 weeks in 3 rd Year)
Pediatrics 2	Selective	0 weeks (Completed 4 weeks in 3 rd Year)
Elective 1	Elective	2 weeks (To Be Completed in 4 th Year)
Elective 2	Elective	4 weeks
Elective 3	Elective	4 weeks
Elective 4	Elective	2 weeks
Vacation	Elective	8 weeks

James R. Stookey requirement must be done 4th year under a DO Physician. 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 – 5/16/22 to 5/20/22 and Graduation Week – 5/23/22 to 5/27/22 Graduation is May 28, 2022

Highlighted Rotations are different from Traditional WVSOM Student Scheduling

Educational Agreement

ELECTIVE and SELECTIVE ROTATION REQUEST FORM



Please return to:

WVSOM (West Virginia School of Osteopathic Medicine)
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



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



Please return to:

WVSOM (West Virginia School of Osteopathic Medicine)

Karen Sadd, SWC Regional Director

Phone: 304.720.8833

CAMC Memorial; WVU Bldg, Room 3012

3110 MacCorkle Avenue, SE

FAX: 304.720.8831

Charleston, WV 25304

ksadd@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 ROTATION REQUEST FORM



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



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

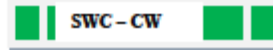
DENIED

FOR THE CLINICAL ROTATION LISTED DURING THE DATES SPECIFIED.

Signature: _____ Date: _____

Educational Agreement

ELECTIVE and SELECTIVE ROTATION REQUEST FORM



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



Please return to:

WVSOM (West Virginia School of Osteopathic Medicine)

Adrienne Tucker, SWC Regional Director

Davis Medical Center

Phone: 304.637.3740

Physicians Professional Building

909 Gorman Avenue, Suite 102

FAX: 304.637.3436

Elkins, WV 26241

atucker@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: _____

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.*

___ Approved ___ Disapproved

Comments:

___ Approved ___ Disapproved

Comments:

Statewide Campus Director Date

Statewide Campus Asst. Dean Date

___ Referred to Associate Dean

Comments: _____

___ Approved ___ Disapproved

Statewide Campus Assoc. Dean Date

Revised 5/1/2018



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

***** REQUEST FOR TRANSCRIPT *****

Signature of Student/Graduate: _____ (FIRST TRANSCRIPT IS FREE)

Student's/Graduate's Name: _____
 (Printed)

No. & Street: _____

City, State & Zip Code: _____

Email Address or Phone Number: _____

Currently Enrolled: YES ___ NO ___ Date of Request: _____

Year of Graduation: _____
 (Please select from the following choices)

- ___ Official Transcript: \$6.00
- ___ Unofficial Transcript: \$6.00
- ___ Unofficial Transcript - Faxed to Recipient: \$8.00
- ___ Official/Unofficial Transcript & NBOME Scores: \$10.00
- ___ Official/Unofficial Transcript & NBOME Scores - Faxed to Recipient: \$10.00
- ___ NBOME Scores Only (Level 1 and/or Level 2): \$5.00
- ___ NBOME Scores Only (Level 1 and/or Level 2) - Faxed to Recipient: \$5.00
- ___ Diploma Copy: \$6.00
- ___ Diploma Copy - Faxed to Recipient: \$6.00
- ___ Special Delivery/Overnight Delivery (Plus regular fees as appropriate): \$20.00

CREDIT CARD INFORMATION VISA® or MasterCard® ONLY
Name on Card: _____
Card Type: _____
Account Number: _____
Expiration Date: _____

All transcripts will include GPA & Numerical Class Rank

This request must be signed and the name printed below the signature. Also, all incomplete requests will be returned to the student/graduate for completion (example: no payment, no signature, lack of complete address).

- | | |
|----------------------------|----------------------------|
| 1. _____

_____ | 4. _____

_____ |
| 2. _____

_____ | 5. _____

_____ |
| 3. _____

_____ | 6. _____

_____ |

SECTION VI STUDENT POLICIES AND PROCEDURES

6.1 Academic

Please refer to institutional policies as appropriate.

Dismissal Policy E 24 (6.1.4) <https://www.wvsom.edu/policies/e-24>

Student Academic Responsibilities E 08 (6.1.5) <https://www.wvsom.edu/policies/e-08>

Student Attendance Policy E 09 (6.1.6) <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>

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 may have to take a leave of absence 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:

<https://www.wvsom.edu/policies/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. Rotation contact information is available on eMedley. Be sure to check the "instructions from preceptor" section, as this will contain the most relevant information. 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 their SWC Regional staff for guidance. 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.

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.

6.1.6 Removal/Dismissal from a Rotation

A student that 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 students file will be remanded to the Student Promotion Committee.

6.1.7 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) that has been credentialed or approved by the college; 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 E/M services or procedure notes with the supervising physician verifying in the medical record any student documentation of components of the E/M 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.

6.1.8 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/filesserver.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.

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. Exceptions for Student Officers: students who hold an office in a school-supported club or organization and are required to attend national meetings

6.2 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-8 <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>

6.2.1 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 on July 1.

6.2.2 NBOME – COMLEX Levels 1 and 2 – Administrative

The taking and passing of Level 1 and Level 2 (including 2-PE) of the National Boards (COMLEX) is required by WVSOM for graduation.

6.2.3 Lawsuits, Litigation, or Potential Legal Action

The Statewide 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.

6.2.4 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.

6.2.5 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.

6.2.6 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.

6.2.7 Housing

Housing at the Statewide Regional site is the responsibility of the student. Housing will be provided for required rotations that are greater than 50 miles from the Base site. 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 housing. All housing arrangements must be completed prior to the beginning of the rotation.

No pets are allowed at any site.

6.3 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>

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.).

6.3.2 Title

Students will be treated as professionals by all hospital personnel at all times. Students will extend similar and appropriate courtesy to all hospital personnel at all times. Students are expected to address their supervising physician as “Doctor (insert last name)” not by their first name. Similarly, students are to identify/introduce themselves as “Student Doctor (insert last name)”.

West Virginia law states that a medical student may not be identified by the title of “Doctor” on their identification card while in training.

6.3.3 Immunizations, TB Screening and Training

The student is required to 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, Titters, 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 done during orientation at the statewide campus site) cards that aren't expired.
- All WVSOM students must complete yearly OSHA, 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 Castle Branch account. Do not lose your cards, as you will have to pay for replacements.

6.3.4 Injury Procedure – Clinical

A student who experiences an injury must immediately report the incident to the supervising physician and WVSOM's Statewide Campus office. An Incident Report Form must be completed and returned to the WVSOM Office of Human Resources within 24 hours of the incident. The student must receive immediate care at the site. The facility where the incident took place is responsible for providing care. **The student is responsible for all expenses related to the incident.** The student does have health insurance. WVSOM does not accept any financial responsibility. An incident occurrence report must be filed with the rotation site and a copy sent to WVSOM's Statewide Campus office.

A letter from the Statewide Campus Regional Assistant Dean will be mailed 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.

6.3.4.a 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 that 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.

All student follow-up labs results will be sent to the Statewide Campus Regional Assistant Dean. A copy of all labs will also be sent to the main campus for the student health file.

Follow-up will be monitored by the nurse at WVSOM.

Failure to obtain and submit indicated laboratory testing will result in suspension from rotation sites until results are received.

Table 1: Recommendations for the Evaluation of Potential Bloodborne Pathogen Exposure*		
Step-wise Approach to Evaluation		
<ol style="list-style-type: none"> 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:		
<ol style="list-style-type: none"> 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) <ol style="list-style-type: none"> 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):		
<ol style="list-style-type: none"> 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 <i>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</i>]		

6.3.5 Hours of Duty

A typical day will begin at 7:00 a.m. and end at 7:00 p.m. Deviation from these hours is at the discretion of the supervising physician or his/her designee. Under no circumstances, however, shall a student be required to work more than twelve (12) hours, unless night duty is assigned. Assignment of night and/or weekend duty must adhere to the following guidelines:

- A minimum number of hours per week is not defined, although in usual circumstances it will be no less than sixty (60) hours. Usual and customary practice will prevail. The student and supervising physician shall exercise reason in this matter.
- A work or duty week shall be limited to a maximum of seventy-two (72) hours. Any additional hours shall be on a voluntary basis only.
- The student may be given two (2) weekends off per month of rotation.
- A weekend off must be forty-eight (48) consecutive hours and may be defined as either Saturday and Sunday, or Friday and Saturday. This decision will be made by the supervising physician.
- The maximum duration of any work or duty period will be twenty-four (24) hours and must be followed by a minimum of twelve (12) hours off duty.

The student shall perform other clinical duties as assigned.

6.3.6 H&P and Progress Note Procedure

Appropriate clinical documentation is a key part of the assessment of the patient. It represents a description of the patient's presentation and your clinical findings when the

patient was seen. It is key to the development of a treatment diagnosis or differential diagnosis. It will therefore be instrumental in the establishment of a treatment plan. OPP is an essential component for each type of clinical documentation.

You should strive to complete a full H&P a minimum of one patient per week and one Encounter Note per day while on your clinical rotations. It is equally important that you have all of your documentation reviewed by your Preceptor with formative feedback as to how you can improve.

6.3.7 Professionalism

WVSOM believes that exemplary interpersonal relationships, professional attitude, humility, and ethical behavior are an integral part of the total osteopathic physician. Professional standards required of a member of the osteopathic profession are 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>

6.3.8 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.

6.3.9 Student/Patient Relationship

The relationship between an osteopathic student and a patient shall always be kept on a professional basis. A chaperone shall be present when indicated. A student shall not date or become intimately involved with a patient due to ethical and legal considerations.

6.3.10 Special Elective Procedure

Complete an Exception Request Form for any special request or exception. The completed Exception Request Form, as well as an Elective, Selective Request Clerkship Form must be submitted to your Statewide Campus office. Refer to Policy E-

16 on the WVSOM web site. International, Research, Health Policy, and Anatomy Special Electives are listed in their own section of this manual. Forms specific to International Rotations, Research Rotations and Conference Attendance are located in the Clinical Education Forms section of My WVSOM. Please fill out these forms in addition to the Exception Request and ESR form.

6.3.11 Occupational Safety & Health Administration (OSHA)

All WVSOM students have had formal training in OSHA standards and requirements. Students should be familiar with OSHA regulations and be in compliance throughout their clinical training. Individual sites or hospitals may require the student to participate in their own program. OSHA training must be completed prior to orientation in Year 3 and before beginning Year 4. The training video is in eMedley.

6.3.12 The Health Insurance Portability & Accountability Act (HIPAA)

All WVSOM students have had formal training in HIPAA standards and requirements. Students should be familiar with HIPAA regulations and be in compliance throughout their clinical training. Individual sites or hospitals may require the student to participate in their own program. 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.

6.4 General

Please refer to institutional policies as appropriate.

Equal Opportunity, Nondiscrimination, Sexual Misconduct, and Other Forms of Harassment GA-14 <https://www.wvsom.edu/policies/ga-14>

Antihazng ST-07 <https://www.wvsom.edu/policies/st-07>

Standardization of Student Clinical Lab Coat an Identification Badge ST-12
<https://www.wvsom.edu/policies/st-12>

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 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.
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 you 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.

*Changes were made to address just medical students in this document.

6.4.2 Sexual Harassment

Any incidence of suspected sexual harassment should be reported immediately in writing to the supervising physician, on-site Director of Medical Education, WVSOM Statewide Campus Assistant Dean, and the Associate Vice President of Human Resources/Affirmative Action Officer at WVSOM.

Any student involved in sexual harassment may be brought before a hearing panel as described in the Student Handbook.

See WVSOM Institutional Policies.

6.4.3 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/swv-behavioral-resources>.

6.4.4 Research Activities on Rotations

All projects and/or research activities that are initiated with preceptors during a rotation and may result in a publication or poster presentation will require the student to fill out an OASP-1 or NRSA form. This form will need to be emailed to orsp@osteو.wvsom.edu. Further documentation may be required. See section 1.13 for more information.

6.4.5 Holidays and Religious Days Off

The Statewide Campus office will excuse students on the following holidays:

- Easter Day
- Independence Day
- Thanksgiving Day
- Christmas Day
- New Year's Day

Other religious holidays may be substituted for the above days by submitting an Exception Request Form with prior (90 days) approval by WVSOM's Statewide Campus office. Total holidays taken will not exceed five (5) during the calendar year.

6.4.6 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 preparing of WVSOM students through their 3rd/ 4th years and postdoctoral opportunities and procedures. The office of the Director of the Southeastern Area Health Education Center (SE-AHEC), the Director of Rural Outreach and the office of the WVSOM GME Program Coordinator along with support staff are located within the GME Department.

The WVSOM GME office monitors and maintains the systems WVSOM students use to request 3rd and 4th elective rotations (Visiting Student Learning opportunities/ VSLO; ClinicianNexus; and AceMapps.) The Electronic Residency Application Service/ ERAS is the system the WVSOM students will use to apply for residency spots during their 4th yr. Access to this system as well as documentation upload and maintenance comes from the GME department. Monitoring, document upload and verification for participation in the Military, SF Match, AUA match and NRMP match is 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 session for WVSOM students for questions about 3rd/ 4th years, Residency and Match. As well providing numerous resources through the GME website: <https://www.wvsom.edu/academics/gme>

The GME department also participates in academic and accreditation oversight, as well as, development of WVSOM affiliated Accreditation Council for Graduate Medical Education (ACGME) approved, postdoctoral training programs. These programs are based in hospitals and training institutions located throughout West Virginia and the surrounding region and are collectively known as the Mountain State Osteopathic Postdoctoral Training Institutions (MSOPTI), a 501 C (3) not-for-profit education corporation accredited by the ACGME. Together, the GME Department and MSOPTI provide graduate medical education (GME) resources for MSOPTI training sites.

MSOPTI offers training programs in, Internal Medicine, Osteopathic Neuromuskeletal Medicine, and Emergency Medicine. Two (2) HRSA funded, Teaching Health Centers (THCs) have partnered with MSOPTI: AccessHealth THC located in Beckley, WV- in partnership with Raleigh General Hospital (Beckley, WV) and Cornerstone Care THC located in Mt. Morris, PA-in partnership with Mon Health Medical Center (Morgantown, WV). Both centers offer Family Medicine Residency programs.

The WVSOM Associate Dean for GME also serves as MSOPTI's Academic and Safety Officer. Supported by the MSOPTI Executive Director, the Associate Dean is responsible for the academic oversight of the consortium's postdoctoral training programs.

MSOPTI, is governed by a Board of Directors comprised of member institution CEOs (or their proxies) and WVSOM officials, including the Vice President for Academic Affairs and Dean who serves as the Governing Board Chair, WVSOM's Vice President for Finance who serves as the MSOPTI Treasurer, and the Associate Dean for GME as Academic Officer.

Because of its accreditation oversight responsibilities, the GME department monitors training sites (postdoctoral) program(s) functioning and supports graduate medical education at these locations with value added resources and on-going consultation. Through MSOPTI and WVSOM resources, the department is afforded financial, technical, and staff support, all which enhance the school's mission and program success.

Many WVSOM faculty participate in MSOPTI committees responsible for GME curriculum, research, program evaluation and assessment, faculty development, and library (learning) resources, as well as, WVSOM/MSOPTI sponsored educational CME events. Significant WVSOM contributions combined with a very active MSOPTI Governing Board and training institution program leadership afford the MSOPTI consortium a noted level of structure and functioning.

WVSOM's Statewide Campus System and the MSOPTI consortium complement one another and offer Statewide Campus students additional educational resources and opportunities. Students are invited to attend all MSOPTI educational broadcasts which include monthly Lunchtime Lectures and alternating, quarterly OPP Refreshers and Workshops and special educational events. Joint faculty development and educational planning programming benefit both Statewide Campus students, MSOPTI residents, and teaching faculty.

Research and mentoring opportunities are also available through MSOPTI where resident-student interaction and collaboration are encouraged. Additionally, the WVSOM GME Department and MSOPTI provide learning resources to MSOPTI partners/affiliates and actively promote and support the development of new resources. At this time, WVSOM Statewide Campus sites are located at or near all affiliated MSOPTI training institutions which include:

- Access Health Teaching Health Center –Beckley, WV
- Cornerstone Care – Mount Morris, PA
- Greenbrier Valley Medical Center – Ronceverte, WV
- Meritus Medical Center – Hagerstown, MD
- St. Luke's Hospital – Toledo, OH
- Trinity Health Systems – Steubenville OH
- United Hospital Center – Bridgeport, WV

Supporter training sites currently include the Beckley, WV VA Medical Center and Mon Health Medical Center (Morgantown, WV).

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, and fellows. In addition to accreditation oversight responsibilities and the educational resources described earlier, department functions include:

WVSOM student services including:

- Student consultation on postdoctoral opportunities and procedures
- Electronic Residency Application Service (ERAS) coordination
- Visiting Student Learning Opportunities (VSLO) formally VSAS, coordination
- ClinicianNexus coordination
- AceMapps coordination
- Match participation: Military, SF, AUA and National Residency Matching Program (NRMP) for medical students pursuing Accreditation Council Graduate Medical Education (ACGME)
- Documentation upload for fellowship application 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/ACGME committee involvement/membership
- Program recruitment, including residency fair exhibitions, brochure/ website production, and retention strategy development
- Pre-inspection and on-site accreditation inspection participation/consultation
- New program applications and development, including the use of GME consultants and exploration of alternative funding mechanisms
- Promotion of partnerships and collaboration between academic medicine and community healthcare resources, including rural health development and outreach
- GME data collection and tracking
- Development of Postdoctoral OSCEs and educational seminars

- Faculty Development
- GME strategic planning

6.4.7 WVSOM Clinical Rotation 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.

6.4.8 Statewide Campus Student Information

Required rotations are scheduled for you at your Statewide Campus site. Contact the WVSOM Statewide Campus Director with any questions. Contact information is located at the back of this document.

6.4.9 Statewide Campus Student Representatives & Responsibilities

One student representative from each Statewide Campus base site is elected near the end of Year 2 by his or her peers. The Statewide student representatives for your site may be obtained by contacting your State Wide Campus Regional Office.

Responsibilities

Statewide Campus student representative responsibilities may include, but are not limited to, the tasks listed below. Keep in mind that the Statewide Campus student representative may not include all of these depending on the Statewide Campus site they are representing:

- Act as spokesperson for students based at same Statewide Campus hospital including student concerns and needs
- Gather information for Statewide Campus office or Clinical Education as needed
- Represent Statewide Campus hospital site for various functions such as Hospital Day in Lewisburg, marketing and recruiting events, community events, etc.
- Be a resource for Year 1 and 2 students regarding Statewide Campus selection procedure, and information about hospital sites including rotations, housing, educational experience, the Match process, etc.
- Act as a contact for all social activities sponsored by the hospital for students
- Take student photos at your base hospital or assign someone to take photos
- Assist in other areas as requested by Clinical Education or your Statewide Campus Regional Assistant Dean or Director
- Act as liaison between student 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
- Act as a resource for Year 2 students who have questions about your site, provide hospital tours (at site rep's discretion), provide housing information from existing students, etc.
- Bring any issues the students have to SWC staff
- At base sites that have didactics: attend didactics, take attendance and report attendance to SWC staff
- Search for volunteer/community services and provide information to students and SWC staff
- At base sites with GME, additional duties may include taking attendance at resident educational programming didactics, morning report, etc.)

6.5 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

WVSOM Statewide Campus Contact Information		
South East Region		
Princeton, Beckley, Lewisburg		
Hilary Hamric, DO WVSOM SWC Regional Assistant Dean 400 Lee Street North Lewisburg, WV 24901 hhamric@osteo.wvsom.edu Phone: 304.647.6260	Megan Meador, MA WVSOM SWC Director Raleigh General Hospital 1710 Harper Road Beckley, WV 25801 mmeador@osteo.wvsom.edu Phone: 304.461.3748	Cynthia (Cindy) Stowers Raleigh General Hospital 1710 Harper Road Beckley, WV 25801 cstowers@osteo.wvsom.edu Phone: 304.256.4400 Fax: 304.254.3018
Northern Region		
Wheeling, Weirton, Steubenville		
Lisa Hrutkay, DO WVSOM Regional Assistant Dean Maxwell Centre 32- 20 th Street, Suite 400 Wheeling, WV 26003 lhrukay@osteo.wvsom.edu Phone: 304.905.8495 Option 3	Mary Beth Fitch WVSOM SWC Director Maxwell Centre 32- 20 th Street, Suite 400 Wheeling, WV 26003 mfitch@osteo.wvsom.edu Phone: 304.905.0306 Option 1	Ashley Millard, Administrative Assistant Maxwell Centre 32 20 th Street, 4 th Floor Wheeling, WV 26003 amillard@osteo.wvsom.edu Phone: 304.905.8492 Option 2 Fax: 304.905.6179
South Central Region		
Charleston, Logan		
Arthur Rubin, DO WVSOM Regional Assistant Dean CAMC Memorial; WVU Bldg., Room 3011 3110 MacCorkle Ave., SE Charleston, WV 25304 arubin@osteo.wvsom.edu Phone: 304.720.8834 Cell: 304.541.5342	Karen Sadd WVSOM SC Director CAMC Memorial; WVU Bldg. Rm 3012 3110 MacCorkle Ave., SE Charleston, WV 25304 ksadd@osteo.wvsom.edu P: 304.720.8833 Thomas Memorial Hospital Phone: 304.766.4218 Logan Regional Medical Center Phone: 304.831.1466	Leah Bowes, MA, Administrative Assistant CAMC Memorial; WVU Bldg, Rm 3014 3110 MacCorkle Ave., SE Charleston, WV 25304 lbowes@osteo.wvsom.edu Phone: 304.720.8832 Fax: 304.720.8831
Eastern Region		
Martinsburg, Petersburg, Winchester		
James Wadding, DO WVSOM Regional Assistant Dean WVU Health Sciences, Eastern Division 2500 Foundation Way Martinsburg, WV 25401 jwadding@osteo.wvsom.edu Phone: 304.596.6322 Cell: 301.693.6297	Carolyn Cox, MA WVSOM SWC Director WVU Health Sciences, Eastern Division 2500 Foundation Way Martinsburg, WV 25401 ccox@osteo.wvsom.edu Phone: 304.596.6334	Mary Frances Horton, Administrative Assistant WVSOM WVU Health Sciences, Eastern Division 2500 Foundation Way Martinsburg, WV 25401 mhorton@osteo.wvsom.edu Phone: 304.596.6335 Fax: 304.267.0642
South West Region		
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