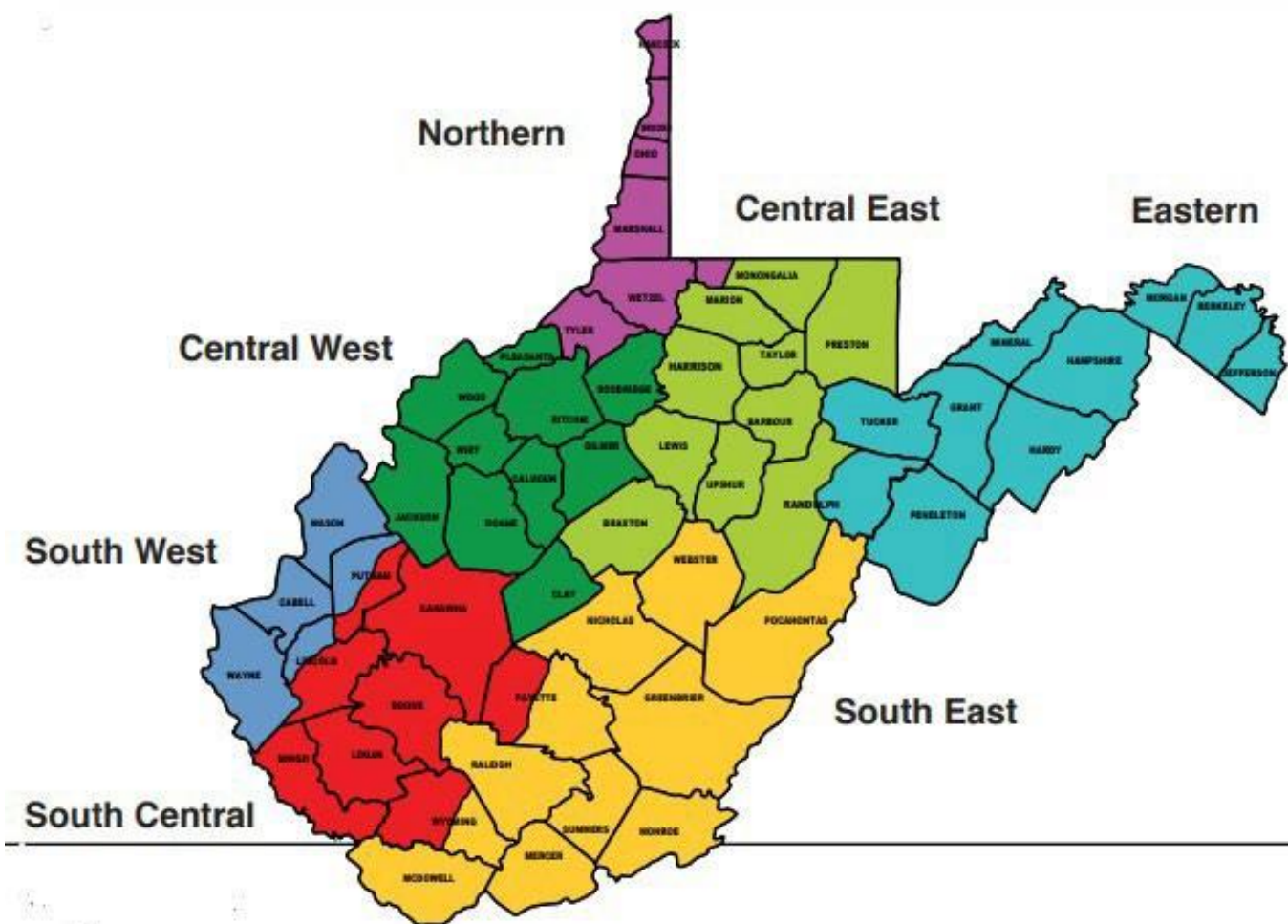


# CLINICAL EDUCATION MANUAL

## ACADEMIC YEAR 2022-2023



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

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

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

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

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

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

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

**Section 5.** A physician should make a reasonable effort to partner with patients to promote their health and shall practice in accordance with the body of systematized and



scientific knowledge related to the healing arts. A physician shall maintain competence in such systematized and scientific knowledge through study and clinical applications.

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

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

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

**Section 9.** A physician should not hesitate to seek consultation whenever she/he believes it is in the best interest of the patient.

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

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

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

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

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

**Section 15.** It is considered sexual misconduct for a physician to have sexual contact with any patient with whom a physician-patient relationship currently exists.

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

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

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

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

(Reprinted from the AOA website 07/24/16)

# 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 judgment and with my skill and ability, keeping in mind always nature's laws and the body's inherent capacity for recovery. I will be ever vigilant in aiding in the general welfare of the community, sustaining its laws and institutions, not engaging in those practices which in any way bring shame or discredit upon myself or my profession. I will give no drugs for deadly purposes to any person, though it may be asked of me. I will endeavor to work in accord with my colleagues in a spirit of progressive cooperation, and never by word or by act cast imputation upon them or their rightful practices. I will look with respect and esteem upon all those who have taught me my art. To my college I will be loyal and strive always for its best interests and for the interests of the students who will come after me. I will be ever alert to further the application of basic biologic truths to the healing arts and to develop the principles of osteopathy which were first enunciated by Andrew Taylor Still.



## Core Competencies

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

- **Medical Knowledge, Knowledge of Disease Process, Diagnostic Criteria, and Evaluation of Conditions:** Preceptors/Attendings are expected to evaluate medical knowledge, understanding of disease process, and the student's ability to apply cognitive skills in differential diagnosis.
- **Osteopathic Philosophy and Osteopathic Manipulative Medicine:** All preceptors (MD and DO) are expected to encourage and verify application of osteopathic principles,<sup>1</sup> and DO preceptors are expected to encourage and evaluate appropriate use of Osteopathic Manipulative Treatment (OMT).
- **Patient Care:** Preceptors are expected to evaluate the student's ability to consistently demonstrate competence in patient care, including the ability to competently take a history, perform a physical examination, assist with medical procedures, and provide appropriate follow-up care.
- **Interpersonal and Communication Skills:** Preceptors are expected to evaluate the student's competency in communication and interviewing skill. This evaluation should at minimum include the appropriate communication with the preceptor, peers, and staff, as well as the patient. When interviewing patients, the student should be able to appropriately use open-ended questions, demonstrate active listening and be able to assess contextual factors such as the patient's beliefs, culture, values, etc. The evaluation of the student's ability to accept and deal with a patient's feelings and the use of language that the patient can understand is an important skill to evaluate on an ongoing basis.
- **Professionalism:** Preceptors are expected to evaluate professionalism, including demonstrated ethical, personal and professional qualities deemed necessary for the continued successful study and practice of Osteopathic

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

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

- **Practice-Based Learning & Improvement:** Preceptors are expected to observe, encourage and evaluate the student's practice-based learning and improvement skills. This will include at a minimum the student's ability to integrate evidence-based medicine into the care of patients and the student's ability to understand what they know and need to study with demonstration of continuous learning during the rotation. The student should demonstrate an understanding of research methods and how the research outcomes modify and affect the practice of medicine.
- **System Based Practice:** Preceptors are expected to evaluate the student's system-based practice skills, including the student's ability to understand his/her role as a member of the health care team, the student's understanding of local community medical resources, and the student's understanding of providing effective and cost-effective medicine.

## Core Entrustable Professional Activities for Entering Residency

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

*“EPAs are units of professional practice, defined as tasks or responsibilities that trainees are entrusted to perform unsupervised once they have attained sufficient specific competence. EPAs are independently executable, observable, and measurable in their process and outcome, and, therefore, suitable for entrustment decisions.”<sup>2</sup>*

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 3<sup>rd</sup> and 4<sup>th</sup> 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>

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

## **SECTION I-CLINICAL ROTATION INFORMATION**

### **Procedural Statement**

The provisions of the 2022-2023 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.

## Clinical Curriculum Description

### Third Year Rotations

Contains syllabi and competencies for:

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

### Fourth Year Rotations

Contains syllabi and competencies for:

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



## CLINICAL CURRICULUM DESCRIPTION – BERKELEY MEDICAL CENTER BASE SITE

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

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

### Third Year Rotations:

^WVU & WVSOM Orientation	2 weeks
Family Medicine I (Required)	8 weeks
Internal Medicine I (Required)	8 weeks
Pediatrics I (Required)	4 weeks
*Pediatrics II	4 weeks
Psychiatry (Required)	4 weeks
Surgery I (Required)	4 weeks
OB-GYN (Required)	4 weeks
*Surgery II	4 weeks
Dean's Selective (OB-GYN)	4 weeks
Electives	4 weeks
Vacation	4 weeks
COMLEX Board Review	1 week

### Fourth Year Rotations:

COMLEX Board Review	3 weeks
*Emergency Medicine (Required)	4 weeks
Internal Medicine II (Selective)	4 weeks
Internal Medicine III (Selective)	4 weeks
Surgery III (Selective)	4 weeks
Family Medicine II (Selective)	4 weeks
Electives	10 weeks
Mandatory Time Off	2 weeks
Vacation	8 weeks

^ Students attend 1 week of WVU orientation in April and 1 week of WVSOM orientation in June.

\*During the Fourth Year, BMC base site students must do a four (4) week rotation in Emergency Medicine, in place of four (4) weeks of Pediatrics II. Four (4) weeks of Surgery 2 are completed in the 3<sup>rd</sup> Year, and COMLEX Board Review replaces this time in the 4<sup>th</sup> Year.

## 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.
- Virtual and telehealth are playing an increasingly important role in healthcare delivery. Virtual rotations are not permitted per accreditation standards. Clinical rotations with a telehealth component must be done live and onsite with the assigned or approved preceptor.
- A student will not administer therapy or medication until a licensed physician has seen the patient, confirming the diagnosis. Any orders written by a student must be countersigned by a licensed physician prior to being implemented.
- Supervision of the student and his/her activities in the clinical setting is the direct responsibility of the supervising physician. Any educational activity involving patients can only be done when the supervising physician is immediately available on the premises to assist and direct the student's activities.
- Due to legal ramifications, any violation of this policy should be immediately reported by the student to the Assistant Dean of his/her Statewide Campus office.
- A student faced with a life-threatening emergency in the absence of the supervising physician should use his/her best judgment in rendering care until the supervising or other physician arrives.
- In the event a supervising physician or other authorized physician is not available the student shall cease patient care activities. If there is a frequency of this situation, the student must notify the appropriate Statewide Campus office.
- If a student finds himself/herself in a questionable situation, he/she should immediately contact the Assistant Dean of his/her Statewide Campus office.
- Shadowing during years 3 and 4 is not allowed. If this is done outside of the student's present rotation, it is not covered by malpractice insurance. For example, if the student's preceptor is done for the day, the student may not go to the ER to see patients or go to the OR to scrub in on a case or observe. Exceptions to shadowing may be requested through the Regional Assistant Dean.

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

#### Conflict of Interest

- Healthcare Providers and Student Performance Evaluation Faculty members who provide health, medical, or psychiatric/psychological services to a student, have a close personal or familial relationship to a student or have other conflicts of interest pertaining to a student must recuse themselves from the following:
- Participation in grading or clinical assessment of the student
- Participation in decisions related to promotion of the student
- Participation in WVSOM committee discussions of and voting on the student

## **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 core clinical rotations.

If a student has not yet completed four (4) year three core 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 at a time determined by the Director of the CEC.

## 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 30<sup>th</sup> in the 4<sup>th</sup> 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 3<sup>rd</sup> year rotations, the 3<sup>rd</sup> year OSCE, completed all other 3<sup>rd</sup> year assignments and requirements, and received an appropriate score on a qualifying exam, he/she may take the COMLEX Level 2-CE. If a student fails the qualifying exam, he/she will go on a prep track. The student will not be able to return to rotations until the prep track is complete and he/she has taken the COMLEX Level 2-CE. The last rotation block (13) typically occurs in June and is reserved for COMLEX Level 2 CE study. Most students take the exam in July or early August of their fourth year.

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

The student is urged to review the COMLEX Level 2 CE Blueprint on the NBOME website:

<https://www.nbome.org/exams-assessments/comlex-usa/comlex-usa-level-2-ce/>

The COMLEX Level 2 PE exam may be taken upon successful passing of COMLEX 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.

<https://www.wvsom.edu/policies/e-23>

Students will be made eligible by the Dean to register and sign up for both Level 2 exams as soon as a passing score on Level 1 is received and may do so once the exam

date calendar has been released which is usually mid fall. The student should determine an exam date that will not conflict with important or audition rotations in their 4<sup>th</sup> year.

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

You are permitted 2 days off from a rotation (if not taken during scheduled vacation) during rotations for each exam (unless taken consecutively).

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

Questions regarding COMLEX may be addressed to the Director of the Office of National Boards and Exam Center at [nationalboards@osteo.wvsom.edu](mailto:nationalboards@osteo.wvsom.edu) or by calling 304.793.6829. Information, including narrated PowerPoint presentations, is also available on eMedley. The NBOME provides information at <http://www.nbome.org>.

## Proctored End of Rotation Exams

Students must complete a proctored End of Rotation (COMAT) exam near the end of each Core required rotation (excluding IM 1) in the third year. The COMAT exam is an objective assessment of the student's medical knowledge. The Standard Score (as defined by the National Board of Osteopathic Examiners/NBOME) will be used to determine whether or not the student passed or failed the examination. All students will be required to pass the COMAT with a standard score of 82 or greater, which is 2 deviations below the national mean of 100. Standard scores will be converted to a percentage %. The standard score of 81 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 82 to pass the rotation, regardless of the preceptor grade.

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

If a standard score of at least 82 is not achieved on the repeat COMAT or if a student fails a second COMAT, a failure grade will be recorded and students will have their record remanded to the Student Promotions Committee for review. After review, the committee will make a recommendation to the Associate Dean for Predoctoral Clinical Education (See Institutional Policy and Procedure E-17 <https://www.wvsom.edu/policies/e-17>).

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

- No cell phones or electronic devices are permitted in the exam area during testing.
- Students are expected to be on time for the exam. If a student is late, no additional time will be allowed to take the exam.
- Students with an **unexcused absence** from the end of rotation COMAT exam **will have failed the COMAT exam.**  
**If the student is eligible for a retest, the date will be determined by their Regional Dean and/or Director.**  
Exceptions for taking the COMAT end of rotation examination can only be made in the case of dire circumstance or illness at the discretion of the Statewide Campus Regional Dean.
- The COMAT will be 45% 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.
- All COMAT exams will be in person with the exceptions for illness requiring quarantining or last-minute weather conditions
- A student experiencing dire hardship during the exam may request a “NO SCORE” by notifying their Regional Dean and Director in writing via email within 24 hours of exam completion. The Regional Dean will review and submit such request to the WVSOM Director of National Boards who will investigate and render a decision to the student’s Regional Dean.

## **Proctored End of Rotation Exam - OPP**

During the third-year orientation period, a COMAT on OPP will be administered. All students are encouraged to take the online sample COMAT OPP exam. This is a 15- question exam located at <https://www.nbome.org/exams-assessments/comat/clinical-subjects/comat-principles/>.

The pretest is strongly recommended, but the score will not be included in the OPP COMAT grade.

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



the student's Statewide Campus office.

If a student does not receive a passing score on the OPP COMAT exam equal to or greater than a standard (NBOME) score of 82, the student will be required to take a repeat COMAT OPP exam.

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

A student may not receive credit for a Stookey Rotation until the OPP has been successfully passed.

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

A remediation plan will follow, consisting of at least:

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

## Didactic Programs

Didactic programs are an important part of your clinical education. These programs include Education Days once a month at each Statewide Campus Region, formal and informal programs that occur at your base hospitals. If your base hospital has an accredited residency program, you should go to the residency didactic programs. Required didactic programs will be communicated to you by your Statewide Campus Personnel. Base site hospitals without residencies may also have mandatory didactics. The Regional Assistant Dean and Director will notify students of which didactics are required.

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

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

Remediation is an original paper (double-spaced, minimum three typed pages/each hour missed) on the missed topic accepted by the Statewide Campus Regional Assistant Dean within 3 weeks of the unexcused absence. **Failure to remediate as outlined above will result in a professionalism report.**

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

Please see Student Handbook regarding **PROCEDURE FOR OFF-CAMPUS STUDENT MEETING ATTENDANCE**: <https://www.wvsom.edu/policies/student-handbook>

## Clinical Case Conferences – Statewide Campus Requirement

Students are expected to present Clinical Case Conferences as requested by the supervising physician or their Statewide Campus regional office.

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

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

## Requirements for Graduation

There are 78 weeks of rotations during the 3<sup>rd</sup> and 4<sup>th</sup> clinical years. A passing grade must be received for each rotation during the 78 weeks to fulfill the requirements for graduation.

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

- All students must complete twelve weeks of rural rotations. Eight weeks must be at a rural West Virginia site. Rural is defined by the WV Higher Education Policy Commission (WVHEPC). This definition is subject to change based on the WVHEPC and its decision on the criteria that will be utilized. The Regional Assistant Deans and Directors will assist you in the determination of what sites will meet the requirement of rural. **The following elective rotations are NOT considered completion of Rural requirements: Research, Health Policy, Anatomy Intensive, Culinary Medicine.**
- Students must complete either their FM I or FM II rotation with a DO and another one must be completed in a rural area. If you do not meet these requirements in your FM I, then you must meet it in your FM II rotation. They can be met within the same rotation (DO & rural) or one rotation may be with a DO and the other one in a rural area.
- All students must pass COMLEX Levels 1, 2-CE and 2-PE in order to graduate.
- All students must accurately complete all electronic site/faculty/course evaluations, logs and other rotation specific requirements by the published deadlines.
- Students are required to successfully complete a minimum of one “James R. Stookey” OMT rotation in **each** of their 3<sup>rd</sup> and 4<sup>th</sup> years.
- Students are required to complete at least one Year 3 core rotation at a site with a resident on that rotation.
- Students are required to complete the Year 4 Interprofessional Activity as described [here](#).

## Student Clinical Education Grade Form

The student is responsible for providing the Clinical Education Grade Form to his/her preceptor if the preceptor does not use the electronic form. If the preceptor has provided an email address then eMedley will automatically send the grade form electronically. The student will need to provide a printed grade form to the preceptor if the preceptor has not received and completed the electronic form during the last 2-3 days of the rotation. All preceptors may provide input to the supervising physician, who will submit a composite evaluation form to WVSOM. In a case of multiple preceptors (MDs and/or DOs), please list all preceptors on the last page of the grade form with their updated information. This will ensure that each trainer receives the appropriate CME credits. Evaluation forms may be completed by a resident or allied health professional but requires a preceptor signature.

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

Clinical Education Grade Form	55%
End of Rotation Examination (COMAT)	45%

The grade will be reported to the Registrar.

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

### Entrustable Professional Activities

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

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

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

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

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

For questions or technical support regarding the EPA app, please contact [alinsenmeyer@osteo.wvsom.edu](mailto:alinsenmeyer@osteo.wvsom.edu).

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

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

A failing grade will occur if the score for any one of the rotation competencies fall below 70 or the student receives a COMAT end of rotation examination grade of less than a NBOME standard score of 82. The rotation components for calculating the grade include the supervising physician's evaluation, and a passing COMAT exam score. A failing grade is recorded for a rotation if any failure box is checked by your preceptor/attending physician on the clinical grade form. In this case, a grade of 65 is recorded for the rotation regardless of any other score in the other rotation components. Failure to comply with the attendance policies will result in a rotation failure and a grade of 65 will be issued. **All patient procedure logs and skills checklists along with the preceptor/site/course evaluation must be submitted on the last day of the rotation. Failure to comply will result in a professionalism report.**

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

The student shall be notified of a failing grade in writing by the Registrar (certified mail/return receipt directed to the student's permanent address). A failing student will be allowed to complete a successive clinical rotation or vacation period. A clinical rotation failure in year 3 shall be remediated per the recommendation of the Student Promotions Committee if approved by the Dean. This remediation shall occur at a time to be determined by Statewide Campus personnel.

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

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

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

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

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

## Student Site Evaluations and Log

### 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 submitted anonymously through eMedley. The SWC Regional Director and Dean will verify that the site evaluation has been submitted. A professionalism behavior report will be filed if the evaluation is not received within 2 weeks of the end of rotation. The WVSOM office of assessment will provide collated copies of preceptor evaluations quarterly to the regional Director and Dean without student names. **Failure to submit the preceptor/site/course evaluation within 2 weeks of the last day of the rotation will result in a professionalism report.**

### Log:

Logs are maintained during all of the 3<sup>rd</sup> and 4<sup>th</sup> year using the eMedley app. All patient encounters, procedures, including OMT, etc. should be documented in the log. At the end of each rotation, the student is responsible for having the preceptor review the log, validating the student participation in the encounters and procedures. **The log will be submitted to eMedley app at the end of each rotation for approval.** The information that is provided in your log 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.

Directions for logging into eMedley may be found at \_\_\_\_\_ **TBD**



## 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: 3<sup>rd</sup> 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: 4<sup>th</sup> Year Students**

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

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

1. Your GPA must be 80 or above and you must be in good academic, personal and professional standing to participate in an IR.
2. Pre-applications should be submitted to CIMCC **by September 1 of the year preceeding the requested** international rotation. You may request a pre-application and full application at [cimcc@osteo.wvsom.edu](mailto: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](mailto:cimcc@osteo.wvsom.edu)

Year 4 IR Procedure	
<b>Step 1</b>	<b>There are a number of parts to the formal International Rotation application</b>
	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.
<b>a)</b>	Receive approval from your RAD and have your RAD send an e-mail to <a href="mailto:cimcc@osteo.wvsom.edu">cimcc@osteo.wvsom.edu</a> stating they approve of your proceeding with the IR process.
<b>Application form</b> <b>b)</b> <input type="checkbox"/>	Answer all questions on the form and make sure you have included 4-reference (three professional and one personal) and their contact e-mails. In addition make sure you have contacted your references and inform them they will be receiving an e-mail request from CIMCC.  References <b>cannot be your RAD or Director or a family members</b> . References should be former employers, supervisors, professors, preceptors and a personal friend or family friend. <b>No approval will be given without 3 professional references.</b>
<b>Additional paperwork</b> <b>c)</b> <input type="checkbox"/>	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> <b>No approval will be given without this.</b>
<b>d)</b> <input type="checkbox"/>	<b>Documents to complete.</b> <ul style="list-style-type: none"> <li>WVSOM Policy E-16 Statement of Understanding Regarding International Electives</li> </ul> Should be read, signed and witnessed by your present preceptor or your Regional Assistant Dean. <ul style="list-style-type: none"> <li>Complete and return the WVSOM Travel Registration Form</li> <li>Complete and return the Health and Emergency Contact Information</li> <li>Complete and return the Release and Waiver of Liability form which must be <b>SIGNED, INITIALED WHERE REQUESTED AND NOTARIZED</b> (Signed and witnessed by the notary).</li> </ul> <b>No approval will be given without this.</b>
	<b>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</b>
	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 <sup>rd</sup> party companies and/or to receive clearance for the company you have chosen.
	<b>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.</b>

<b>Step 2</b>	<b>What you need to do for yourself</b>
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. <b>No approval will be given without this. You must personally send a copy of your immunization form.</b>
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. <b>No approval will be given without this.</b> 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. <b>No approval will be given without this.</b> The recommended company to use is Seven Corners Insurance select "Choice". <a href="https://www.sevencorners.com/trip-protection-insurance#/quote">https://www.sevencorners.com/trip-protection-insurance#/quote</a>
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"/>	<b>Acquire needed visas.</b> 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. <b>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.</b>
	<b>What can cause academic non-recognition of an international rotation?</b> <ol style="list-style-type: none"> <li>1. Not having all paperwork in order before your departure date</li> <li>2. Not having the approval of the Associate Dean for Predoctoral Clinical Education</li> <li>3. Not turning in your grade form after your rotation</li> <li>4. Your host country was not CIMCC approved</li> <li>5. You failed COMLEX or receive a failing grade from a preceptor.</li> <li>6. You are not in good professional standing.</li> <li>7. <b>WVSOM reserves the right to deny or remove a student from an international rotation if administration deems it necessary for any reason.</b></li> </ol>

STEP 3	Completion of the rotation includes the following:
a) <input type="checkbox"/>	<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. <b>This narrative must include:</b></p> <ul style="list-style-type: none"> <li>• A description of what you experienced (culture and relationship with the host community How prepared were you for entering this culture)</li> <li>• Clinical cases and how prepared were you clinically for this experience</li> <li>• A description of what you learned and experienced medically – give examples)</li> <li>• How you presented OPP/OMT to the host community (give examples)</li> <li>• What living conditions were like</li> <li>• At the conclusion how was the preceptor to work for/study under</li> </ul> <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><b>Failure to complete the report/journal and/or exit interview could result in the rotation not counting academically.</b></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. <b>No completion approval will be given without this.</b></p>
c)	<p>3. You must complete and exit interview with either a CIMCC representative or the Assoc. Dean for Pre-doctoral Clinical Education <b>No completion approval will be given without this.</b></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 REQUESTFORM
4. STATEWIDE CAMPUS REGIONAL ASSISTANT DEAN APPROVAL EMAIL
5. VISA OR PASSPORT
6. E-STATEMENT OF PURPOSE
7. HEALTH & EMERGENCY CONTACT FORM
8. RELEASE AND WAIVER OF LIABILITY
9. WVSOM INTERNATIONAL TRAVEL REGISTRATION FORM
10. STATEMENT OF UNDERSTANDING REGARDING INTERNATIONAL ELECTIVES
11. ALL FOUR (4) REFERENCES
12. UP-TO-DATE IMMUNIZATIONS
13. TRAVEL INSURANCE
14. DEPARTURE MEETING WITH LEAH STONE
15. JOURNAL ENTRIES AND FOLLOW UP MEETING WITH LEAH STONE



## Student Research and Scholarly Activity and Research (Elective) Rotations during 3<sup>rd</sup> and 4<sup>th</sup> year

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

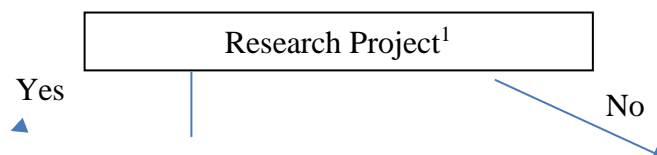
Students are encouraged to participate in research or other types of scholarly activity either as an elective rotation or while completing regular rotations. The federal Common Rule defines research as “a systematic investigation including research development, testing and evaluation designed to develop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

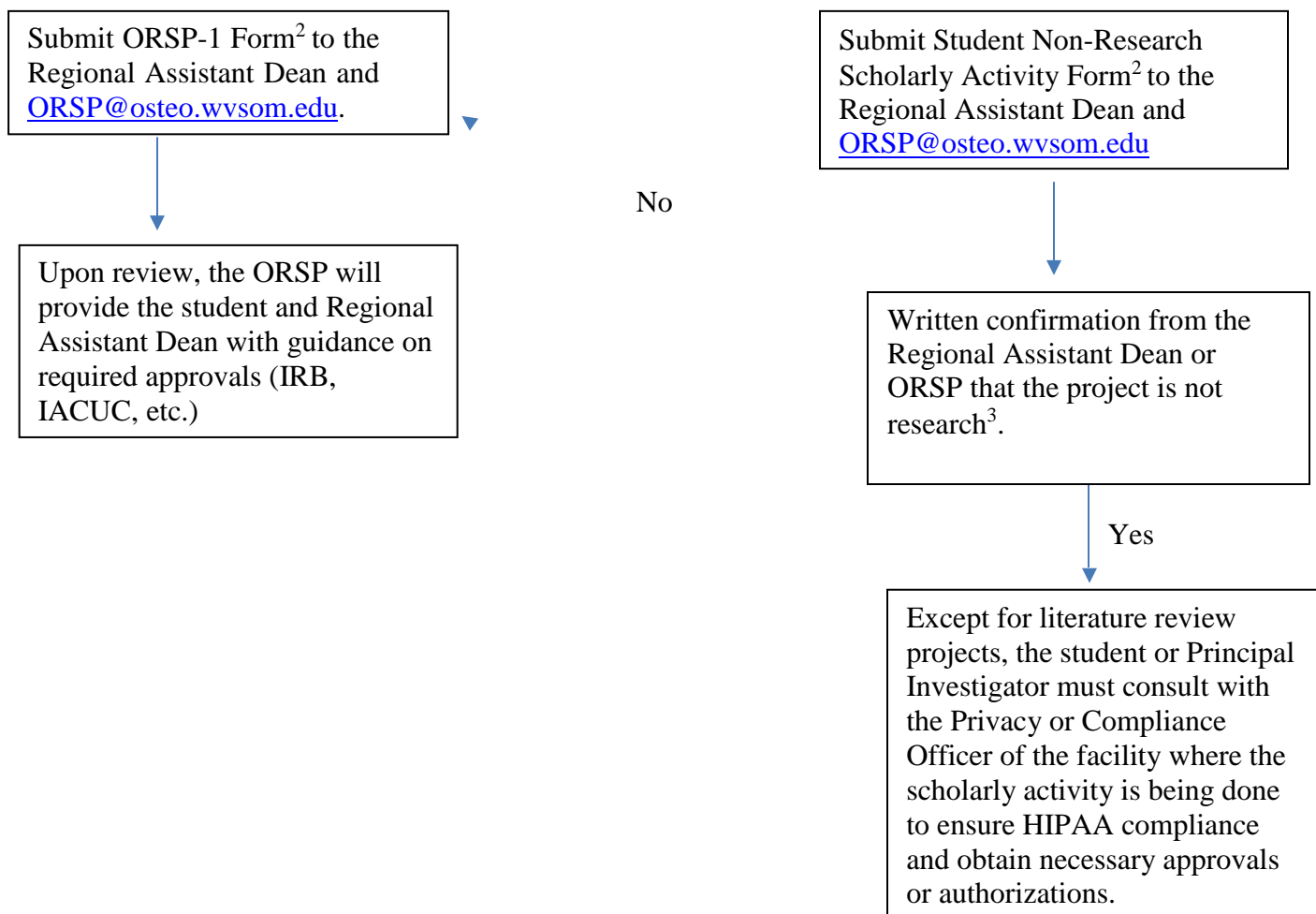
Students involved in research projects or other scholarly activity must work with a WVSOM employee who will help guide the student through the approval process and ensure that required permissions are in place prior to starting the work, **even if the project is not being done as part of an elective rotation**. This employee may or may not be the Principal Investigator (PI). For example, if a student works with a PI at a remote clinical facility, the PI at that facility is entirely responsible for the proper conduct of the study. In consultation with the PI and the WVSOM Regional Assistant Dean, the Office of Research and Sponsored Programs (ORSP) will work with the student to obtain required institutional permissions. The WVSOM Regional Assistant Dean will monitor the educational aspects if the project is being done as an elective rotation. Research/Scholarly electives may only be taken in the second six months of the third year or anytime during the fourth year. All requirements outlined in this document apply to both third and fourth year students who are on-campus or off-campus. No more than a total of eight (8) weeks of elective rotations and/or vacation time may be utilized for a research elective. (Refer to Policy E-16)

### Approval Process Overview

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

Student Scholarly Activity Flow Chart





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

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

<sup>3</sup>Contact the WVSOM IRB at [irb@osteowvsom.edu](mailto: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](mailto: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](mailto: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
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Research projects must meet IRB requirements for protection of human subjects. Researchers conducting research must also meet HIPAA and FERPA requirements regarding authorization to use or disclose protected health information.	Quality Improvement projects are not covered by IRB requirements. Members of the workforce are allowed by HIPAA to use protected health information for Quality Improvement projects without patient authorization.
<b>Characteristics of Research:</b> <ul style="list-style-type: none"> <li>• One of the main goals of the project is to advance general knowledge in the academic, scientific, or professional community.</li> <li>• The project will have a specific hypothesis or research question.</li> <li>• The project involves a comprehensive review of relevant literature.</li> <li>• 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.</li> <li>• Most of the patients/subjects are not expected to derive a personal benefit from the knowledge gained.</li> <li>• 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.</li> </ul>	<b>Characteristics of Quality Improvement:</b> <ul style="list-style-type: none"> <li>• The project identifies specific services, protocols, clinical or educational practices, or clinical processes or outcomes within a department, clinical program or facility for improvement.</li> <li>• 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.</li> <li>• 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.</li> <li>• The project design does not include sufficient research design elements to support a scientifically valid finding.</li> <li>• Most of the patients who participate in the project are expected to benefit from the knowledge gained.</li> <li>• The project does not impose any risk or burden to individuals.</li> <li>• The main goal of the project is to improve patient care, clinical care or services, and/or educational processes.</li> </ul>

#### 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.

# Health Policy Elective

## I. Introduction:

A Health Policy elective may only be taken in the second six months of the third year scheduled during an open block or any time during the fourth year. No more than a total of 4 weeks of elective rotation and vacation time may be utilized for a Health Policy Rotation. Adequate preparation of required materials and adequate time for appropriate review by your Regional Assistant Dean and the Associate Dean for Predoctoral Clinical Education must be allowed for consideration of a proposal. The completed proposal must be submitted to your Regional Assistant Dean a minimum of 60 days prior to the rotation. The proposal should include: The sponsoring agency, contact person with address, phone and e-mail, inclusive dates of the elective, the benefits of the elective and the objectives listed below that they feel they will meet. Written acceptance by the onsite person in charge must accompany the proposal. Other information may be included or requested as appropriate.

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

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

## II. Osteopathic Relevance:

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

## III. Rotation Objectives and Core Competencies

### 1. Osteopathic Philosophy and Manipulative Medicine

- Relate the Osteopathic Principles to health policy.

### 2. Medical Knowledge

- Relate the concepts and principles of osteopathic, biomedical, clinical, epidemiological, biomechanical, social and behavioral sciences and how they apply to the formation of health policy.

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

## **7. System Based Practice**

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

## **IV. Activities**

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

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

### **2. At the end of this rotation you will have researched the following and be prepared to answer the following questions by your Regional Assistant Dean:**



- Who pays for healthcare? Include discussion of private payers (individuals, insurance) and public payers (Medicare, Medicaid, SCHIPS, VA, DOD, Workers Comp).
  - Where are health care dollars being spent?
  - How does lobbying affect health care?
  - Why is American Health Care rated less than other countries?
  - Congress tends to deal with problems one at a time. As pertains to health care, who is looking at the big picture?
- 3. Make a presentation to your Region at an Education Day on your experience.**

# Anatomy Intensive Elective

## I. Introduction:

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

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

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

## II. Osteopathic Relevance :

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

## III. Rotation Objectives and Core Competencies

### 1. Osteopathic Philosophy and Manipulative Medicine

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

### 2. Medical Knowledge

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

### **3. Patient Care**

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

### **4. Interpersonal and Communication Skills**

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

### **5. Professionalism**

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

### **6. Practice Based Learning and Improvement**

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

### **7. System Based Practice**

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

#### **IV. Activities**

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

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

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

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

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

- A brief review of your review of literature.
- A demonstration of the relevant anatomy and microanatomy from the laboratory.
- A question and answer session that will give you the opportunity to expand upon your findings or to clarify sections of your presentation.
- **If the student's above activities will include a component of Research, all requirements for a Research Project must be completed. Cadaver dissection and documentation must adhere to the rules and regulations of the Human Gift Registry program.**

## Culinary Medicine Elective

Nutrition and Culinary Medicine Elective Two-week elective (2 weeks)			
Fall/Spring 2021 Credit Hours: 3 credit hours			
	<b>Director</b>	<b>Co-Director</b>	
	Amy Jasperse, RPh	Name: Robert Foster, D.O.	
	Office: RCB clinic	Office: A410B	
	Email: <a href="mailto:ajasperse@rcbclinic.com">ajasperse@rcbclinic.com</a>	Email: <a href="mailto:rfoster@osteo.wvsom.edu">rfoster@osteo.wvsom.edu</a>	
	Phone: 304-667-2965	Phone: 304-647-6285	
	<b>Co-Director</b>	<b>Co-Director</b>	
	Name: Brian N. Griffith	Name: Dina Schaper, D.O.	
	Office: A314	Office: C327	
	Email: <a href="mailto:bgriffith@osteo.wvsom.edu">bgriffith@osteo.wvsom.edu</a>	Email: <a href="mailto:dschaper@osteo.wvsom.edu">dschaper@osteo.wvsom.edu</a>	
	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
  - Compare nutrition of whole foods vs processed foods
  - calculate calories per gram of protein, carbohydrate, and fat

5.

#### 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-o1](#) 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. This course may NOT be taken online.

### **Evaluation Policies**

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

#### **Remediation Policy**

There is no remediation for this elective.

### **Resources**

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



## **Course Outline**

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

**This syllabus is subject to change upon written notification.**

## Stookey Rotations

Students are required to complete a minimum of one “James R. Stookey” OMT rotation in each of their 3rd and 4th years. This requirement can be met on any consecutive four-week rotation with a DO preceptor who incorporates the Osteopathic philosophy in their practice, including, but not limited to, OMT, using a holistic mind-body-spirit approach, and supporting the principles of the body’s ability to self-regulate.

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

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

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

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

In order to receive credit for the electronic Comprehensive EMT Note, you will need to email your SWC Director, Administrative Assistant, Jenny Patton and Rebekah Brookman ([jpatt@osteo.wvsom.edu](mailto:jpatt@osteo.wvsom.edu) and [rbrookman@osteo.wvsom.edu](mailto:rbrookman@osteo.wvsom.edu)) when you have completed the case. The note will be forwarded to the appropriate grader who will accept or reject the case.

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

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

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

Age	Location of Interaction*	Date(s) of Interaction	Problems and Diagnosis@ (Be Specific)	Documentation			Procedures and OMT		Preceptor Initials
				Admit	Progress#	Discharge	Type	Involvement-	

35	Office	5/9/2017	Right arm pain, SD Right Shoulder		Yes		ME	Performed	
45	Office	5/9/2017	Tension Headache, SD Cervical Spine		Yes		CS	Performed	

ME-Muscle Energy

MF-Myofascial

CS-Counterstrain

CR-Cranial

HVLA-High velocity Low Amplitude

ART-Articulatory technique

LYM-Lymphatic

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

**In the 4<sup>th</sup> year, the Stookey requirement must be completed and the Comprehensive OMT Note submitted for grading no later than March 17, 2023 of that academic year. The 4<sup>th</sup> year Stookey Rotation also requires documentation of OMT procedures as previously described with a minimum of 20 OMM procedures observed by the DO preceptor and verified by the preceptor in the preceptor comments section of the grade form.**

## Stookey Grading Rubric (using Universal Rubric) COMPREHENSIVE OMT NOTE 2022-2023

**Third-year students must obtain at least “Needs Improvement” in all categories to earn a “Pass”.  
Fourth-year students must obtain at least “Average” in all categories to earn a “Pass”  
Otherwise, “Reject” and re-do**

## HISTORY

Exceptional	Average, plus <b>all</b> relevant <ul style="list-style-type: none"> <li>• previous imaging/workup</li> <li>• previous treatment</li> <li>• trauma history <b>and</b></li> <li>• complicating/relevant comorbid conditions</li> </ul>
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Above Average	Average, plus <b>one or more relevant</b> (but not all) <ul style="list-style-type: none"> <li>• previous imaging/workup</li> <li>• previous treatment</li> <li>• trauma history <b>or</b></li> <li>• complicating/relevant comorbid conditions</li> </ul>
Average	<ul style="list-style-type: none"> <li>• must include supporting history for every reason for visit.</li> <li>• OLDCAARTS</li> <li>• mechanism of injury, if applicable</li> <li>• summary of previous care for chronic complaints (if not using OLDCAARTS)</li> <li>• PMH/PSH/Meds/Allergies/FHx/SHx (this is not part of the HPI)</li> <li>• Focused/relevant ROS</li> </ul>
Needs Improvement	<ul style="list-style-type: none"> <li>• missed <b>one</b> of the OLDCAARTS <b>or</b></li> <li>• missing part of PMH/PSH/Meds/All/FHx/SHx</li> <li>• Pertinent positives and negatives not included in the HPI</li> </ul>
Unsatisfactory	<ul style="list-style-type: none"> <li>• missed <b>two or more</b> of the OLDCAARTS <b>or</b></li> <li>• missing mechanism of injury or history of visceral complaint (when applicable) <b>or</b></li> <li>• missing summary of care for chronic concerns (if not using OLDCAARTS for that condition)</li> <li>• missing significant portion of PMH/PSH/Meds/All/FHx/SHx</li> </ul>

## PHYSICAL EXAM:

Exceptional	Above Average <b>plus</b> examination of other relevant areas that may be contributing to the problem.
Above Average	Average <b>plus</b> examination of area above and below the area of concern if indicated
Average	<ul style="list-style-type: none"> <li>• Vitals</li> <li>• PE pertinent to stated complaint, including (when relevant):             <ul style="list-style-type: none"> <li>• “orthopedic”/MSK exam</li> <li>• provocative/special tests</li> <li>• neurologic exam</li> </ul> </li> </ul> Accurate Osteopathic Structural Exam
Needs Improvement	<ul style="list-style-type: none"> <li>• inaccurate osteopathic terminology</li> <li>• missing pertinent findings</li> <li>• checking inconsequential findings</li> </ul>
Unsatisfactory	<ul style="list-style-type: none"> <li>• did not include an osteopathic structural exam</li> <li>• does not have OSE findings for each region treated</li> <li>• did not examine the area of concern</li> </ul>

## ASSESSMENT:

Exceptional	Met criteria for Average
Above Average	Met criteria for Average
Average	<ul style="list-style-type: none"> <li>included relevant non-SD diagnosis <b>and</b></li> <li>accurate somatic dysfunction diagnoses for those dysfunctions treated. Must be supported by exam findings in OSE</li> </ul>
Needs Improvement	<ul style="list-style-type: none"> <li>missed one or more of the SD diagnoses for the dysfunctions they treated or</li> <li>inaccurate diagnosis for focused complaint in the history/exam</li> <li>listed differential diagnosis instead of actual diagnosis (even if general)</li> </ul>
Unsatisfactory	<ul style="list-style-type: none"> <li>did not include the non-SD diagnosis or</li> <li>did not include an accurate S/D diagnosis or</li> <li>included diagnoses (non-SD or SD) that are not properly supported by the rest of the note</li> </ul>

## PLAN:

Exceptional	<u>Average</u> plus <u>all</u> of the Above Average criteria
Above Average	<u>Average</u> plus appropriate follow-up and one or more the following: <ul style="list-style-type: none"> <li>Ancillary care (home exercises, stretches, RICE)</li> <li>Relevant referrals</li> <li>Future considerations (plan for next visit)</li> </ul>
Average	Includes <ol style="list-style-type: none"> <li>accurate plan to do OMT to ____ regions <ul style="list-style-type: none"> <li>obtained verbal consent</li> <li>techniques used (can be a general list by modality), results of treatment, any complications and how they were addressed</li> </ul> </li> <li>home-care instructions/discussion of treatment reaction</li> <li>additional workup, if needed</li> <li>medications- continue, discontinue, add, or change (if applicable)</li> <li>follow up</li> </ol>
Needs Improvement	<ul style="list-style-type: none"> <li>has most of the information in <u>Average</u>, but is missing a few components</li> </ul>
Unsatisfactory	<ul style="list-style-type: none"> <li>does not treat pertinent region</li> <li>does not have a plan of care for each reason for visit</li> </ul> OR did not do OMT

## OSTEOPATHIC REASONING:

Exceptional	<ul style="list-style-type: none"><li>• rationale makes sense - thorough and well thought out.</li></ul>
Above Average	<ul style="list-style-type: none"><li>• rationale makes sense and goes a little bit beyond the basics.</li></ul>
Average	<ul style="list-style-type: none"><li>• rationale given makes sense, but is very basic.</li></ul>
Unsatisfactory	<ul style="list-style-type: none"><li>• didn't include an actual rationale</li><li>• rationale given doesn't really make sense anatomically or physiologically</li><li>• restated the 4 tenets/ 5 models</li><li>• described the techniques performed</li><li>• did not do OMT</li></ul>

### Electronic Health Record (EHR) Stookey Comprehensive OMT Note:

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

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

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

## PCSS-Universities OPIOID USE DISORDERS TRAINING

### **INTRODUCTION:**

WVSOM will insert 8 hours of mandatory, virtual asynchronous training on Medication for Opioid Use Disorders (MOUD) into all students' clinical education during Statewide Campus (SWC) training at WVSOM.

### **GOAL:**

The goal of this initiative is to enhance the curriculum for WVSOM students to include training on MOUD that will include 8 hours of training that provides MOUD Waiver Training as a mandatory requirement for graduates beginning in the academic year 2022-2023 with the Classes of 2023 and 2024. Subsequent academic years will only include Year 3 students.

### **OBJECTIVES:**

At the conclusion of this activity, learners should be able to:

1. Review addiction identification and evidence-based treatments.
2. Discuss the pharmacology of opioids as it relates to treatment of opioid use disorder (OUD) patients.
3. Describe the fundamentals of office-based opioid treatment including the treatment of the co-morbid patient.
4. Explain the process of buprenorphine induction as well as stabilization and maintenance.
5. Discuss other approved antagonist and agonist medications to treat OUD.
6. Discuss basic office protocols including medical record documentation and confidentiality.
7. Utilize evidence-based resources to ensure providers have the confidence to prescribe buprenorphine for patients with OUD.
8. Apply for a MAT Waiver to begin treating patients with OUD.

### **PARTICIPATION:**

1. Students will be assigned 8 Training modules with the following deadlines:

#'s 1, 2, 3	completed by September 30, 2022
#'s 4, 5	completed by December 31, 2022
#'s 6, 7, 8	completed by March 31, 2023

Modules may be completed ahead of schedule at the student's discretion.

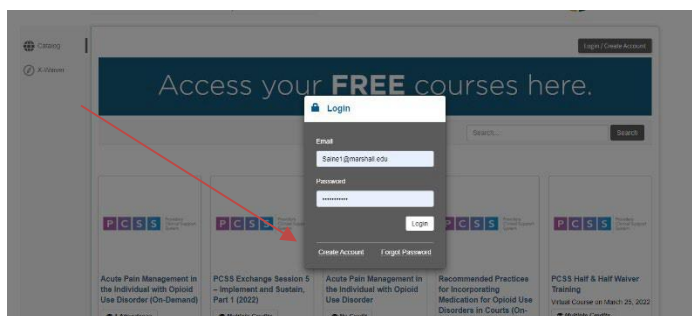
2. Earn a minimum cumulative score of 75% on the examination. Students will have three opportunities to correctly answer the examination.
3. Complete a final evaluation and follow instructions at the end of the course regarding how to retrieve the Certificate of Completion.
4. Credit will not be awarded unless all components of the program are completed. Partial credit will not be awarded.
5. Instructions and the link to access the modules and examination is [below](#):

### Provider Clinical Support System Training Portal-How To Medical Student 8 Hour Waiver Training

1. [SUD Training Portal](http://education.sudtraining.org)  
<http://education.sudtraining.org>



2. Log On
  - a. You may need to set up a free account by utilizing the **Create Account**

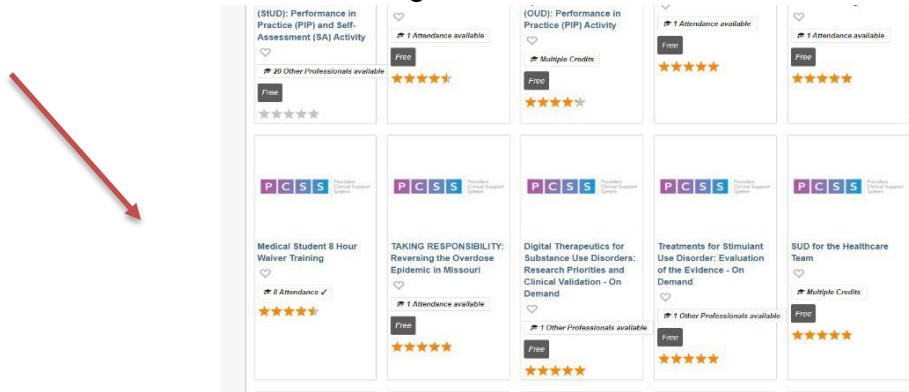


3. Once Logged on, utilizing the **Catalog** on the left-hand side, find and click **Catalog**



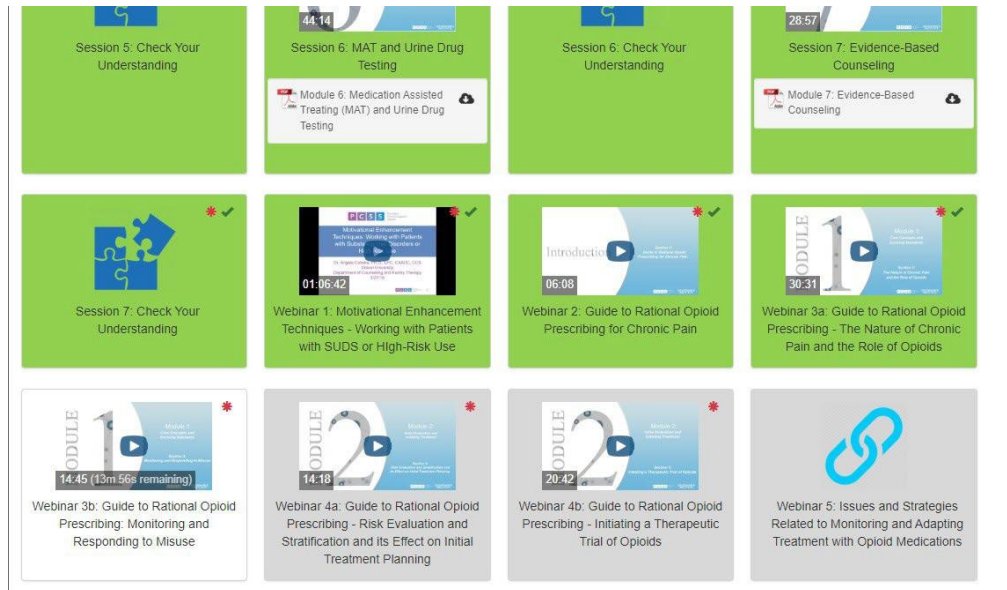
4. Once in the Catalog screen Search **Medical Student 8 Hour Waiver Training**

- Enroll In the course by clicking the blue title
- Then clicking, the **GET STARTED** Button..

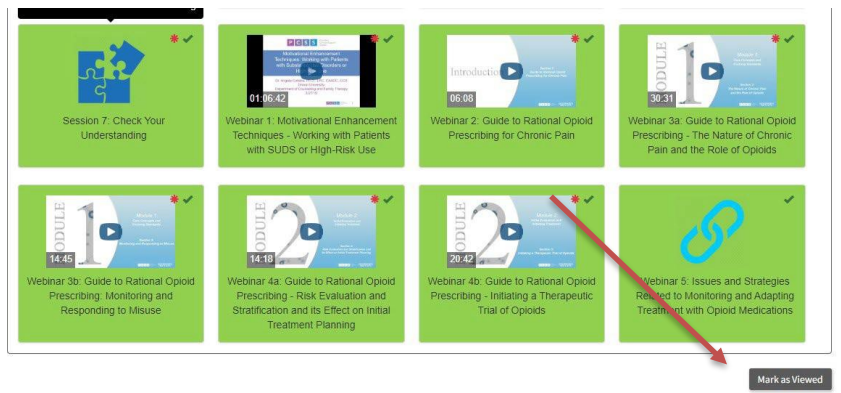


5. One you have enrolled into the 8-hour Course, you will be able to access the Pretest, then course material.

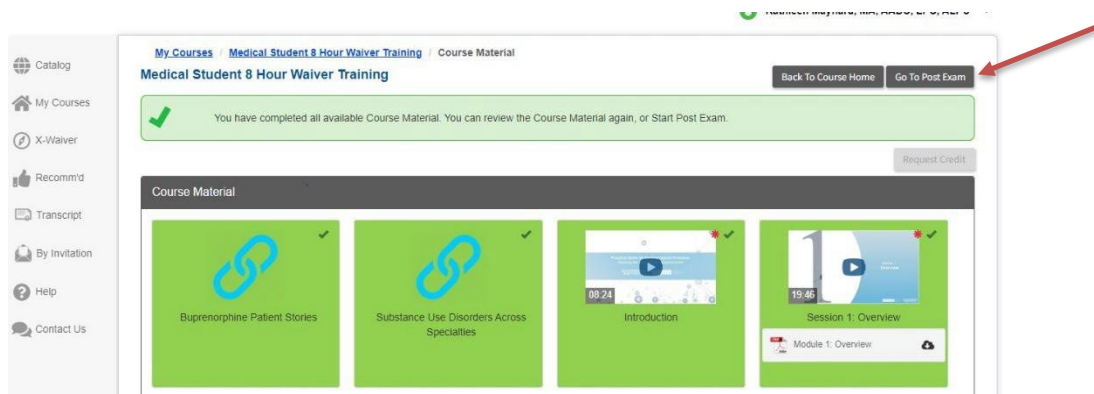
- Complete the Pre-Test
- You will then Begin to complete each session/webinar. Begin by clicking the Grey Box titled **Buprenorphine Patient Stories**.
- As you complete each session/webinar the section will change to green, and have a check mark indicating you have completed the session.  
**Please take a screen shot of this screen that clearly shows your name on the screen and the modules that you have completed and email this screen shot to Tina Richmond: [trichmond@osteo.wvsom.edu](mailto:trichmond@osteo.wvsom.edu) by the assigned due date that are listed above.**
- If you need to leave the session at any time you may do so by closing the video box. The PCSS Website will save you progress, and show where you left off on each module, allowing for easy access to return.
- You cannot advance between screens without completing the previous module.



6. Once all modules and sessions have been completed Click **Mark as Viewed**

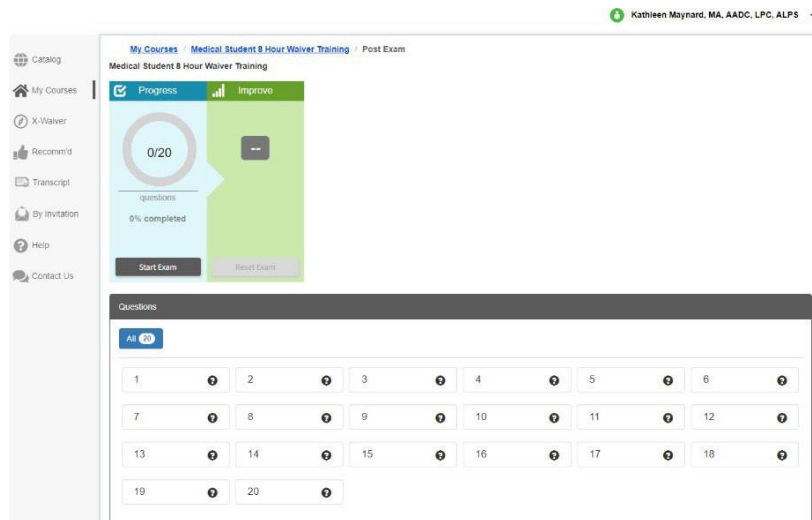


7. Once you click **Mark as viewed**, Screen will refresh:

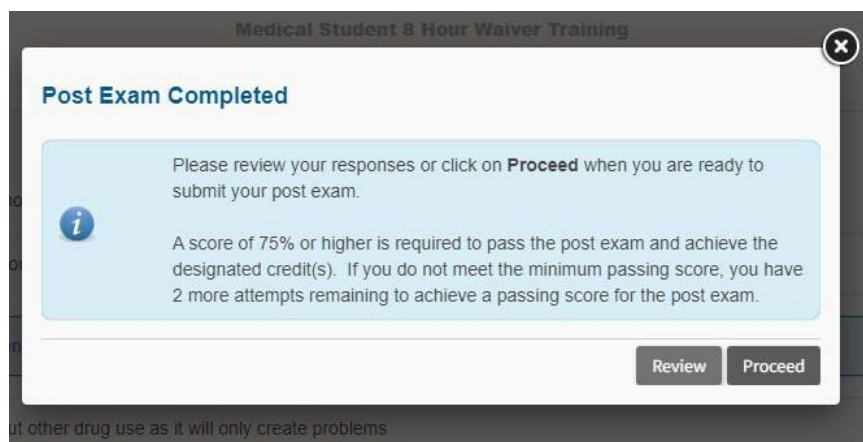


8. Click **Go to Post Exam** if you are prepared to take the Post test

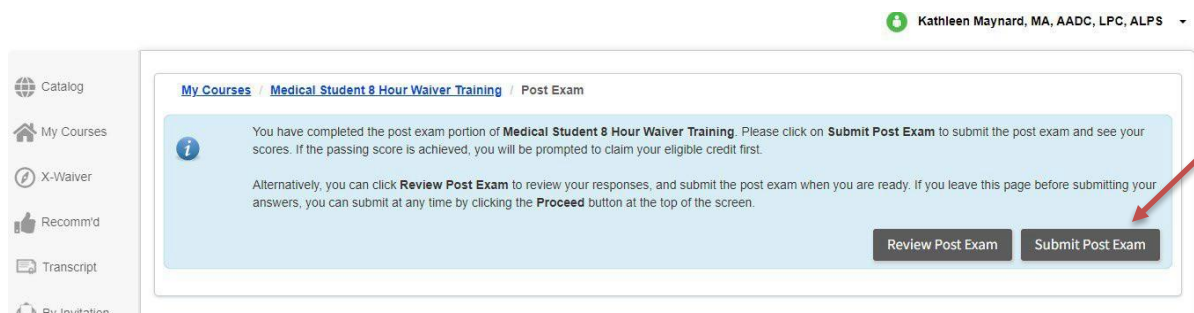
- a. You must score an 75% on the test, and will have a total of 3 attempts to complete the test.



9. Once you have completed, you will be prompted as below, To review the questions click **REVIEW**. If you are ready to submit your exam click **PROCEED**.



10. You will then be prompted to submit or review once more. Click **Submit Post Exam** to complete the Post Exam.



11. Once you have submitted your exam, You must complete **Credit Request Instruction** and the GPRA Survey.

My Courses / Medical Student 8 Hour Waiver Training / Request Credit

### Request Credit for Medical Student 8 Hour Waiver Training

**Claim Available Credits** Credit Request Instruction

You must claim the credit before viewing the detailed exam result.

Attendance: 8 Claim Attendance

Maximum credit allowed to claim is 8

12. To complete the GPRA Survey Click the **ttc-gpra.org** link on the screen as prompted.

### Credit Request Instruction

Please answer the following evaluation questions to end this course and obtain your Certificate of Completion.

The Government Performance and Results Modernization Act of 2010 updated some aspects of the Government Performance and Results Act (GPRA) of 1993. Federal agencies are required to set long-term goals and objectives as well as specific near-term performance goals. As part of this federal mandate, all SAMHSA grantees are required to collect and report performance data using approved measurement tools.

<https://ttc-gpra.org/P?s=494252>

**Credit Request Instruction** PCSS pcss@aaao.org

13. You will then be prompted to complete the GPRA Post- Event Survey

**GPRA Post-Event: Medical Student 8 Hour Online Waiver Training OASIS**  
Presented by Providers Clinical Support System  
[Begin Survey](#)

**Consent to Receive 30 Day Follow-Up Survey**  
Providers Clinical Support System would like to send you a Follow-Up survey link in 30 days. Would you like to receive the Follow-Up survey? If so, then please enter your email address below.  
Email to receive Follow-Up survey link  
Please type email address again to confirm  
[Yes, I Consent to Receive Follow-Up](#)  
[Continue without consent to Follow-Up](#)

**Survey Complete**  
Thank you, your survey data was submitted successfully.  
[Accessibility](#)  
Powered by [Lantix](#)

14. Once you have completed the GPRA Post- Event Survey, You may access your certificate by by Clicking **“Claim Attendance”**

[My Courses](#) / [Medical Student 8 Hour Waiver Training](#) / Request Credit

### Request Credit for Medical Student 8 Hour Waiver Training

Claim Available Credits

Credit Request Instruction

You must claim the credit before viewing the detailed exam result.

Attendance  ▼ Claim Attendance

Maximum credit allowed to claim is 8

15. Click Continue

[My Courses](#) / [Medical Student 8 Hour Waiver Training](#) / Request Credit

### Request Credit for Medical Student 8 Hour Waiver Training

You have requested all available credits.

Continue

You have requested 8 Attendance Credits

16. Click Download Certificate

[My Courses](#) / [Medical Student 8 Hour Waiver Training](#)

Kathleen Maynard, MA, AADC, LPC, ALPS

### Medical Student 8 Hour Waiver Training

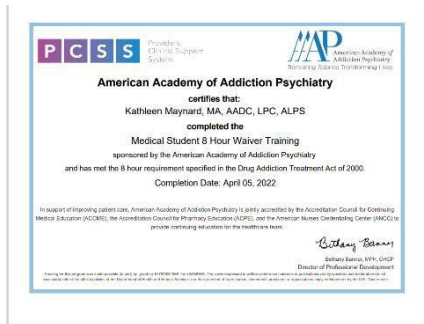
☆☆☆☆☆

Download Certificate

Overview **Course** Recommended

You have completed **Medical Student 8 Hour Waiver Training** on 4/5/2022 and claimed 8 Attendance.

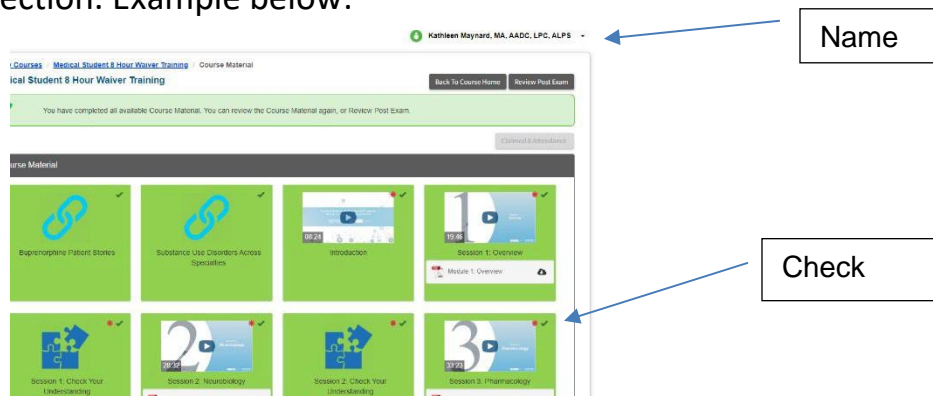
17. You will be brought to an additional screen with your certificate. Please Save a copy for your records and submit to gain course credit.



## PCSS- Provider Clinical Support System Medical Student 8 Hour Waiver Training WVSOM Course Layout- Modules

### Course Curriculum and Sections

Students will be required to complete the PCSS Medical Student 8-hour Waiver training over the course of their 3<sup>rd</sup> year of undergraduate Medical School. For successful completion of each section you will be required to submit screen shots of completed requirements. Your screen shot must include your name, as shown on the PCSS website, as well as the completed sessions highlighted in green with check marks on the upper right-hand corner, showing successful completion of that section. Example below:



Due Date for Modules 1, 2, and 3 **9/30/2022**

#### Module 1

\_\_\_Pre-Test: 20 Questions

\_\_\_Buprenorphine Patient Stories Video:28:51

\_\_\_SUD Across Specialties Video: 33:09

Module 2
<p>___ Introduction: 8:24</p> <p>___ Session 1: Overview: 19:45</p> <p>___ Session 1: Check Your Understanding</p> <ul style="list-style-type: none"> <li>- 5 Questions, must score 80%</li> </ul> <p>___ Session 2: Neurobiology- 28:31</p> <p>___ Session 2: Check Your Understanding</p> <ul style="list-style-type: none"> <li>- 4 Questions, must score 80%</li> </ul>
Module 3
<p>___ Session 3: Pharmacology: 33:23</p> <p>___ Session 3: Check Your Understanding</p> <ul style="list-style-type: none"> <li>- 3 Questions, must score 80%</li> </ul> <p>___ Session 4: Patient Evaluation: 35:36</p> <p>___ Session 4: Check your Understanding</p> <ul style="list-style-type: none"> <li>- 5 Questions, must score 80%</li> </ul>

Due Date for Modules 4 and 5      **12/31/2022**

Module 4
<p>___ Session 5: Specialty Topics: 37:31</p> <p>___ Session 5: Check your Understanding</p> <ul style="list-style-type: none"> <li>- 7 Questions, must score 80%</li> <li>-</li> </ul> <p>___ Session 6: MAT and Urine Drug Testing 44:14</p> <p>___ Session 6: Check your Understanding</p> <ul style="list-style-type: none"> <li>- 4 Questions, must score 80%</li> </ul>
Module 5
<p>___ Session 7: Evidence Based Counseling: 28:57</p> <p>___ Session 7: Check your understanding</p> <ul style="list-style-type: none"> <li>- 4 Questions, Must score 80 %</li> </ul>

\_\_\_ Webinar 1: Motivational Enhancement Techniques: Working with Patients with SUD or High-Risk Use: 1:06:41 (PDF Not included)

## Due Date for Modules 6, 7 and 8 3/31/2023

### Module 6

\_\_\_ Webinar 2: Guide to Rational Opioid Prescribing for Chronic Pain 6:07 (PDF Not included)

\_\_\_ Webinar 3a: Guide to Rational Opioid Prescribing- The Nature of Chronic Pain and the Role of Opioids: 30:31(PDF Not included)

\_\_\_ Webinar 3b: Guide to Rational Opioid Prescribing: Monitoring and Responding to Misuse: 14:45 (PDF Not included)

### Module 7

\_\_\_ Webinar 4a: Guide to Rational Opioid Prescribing- Risk Evaluation and Stratification and its effects on Initial Treatment Planning: 14:18 (PDF Not included)

\_\_\_ Webinar 4b: Guide to Rational Opioid Prescribing- Initiating a Therapeutic Trial of Opioids 20:42 (PDF Not included)

### Module 8

\_\_\_ Webinar 5: Issues and Strategies Related to Monitoring and Adapting Treatment with Opioid Medications: 35:26 (PDF Not included)

\_\_\_ Post Test: 20 Questions, a score of 75% or higher is required to pass the post exam and achieve the designated credits. If you do not meet the minimum passing score, you have 2 more attempts remaining to achieve a passing score for the post exam.



# Year 3 and Year 4 Reflection Requirements

## Self-Reflections in Year 3 Outcomes and Objectives

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

- A. Realistically assess his/her academic performance and professionalism
  - assessment data (preceptor feedback on rotation grade forms and COMAT scores) thus far in their Year 3 coursework
  - experiences during clinical patient encounters
  - proficiency with documentation and EPAs
  - experiences concerning professional behavior thus far: including the impact of unprofessional behavior on themselves, their peers, and future colleagues in the medical community,
- B. Write a narrative reflection on current progress and create specific goals to address needed changes
  1. Using the What? So What? Now What? format, students will create and submit a written reflection addressing the identified areas needing improvement.
  2. Students will include at least two SMART (specific, measurable, achievable, relevant, time-bound) goals in their written reflection to be used as benchmarks against attainment of these goals and addressing needed improvement during their next quarterly meeting.
- C. Discuss reflections and goals in a formal meeting with their Regional Assistant Dean
  1. At four designated times during Year 3, students will meet with their assigned RAD to discuss his/her submitted reflection and SMART goals.
    - Meeting 1
    - Meeting 2
    - Meeting 3
    - Meeting 4
  2. Students will participate in a professional discourse that includes thoughtful answering of prompts and careful consideration of given feedback.

## Meeting Attendance:

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

## Year 3 Self-Reflection Requirements

Requirements for each self-reflection will be as follows:

1. Students will complete a guided self-reflection submission prior to each quarterly meeting with his/her Regional Assistant Dean (RAD). These submissions are mandatory and must be uploaded in the electronic portfolio apace by the dates indicated in the next requirement (#2)
2. Students will be given a two-week window to complete their assigned self-reflections before meeting with their RAD.
  - a. Window 1: June 16-30, 2022
  - b. Window 2: September 16-30, 2022
  - c. Window 3: December 16-31, 2022
  - d. Window 4: March 16-31, 2023
3. If a student does not complete the self-reflection by the posted deadline, he or she will meet with his/her RAD to discuss the missed requirement.
4. If a student has not completed the required self-reflection as specified by the quarterly meeting with the RAD or within a timeframe set by the RAD, the student will be issued a professionalism letter and referred to the Associate Dean for Predoctoral Education.
5. If a student has not remediated all self-reflection requirements by the end of Year 3 or within the timeframe set by their RAD, the student will be will be referred to the Student Promotions Committee for a professionalism review.
6. Self-reflection assignments are not graded, but must be completed in order to complete requirements for Year 3.

### **Self-Reflections in Year 4 Outcomes and Objectives**

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

**A. Realistically assess his/her academic performance and professionalism**

- assessment data (preceptor feedback on rotation grade forms and COMAT scores) thus far in their Year 4 coursework
- experiences during clinical patient encounters
- proficiency with documentation and EPAs
- experiences concerning professional behavior thus far: including the impact of unprofessional behavior on themselves, their peers, and future colleagues in the medical community,

**B. Write a narrative reflection on current progress and create specific goals to address needed changes**

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

**C. Discuss reflections and goals in a formal meeting with their Regional Assistant Dean**

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

### **Meeting Attendance:**

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

### **Year 4 Self-Reflection Requirements**

Requirements for each self-reflection will be as follows:

7. Students will complete a guided self-reflection submission prior to each quarterly meeting with his/her Regional Assistant Dean (RAD). These submissions are

mandatory and must be uploaded in the electronic portfolio space by the dates indicated in the next requirement (#2)

8. Students will be given a two-week window to complete their assigned self-reflections before meeting with their RAD.
  - a. Window 1: June 16-30, 2022
  - b. Window 2: September 16-30, 2022
  - c. Window 3: December 16-31, 2022
  - d. Window 4: March 16-31, 2023
9. If a student does not complete the self-reflection by the posted deadline, he or she will meet with his/her RAD to discuss the missed requirement.
10. If a student has not completed the required self-reflection as specified by the quarterly meeting with the RAD or within a timeframe set by the RAD, the student will be issued a professionalism letter and referred to the Associate Dean for Predoctoral Education.
11. If a student has not remediated all self-reflection requirements by the end of Year 4 or within the timeframe set by their RAD, the student will be referred to the Student Promotions Committee for a professionalism review.
12. Self-reflection assignments are not graded, but must be completed in order to complete requirements for Year 4.

## Year 3 and 4 Interprofessional Activity

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

The Year 3 IPE will be arranged by the Regional Dean and Director.

The following is a summary of your Year 4 IPE.

### Interprofessional Experience (IPE)

#### Objective:

Evaluate and develop a plan of care as part of a healthcare team for a virtual patient.

Understand roles and responsibilities of the healthcare team members.

#### Procedure:

1. You will be paired with one or more healthcare team members (such as a pharmacy student), via email, to interact with regarding a patient care 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. The session will occur asynchronously and synchronously via agreed upon virtual format (zoom, webex, etc) which may be video recorded
4. You will complete certain tasks as part of this assignment
  - a. Pre-event survey
  - b. Discussion with partners regarding your education and role in the healthcare team
  - c. Discuss the patient, explain findings, and develop a care plan for the patient.
  - d. More than 1 interaction is permissible if the team desires
  - e. 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.
  - f. A post-event survey and peer assessment is required as part of this activity.
5. Grading:

This will be graded by WVSOM faculty. **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 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 ROTATIONS SYLLABI

### Introduction to Clinical Medicine – Year 3

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

Year 3 required rotations

Clinical rotations required are:

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

Continuous growth during the third year of education is fully expected. Preceptors should evaluate students based on their ability to integrate osteopathic philosophy and concepts into diagnosis and patient management. Professionalism, ethics, interpersonal skills, and general behavior are also a very important part of the performance evaluation.

# **Family Medicine I**

**Course Number: 806**

## **A. Introduction**

Family medicine provides first contact, ongoing, and preventive care to all patients from Pediatric to Geriatric age groups regardless of gender, culture, care setting or type of problem. The osteopathic family physician must also take into account the four tenets of osteopathic medicine, prevention and screening, coordination of health care, continuity of service, and family and community dynamics.

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

- Biopsychosocial aspects of care
- Comprehensive care
- Continuity of care
- Contextual care
- Coordination and integration of care
- Population health; patient safety

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

## **B. Course Rotation Objectives and Core Competencies**

### **1. 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.
- 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.



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

### **3. Interpersonal Communication Skills**

- a. Demonstrate ability to effectively communicate with patients from the pediatric patient to the geriatric patient.
- b. Demonstrate ability to identify and communicate with caregivers.
- c. Demonstrate competency in communication with patients of all age groups.
- d. Establish effective relationships with patients and families using patient-centered communication skills.
- e. Demonstrate competency in communicating appropriately with other healthcare professionals (e.g. other physicians, physical therapists, occupational therapists, nurses, counselors, etc.).
- f. Be able to document an acute and chronic care visit appropriately.
- g. Be able to communicate respectfully with patients to encourage lifestyle changes to support wellness (e.g. weight loss, smoking cessation, safe sexual practices, exercise/ activity/ nutrition/ diet).
- h. Respectfully educate a patient about an aspect of his/her disease using language that the patient understands. When appropriate, ask the patient to explain any new understanding gained during the discussion.
- i. Provide counseling related to health promotion and disease prevention.
- j. Regarding well child visits, be able to identify health risks, 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 healthcare team.

**5. Practice Based Learning**

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

**6. System Based Practice**

- a. Recognize how patient care and professional practice affect other healthcare professionals, healthcare 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 healthcare system.
  - Discuss the principles of osteopathic family medicine care.
- e. Be able to identify community resources available to enhance patient care.
- f. Appreciate the importance of a cost-effective approach to the diagnostic work-up.
- g. Have a basic understanding of Medicare, Medicaid, Third Party, and HMO services.

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

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

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

### **C. Study Guide**

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

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

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

### **D. COMAT Blueprint**

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

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

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

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

- v. Endocrine
- vi. Musculoskeletal/Dermatology
- vii. Psychiatry/Neurology
- viii. Cardiovascular
- ix. Respiratory
- b. Physician Tasks
  - i. Health Promotion/ Disease Prevention/ Health Care Delivery
  - ii. History & Physical/ Diagnostic Technologies
  - iii. Management
  - iv. Scientific Understanding of Mechanisms

### **Pretest/Posttest**

Please refer to Proctored End of Rotation Exams.

### **E. Recommended Textbooks**

*Seidel's Guide to Physical Examination*, 9<sup>th</sup> ed.

*Textbook of Family Medicine*, Rakel, et al; Elsevier 9<sup>th</sup> ed.

*Foundations for Osteopathic Medicine*, Lippincott Williams and Wilkins 4<sup>th</sup> ed.

### **F. Additional Resources**

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

*Cecil Essentials of Medicine*; Elsevier, 10<sup>th</sup> ed.

*Nelson Essentials of Pediatrics*; Elsevier, 8<sup>th</sup> ed.

*Essentials of Family Medicine*, Smith, Schrager, and WinklerPrins 7<sup>th</sup> ed

*Ham's Primary Care Geriatrics*; Elsevier, 7<sup>th</sup> ed.

*Case Files Family Medicine*; McGraw Hill/Lange 5<sup>th</sup> ed.

*Conn's Current Therapy 2021*; Elsevier

*First Aid for the Medicine Clerkship*; McGraw Hill, 4<sup>th</sup> ed.

*Pfenninger & Fowler's Procedures for Primary Care*; Elsevier, 4<sup>th</sup> ed.

The Kaplan Review Course is an additional resource you may find helpful as you proceed through the rotation. [www.kaptest.com](http://www.kaptest.com) or [www.kaplanmedical.com](http://www.kaplanmedical.com).

### **G. Didactic and Reading/ Written Assignments**

#### **1. OMM Modules**

You will be required to read and complete:

- An Osteopathic Approach to OA of the Knee. The module can be found on eMedley ⑦ Educate ⑦ Select Class of 2024 in search bar ⑦ locate the module for the rotation

Students will submit an attestation regarding completion of the module.

## 2. Universal Notes (www.myuniversalnotes.com)

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

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

This program may offer a structured outline of important topics for you to follow during your FM rotation; however, it is not required to use.

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

1. Go to [www.myuniversalnotes.com](http://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](mailto:aaron@myuniversalnotes.com)

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

## Universal Notes Family Medicine Study Outline

### Introduction

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

### **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 End Stage Renal Disease (ESRD)
- Glomerular Disease
  - Overview of Glomerular Disease
  - Nephrotic Syndrome and Diseases

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

## **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**

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

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

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

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

DocCom cases

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

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

## I. Procedures/Clinical Skills

### Entrustable Professional

#### Activities

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

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

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

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

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

For questions or technical support regarding the EPA app, please contact [alinsenmeyer@osteowvsom.edu](mailto:alinsenmeyer@osteowvsom.edu).

#### First 4 Week Block:

Week 1 - EPA 1a: Gather a history

Week 2 - EPA 1b: Perform a physical examination

Week 3 - EPA 2: Prioritize a differential diagnosis following a clinical encounter

Week 4 - EPA 6: Provide an oral presentation of a clinical encounter

#### Second 4 Week Block:

Week 5 - EPA 3: Recommend and interpret common diagnostic and screening tests

Week 6 - EPA 4: Enter and discuss orders and prescriptions

Week 7 - EPA 5: Document a clinical encounter in the patient

record

Week 8 - EPA 6: Provide an oral presentation of a clinical encounter

### Electronic Health Record (EHR) Family Medicine Note

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

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

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

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

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

If the case is unsatisfactory, it will be rejected with comments to improve the H&P. The student will resubmit the case within 10 working days for final review and grade of Pass ( $\geq 70$ ) 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 (for the EHR Note)**

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 HORSSSES.

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

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

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

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

**Do not state “noncontributory” or “none” in the history.** If the patient tells you they have not had a particular problem it is better to word it as “the patient denies...” Under the physical, do not leave a section blank or state “noncontributory” or “normal” or “WNL”. Tell us what you saw/observed. The Physical Exam should be free texted containing 13 systems with 2 findings for each system.

Please do not simply leave the genitourinary/rectal exams blank or state “deferred”. State why it was not done. Did the patient refuse the exam? If so state, “deferred due to patient request”, or something to that effect. Maybe they had a genital/rectal exam done less than one year ago—then state that.

Under the musculoskeletal/osteopathic exam be sure to refer to your Clinical Skills I and OPP texts to be sure you have the necessary elements included here. Do not list your conclusions; tell us what you found on the physical examination. For example, gait, posture, seated and standing flexion tests, straight leg raising, areas of TART, etc.

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

The assessment (diagnosis) is derived from the information obtained in the H&P. This is where you commit to a diagnosis and provide insight into your reasoning. When you are unsure of an exact diagnosis you still commit to what you think is most likely and why. Your first diagnosis listed in the assessment should be a diagnosis linked to your chief complaint or the focus of your encounter with the patient. Please remember to include somatic dysfunctions, chronic medical illnesses, and any other pertinent diagnoses for that encounter as well.

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

The plan may include the following:

- Additional diagnostic maneuvers needed, e.g. labs, X-rays, etc.
- Therapeutic procedures, referrals, or medications that will be employed, e.g. OMT, PT, etc.
- Patient education.
- Remember to include when the patient is to follow-up next and what your plan is if the patient does not respond to your treatment. If you did OMT include a brief statement on how the patient responded. For example, "OMT was done using muscle energy to the thoracic spine. The patient tolerated the procedure well and noted improvement in his/her symptoms."

A discussion using the four tenets of Osteopathic Medicine and how they assisted you in developing your plan of care should be included at the end of the H&P and is **required for every H&P** even when OMT is not performed. You will be graded on your consideration for use of Osteopathic Manipulative therapy, although it may not necessarily be done in your encounter with the patient.

\*\* Please note that fourth year students are not required to submit the EHR FM note; however, the **EHR Stookey SOAP note** is **required** during **both** the **third and fourth year** Stookey rotations.

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

**Subjective:**

**Chief Complaint**

**HPI**

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

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

**Past Surgical History**

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

**Allergies** (include reaction)

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

**Social History**

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

**ROS**

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

**Objective:**

**Physical Exam**

- ☐ VS (be sure to comment on abnormal VS & carry through to your assessment)
- ☐ Need 13 systems with at least 2 pertinent findings (including osteopathic structure exam)
  - 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**

### **Patient Logs:**

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

Student documentation in the patient procedure log should include:

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

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

### **Family Medicine Procedure Log:**

This form being used should be turned into your Regional Assistant Dean at the end of your rotation. Failure to comply will result in a professionalism report.

NAME: \_\_\_\_\_

### FAMILY MEDICINE PROCEDURE LOG

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

Skill	Reference	Performed	Observed	Not Done (why)
OP&P -Demonstrate: -Palpatory diagnostic skills -Ability to do functional exam Ability to record findings of exam -Ability to record treatment procedures used -Ability to use any of the following: Soft tissue, muscle energy, myofascial release, strain/counter strain,,HVLA, craniosacral and articulatory	OP&P texts and videos			
Interpret resting 12-lead EKG	EKG & ACLS texts EKG Basics- LSU• ECG Learning Center• ECG Library• Rhythm Simulator•			
Knowledge of venipuncture/phlebotomy	Clinical Skills II Handbook and video			
Knowledge of parenteral injections IM, SC	Clinical Skills II Handbook			
Ability to suture	Clinical Skills II Handbook and video			
Knowledge of splint/casting	Clinical Skills II Handbook			
Knowledge of proper sterile procedures	Clinical Skills II Handbook			
Knowledge of urinary bladder catheterization	Clinical Skills II Handbook			
Knowledge of spirometry and interpreting PFT's	Clinical Skills II Handbook			

Interpretation of CXR- PA and lat	Radiology text/notes Basic CXR Review- Dept of Radiology Uniforme d Services*			
Skin biopsy and excisions	Clinical Skills II- suturing Clinical Keys: Skin Biopsy Techniques			
Joint injections				
Ear lavage	Clinical Keys: Cerumen Impaction			
I&D of abscess				
Other:				
Other:				
Other:				

\*EKG Basics: <https://sjrhem.ca/medical-student-clinical-pearl-basic-ecg-interpretation/>

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

\*ECG Library: [www.ecglibrary.com/ecghome.html](http://www.ecglibrary.com/ecghome.html)

\* Rhythm Simulator: [www.skillstat.com/tools/ecg-simulator](http://www.skillstat.com/tools/ecg-simulator)

\*Intro to Radiology: (Univ of VA) <https://introductiontoradiology.net/>

**Preceptor's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **K. Grading/Calculations**

1. Preceptor grade 55%
2. COMAT FM end of rotation exam 45%
3. Completion of Patient Procedure Logs, Preceptor/Site/Course Evaluation, OMM Modules, and EPA assessments.
  - The patient and procedure logs along with the preceptor/site/course evaluation, OMM Modules and EPA assessments must be turned in by the last day of the rotation. Failure to comply will result in a professionalism report.
  - Note that you will have a standard score of 82 or greater on the FM COMAT end of rotation exam to pass the Family Medicine rotation/course. Should you score less than a standard score of 82, 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 82, a 70 will be recorded as the final FM rotation course grade.
  - If the retest COMAT score is below a standard score of at least 82, this will be recorded as a FM 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.

### **End of Rotation Grade Submission:**

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

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

**If the Preceptor/Supervising physician did not receive the email, the student must provide a paper grade form, to be**

**completed and faxed or mailed to the SWC regional office.**

**The student's SWC regional office is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor, when necessary, if the grade form has not been submitted to the statewide campus office for third- and fourth-year rotations within SWC. The student is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor for third- and fourth-year rotations outside of SWC.**

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



# Internal Medicine I

**Course Number: 810**

## A. Introduction

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

## B. Course Rotation Objectives and Core Competencies

### 1. Medical Knowledge

- a. Demonstrate understanding of the patient presentation and pathophysiology of common presenting complaints seen in the adult patient, including disorders of the following systems:
  - Cardiovascular
  - Gastrointestinal
  - Allergic, Dermatologic, and Immunologic
  - Musculoskeletal and Connective Tissue
  - Neurologic
  - Endocrine
  - Renal
  - Infectious
  - Pulmonary
- b. Demonstrate the ability to evaluate and develop 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
- c. Demonstrate an understanding of the basic principles and current recommendation for adult Immunizations based on ACIP or CDC guidelines and age-appropriate cancer screenings (ex: Breast, Colon, Cervical, Prostate Screenings) and utilization of the USPSTF Database.

## **2. Patient Care**

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

## **3. Interpersonal and Communication Skills**

- a. Explain how patient concerns and perspectives including cultural and religious influences impact care.
- b. Describe how to write the following types of medical notes:
  - SOAP 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, online resources and local patient instruction protocols to provide patient instructions.
- d. Understand the training and certification pathways of subspecialties.
- e. Demonstrate an understanding of when it is appropriate to refer to specialists.

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

- a. Identify common and preferred pain patterns.
- b. Identify key history and physical examination findings pertinent to the working diagnosis and the differential diagnosis.
- c. Use appropriate information resources to determine diagnostic evaluations for patients with common and uncommon medical problems.

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

### **C. Study Guide**

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

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

To access Step Up to Medicine:

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

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

### **D. COMAT Blueprint**

Review the COMAT Blueprint for Internal Medicine on the NBOME website. This will provide a general roadmap for your studies. However, still take the time to read about your patient encounters and any additional material 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/assessments/comat/clinical-subjects/comat-internal-medicine/>

## **Pretest/Posttest**

Please refer to Proctored End of Rotation Exams.

## **E. Recommended Textbooks (Available Digitally in the WVSOM Library)**

*Step-up to medicine, 5th edition*, 2020. Philadelphia: Wolters Kluwer/Lippincott Williams & Wilkins\*

*Cecil Essentials of Medicine*, 10<sup>th</sup> edition, 2022. Saunders\*

*Ham's Primary Care Geriatrics*, 7<sup>th</sup> edition, 2014. Saunders\*

*Medicine: A Competency-Based Companion*, 2013. Elsevier. \*

*Seidel's Guide to Physical Examination*, 9<sup>th</sup> edition, 2019. Mosby\*

*Foundations of Osteopathic Medicine*, 4<sup>th</sup> edition, 2018. Lippincott, Williams and Wilkins\*

\*available for free online through the WVSOM library

## **F. Additional Resources**

*Pocket Medicine: the Massachusetts General Hospital Handbook of Internal Medicine*, Sabatini. 2017

*Goldman-Cecil Medicine*, 26<sup>th</sup> edition, 2020. Saunders

*Ferri's Clinical Advisor 2022*. Elsevier\*

*Ferri's Practical Guide: Fast Facts for Patient Care*. 9<sup>th</sup> edition, 2014. Elsevier\*

\*available for free online through the WVSOM library

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

1. The comprehensive skin exam:

<https://www.aad.org/member/education/residents/bdc/skin-exam>

2. Other common dermatological conditions frequently encountered in Internal Medicine:

<https://www.aad.org/member/education/residents/bdc/>

The Kaplan Review Course is an additional resource you may find helpful as you proceed through the rotation. [www.kaptest.com](http://www.kaptest.com) or [www.kaplanmedical.com](http://www.kaplanmedical.com)

## G. Didactics and Reading assignments

### 1. OMM Modules

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

- a. Osteopathic Approach to Heart Failure – *must be completed during the 1<sup>st</sup> four weeks*
- b. Osteopathic Approach to Chronic Obstructive Pulmonary Disease – *must be completed during the 2<sup>nd</sup> four weeks*

The modules can be found on eMedley:

Go to educate, click the funnel icon next to the search bar, select Class of 2024 for the section, enter OPP into the search bar. Locate the correct module for the rotation (listed above). Click the plus sign to view the content.

Students will submit an attestation regarding completion of the module.

### 2. Foundational Required Reading

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

## H. Additional Recommendations

### DocCom Cases

Communicating in Specific Situations #36: Ending Doctor-Patient Relationships  
Giving Bad News #33

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

## **I. Procedures/Clinical Skills**

### **Essential Skills**

Skills the student must learn to perform independently:

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

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

### **Procedures**

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

- Cardiac stress test
- Basic cardiac life support (BCLS) and advanced cardiac life support(ACLS)
- Phlebotomy
- Administration of intradermal, subcutaneous, and intramuscular injections
- Peripheral intravenous access
- Central line placement
- PICC line placement
- Endotracheal intubation
- Nasogastric tube insertion
- Foley catheter insertion in both male and female patients
- Incision and drainage of a simple abscess, and collect fluid from an abscess for testing, as appropriate
- Colonoscopy
- Upper endoscopy
- Bronchoscopy
- Joint injections/aspirations
- Trigger point injections
- Thoracentesis
- Paracentesis
- Biopsy (example: skin, liver, bone marrow), including review with the pathologist
- Wound care and dressing
- Echocardiography
- Autopsy, if available

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

- CBC, including peripheral blood smear
- UA, including microscopic analysis
- PTT, PT, INR (International Ratio) – Coagulation Studies
- Anemia Studies including iron, ferritin, TIBC, reticulocyte count, B12, MCV, RDW
- Fluid Analysis (Thoracentesis, Paracentesis, CSF, etc.), Cell Counts, Culture and Sensitivity, and Proteins
- Lipid profile
- Hepatic Profile
- Hepatitis B and C antigens and antibodies
- Bilirubin
- Thyroid function tests
- Glucose, Hemoglobin A1C
- Electrolytes and Renal Function tests
- Cardiac Enzymes
- RPR
- HIV Antibodies and viral load
- PFT (Pulmonary Function Testing) – How to perform and interpret
- EKGs – How to perform and interpret
- ABGs – How to perform and interpret
- X-ray – Systematic interpretation and approach
  - CXR – Normal
  - KUB – Normal

## **Entrustable Professional Activities**

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

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

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

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



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

For questions or technical support regarding the EPA app, please contact [alinsenmeyer@osteo.wvsom.edu](mailto:alinsenmeyer@osteo.wvsom.edu).

First 4 Week Block:

Week 1 – EPA 1: Gather a history and perform a physical examination

Week 2 – EPA 2: Prioritize a differential diagnosis following a clinical encounter

Week 3 – EPA 5: Document a clinical encounter in the patient record

Week 4 – EPA 6: Provide an oral presentation of a clinical encounter

Second 4 Week Block:

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

Week 6 – EPA 4: Enter and discuss orders and prescriptions

Week 7 – EPA 2: Prioritize a differential diagnosis following a clinical encounter

Week 8 – EPA 5: Document a clinical encounter in the patient record

## **J. Patient Procedure Logs**

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

Student documentation in the patient procedure log should include:

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

- All procedures that are observed (O), assisted (A), or performed (P) by the student should be included in the log, as well.

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

## K. Grading/Calculations

4. Preceptor grade 55%
5. COMAT IM end of rotation exam 45%
6. Completion of Patient Procedure Logs, Preceptor/Site/Course Evaluation, OMM Modules, and EPA assessments.
  - The patient and procedure logs along with the preceptor/site/course evaluation, OMM Modules and EPA assessments must be turned in by the last day of the rotation. Failure to comply will result in a professionalism report.
  - Note that you will have a standard score of 82 or greater on the IM COMAT end of rotation exam to pass the Internal Medicine rotation/course. Should you score less than a standard score of 82, 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 82, a 70 will be recorded as the final IM rotation course grade.
  - If the retest COMAT score is below a standard score of at least 82, this will be recorded as an IM rotation course failure and your file will be remanded to the Student Promotions Committee for review. The committee will make recommendations to the Associate Dean for Predoctoral Clinical Education to repeat the course or other sanctions up to and including dismissal.

Please see Institutional Policy: E-17.

## **End of Rotation Grade Submission:**

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

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

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

**The student's SWC regional office is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor, when necessary, if the grade form has not been submitted to the statewide campus office for third- and fourth-year rotations within SWC. The student is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor for third- and fourth-year rotations outside of SWC.**

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

# **Pediatrics I**

**Course Number: 815**

## **A. Introduction**

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

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

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

## **B. Course Rotation Objectives and Core Competencies**

### **1. Medical Knowledge**

- a. Acquire knowledge of normal growth and development, and apply this in a clinical context, from birth through adolescence for health supervision and disease prevention.
- b. Acquire knowledge needed for the diagnosis and initial management of acute and chronic illnesses of infancy and childhood including common pediatric emergencies.
- c. Acquire knowledge needed for the diagnosis and initial management of congenital problems and genetic diseases of infancy and childhood.
- d. Develop the knowledge, skills, and strategies necessary for health supervision including knowledge of medications, immunizations and age appropriate anticipatory guidance for nutrition, developmental/behavioral counseling and injury prevention including pharmacology.
- e. Develop proficiency in different types of medical notes in both handwritten and electronic health record form, including SOAP Notes, newborn nursery admission notes, admission history & physicals, discharge summaries and procedure notes.
- f. Select, justify, and interpret clinical tests and imaging with regard to both patient age and pathological processes, including concepts regarding negative and positive predictive value, test sensitivity specifically and cost utilization.
- g. Create a list based on the presentation and on physical findings of differential diagnoses for common pediatric disorders and prioritize based 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 impact of student demeanor, appearance, and language during the interaction with patient and family.
- c. Demonstrate an understanding of privacy and independence of adolescents and of the private individual interview of an adolescent during the interview process.
- d. Demonstrate sensitivity, empathy and responsiveness to diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

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

Many students prefer a variety of resources to help cover the pediatric clerkship material. Please refer to the Recommended Textbooks and Additional Resources as below per sections E & F. WVSOM library offers free access to discipline specific clerkships. These resources can be accessed via the WVSOM library website (WVSOM/James R. Stookey Library Guides/ 3<sup>rd</sup> and 4<sup>th</sup> Year Resources/Online Resources; <https://libguides.wvsom.edu/c.php?g=691555> )

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. In-depth readings can be accessed using the reference texts, especially Nelson's Essentials.

### D. COMAT Blueprint

Take the time to review the NBOME website in regards to the Pediatric COMAT exam. This will provide a general roadmap for your studies. However, still take time to read about your patient encounters and any additional material that your preceptor suggests. <https://www.nbome.org/exams-assessments/comat/exam-series/comat-pediatrics/>

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

- *Cardiovascular and Respiratory*
- *CNS, Behavior/Psychiatry*
- *Gastrointestinal*
- *Normal Growth and Development*

See the link below for NBOME Pediatric COMAT Learner-Centered Objectives (organized by system):

[Selected Specific Learner-Centered Objectives for Pediatrics](#)

For additional guidance, use the link below to reference the following from the Council on Medical Student Education in Pediatrics (COMSEP):

- **Common Acute Pediatric Illnesses**
- **Common Chronic Illness and Disability**
- **Common Pediatric Illness Table**
- **Diagnosis List**

<https://www.comsep.org/curriculum-competencies-and-objectives/>

## Pretest/Posttest

Please refer to Proctored End of Rotation Exams.

## E. Recommended Textbooks (Available through the WVSOM Digital Library)

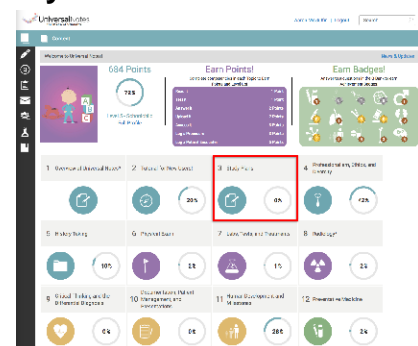
- *Seidel's Guide to Physical Examination*, 9th ed.
- *Nelson's Essentials of Pediatrics*, 9th ed.

## F. Additional Resources

- *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* 4th edition
- *Harriet Lane Handbook*, 22<sup>nd</sup> edition
- *Nelson's Textbook of Pediatrics*, 21<sup>st</sup> edition
- *Redbook 2021-2024: Report of the Committee on Infectious Diseases*, 32<sup>nd</sup> edition
- *UpToDate* ([www.uptodate.com](http://www.uptodate.com))
- *Pediatrics in Review* (<https://pedsinreview-aappublications-org.my.wvsom.edu:2443/>)
- *Case Files Pediatrics*, 6<sup>th</sup> edition
- *Online Med Ed* (<https://home.onlinemeded.org/>)
- *Kaplan Review Course* ([www.kaptest.com](http://www.kaptest.com) or [www.kaplanmedical.com](http://www.kaplanmedical.com))
- *Universal Notes*

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

1. Go to [www.myuniversalnotes.com](http://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: [amcguffin@osteo.wvsom.edu](mailto:amcguffin@osteo.wvsom.edu)

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

[Universal Notes Pediatric Study Outline/Practice Exams](#)

## G. Didactic and Reading/Written Assignments



## **1. OMM Modules**

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

Go to educate, click the funnel icon next to the search bar, select Class of 2024 for the section, enter OPP into the search bar. Locate the correct module for the rotation (listed above). Click the plus sign to view the content.

Students will submit an attestation regarding completion of the module.

## **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

To access the Doc.Com Cases visit:

<https://webcampus.med.drexel.edu/doccom/db/read.aspx> you will log in using your Email address and Password.

## **I. Procedures and Clinical Skills**

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

### **Pediatric Skills Checklist:**

This checklist initialed by the preceptor must be turned into the appropriate SWC office on the last day of the rotation. You should keep a copy for your own records, as this will be important documentation throughout your career for credentialing purposes. Failure to turn in your Pediatric Skills Checklist will lead to a professionalism report.

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

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

NAME: \_\_\_\_\_

**WVSOM PEDIATRIC SKILLS CHECKLIST**

Patient Type	Date	Patient Age	Preceptor Initials
<b>Well Visits</b>			
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			
<b>Sick Visits</b>			
Abdominal pain			
Asthma			
Back pain			
Behavioral concern (e.g. ADHD)			
Cardiac concern (e.g. chest pain, palpitations)			
Child abuse (suspected or confirmed)			
Constipation			
Cough			
Developmental concerns (e.g. motor, speech)			
Diarrhea			
Dizziness (vertigo, lightheadedness, pre-syncope)			
Dysuria			
Ear complaint (pulling ears, ear pain)			
Eye complaint (red eye, drainage, pain, vision)			
Gastroesophageal reflux (GERD, Spitting up)			
Fever			
Fussy infant (colic, irritability)			
Headache			
Hematuria			
Injury (burn, laceration)			
Jaundice			
Lymphadenopathy (enlarged lymph nodes)			
Musculoskeletal complaint (back, neck)			
Musculoskeletal complaint (lower extremity)			
Musculoskeletal complaint (upper extremity)			
Nasal concern (congestion, rhinorrhea, epistaxis)			

NAME: \_\_\_\_\_

**WVSOM PEDIATRIC SKILLS CHECKLIST**

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

NAME: \_\_\_\_\_

**WVSOM PEDIATRIC SKILLS CHECKLIST**

Procedure or Clinical Skill	Date	Patient Age	Preceptor Initials
<b>Clinical Skills</b>			
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)			
<b>Procedures (Observe or Perform)</b>			
Circumcision			
Cryotherapy (liquid nitrogen)			
EKG lead placement			
Hearing screening			
Immunizations			
Incision and drainage			
Intravenous line placement			
Lumbar puncture			
Nasal swab			
Nebulizer treatment			
Identify newborn making normal transition after birth			
Apply neonatal resuscitation interventions			
Assign APGAR scores			
Phlebotomy finger stick			
Phlebotomy heel stick			
Phlebotomy venous stick			
Silver nitrate application to umbilical granuloma			
Throat swab			
Urinary catheterization			
Vision screening			

## Entrustable Professional Activities

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

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

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

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

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

For questions or technical support regarding the EPA app, please contact [alinsenmeyer@osteo.wvsom.edu](mailto:alinsenmeyer@osteo.wvsom.edu).

Week 1 – EPA 1a & 1b: Gather a history and perform a physical exam

Week 2 – EPA 2: Prioritize a differential diagnosis following a clinical encounter

Week 3 – EPA 3: Recommend and interpret common diagnostic and screening tests

Week 4 – EPA 6: Provide an oral presentation of a clinical encounter

## J. Patient Procedure Logs

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

Student documentation in the patient procedure log should include:

- A notation in the log for every patient encounter. Patients may only be identified by age and gender. Rotations such as Radiology where the encounter may be an

image or Pathology where the encounter is a specimen should be documented as such.

The location of the patient encounter, i.e. office/hospital/nursing home, etc. should be documented.

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

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

## K. Grading/Calculations

1. Preceptor grade 55%
2. COMAT Peds end of rotation exam 45%
3. Completion of Patient Procedure Logs, Preceptor/Site/Course Evaluation, OMM Modules, and EPA assessments.
  - The patient and procedure logs along with the preceptor/site/course evaluation, OMM Modules and EPA assessments must be turned in by the last day of the rotation. Failure to comply will result in a professionalism report.
  - Note that you will have a standard score of 82 or greater on the Peds COMAT end of rotation exam to pass the Pediatrics rotation/course. Should you score less than a standard score of 82, 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 82, a 70 will be recorded as the final Peds rotation course grade.
  - If the retest COMAT score is below a standard score of at least 82, this will be recorded as a Peds 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 will be recorded as a rotation course failure and your file will be remanded to the Student Promotions Committee for review. The committee will make recommendations to the Associate Dean for Predoctoral Clinical Education to repeat the course or other sanctions up to and including dismissal.



Please see Institutional Policy: E-17.

### **End of Rotation Grade Submission:**

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

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

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

**The student's SWC regional office is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor, when necessary, if the grade form has not been submitted to the statewide campus office for third- and fourth-year rotations within SWC. The student is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor for third- and fourth-year rotations outside of SWC.**

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

# Psychiatry

## Course Number: 801

- **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 recognized 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.

- **Course Rotation Objectives and Core Competencies**

- **Medical Knowledge**

- Understand the medical and organic etiology causing or contributing to psychiatric symptoms.
    - Understand psychiatric psychopharmacology to include side effects and interactions.
    - Demonstrate an understanding of the most recent DSM (Diagnostic and Statistical Manual of Mental Disorders).
    - Demonstrate an understanding of the symptoms and signs of psychiatric disorders.

- **Patient Care**

- Perform and present a complete psychiatric evaluation (to include differential diagnosis, rationale, and treatment plan).
    - Complete a suicide assessment.
    - Perform a relevant physical evaluation (e.g., AIMS test, musculoskeletal, tremors, substance abuse).
    - Demonstrate the ability to educate the patient and support system about the proposed diagnosis, treatment plan, and therapeutic options.
    - Demonstrate the ability to assess patient's barriers to treatment and response to therapeutic interventions.

- Identify and manage psychiatric emergencies.
- Demonstrate an understanding of the biopsychosocial model of diagnostic formulation.
- **Interpersonal and Communication Skills**
  - Demonstrate the ability to effectively communicate with a culturally diverse patient population with consideration of demographic and mental status variabilities.
  - Demonstrate the ability to receive and provide appropriate information with the patient's support system.
  - Demonstrate an ability to effectively collaborate with immediate team members (nursing, administration, case managers, therapists, etc.) and external community resource teams.
  - Demonstrate the ability to appropriately document interactions and treatment plans in a manner that supports the diagnosis and provides continuity of care.
- **Professionalism**
  - Demonstrate empathy, respect and cultural sensitivity toward others.
  - Demonstrate the ability to lead a therapeutic team.
  - Understand how your mannerisms, appearance and behaviors affect therapeutic interactions.
  - Demonstrate an understanding of the role of confidentiality and ethical behavior in the practice of psychiatry.
  - Understand the common causes of malpractice and disciplinary proceedings in the field of psychiatry.
  - Understand the different settings where psychiatrists and other mental health workers might practice (forensic, hospitals, private practice, community mental health, etc.)
- **Practice-Based Learning and Improvement**
  - Demonstrate an understanding of medical informatics, evidence-based learning and research techniques.
  - Demonstrate the ability to identify personal knowledge deficits.
  - Demonstrate the ability to locate educational resources to strengthen medical knowledge.
  - Demonstrate a commitment to continuous quality improvement of medical knowledge and treatment.
  - Demonstrate the ability to teach audiences of varying levels of clinical expertise.
  - Develop an understanding of current CPT, ICD and DSM codes relevant to psychiatry.
  - Demonstrate an understanding of psychiatric residency and board certification requirements.
  - Become familiar with the missions of several national psychiatric professional organizations.
- **Systems-Based Practice**
  - Understand how your anticipated specialty of medicine interrelates with other health care practitioners, organizations and the community to promote psychiatric wellbeing.

- Develop an understanding of financial considerations for allocating psychiatric resources.
- Understand barriers for patient access to psychiatric services (social, logistical, financial, etc.).
- Understand how electronic medical records can impact psychiatric services.
- **Osteopathic Philosophy and Osteopathic Manipulative Medicine**
  - Recognize how homeostatic imbalance can impact psychiatric symptoms.
  - Understand the impact of underlying and coexisting organic illnesses on psychiatric symptoms.
  - Understand how somatic and structural changes can influence psychiatric symptoms.

- **Study Guide**

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

- **COMAT Blueprint**

Review the NBOME web site on the COMAT Blueprint for Psychiatry. This will provide a general roadmap for your studies. However, still take the time to read about your patient encounters and any additional material that your preceptor suggests. In addition to the patient presentation concepts listed below, it is highly recommended that the student reviews the topics and subtopics listed under the Selected Specific Learner-Centered Objectives for Psychiatry.

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

The exam focuses on the following concepts:

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

Disorders/Sexual Dysfunctions and Paraphilic Disorders

- Sleep-Wake Disorders

## **Pretest/Posttest**

Please refer to Proctored End of Rotation Exams.

- **Recommended Textbooks (Available Digitally in the WVSOM Library)**

*First Aid for the Psychiatry clerkship, 6<sup>th</sup> edition (2021):*

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 12<sup>th</sup> edition (2021):* This is an excellent reference book and provides narrative and descriptive information for most topics you will experience during your clinical rotation.

*Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> edition (DSM-5; 2013):*

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

*Case Files: Psychiatry, 6<sup>th</sup> edition (2020):* This book provides a wide variety of cases and sample questions. It is a useful tool to help you think about patient presentations and stimulate discussion with your preceptor.

- **Additional Resources**

*Stahl's Essential Psychopharmacology, 5<sup>th</sup> edition:* The full textbook tells you how diseases act in the brain and how drugs act on the diseases. It reviews the psychotropic medications, including their assumed mechanisms of action and side effect profiles.

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

The Kaplan Review Course is an additional resource you may find helpful as you proceed through the rotation. [www.kaptest.com](http://www.kaptest.com) or [www.kaplanmedical.com](http://www.kaplanmedical.com)

<<Substitute Online Med Ed reference for Kaplan reference, or add in addition to?>>

- **OMM Modules**

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

Go to educate, click the funnel icon next to the search bar, select Class of 2024 for the section, enter OPP into the search bar. Locate the correct module for the rotation (listed above). Click the plus sign to view the content.

Students will submit an attestation regarding completion of the module.

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

Topic	Sub-topic
Child Psychiatry	Autism Spectrum Disorders
	ADHD and Disruptive Disorders
	Oppositional Defiant Disorder
	Conduct Disorder
Mood Disorders	Major Depression
	Bipolar Disorder
Anxiety Disorders	Generalized Anxiety Disorder
	Panic Disorder
	Phobias

Trauma Disorders	Post-Traumatic Stress Disorder <b>Acute Stress Disorder</b>
Psychotic Disorders	Schizophrenia <b>Schizoaffective disorders</b>
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 <b>Dissociative Identity disorder</b>
	Dissociative amnesia
Somatic Symptom and related disorders	Somatic symptoms disorder <b>Illness Anxiety disorder</b> <b>Conversion disorder</b> Factitious disorder
Sleep-wake disorders	Insomnia disorder <b>Nightmares</b> <b>Night Terrors</b>
	Breathing-related sleep disorder
Paraphilic disorders	<b>Voyeuristic disorder</b> <b>Frotteuristic disorder</b>

- **Additional Recommendations**

DocCom Cases:

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

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

- **Procedures/Clinical Skills**

As with other areas of medicine, patients will come to your office with a list of signs and symptoms rather than a medical diagnosis. You will need to be able to understand how signs and symptoms overlap among a variety of diagnoses.

Below are listed several presenting complaints with examples of overlap. We have started the list to help you appreciate the overlap. You should develop your own list during this rotation.

Presenting complaints:

1) Depression - Depression can be found with major depressive disorder, dysthymia, bipolar disorder, anxiety, posttraumatic stress disorder, psychotic disorders, substance use disorders and a variety of personality disorders. Consider other diagnoses where you have seen depressed mood as a presenting symptom. Importantly, do not jump to a major depressive disorder diagnosis when the patient starts the interview by stating they are depressed. Stay open to other possible diagnoses.

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

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

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

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

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

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



team (ambulance, firefighters, and police department) to learn about their perspective on interactions with psychiatry patients.

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

## **Entrustable Professional Activities**

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

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

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

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

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

For questions or technical support regarding the EPA app, please contact [alinsenmeyer@osteo.wvsom.edu](mailto:alinsenmeyer@osteo.wvsom.edu).

Week 1 - EPA 1a & 1b: Gather a history and perform a physical examination (for Psychiatry, these assessments will be based on students performing the psychiatric interview and mental status exam)

Week 2 - EPA 2: Prioritize a differential diagnosis following a clinical encounter

Week 3 - EPA 3: Recommend and interpret common diagnostic and screening tests (for Psychiatry, common examples may involve not only the typical medical interpretation of routine laboratory studies like thyroid function tests or CBC issues like agranulocytosis, but also the interpretation of the Mini-Mental Status Examination of Folstein for cognitive disorders and Columbia-Suicide Severity Rating Scale, etc.)

Week 4 - EPA 6: Provide an oral presentation of a clinical encounter

- **Patient Procedure Logs**

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

Student documentation in the patient procedure log should include:

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

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

Your Psychiatry log should also 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.

- **Grading/Calculations**

- |                                    |     |
|------------------------------------|-----|
| • Preceptor grade                  | 55% |
| • COMAT Psych end of rotation exam | 45% |

- Completion of Patient Procedure Logs, Preceptor/Site/Course Evaluation, OMM Modules, and EPA assessments.
- The patient and procedure logs along with the preceptor/site/course evaluation, OMM Modules and EPA assessments must be turned in by the last day of the rotation. Failure to comply will result in a professionalism report.
- Note that you will have a standard score of 82 or greater on the Psych COMAT end of rotation exam to pass the Psychiatry rotation/course. Should you score less than a standard score of 82, 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 82, a 70 will be recorded as the final Psych rotation course grade.
- If the retest COMAT score is below a standard score of at least 82, this will be recorded as a Psych 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.

## **End of Rotation Grade Submission:**

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

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

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

**The student's SWC regional office is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor,**

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

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

# General Surgery

**Course Number: 825**

## A. Introduction

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

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

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

## B. Course Rotation Objectives and Core Competencies

### 1. Medical Knowledge

- a. Understand basic surgical principles and terminology.
- b. Understand the basic principles of tissue healing.
- c. Understand the role of pre-operative **risk assessment**, intra-operative care and post-operative patient management.
- d. Understand the presentations, pathophysiology, etiology, differential diagnosis and surgical management of the following complaints or diagnosis:
  - acute abdominal pain
  - cholecystitis
  - dyspepsia/peptic ulcer disease
  - diverticulitis
  - inflammatory bowel disease
  - upper and lower GI bleeding
  - burn management
  - thyroid nodules
  - appendicitis
  - pancreatitis
  - hernias
  - small bowel obstruction
  - colon cancer
  - trauma management
  - breast cancer
  - thyroid cancer
- e. Understand the role of the surgeon when consulted in the care of a patient.
- f. Understand and recognize the principles of evidence-based utilization of

resources as applied to general surgery (system based).

## **2. Patient Care**

- a. Perform a thorough history and physical of surgical patients.
- b. Perform skin inspection including evaluation of skin lesions.
- c. Perform a thorough physical exam of the abdomen, anorectal and genital areas, breast, thyroid, and lymph nodes (including neck, axilla, and inguinal areas).
- d. Perform, observe, or assist with all procedures listed on the procedure list.
- e. Perform a preoperative assessment and management plan.
- f. Create a post-operative management plan.
- g. Recognize common post-operative complications.

## **3. Interpersonal and Communication Skills**

- a. Demonstrate ability to effectively and compassionately communicate with surgical patients and families.
- 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 team, consulting physicians, and ancillary staff.
- e. Consolidate and organize pertinent information and present to the attending physician.

## **4. Professionalism**

- a. Demonstrate a team approach for treating surgical patients.
- b. All students should arrive daily in appropriate attire. This would include: business casual dress, white coat and identifying name badge. Wearing scrubs in and out of the hospital is against many hospital by-laws for the department of surgery due to risk of contamination.
- c. Students should arrive 15-30 min prior to the start of any day. This includes office, hospital rounds, and surgery.
- d. **Communication:** Students should demonstrate a positive attitude when contacting the office, accepting direction and critical teaching from the surgical team, nurses and staff.
- e. Display respect for all members of the patient care team including peers.
- f. Demonstrate respect for patients' personal privacy and values.
- g. Show sensitivity to a diverse patient population.
- h. Understand the appropriate use of operating room attire realizing this may be facility specific.
- i. Demonstrate empathy and compassion for patients and their families.
- j. Maintain honesty and integrity in all your communications.
- k. Understand and abide by all HIPAA rules.
- l. Be aware of patient's rights and responsibilities and the need for shared decision making.

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

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

#### **6. System Based Practice**

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

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

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



### C. Study Guide

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

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

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

Supplement your readings with other sources such as readings assigned to you by your preceptor.

### D. COMAT Blueprint

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

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

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

#### Pretest/Posttest

Please refer to Proctored End of Rotation Exams.

### E. Recommended Textbooks (Available Digitally in the WVSOM Library)

*Seidel's Guide to Physical Examination*, 9<sup>th</sup> ed.  
*Essentials of General Surgery*, Lawrence

### F. Additional Resources

*Surgery on Call*, 4<sup>th</sup> edition, Lange  
*Zollinger's Atlas of Surgical Operations*  
*Sabiston Textbook of Surgery*, 21<sup>st</sup> edition  
*Core Topics in General and Emergency Surgery*, 5<sup>th</sup> edition

The Kaplan Review Course is an additional resource you may find helpful as you proceed through the rotation. [www.kaptest.com](http://www.kaptest.com) or [www.kaplanmedical.com](http://www.kaplanmedical.com)

## **G. Didactic and Reading/Written Assignments**

### **1.. OMM Modules**

You will be required to read and complete one OMM Module during your General Surgery rotation (Osteopathic Approach to Post Op Ileus). The module can be found on eMedley⑦

Go to educate, click the funnel icon next to the search bar, select Class of 2024 for the section, enter OPP into the search bar. Locate the correct module for the rotation (listed above). Click the plus sign to view the content.

Students will submit an attestation regarding completion of the module.

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

<b>Topic</b>	<b>Sub-Topic</b>
Abdominal Defects and Hernias	Hernia
Endocrine	Thyroid
	Parathyroid Adrenal Pancreas Breast
Preoperative Care and Risk Assessment	
Fluids	Shock
	Fluids and Electrolytes
	Surgical Nutrition
	Coagulation, Blood

Gastrointestinal	Esophagus
	Diaphragm
	Stomach and Duodenum
	Small Intestine
	Large Intestine and Rectum
	Appendix
General Surgery in:	Urology
	Pediatrics
Hepatobiliary	Pancreas
	Biliary Tract
	Liver
	Spleen
Vascular	
Surgical Oncology	
Trauma	
Wounds and Infections	Skin and subcutaneous tissues
Anesthesia	
Postoperative Care	

#### 4. Wise MD/Aquifer cases

You will be required to complete Wise MD Cases. 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](mailto:support@aquifer.org) or submit a ticket through the Aquifer helpdesk <https://aquifer.org/resources-tools/support-ticket/>

Wise MD: Inguinal Hernia  
Wise MD: Pediatric Hernia  
Wise MD: Thyroid Nodule  
Wise MD: Hypercalcemia  
Wise MD: Adrenal Adenoma  
Wise MD: Pancreatitis

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

## H. Additional Recommendations

DocCom cases

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

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

## I. Procedures/Clinical Skills

### Entrustable Professional Activities

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

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

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

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

For questions or technical support regarding the EPA app, please contact [alinsenmeyer@osteo.wvsom.edu](mailto:alinsenmeyer@osteo.wvsom.edu).

Week 1 - EPA 1: Gather a history and perform a physical examination

Week 2 - EPA 2: Prioritize a differential diagnosis following a clinical encounter

Week 3 - EPA 3: Recommend and interpret common diagnostic and screening tests

Week 4 - EPA 6: Provide an oral presentation of a clinical encounter

## **J. Patient Procedure Logs:**

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

Student documentation in the patient procedure log should include:

- A notation in the log for every patient encounter. Patients may only be identified by age and gender. Rotations such as Radiology where the encounter may be an image or Pathology where the encounter is a specimen should be documented as such.
- The location of the patient encounter, i.e. office/hospital/nursing home, etc. should be documented.
- The diagnosis or presenting complaint should be recorded in specific detail. (Example: "Acute Exacerbation of COPD," or "Uncontrolled DM type 2," rather than "COPD" or "DM")

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

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

## **K. Grading/Calculations**

1. Preceptor grade 55%
2. COMAT Surg end of rotation exam 45%
3. Completion of Patient Procedure Logs, Preceptor/Site/Course Evaluation, OMM Modules, and EPA assessments.
  - The patient and procedure logs along with the preceptor/site/course evaluation, OMM Modules and EPA assessments must be turned in by the last day of the rotation. Failure to comply will result in a professionalism report.
  - Note that you will have a standard score of 82 or greater on the Surg COMAT end of rotation exam to pass the General Surgery rotation/course. Should you score less than a standard score of 82, 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 82, a 70 will be recorded as the final Surg rotation course grade.
  - If the retest COMAT score is below a standard score of at least 82, this will be recorded as a Surg 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.

## **End of Rotation Grade Submission:**

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

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

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

**The student's SWC regional office is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor, when necessary, if the grade form has not been submitted to the statewide campus office for third- and fourth-year rotations within SWC. The student is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor for third- and fourth-year rotations outside of SWC.**

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

## Dean's Selective

**Course Numbers: 831, 832, 833**

### A. Introduction

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

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

As in all of the core 3<sup>rd</sup> 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*, 9<sup>th</sup> 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](http://www.ahrq.gov/clinic/cps3dix.htm)

[www.clinicalkey.com](http://www.clinicalkey.com)

[www.cochrane.org/](http://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 4<sup>th</sup> year audition rotations so you can respond to any questions of your experiences in doing certain procedures.

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

#### **K. Grading/Calculations**

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

#### **Please note the following:**

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

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

## **Emergency Medicine**

### **Course Number: 802**

#### **A. Introduction**

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

The history and physical will initially be more focused on the presenting complaint. You will find that the vital signs are often of paramount importance. It is a prudent approach never to ignore an abnormal vital sign or pertinent historical findings.

This information, along with a focused accurate physical exam will aid in developing a differential diagnosis.

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

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

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

#### **B. Course Rotation Objectives and Core Competencies**

##### **1. 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 utilization of evidence-based resources as applied to emergency medicine.
- i. EMTALA (Emergency Medical Treatment and Labor Act).
- j. Principles and application of standardized emergency protocols including First Aid, BLS, ACLS, ATLS, and PALS.
- k. Basic principles of tissue healing.
- l. Basic principles of common toxidromes, poisonings, and drug overdose.

## **2. Patient Care**

- a. Demonstrate how to approach a patient who has presented for emergency evaluation and care.
- b. Demonstrate the ability to identify the chief complaint.
- c. Perform a focused exam related to chief complaint.
- d. Demonstrate the ability to develop an evaluation and treatment plan.
- e. Demonstrate the ability to monitor the response to therapeutic interventions.
- f. Discuss with their attending the referral of the patient for subsequent health care services to ensure proper transition of care
- g. Educate patient and evaluate their comprehension of their outpatient treatment plan.
- h. Participate with the healthcare 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 EMS providers, peers within the emergency department and hospital staff.
- b. Demonstrate a team approach to treating emergency department patients.
- c. Demonstrate responsibility, dependability, and reliability including being punctual and providing notification of an absence.
- d. Dress appropriately for emergency department work environment.

#### **5. Practice-Based Learning & Improvement**

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

#### **6. System-Based Practice**

- a. Recognize how patient care and professional practice affect other healthcare professionals, healthcare organizations, and the larger society.
- b. Recognize how delivery systems differ: controlling health care costs, allocating resources.
- c. Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
- d. Make appropriate referrals from the emergency department and arrange for outpatient testing from emergency department and follow-up with other providers.
- e. Be aware of medication and treatment costs (direct patient costs).
- f. Appreciate patient's rights and responsibilities and that shared decision- making improves understanding and compliance.
- g. Understand EMTALA and HIPAA relative to the emergency department.

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

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

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

## **C. Study Guide**

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

assigned by the preceptor.

#### **D. COMAT Blueprint**

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

<https://www.nbome.org/assessments/comat/clinical-subjects/comat-emergency-medicine/>

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

#### **Pretest/Posttest**

Please refer to Proctored End of Rotation Exams.

#### **E. Recommended Textbooks (Available Digitally through the WVSOM Library)**

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

#### **F. Additional Resources**

*Marx: Rosen's Emergency Medicine, Mosby, 9<sup>th</sup> Ed.*

*Seidel's Guide to Physical Examination, 9<sup>th</sup> Ed.*

*Goldfrank's Toxicologic Emergencies, McGraw-Hill, 11<sup>th</sup> Ed.*

*Roberts and Hedges' Clinical Procedures in Emergency Medicine and Acute Care, Elsevier, 7<sup>th</sup> Ed.*

*Ma and Mateers Emergency Ultrasound, McGraw-Hill, 4<sup>th</sup> Ed.*

On-line ultrasound learning modules: [www.sonomoio.org](http://www.sonomoio.org)

Go to **Learning Modules** Click on FOAMed Ultrasound Curriculum

Click on **Trauma Ultrasound Module**

Click on **Abdominal Ultrasound Module** (View material for Renal and Gallbladder)

Click on **Vascular Ultrasound Module** (View material for DVT and Aorta)

The Kaplan Review Course is an additional resource you may find



helpful as you proceed through the rotation. [www.kaptest.com](http://www.kaptest.com) or [www.kaplanmedical.com](http://www.kaplanmedical.com)

## **G. Didactic and Reading/Written Assignments**

### **1. OMM Modules**

You will be required to read and complete one OMM Module during your EM rotation (Osteopathic Approach to Pneumonia). The module can be found on eMedley ⑦

Go to educate, click the funnel icon next to the search bar, select Class of 2024 for the section, enter OPP into the search bar. Locate the correct module for the rotation (listed above). Click the plus sign to view the content.

Students will submit an attestation regarding completion of the module.

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

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

#### Suggested Topics:

- Abdominal Pain
- Mental Status change/Weakness
- Chest Pain
- Genitourinary Disorders
- Musculoskeletal Disorders
- Rashes/Diseases of the Skin
- Special Populations (*reference Marx: Rosens' Emergency Medicine, Mosby, 9<sup>th</sup> Edition*)
- Environmental/Travel Disorders
- HEENT Disorders
- Gastrointestinal Bleeding
- Poisoning/Overdose/Withdrawal
  - Carbon Monoxide Overdose

- Overdose of Toxic Alcohols
- Psychiatric/Behavioral
  - Psychosis
  - Depression
  - Substance Abuse
  - Suicide
- Resuscitation/Shock
  - Airway Management
- Shortness of Breath
- Traumatic Injuries
- OB/Gyn
- Wound Care

## H. Additional Recommendations

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

Complete the Discussion Questions. To access the Doc.Com Cases visit:

<https://webcampus.med.drexel.edu/doccom/db/read.aspx> the student will log in using his/her email address and password.

- Review ACLS
- Review PALS
- Review ATLS
- DocCom cases: Advanced Elements: #13-"Responding to strong emotions"

Complete the Discussion Questions. To access the Doc.Com Cases visit:

<https://webcampus.med.drexel.edu/doccom/db/read.aspx> the student will log in using his/her email address and password.

- Review ACLS
- Review PALS
- Review ATLS

## • 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 Gasdraw
- 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 - eFAST, Renal, Biliary, Aorta, DVT Ultrasound Procedures

### **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,

- diverticulitis, and pancreatitis.
2. **Mental Status Change/Weakness:** Cerebrovascular disease, hypoglycemia, infection, delirium, seizure, syncope, and metabolic disorders.
  3. **Chest Pain:** Acute Coronary Syndromes, Aortic dissection, pneumothorax, pulmonary embolism, and trauma.
  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:** Airway management, cardiopulmonary resuscitation, dysrhythmia identification and treatment, treatment of shock states including anaphylaxis, cardiogenic, hypovolemia, and septic.
  10. **Shortness of Breath:** Airway obstruction, asthma/COPD, heart failure, pulmonary embolism, and infections including pneumonia, bronchitis, and epiglottitis.
  11. **Traumatic injuries:** Abdominal injuries (including bowel, hepatic, and splenic injuries) Chest injuries (including hemothorax, pneumothorax, flail chest, penetrating injuries and tension pneumothorax) Extremity injuries (including dislocations, fractures and splinting, and compartment syndrome) Head injuries (including epi-/subdural hematoma, subarachnoid hemorrhage, fractures, and concussion) Neck injuries (including cervical fractures, cervical strain, and spinal cord damage) Pediatric non-accidental trauma/domestic violence.
  12. **OB/GYN:** Abortion including complete, incomplete, inevitable and threatened; ectopic pregnancy, placenta previa

and placental abruption. Infections including pelvic inflammatory disease and sexual transmitted infections. Childbirth and dysmenorrhea.

13. **Wound Care:** Irrigation, local anesthesia, primary closure, and tetanus prophylaxis

## Entrustable Professional Activities

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

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

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

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

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

For questions or technical support regarding the EPA app, please contact [alinsenmeyer@osteowvsom.edu](mailto:alinsenmeyer@osteowvsom.edu).

Week 1 - EPA 1a & 1b: Gather a history and perform a physical examination  
Week 2 - EPA 2: Prioritize a differential diagnosis following a clinical encounter  
Week 3 - EPA 6: Provide an oral presentation of a clinical encounter

Week 4 - EPA 10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management

## J. Patient Procedure Logs

While on clinical rotations the student is required to maintain a log of patient encounters and procedures while on any clinical site. The purpose of a well-documented log is to assist the student in cataloging and keeping records of the cases and procedures to which, they have been exposed and to guide the student to seek out those with which they have had limited experience. The student should become accustomed to maintaining a log, as this practice will

continue through their residency training. The logs need to be reviewed by the Regional Assistant Dean and/or Director to be accepted as proper documentation of the student's rotation experience. The student may use more than one line for entries in the log to provide adequate documentation of encounters, if needed.

Student documentation in the patient procedure log should include:

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

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

## **K. Grading/Calculations**

- Preceptor grade 55%
- COMAT EM end of rotation exam 45%
- Completion of Patient Procedure Logs, Preceptor/Site/Course Evaluation, OMM Modules, and EPA assessments.
  - The patient and procedure logs along with the preceptor/site/course evaluation, OMM Modules and EPA assessments must be turned in by the last day of the rotation. Failure to comply will result in a professionalism report.
  - Note that you will have a standard score of 82 or greater on the EM COMAT end of rotation exam to pass the Emergency Medicine rotation/course. Should you score less than a standard score of 82, 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 82, a

70 will be recorded as the final EM rotation course grade.

- If the retest COMAT score is below a standard score of at least 82, this will be recorded as an EM 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.

### **End of Rotation Grade Submission:**

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

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

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

**The student's SWC regional office is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor, when necessary, if the grade form has not been submitted to the statewide campus office for third- and fourth-year rotations within SWC. The student is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor for third- and fourth-year rotations outside of SWC.**

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



# **Obstetrics and Gynecology/Women's Health**

## **Course Number: 803**

### **A. Introduction**

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

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

### **B. Course (Rotation) Objectives and Core Competencies**

#### **1. Medical Knowledge**

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

#### **2. Patient Care**

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

gynecological procedures.

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

### **3. Interpersonal and Communication Skills**

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

### **4. Professionalism**

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

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

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

### **6. Systems-Based Practice**

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

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

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

### **C. Study Guide**

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

### **D. COMAT Blueprint**

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

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

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

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

### **Pretest/Posttest**

Please refer to Proctored End of Rotation Exams.

### **E. Recommended textbooks (Available in the WVSOM Digital Library)**

*Seidel's Guide to Physical Examination*, 9<sup>th</sup> ed.

*Beckmann, Obstetrics and Gynecology*. 8<sup>th</sup> ed. Philadelphia, PA: Lippincott Williams and Wilkins, Wolters Kluwer Health 2014

*Obstetrics, Gynecology & Infertility: Handbook for Clinicians*

## F. Additional resources

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

[Students will receive an email link for login access at the start of their OB/GYN rotation.](#)

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

[https://www.youtube.com/playlist?list=PLy35JKgvOASnHHXni4mjXX9kwVA\\_YMDpg](https://www.youtube.com/playlist?list=PLy35JKgvOASnHHXni4mjXX9kwVA_YMDpg)

The Kaplan Review Course is an additional resource you may find helpful as you proceed through the rotation. [www.kaptest.com](http://www.kaptest.com) or [www.kaplanmedical.com](http://www.kaplanmedical.com)

## G. Didactic and Reading/Written Assignments

### 1. OMM Modules

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

Go to educate, click the funnel icon next to the search bar, select Class of 2024 for the section, enter OPP into the search bar. Locate the correct module for the rotation (listed above). Click the plus sign to view the content.

Students will submit an attestation regarding completion of the module.

## 2. uWise topics and questions

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
Menopause	#47
Infertility	#48
Gestational Trophoblastic Neoplasia	#50
Vulvar Neoplasia	#51
Cervical Disease and Neoplasia	#52
Uterine Leiomyomas	#53
Endometrial Hyperplasia and Carcinoma	#54
Ovarian Neoplasms	#55

## H. Additional Recommendations:

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

- Vacuum Assisted Delivery
- Circumcision
- IUD insertion and removal
- Nexplanon insertion
- 1<sup>st</sup> Trimester Ultrasound
- Colposcopy
- Cervical Biopsy
- Cervical Cryotherapy
- 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. Cervical and Endometrial Biopsy
2. Ablation of the endometrium
3. Hysterectomy
4. Episiotomy/laceration repair
5. Obstetrical and Gynecologic ultrasound

**WVSOM OB/GYN SKILLS CHECKLIST**

NAME: \_\_\_\_\_

Clinical Skills and Procedures	Date	Patient MRN	Preceptor Initials
<b>Clinical Skills</b>			
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			
<b>Procedures (Observe, Assist, or Perform)</b>			
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:			



## Entrustable Professional Activities

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

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

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

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

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

For questions or technical support regarding the EPA app, please contact [alinsenmeyer@osteo.wvsom.edu](mailto:alinsenmeyer@osteo.wvsom.edu).

Week 1 – EPA 1: Gather a history and perform a physical examination

Week 2 – EPA 2: Prioritize a differential diagnosis following a clinical encounter

Week 3 – EPA 3: Recommend and interpret common diagnostic and screening tests

Week 4 – EPA 4: Enter and discuss orders and prescriptions

### J. Patient Procedure Logs

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

Student documentation in the patient procedure log should include:

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

Exacerbation of COPD,” or “Uncontrolled DM type 2,” rather than “COPD” or “DM”)

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

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

## K. Grading/Calculations

1. Preceptor grade 55%
2. COMAT OB/GYN end of rotation exam 45%
3. Completion of Patient Procedure Logs, Preceptor/Site/Course Evaluation, OMM Modules, and EPA assessments.
  - The patient and procedure logs along with the preceptor/site/course evaluation, OMM Modules and EPA assessments must be turned in by the last day of the rotation. Failure to comply will result in a professionalism report.
  - Note that you will have a standard score of 82 or greater on the OB/GYN COMAT end of rotation exam to pass the Obstetrics and Gynecology rotation/course. Should you score less than a standard score of 82, 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 82, a 70 will be recorded as the final OB/GYN rotation course grade.
  - If the retest COMAT score is below a standard score of at least 82, this will be recorded as an OB/GYN 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.

## **End of Rotation Grade Submission:**

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

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

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

**The student's SWC regional office is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor, when necessary, if the grade form has not been submitted to the statewide campus office for third- and fourth-year rotations within SWC. The student is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor for third- and fourth-year rotations outside of SWC.**

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

## **SECTION III FOURTH YEAR ROTATIONS SYLLABI**

### **Introduction to Fourth Year**

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

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

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

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

The supervising physician's responsibilities are directed toward:

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

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

## **Internal Medicine II and Internal Medicine III (Selective)**

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

### **A. Introduction**

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

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

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

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

### **B. Course Rotation Objectives and Core Competencies**

#### **1. Medical Knowledge**

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

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

- Infectious Disorders
- Pulmonary Disorders

b. The student will demonstrate the ability to evaluate and develop 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

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

## **2. Patient Care**

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

- k. Counsel the patient on health promotion and disease prevention (HPDP).
- l. Develop an understanding of the altered physiology of the geriatric patient and aging process.

### **3. Interpersonal and Communication Skills**

- a. Explain how patient concerns and perspectives including cultural and religious influences impact care
- b. Describe how to write the following types of medical notes:
  - SOAP 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 Guide

Continued use of *Step Up to Medicine*.

This should be supplemented by other sources such as the recommended texts and readings assigned to you by your preceptor.

To access Step Up to Medicine:

Go to: <https://www.wvsom.edu/library/databases-portals-eresources>

Scroll down and click LWW Health Library, then enter WVSOM Username and Password. Cut and paste the following link into the address bar:

<https://clerkship.lwwhealthlibrary.com/book.aspx?bookid=2614&rotationId=0>

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

### D. COMAT Blueprint

No COMAT

### E. Recommended Textbooks (Available Digitally in the WVSOM Library)

*Step-up to medicine, 5th edition*, 2020. Philadelphia: Wolters Kluwer/Lippincott Williams & Wilkins\*

*Cecil Essentials of Medicine, 10th edition*, 2022. Saunders\*

*Ham's Primary Care Geriatrics, 7th edition*, 2014. Saunders\*

*Medicine: A Competency-Based Companion*, 2013. Elsevier.\*

*Seidel's Guide to Physical Examination*, 9th edition, 2019. Mosby\*

*Foundations of Osteopathic Medicine*, 4<sup>th</sup> edition, 2018. Lippincott, Williams and Wilkins\*

\*available for free online through the WVSOM library

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

## **F. Additional Resources:**

*Pocket Medicine: the Massachusetts General Hospital Handbook of Internal Medicine*, 2017. Wolters Kluwer.

*Goldman-Cecil Medicine, 26th edition*, 2020. Saunders

*Ferri's Clinical Advisor*. 2022. Elsevier\*

*Ferri's Practical Guide: Fast Facts for Patient Care. 9th edition*, 2014. Elsevier\*

\*available for free online 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. Didactic and Reading/Written Assignments**

### **1. OMM Modules**

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

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

Students will submit an attestation regarding completion of the module.

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

*Step-up to medicine, 5th edition*, 2020. Philadelphia: Wolters Kluwer/Lippincott Williams & Wilkins

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

## H. Additional Recommendations:

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

The Kaplan Review Course is an additional resource you may find helpful as you proceed through the rotation. [www.kaptest.com](http://www.kaptest.com) or [www.kaplanmedical.com](http://www.kaplanmedical.com)

## I. Procedures/Clinical Skills

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

### Essential Skills

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

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

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

### Procedures:

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

- Cardiac stress test
- Basic cardiac life support (BCLS) and advanced cardiac life support (ACLS)
- Phlebotomy
- Administration of intradermal, subcutaneous, and intramuscular injections
- Peripheral intravenous access
- Central line placement
- PICC line placement
- Endotracheal intubation
- Nasogastric tube insertion
- Foley catheter insertion in both male and female patients
- Incision and drainage of a simple abscess, and collect fluid from an abscess for testing, as appropriate

- Colonoscopy
- Upper endoscopy
- Bronchoscopy
- Joint injections/aspirations
- Trigger point injections
- Thoracentesis
- Paracentesis
- Biopsy (example: skin, liver, bone marrow), including review with the pathologist
- Wound care and dressing
- Echocardiography
- Autopsy, if available

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

- CBC, including peripheral blood smear
- UA, including microscopic analysis
- PTT, PT, INR (International Ratio) – Coagulation Studies
- Anemia Studies including iron, ferritin, TIBC, reticulocyte count, B12, MCV, RDW
- Fluid Analysis (Thoracentesis, Paracentesis, CSF, etc.), Cell Counts, Culture and Sensitivity, and Proteins
- Lipid profile
- Hepatic Profile
- Hepatitis B and C antigens and antibodies
- Bilirubin
- Thyroid function tests
- Glucose, Hemoglobin A1C
- Electrolytes and Renal Function tests
- Cardiac Enzymes
- RPR
- HIV Antibodies and viral load
- PFT (Pulmonary Function Testing) – How to perform and interpret
- EKGs – How to perform and interpret
- ABGs – How to perform and interpret
- X-ray – Systematic interpretation and approach
  - CXR – Normal
  - KUB – Normal

### **Entrustable Professional Activities**

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

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

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

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

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

For questions or technical support regarding the EPA app, please contact [alinsenmeyer@osteo.wvsom.edu](mailto:alinsenmeyer@osteo.wvsom.edu).

#### IM II:

Week 1 – EPA 7: Form clinical questions and retrieve evidence to advance patient care

Week 2 – EPA 4: Enter and discuss orders and prescriptions

Week 3 – EPA 9: Collaborate as a member of an interprofessional team

Week 4 – EPA 10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management

#### IM III:

Week 1 – EPA 5: Document a clinical encounter in the patient record

Week 2 – EPA 6: Provide an oral presentation of a clinical encounter

Week 3 – EPA 3: Recommend and interpret common diagnostic and screening tests

Week 4 – EPA 13: Identify system failures and contribute to a culture of safety and improvement

## J. Patient and Procedure Logs

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

Student documentation in the patient procedure log should include:

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

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

## **K. Grading - Calculations**

1. Preceptor grade 100 %
2. Completion of Preceptor/Site/Course Evaluation, OMM Modules and EPA assessments.

The preceptor/site/course evaluation, OMM Modules and EPA assessments must be submitted electronically by the last day of the rotation. Failure to comply will result in a professionalism report.

## **End of Rotation Grade Submission:**

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

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

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

**The student's SWC regional office is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor, when necessary, if the grade form has not been submitted to the statewide campus office for third- and fourth-year rotations within SWC. The student is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor for third- and fourth-year rotations outside of SWC.**

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

## **Surgery II and Surgery III (Selectives)**

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

### **A. Introduction**

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

During these rotations the student will:

- Continue to develop skills in their performance of a detailed pre-surgical history and physical examination
- Learn the indications for the selection of common pre-surgical tests
- Become involved with all parameters of a patient's evaluation needed to reach a diagnosis
- Learn the method of grading operative risks
- Exposure to the considerations employed in the selection of the anesthetic agents
- Become familiar with operating room protocol.

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

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

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

### **B. Course Rotation Objectives and Core Competencies**

#### **1. Medical Knowledge**

- a. Understand basic surgical principles and terminology.
- b. Understand the basic principles of tissue healing.
- c. Understand the role of pre-operative risk assessment, intra-operative care and post-operative patient management.
- d. Disease Specific Objectives\_  
Gastrointestinal



- Define hematemesis, melena, and hematochezia and where the primary source of bleeding may be based on this.
- List the most common sites of bleeding from a GI source in an adult patient.
- Define and outline the treatment for a patient with GI tract hemorrhage to include correction of volume deficiency, identification of source of bleeding with appropriate diagnostic and therapeutic modalities.

#### Gastrointestinal Reflux

- Describe conditions leading to reflux esophagitis.
- Describe the signs and symptoms of reflux esophagitis.
- Describe dysphagia.
- Describe the medical and surgical options for the treatment of gastroesophageal reflux disease.
- Discuss the merits of both surgical treatment and medical treatment of this condition.

#### Peptic Ulcer Disease

- Describe the anatomy of the stomach and the location of most ulcers.
- Describe the diagnostic work up of peptic ulcer disease to include lab studies, upper gastrointestinal tract radiology, and endoscopy.
- Discuss the role of helicobacter in peptic ulcer disease.
- Discuss appropriate surgery for peptic ulcer disease that fails medical treatment.
- Discuss medical treatment.

#### Acute Appendicitis

- Describe the signs and symptoms of appendicitis.
- Describe confounding factors such as gynecologic problems which could mimic appendicitis.
- Describe appropriate lab evaluation and the use of CT scan in the diagnosis of appendicitis.
- Describe the operation.

#### Small Bowel Obstruction

- Describe the signs and symptoms of ileus and mechanical small bowel obstruction.
- Describe the initial management of both of these entities.
- Outline a rationale for surgical intervention.

#### Diverticulitis

- Describe the signs and symptoms.
- Discuss the use of appropriate labs and CT scans in the diagnosis and treatment of diverticulitis.
- Discuss the indications for operation.
- Discuss the role of interventional radiology.
- Describe appropriate antibiotics for the treatment of diverticulitis.

#### Colorectal Carcinoma

- Describe the signs and symptoms.
- Discuss appropriate labs, CT scan, CEA, and endoscopic means of diagnosis.
- Discuss the role of barium enema.

- Describe the decreasing role of proctosigmoidoscopy.
- Describe the appropriate operation for right colon tumor, left colon tumor, or rectal tumor and its potential complications.
- Discuss the role of chemotherapy both preoperatively and postoperatively in colorectal carcinoma.
- Discuss the role of postoperative follow up in colorectal carcinoma.

#### Rectal Bleeding (benign)

- Describe the necessity of confirming the benign nature of the bleeding.
- Describe the pathophysiology and treatment of anal fissure.
- Describe the pathophysiology and treatment of internal hemorrhoids.

#### Biliary Disease

- Describe the signs and symptoms of biliary colic, cholecystitis, obstructive jaundice, and cholangitis.
- Describe lab and ultrasound findings in cholecystitis as well as choledocholithiasis.
- Define Courvoisier's sign, Charcot's triad, and Reynolds' pentad
- Describe the operation of cholecystectomy and the indications for the use of cholangiography.

#### Pancreatic Mass

- Describe the signs and symptoms of an occlusion of the ampulla of Vater.
- List appropriate lab work and the findings of a CT scan in this entity.
- Describe a Whipple Procedure and its indication in this entity.
- Describe the work up of a pancreatic pseudocyst and its treatment.

#### Breast

- Describe the work up of a breast mass to include physical examination, ultrasound, mammography, and MRI.
- Describe indications for biopsy and potential biopsy routes to include stereotactic biopsy, biopsy of a palpable mass, ultrasound guided biopsy, and needle localized excisional biopsy.
- Describe a modified radical mastectomy, lumpectomy axillary node dissection, and sentinel lymph node biopsy and patient selection.
- Describe the necessity for postoperative radiation in breast conservation surgery.
- Describe appropriate follow up for a patient with a known breast cancer.
- Describe risk factors for breast carcinoma.

#### Hernia

- Describe the signs and symptoms of a femoral hernia, inguinal hernia, umbilical hernia or ventral abdominal wall incisional hernia.
- Describe the differences between an indirect and direct hernia.
- Describe the difference between an incarcerated vs. strangulated hernia.
- Describe a Richter's hernia.
- Define Hesselbach's triangle.
- Describe appropriate operations for hernia to include tension free repair as well as the use of mesh and laparoscopic techniques.

### Surgical Infections

- Define clean, clean contaminated, contaminated, and dirty wounds.
- Describe the diagnostic features and treatment for a wound infection.
- Describe the diagnostic and therapeutic modalities used for deep wound infections or intra-abdominal infections.
- Describe appropriate antibiotics based upon the site of infection and the most common organism felt to originate from this site.

### Shock

- Define shock.
- Describe the four most common types of shock as outlined in ATLS.
- Describe treatment for each type of shock.
- Describe appropriate IV fluids in the setting of different types of shock.
- Describe shock classification and hemorrhagic shock based upon the amount of volume lost and the need for blood products in higher classifications.

### e. Basic Procedures

#### IV's

- Describe the placement of a central venous catheter and if possible assist in its placement.
- Describe the potential complications of a CVC and their appropriate response.
- Describe the contents of normal saline, lactated ringers, and D5W.

#### NGT

- Describe the placement and potential complications of a NGT
- Describe the electrolyte disturbance associated with NGT suction
- Describe the appropriate fluid to replace NGT.

#### Foley Catheter

- Describe the placement and potential complications of a Foley catheter.
- Why use a Foley catheter.

#### Chest Tube

- Describe the placement, indications for (pneumothorax and hemothorax), and potential complications of a chest tube.
- Describe the function of a Pleurovac canister.

#### Essential Skills

- Tie a two-handed knot.
- Instrument tie.
- Recognize signs of healing as well as signs of infection within a wound.
- Remove sutures and/or staples.
- Understand the use of perioperative antibiotics.
- Write appropriate orders for preop and postop surgical patients.
- Write preop and postop notes as well as progress notes and history and physical for surgical patients.
- Follow patients and write appropriate notes to assist senior house staff and surgeons with their patients.

### f. Understand 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 and compassionately communicate with surgical patients and family.
- 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.

## **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, 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. Develop and deliver case presentations and demonstrate these skills by utilizing the Electronic Medical Record (EMR) and on-line resources.

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

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

### **C. Study Guide**

For General Surgery, "Essentials of General Surgery" by Peter F. Lawrence and "Surgical Recall" by Lorne Blackbourne. Also, Mann and Lange "Surgery on Call" are excellent resources and are portable enough to carry to the hospital or office.

In surgery, it is especially important to read about the anatomy and pathology of the surgical cases before you scrub in.

For more in depth review of surgery, Sabiston is the classic reference text and is the go to source for explanations of surgical conditions.

### **D. COMAT Blueprint**

No COMAT

### **E. Recommended Textbooks (Available Digitally in the WVSOM Library)**

*Seidel's Guide to Physical Examination*, 9<sup>th</sup> ed.  
*Essentials of General Surgery*, Lawrence

## **F. Additional Resources**

*Surgery on Call*, 4<sup>th</sup> edition, Lange  
*Zollinger's Atlas of Surgical Operations*  
*Sabiston Textbook of Surgery*, 21<sup>st</sup> edition  
*Core Topics in General and Emergency Surgery*, 5<sup>th</sup> edition

## **G. Didactics and Reading/Written Assignments**

### **1. OMM Modules**

You will be required to read and complete an OMM Module during Surg II/III:

- a. For Surg II: Osteopathic Approach to Atelectasis in Post Surgical Patient
- b. For Surg III: Osteopathic Approach to Post Thoracotomy Pain

The modules can be found on eMedley

Students will submit an attestation regarding completion of the module.

### **2. Discuss specific topics with your preceptor.**

Review and reinforce basic anatomy and pathophysiology prior to each case.

## **H. Additional Recommendations:**

Review the Wise MD videos on specific procedures and discuss any questions with your preceptor:

- Wise MD: Inguinal Hernia
- Wise MD: Pediatric Hernia
- Wise MD: Thyroid Nodule
- Wise MD: Hypercalcemia
- Wise MD: Adrenal Adenoma
- Wise MD: Pancreatitis
- Wise MD: Breast Cancer
- Wise MD: Bowel Obstruction
- Wise MD: Colon Cancer
- Wise MD: Diverticulitis
- Wise MD: Anorectal Disease
- Wise MD: Appendicitis
- Wise MD: Cholecystitis

- Wise MD: Abdominal Aortic Aneurysms
- Wise MD: Carotid Stenosis
- Wise MD: Lung Cancer
- Wise MD: Skin Cancer
- Wise MD: Trauma Resuscitation
- Wise MD: Burn Management
- Wise MD: Best Practices
- Wise MD: Foley Catheter Placement
- Wise MD: Suturing and Instrument Tie
- Wise MD: Two Handed Knot tie
- Wise MD: Ultrasound Basics Principles
- Wise MD: Ultrasound: For Vascular Access
- Wise MD: Ultrasound: E-Fast Exam

## I. Procedures/Clinical Skills

### Entrustable Professional Activities

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

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

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

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

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

For questions or technical support regarding the EPA app, please contact [alinsenmeyer@osteo.wvsom.edu](mailto:alinsenmeyer@osteo.wvsom.edu).

Week 1 - EPA 2: Prioritize a differential diagnosis following a clinical encounter

Week 2 - EPA 3: Recommend and interpret common diagnostic and screening tests

Week 3 - EPA 6: Provide an oral presentation of a clinical encounter

Week 4 - EPA 10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management

## **J. Patient Procedure Logs**

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

Student documentation in the patient procedure log should include:

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

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

## **K. Grading – Calculations**

1. Preceptor grade 100%
  2. Completion of Preceptor/Site/Course Evaluation, OMM modules and EPA assessments.
- The preceptor/site/course evaluation, OMM modules and EPA assessments<sup>192</sup>



must be turned in by the last day of the rotation. Failure to comply will result in a professionalism report.

### **End of Rotation Grade Submission:**

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

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

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

**The student's SWC regional office is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor, when necessary, if the grade form has not been submitted to the statewide campus office for third- and fourth-year rotations within SWC. The student is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor for third- and fourth-year rotations outside of SWC.**

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

## **Family Medicine II**

**Course Number: 931, 932, 933**

### **A. Introduction**

During either FMI or FM II, students must complete at least one of these rotations with a DO and at least one must be completed in a rural area. You may choose to meet these two requirements within the same rotation (DO & rural), or you may choose one rotation with a DO and one in a rural area.

FM II is four (4) weeks in length and can be done as either a singular four-week block or two (2) two-week blocks.

This rotation takes place in a clinic or other outpatient setting. It is expected that he/she will gain considerable experience in the evaluation and treatment of a wide variety of cases that are seen in general practice. It is anticipated that the clinical skills acquired during training in Family Medicine I will be expanded in this advanced rotation.

Family Medicine II is an advanced rotation 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.
- b. By the end of the rotation the student should be able to:
  - Differentiate between common etiologies that present with that symptom.
  - Recognize dangerous/emergency conditions that may present with that symptom and know when emergent referral is needed.
  - Perform a focused age appropriate history and physical examination as indicated for all patients.
  - Make recommendations as to labs/imaging/tests to obtain to narrow the differential.
  - Appreciate the importance of a cost-effective approach to the diagnostic work-up.
  - Describe the initial management of common and dangerous diagnoses that present with that symptom.
- c. For each core chronic disease, the student should be able to:
  - Find and apply diagnostic criteria and surveillance strategies for that problem.
  - Elicit a focused age specific history, including information on compliance, self-management, and barriers to care.
  - Perform a focused age specific physical examination that includes identification of complications.
  - Locate and evaluate clinical practice guidelines associated with each of the core chronic diseases.

- Describe major treatment modalities for those problems.
- d. Adult Health Maintenance:
  - Define wellness as a concept that is more than “not being sick”.
  - Define primary, secondary, and tertiary prevention.
  - Identify risks for specific illnesses that affect screening and management strategies.
  - Find and apply current guidelines for immunizations.
- e. Well child and adolescent visits:
  - Describe the core components of child preventive care—health history, physical examination, immunizations, screenings/diagnostic tests, and anticipatory guidance.
  - Find and apply the current guidelines for immunizations and be able to order them as indicated, including protocols for “catch-up” if immunizations are delayed/incomplete.
  - Identify developmental stages and detect deviations from anticipated growth and developmental levels.
  - Recognize normal and abnormal physical findings in the various age groups.
  - Identify and perform recommended age-appropriate screenings.

## **2. Patient Care**

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

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

### **3. Interpersonal Communication Skills**

- a. Demonstrate ability to effectively communicate with patients from the pediatric patient to the geriatric patient.
- b. Demonstrate ability to identify and communicate with caregivers.
- c. Demonstrate competency in communication with patients of all age groups.
- d. Establish effective relationships with patients and families using patient-centered communication skills.
- e. Demonstrate competency in communicating appropriately with other healthcare professionals (e.g. other physicians, physical therapists, occupational therapists, nurses, counselors, etc.).
- f. Be able to document an acute and chronic care visit appropriately.
- g. Be able to communicate respectfully with patients to encourage lifestyle changes to support wellness (e.g. weight loss, smoking cessation, safe sexual practices, exercise/ activity/ nutrition/ diet).
- h. Respectfully educate a patient about an aspect of his/her disease using language that the patient understands. When appropriate, ask the patient to explain any new understanding gained during the discussion.
- i. Provide counseling related to health promotion and disease prevention.
- j. Regarding well child visits, be able to identify health risks, 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**

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

### **6. System Based Practice**

- a. Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
- b. Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.
- c. Be able to apply quality improvement concepts, including problem identification, barriers to optimal patient care and design improvement interventions.

- d. Be able to describe the nature and scope of family practice and how it interacts with other health professionals.
  - Discuss the value of family physicians within any health care system.
  - Discuss the principles of osteopathic family medicine care.
- e. Be able to identify community resources available to enhance patient care.
- f. Appreciate the importance of a cost-effective approach to the diagnostic work-up.
- g. Have a basic understanding of Medicare, Medicaid, Third Party, and HMO services.

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

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

## **C. Study Guide**

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

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

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

## **D. COMAT Blueprint**

No COMAT.

## **E. Recommended Textbooks**

*Seidel's Guide to Physical Examination*, 9<sup>th</sup> ed.

*Textbook of Family Medicine*, Rakel, et al; Elsevier 9<sup>th</sup> ed.

*Foundations for Osteopathic Medicine*, Lippincott Williams and Wilkins 2<sup>nd</sup> ed

## F. Additional Resources

These are additional textbooks that you may find helpful. You will see some of these textbooks listed in the other disciplines as you progress.

*Cecil Essentials of Medicine*; Elsevier, 10<sup>th</sup> ed.

*Nelson Essentials of Pediatrics*; Elsevier, 8<sup>th</sup> ed.

*Essentials of Family Medicine*, Sloane, et al; Lippincott, Williams and Wilkins 7<sup>th</sup> ed

*Ham's Primary Care Geriatrics*; Elsevier, 6<sup>th</sup> ed.

*Case Files Family Medicine*; McGraw Hill/Lange 5<sup>th</sup> ed.

*Conn's Current Therapy 2021*; Elsevier

*First Aid for the Medicine Clerkship*; McGraw Hill, 4<sup>th</sup> ed.

*Pfenninger & Fowler's Procedures for Primary Care*; Elsevier, 4<sup>th</sup> ed.

## G. Didactic and Reading/Written Assignments

### 1. OMM Modules

You will be required to read and complete:

- an Osteopathic Approach to IBS (Irritable Bowel Syndrome).

The module can be found on eMedley ⑦ Educate ⑦ Select Class of

2023 in search bar ⑦ locate the correct module for the rotation

### 2. Read about the specific patients you encounter during the week.

Use the recommended texts and additional resources. You can also use online references for further in-depth readings through the WVSOM library.

Use Universal Notes ([www.myuniversalnotes.com](http://www.myuniversalnotes.com)) to read about subjects that you didn't cover or want to review from FM 1.

## H. Additional Recommendations

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

In addition to the Universal Notes, Rakel's Textbook of Family Medicine can be used as a reference. Conn's Current Therapy has brief overviews of commonly encountered conditions and may be especially useful for a quick review, especially when you encounter patients in the office and have limited time.

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

## I. Procedures/Clinical Skills

### Entrustable Professional Activities

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

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



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

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

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

For questions or technical support regarding the EPA app, please contact [alinsenmeyer@osteo.wvsom.edu](mailto:alinsenmeyer@osteo.wvsom.edu).

During FM II:

Week 1 - EPA 1a & 1b: Gather a history & Perform a physical examination

Week 2 - EPA 2: Prioritize a differential diagnosis following a clinical encounter

Week 3 - EPA 3: Recommend and interpret common diagnostic and screening tests

Week 4 - EPA 5: Document a clinical encounter in the patient record

\*\* Please note that fourth year students are not required to submit the EHR FM note; however, the **EHR Stookey SOAP note** is **required** during **both** the **third and fourth year** Stookey rotations.

## J. Patient Procedure Logs

### Patient Logs:

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

Student documentation in the patient procedure log should include:

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

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

**Family Medicine Procedure Log:**

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

NAME: \_\_\_\_\_

**FAMILY MEDICINE  
PROCEDURE LOG**

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

Skill	Reference	Perfor med	Obser ved	Not Done (why)
OP&P -Demonstrate: -Palpatory diagnostic skills -Ability to do functional exam Ability to record findings of exam -Ability to record treatment procedures used -Ability to use any of the following: Soft tissue, muscle energy, myofascial release, strain/counterstrain,,HVLA, craniosacral and articulatory	OP&P texts and videos			
Interpret resting 12-lead EKG	EKG & ACLS texts EKG Basics- LSU• ECG Learning Center• ECG Library• Rhythm Simulator•			
Knowledge of venipuncture/phlebotomy	Clinical Skills II Handbook and video			
Knowledge of parenteral injections IM, SC	Clinical Skills II Handbook			
Ability to suture	Clinical Skills II Handbook and video			

Knowledge of splint/casting	Clinical Skills II Handbook			
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Knowledge of proper sterile procedures	Clinical Skills II Handbook			
Knowledge of urinary bladder catheterization	Clinical Skills II Handbook			
Knowledge of spirometry and interpreting PFT's	Clinical Skills II Handbook			
Interpretation of CXR-PA and lat	Radiology text/notes Basic CXR Review- Dept of Radiology.Uniformed Services*			
Skin biopsy and excisions	Clinical Skills II- suturing Clinical Keys: Skin Biopsy Techniques			
Joint injections				
Ear lavage	Clinical Keys: Cerumen Impaction			
I&D of abscess				
Other:				
Other:				
Other:				

\*EKG Basics: <https://sjrhem.ca/medical-student-clinical-pearl-basic-ecg-interpretation/>

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

\*ECG Library: [www.ecglibrary.com/ecghome.html](http://www.ecglibrary.com/ecghome.html)

\* Rhythm Simulator: [www.skillstat.com/tools/ecg-simulator](http://www.skillstat.com/tools/ecg-simulator)

\*Intro to Radiology: (Univ of VA) <https://introductiontoradiology.net/>

**Preceptor's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **K. Grading/Calculations**

1. Preceptor grade is 100% of rotation grade.
2. The patient procedure log, Family Medicine procedure log, the preceptor/site/course evaluation, the OMM Module and the EPA Assessments must be turned in by the last day of the rotation. Failure to comply will result in a professionalism report.

### **End of Rotation Grade Submission:**

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

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

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

**The student's SWC regional office is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor, when necessary, if the grade form has not been submitted to the statewide campus office for third- and fourth-year rotations within SWC. The student is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor for third- and fourth-year rotations outside of SWC.**

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

## **Pediatrics II**

**Course Numbers: 950, 951, 952**

### **A. Introduction**

The Pediatrics II rotation is designed to further refine the knowledge and skills required for the unique care of infants, children and adolescents. This rotation is a continuation of the Pediatrics I course. This rotation should be on a Children's hospital general pediatric ward, in a NICU or PICU, or with a pediatric sub specialist and not with a general pediatrician in an office-based practice. Greater emphasis should be placed on the study of diagnostic technologies and management aspects during Pediatrics II than in Pediatrics I. This may be a four-week rotation or two 2-week rotations.

### **B. Course (Rotation) Objectives and Core Competencies**

#### **1. Medical Knowledge**

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

#### **2. Patient Care**

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

### **3. Interpersonal and Communication Skills**

- a. Demonstrate the ability to effectively communicate with pediatric patients and their caregivers.
- b. Demonstrate the ability to effectively communicate with the healthcare team.
- c. Identify parental and patient concerns and perspectives including cultural and religious influences.
- d. Develop proficiency in writing the following:
  - different types of medical notes
  - SOAP notes
  - newborn nursery admission notes
  - admission history & physicals
  - discharge summaries
  - procedure notes
- e. Demonstrate awareness and understand the capabilities of electronic health records.
- f. Develop a proficiency in sharing diagnostic plan of care, and prognostic information with patients and families.

### **4. Professionalism**

- a. Demonstrate appropriate understanding and need for supervision, chaperones and/or assistance.
- b. Recognize impact of student demeanor, appearance and language during the interaction with patient and family.
- c. Demonstrate an understanding of privacy and independence of adolescents and of the private individual interview of an adolescent during the interview process.
- d. Demonstrate sensitivity, empathy and responsiveness to diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.



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

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

- a. Apply fundamental epidemiologic concepts to practice improvement.
- b. Demonstrate a level of proficiency around medical informatics, evidence-based medicine and research.
- c. Demonstrate the ability to identify personal knowledge deficits, strengths, and limits through frequent self-reflection.
- d. Demonstrate the ability to locate educational resources 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

Many students prefer a variety of resources to help cover the pediatric clerkship material. Please refer to the Recommended Textbooks and Additional Resources as below per sections E & F. WVSOM library offers free access to discipline specific clerkships. These resources can be accessed via the WVSOM library website (WVSOM/James R. Stookey Library Guides/ 3<sup>rd</sup> and 4<sup>th</sup> Year Resources/Online Resources; <https://libguides.wvsom.edu/c.php?g=691555> )

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. 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. In-depth readings can be accessed using the reference texts, especially Nelson's Essentials.

### D. COMAT Blueprint

No COMAT

### E. Recommended Textbooks (Available Digitally in the WVSOM Library)

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

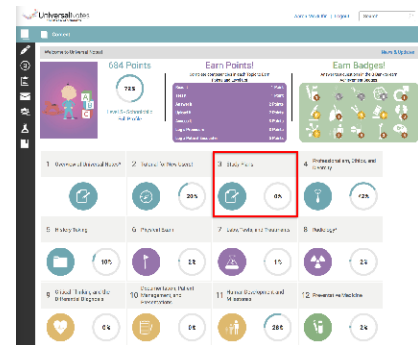
### F. Additional Resources

- *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* 4th edition
- *Harriet Lane Handbook*, 22<sup>nd</sup> edition
- *Nelson's Textbook of Pediatrics*, 21<sup>st</sup> edition
- *Redbook 2021-2024: Report of the Committee on Infectious Diseases*, 32<sup>nd</sup> edition
- UpToDate ([www.uptodate.com](http://www.uptodate.com))

- *Pediatrics in Review* (<https://pedsinreview-aappublications-org.my.wvsom.edu:2443/>)
- *Case Files Pediatrics*, 6<sup>th</sup> edition
- *Online Med Ed* (<https://home.onlinemeded.org/>)
- *Kaplan Review Course* ([www.kaptest.com](http://www.kaptest.com) or [www.kaplanmedical.com](http://www.kaplanmedical.com))
- *Universal Notes*

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

6. Go to [www.myuniversalnotes.com](http://www.myuniversalnotes.com)
7. Click **SIGN UP**  
Complete **SIGN UP** and choose **Medical Student** for version
9. Sign in to **Medical Student** version using the information (email and password) you used for **SIGN UP**
10. Click on **Study Plan for Pediatrics Clerkship**



If you have any questions or problems with accessing or using Universal Notes, please contact: [amcguffin@osteo.wvsom.edu](mailto:amcguffin@osteo.wvsom.edu)

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

[Universal Notes Pediatric Study Outline/Practice Exams](#)

## G. Didactic and Reading/Written Assignments

### 1. OMM Modules

You will be required to read one article during PEDS II (“A multicenter, randomized, controlled trial of Osteopathic Manipulative Treatment on Preterms”). The article can be found on eMedley 7

Students will submit an attestation regarding completion of the module.

### 2. Additional 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.

## H. Additional Recommendations

Review the basic components of the pediatric normal physical exam, including newborn, infant, and toddler, including developmental milestones. Frequent review of preventive care, such as parental counseling on diet and safety as well as vaccination schedules is prudent.

## **I. Procedures and Clinical Skills**

### **Pediatric Skills Checklist:**

This checklist initialed by the preceptor must be turned into the appropriate SWC office on the last day of the rotation. You should keep a copy for your own records, as this will be important documentation throughout your career for credentialing purposes. Failure to turn in your Pediatric Skills Checklist will lead to a professionalism report.

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

The following Pediatrics Skills Checklist can be found on eMedley:

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

NAME: \_\_\_\_\_

**WVSOM PEDIATRIC SKILLS CHECKLIST**

Patient Type	Date	Patient Age	Preceptor Initials
<b>Well Visits</b>			
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			
<b>Sick Visits</b>			
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
<b>Clinical Skills</b>			
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)			
<b>Procedures (Observe or Perform)</b>			
Circumcision			
Cryotherapy (liquid nitrogen)			
EKG lead placement			
Hearing screening			
Immunizations			
Incision and drainage			
Intravenous line placement			
Lumbar puncture			
Nasal swab			
Nebulizer treatment			
Identify newborn making normal transition after birth			
Apply neonatal resuscitation interventions			
Assign APGAR scores			
Phlebotomy finger stick			
Phlebotomy heel stick			
Phlebotomy venous stick			
Silver nitrate application to umbilical granuloma			
Throat swab			
Urinary catheterization			
Vision screening			

## **Entrustable Professional Activities**

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

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

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

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

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

For questions or technical support regarding the EPA app, please contact [alinsenmeyer@osteo.wvsom.edu](mailto:alinsenmeyer@osteo.wvsom.edu).

Week 1 – EPA 1a & 1b: Gather a history and perform a physical exam

Week 2 – EPA 2: Prioritize a differential diagnosis following a clinical encounter

Week 3 – EPA 6: Provide an oral presentation of a clinical encounter

Week 4 – EPA 7: Form clinical questions and retrieve evidence to advance patient care

## **J. Patient Procedure Logs**

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

Student documentation in the patient procedure log should include:

- A notation in the log for every patient encounter. Patients may only be identified by age and gender. Rotations such as Radiology where the



encounter may be an image or Pathology where the encounter is a specimen should be documented as such.

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

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

#### **K. Grading/Calculations**

1. Preceptor grade 100%
  2. Completion of Patient Procedure Logs, Pediatric Skills Checklist, EPA assessments, OMM Module and Preceptor/Site/Course Evaluation
- The patient procedure log, the preceptor/site/course evaluation, the EPA Assessments and the OMM module must be turned in by the last day of the rotation. Failure to comply will result in a professionalism report.

#### **End of Rotation Grade Submission:**

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

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

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

**The student's SWC regional office is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor, when necessary, if the grade form has not been submitted to the statewide campus office for third- and fourth-year rotations within SWC. The student is responsible for ensuring that the Grade Form is submitted in a timely fashion and should follow-up with the preceptor for third- and fourth-year rotations outside of SWC.**

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

## SECTION IV SCHEDULING ROTATIONS

### Selectives – Directed Electives

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

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

Logs are to be maintained for every selective and elective rotation. The logs are to be completed using the eMedley App and will be reviewed by the Regional Dean and Director.

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

It is important that the form be completed on the last day of the student's rotation and faxed, emailed or delivered promptly to the appropriate WVSOM Statewide Campus office by the supervising physician:

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

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

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

***A table of approved selective rotations appears on the following pages.***

## Approved Selective Rotations

Internal Medicine II (2 or 4 weeks) *	Internal Medicine III (2 or 4 weeks) *
Addiction Medicine	Addiction Medicine
Allergy/Immunology	Allergy/Immunology
Cardiology	Cardiology
Critical Care/ICU	Critical Care/ICU
Dermatology	Dermatology
Endocrinology	Endocrinology
Gastroenterology	Gastroenterology
General Internal Medicine	General Internal Medicine
Geriatrics (Must be with IM Board Certified Geriatrician)	Geriatrics (Must be with IM Board Certified Geriatrician)
Hematology/Oncology	Hematology/Oncology
Infectious Disease	Infectious Disease
Invasive Cardiology	Invasive Cardiology
Nephrology	Nephrology
Neurology	Neurology
Occupational Medicine	Occupational Medicine
Palliative Care	Palliative Care
Pulmonology	Pulmonology
Rehabilitation Medicine	Rehabilitation Medicine
Rheumatology	Rheumatology
Pathology	Pathology
Sleep Medicine**	Sleep Medicine**
*No more than 4 weeks total of any subspecialty may be used between Internal Medicine II and III	
**No more than 2 weeks and can only be done for IM II <b>OR</b> IM III, not both.	

Pediatrics II (2 or 4 weeks)	
Adolescent Medicine	Pediatric Psychiatry
Pediatric Anesthesiology	Pediatric Radiology
Pediatric Cardiology	Pediatric Orthopedic Surgery
Critical Care (NICU) or (PICU)	Pediatric Dermatology
Developmental Pediatrics	Pediatric/Adolescent Sports Medicine
Pediatric Endocrinology	Pediatric Rehabilitation
Pediatric Emergency Medicine (Children's Hospital)	Pediatric Surgery
Pediatric ENT	Pediatric Urology
Inpatient Pediatrics	
Pediatric Hematology/Oncology	
Pediatric Immunology/Allergy	
Pediatric Infectious Disease	
Pediatric Pulmonology	
Pediatric Gastroenterology	
Pediatric Nephrology	
Pediatric Neurology	
Pediatric Rheumatology	
All subspecialties listed above are Pediatric subspecialties.	

<b>Surgery II (2 or 4 weeks) *</b>	<b>Surgery III (2 or 4 weeks) *</b>
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)
Gynecology Oncology	Gynecology Oncology
<b>*No more than 4 weeks total of any subspecialty may be used between Surgery II and III</b> <b>**No more than 2 weeks and can only be done for Surgery II or Surgery III, not both</b>	

# Electives

## A. Introduction

During the third year, students are permitted to select one 4 week or two 2-week elective rotations. There are currently 10 weeks of Electives in the fourth year. Students are strongly encouraged to do electives in the 3<sup>rd</sup> and 4<sup>th</sup> years with an osteopathic physician when possible.

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 4<sup>th</sup> year after the basic core rotations have been completed.

A confidential mid-rotation evaluation with the student and his/her supervising physician should be done verbally or in writing. Completion of the final end of rotation Clinical Education Grade Form by the supervising physician should be in the presence of the student, so that the medical student can benefit from a frank discussion of his/her abilities. The supervising physician must add comments in the space provided on the Clinical Education Grade Form for the MSPE (formerly known as the Dean's Letter). There is also a space provided for formative comments available only to the student. 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 sent electronically via eMedley, faxed, emailed or delivered promptly to the appropriate WVSOM Statewide Campus office by the supervising physician:

## B. Recommended Resources

### C. Didactic and Reading Assignments – Per Elective Site and preceptor

### D. Procedures and Clinical Skills – per Elective discipline, Site and Preceptor

## E. Core Competencies

### 1. Medical Knowledge

- a. Appreciate and understand the various clinical skills required for this elective discipline.
- b. Acquire and understand a knowledge of the various diagnostic tests required for this elective discipline.
- c. Acquire and understand treatment modalities used in this elective discipline.

## **2. Patient Care**

- a. Demonstrate how to approach patients in the elective 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 the attending physician the appropriate referral of the patient for subsequent healthcare services to insure proper transitions of care including OMT.
- h. Educate patients and evaluate their comprehension of the treatment plan.
- i. Participate with the health care team to provide patient care.

## **3. Interpersonal and Communication Skills**

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

## **4. Professionalism**

- a. Display respect for patients, families, attendings, peers and members of the healthcare team.
- 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 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.

### **F. COMAT Blueprint Information - N/A**

**G. Grading – Calculations**

1. Preceptor Grade

100%

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

**During the final week of the rotation, the preceptor should complete and review a grade form for the student. The grade form should be submitted electronically, mailed or faxed to the appropriate Statewide Campus office. All necessary information is available on the form.**

## 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.

Healthcare Providers and Student Performance Evaluation Faculty members who provide health, medical, or psychiatric/psychological services to a student, have a close personal or familial relationship to a student or have other conflicts of interest pertaining to a student must recuse themselves from the following:

- Participation in grading or clinical assessment of the student
- Participation in decisions related to promotion of the student
- Participation in WVSOM committee discussions of and voting on the student

## Elective and Selective Request Form (ESR)

The ESR forms are available online and at each Statewide Campus regional office and are specific to each region. The online version may be obtained by logging on to eMedley. The form can be found in the eKeeper application under Reference Documents. The forms are also available on the SWC Clinical Resources page of the WVSOM website: <https://www.wvsom.edu/academics/swc-clinical-resources>

**PLEASE NOTE THAT A ROTATION IS NOT APPROVED UNTIL ALL PAPERWORK IS COMPLETED, IN THE STATEWIDE CAMPUS OFFICE, AND RECORDED ON THE ONLINE SCHEDULE. TO AVOID THE CONSEQUENCES OF PARTICIPATING IN AN UNAPPROVED ROTATION, STUDENTS MUST BE AWARE OF THE FOLLOWING:**

- 1. Students may not start a rotation unless it appears on the online schedule.**
- 2. No credit will be given for an unapproved rotation.**
- 3. No student liability coverage is extended for an unapproved rotation.**

The ESR form is to be used as a method of rotation confirmation for a student's 3<sup>rd</sup> year elective and all 4<sup>th</sup> year rotations as well as vacation. The completion and timely submission of the ESR form is the responsibility of the student. Students should contact their Statewide Campus Director or Administrative Assistant to discuss the ESR form and any additional steps required when requesting rotations. For most rotations, the following steps should be used to set up a rotation.

1. The student should complete the student portion of the ESR and send it to their regional Statewide Campus (SWC) staff when requesting a rotation from a facility.
2. The regional SWC staff will check to see if there is an active Affiliation Agreement in place with the site (facility).
3. If an Affiliation Agreement is not in place at WVSOM with the facility, the regional SWC staff will send an Affiliation Agreement to the site to be signed by a legal representative of that facility.
4. Rotations secured through VSLO or other online application boarding programs require the ESR plus email confirmation from the online program.
5. Once the Affiliation Agreement has been completed, or if WVSOM has a prior agreement that is active, the ESR will be sent to the facility for the appropriate signature and confirmation of the rotation.
6. It is only after the rotation is confirmed with a properly executed Affiliation Agreement in place, that the SWC staff can notify the student and place the approved rotation on the student's online schedule.
7. Should the rotation be denied or an affiliation agreement between WVSOM and the rotation site fail to be executed, the student will be notified by the SWC staff.

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

## 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](mailto: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: \_\_\_\_\_

WVSOM/CLIN ED/SWC/FORMS/ESR

UPDATED: 03/04/2020

Healthcare Providers and Student Performance Evaluation Faculty members who provide health, medical, or psychiatric/psychological services to a student, have a close personal or familial relationship to a student or have other conflicts of interest pertaining to a student must recuse themselves from the following:

- Participation in grading or clinical assessment of the student
- Participation in decisions related to promotion of the student
- Participation in WVSOM committee discussions of and voting on the student

## 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](mailto:mmeador@osteo.wvsom.edu)

Phone: 304.461.3748

FAX: 304.254.3018

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WVSOM Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Elective IM3 IM4 Surg2 Surg3 FM2 FM3 Peds2 Vacation

Rotation/Specialty: \_\_\_\_\_ Dates: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

I need housing: YES \_\_\_\_\_ NO \_\_\_\_\_ if housing is NOT available, I still want rotation? YES \_\_\_\_\_ NO \_\_\_\_\_

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Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preceptor Email Address: \_\_\_\_\_

Hospital/Clinic Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_

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☐ DENIED

FOR THE CLINICAL ROTATION LISTED DURING THE DATES SPECIFIED.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

WVSOM/CLIN ED/SWC/FORMS/ESR

UPDATED: 03/04/2020

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## Educational Agreement

### ELECTIVE and SELECTIVE ROTATION REQUEST FORM



Please return to:

WVSOM (West Virginia School of Osteopathic Medicine)

Karen Sadd, SWC Regional Director

CAMC Memorial; WVU Bldg. Room 3012

3110 MacCorkle Avenue, SE

Charleston, WV 25304

[ksadd@osteo.wvsom.edu](mailto:ksadd@osteo.wvsom.edu)

Phone: 304.720.8833

FAX: 304.720.8831

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

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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: \_\_\_\_\_

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Send Good Standing Letter to: \_\_\_\_\_ Title: \_\_\_\_\_

Address IF different from Hospital/Clinic stated above: \_\_\_\_\_

THIS IS TO CERTIFY THAT THE ABOVE NAMED STUDENT HAS BEEN

☐

ACCEPTED

☐

DENIED

FOR THE CLINICAL ROTATION LISTED DURING THE DATES SPECIFIED.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

WVSOM/CLIN ED/SWC/FORMS/ESR

UPDATED: 03/04/2020

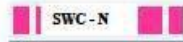
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## Educational Agreement

### 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

32-20<sup>th</sup> Street, Suite 400

FAX: 304.905.6179

Wheeling, WV 26003

[mfitch@osteo.wvsom.edu](mailto:mfitch@osteo.wvsom.edu)

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

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WVSOM Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Elective IM3 IM4 Surg2 Surg3 FM2 FM3 Peds2 Vacation

Rotation/Specialty: \_\_\_\_\_ Dates: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

I need housing: YES \_\_\_\_\_ NO \_\_\_\_\_ if housing is NOT available, I still want rotation? YES \_\_\_\_\_ NO \_\_\_\_\_

(Marking "YES" does NOT confirm that housing will be available to you)

Preceptor Name: \_\_\_\_\_ Degree: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preceptor Email Address: \_\_\_\_\_

Hospital/Clinic Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_

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Address IF different from Hospital/Clinic stated above: \_\_\_\_\_

THIS IS TO CERTIFY THAT THE ABOVE NAMED STUDENT HAS BEEN

☐ ACCEPTED

☐ DENIED

FOR THE CLINICAL ROTATION LISTED DURING THE DATES SPECIFIED.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

WVSOM/CLIN ED/SWC/FORMS/ESR

UPDATED: 03/04/2020

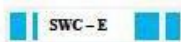
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- Participation in WVSOM committee discussions of and voting on the student



## 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](mailto: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

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Send Good Standing Letter to: \_\_\_\_\_ Title: \_\_\_\_\_

Address IF different from Hospital/Clinic stated above: \_\_\_\_\_

THIS IS TO CERTIFY THAT THE ABOVE NAMED STUDENT HAS BEEN

☐ ACCEPTED

☐ DENIED

FOR THE CLINICAL ROTATION LISTED DURING THE DATES SPECIFIED.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WVSOM/CLIN ED/SWC/FORMS/ESR

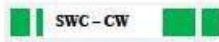
UPDATED: 03/04/2020

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- Participation in decisions related to promotion of the student
- Participation in WVSOM committee discussions of and voting on the student

## 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](mailto: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

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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: \_\_\_\_\_

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Address IF different from Hospital/Clinic stated above: \_\_\_\_\_

THIS IS TO CERTIFY THAT THE ABOVE NAMED STUDENT HAS BEEN

☐ ACCEPTED

☐ DENIED

FOR THE CLINICAL ROTATION LISTED DURING THE DATES SPECIFIED.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

WVSOM/CLIN ED/SWC/FORMS/ESR

UPDATED: 03/04/2020

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## Educational Agreement

### ELECTIVE and SELECTIVE ROTATION REQUEST FORM



Please return to:

WVSOM (West Virginia School of Osteopathic Medicine)

Adrienne Tucker, SWC Regional Director

Davis Medical Center

Phone: 304.637.3740

Physicians Professional Building

FAX: 304.637.3436

909 Gorman Avenue, Suite 102

Elkins, WV 26241

[atucker@osteo.wvsom.edu](mailto:atucker@osteo.wvsom.edu)

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Student Name \_\_\_\_\_ Class Year: \_\_\_\_\_

Elective IM3 IM4 Surg2 Surg3 FM2 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)

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Signature \_\_\_\_\_ Date: \_\_\_\_\_

WVSOM/CLIN ED/SWC/FORMS/ESR

UPDATED: 03/04/2020

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## WVSOM Scheduling Policy

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

3<sup>rd</sup> year Electives and all 4<sup>th</sup> year rotations are scheduled by the student as follows:

- Complete an Elective and Selective Rotation Request Form (ESR Form) for each rotation. This form, *specific to your Statewide Campus office*, may be obtained by logging on to eMedley. The form can be found in the eKeeper application under Reference Documents. The forms are also available on the SWC Clinical Resources page of the WVSOM website:  
<https://www.wvsom.edu/Academics/swc-clinical-resources>
- An ESR Form, Affiliation Agreement and all other required documentation must be completed before the rotation will be approved by the Statewide Campus regional office.
- If a student would like to schedule a rotation within any region of the statewide system he/she must complete an ESR form and submit it to **his/her** regional director. The regional director will then contact the region of the rotation to make arrangements. **In this situation, students are not to contact preceptors.**

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

All rotations must meet the requirements as stated in the Clinical Education Manual.

**COMPLETED** is defined as:

All information on the ESR Form has been legibly completed.

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

**IF APPROVED PAPERWORK FROM THE ROTATION SITE IS NOT RECEIVED BY THE STATEWIDE CAMPUS OFFICE AT LEAST 7 DAYS BEFORE THE START DATE OF THE ROTATION:**

1. **THE STUDENT WILL BE PLACED ON VACATION. IF A STUDENT HAS NO REMAINING VACATION TIME, THE STUDENT WILL HAVE TO REQUEST A LEAVE OF ABSENCE. THIS MAY RESULT IN THE DELAY OF THE STUDENT GRADUATING.**

## Limits on Rotations

Throughout 3<sup>rd</sup> and 4<sup>th</sup> year rotations, the student will not be permitted to participate with the **same preceptor** for more than **12 weeks**. Also, the student will not be permitted to rotate more than **16 weeks in any specialty or subspecialty with the exception of Family Medicine, General Pediatrics and General Internal Medicine**. For example, students wishing to rotate in orthopedics could use their surgery selective (4 weeks) in orthopedics and then no more than 12 weeks of elective time in orthopedics. The 4 week core Emergency Medicine rotation will NOT count towards the 16 week cap on Emergency Medicine.

Students may exceed the 16 week limit by submitting an Exception Request Form to do no more than 4 weeks of an Elective 5 rotation using no more than 4 weeks of their vacation time.

## Elective 5

In the third or fourth year, students are permitted to use up to a total of 4 weeks of vacation time for rotations if desired. It is permissible for these 4 weeks to supercede the 16 week limit on rotations in any specialty or subspecialty:

1. Student must receive passing score on COMLEX Level 1 before doing an Elective 5 rotation in the 3<sup>rd</sup> year. Student must receive passing score on COMLEX Level 2CE before doing an Elective 5 rotation in the 4<sup>th</sup> year.
2. Students must submit an Exception Request Form to substitute Elective 5 for vacation time.
3. Please note, the procedure for scheduling Elective 5 rotations is the same as for any Elective or Selective.
4. Students may not start an Elective 5 rotation until it is posted to their online schedule.
5. The Elective 5 rotation grade will be recorded on the student's transcript, but will not count toward the student's GPA or Class Rank.
6. A grade form and site evaluation is required for and Elective 5 rotation.

## **Rotation Payment by Student**

Certain clinical sites may require students to pay a visiting rotation fee or require other obligations that may necessitate a fee (specific background checks, drugs screens, etc) for 4<sup>th</sup>-year rotations or 3<sup>rd</sup>-year electives. It is the student's decision if they would like to pay these fees and proceed with the rotation or schedule a rotation at a different site. If the student decides to proceed with the rotation and pay the fee the student is required to submit payment to the clinical site prior to the start of the rotation. Failure to pay the fee by the deadline will result in the cancellation of the rotation.



# Mandatory Time Off and Vacation

## *Class of 2023*

### Mandatory Time Off

- The two weeks prior to graduation week and the week of graduation week:  
Weeks of 4/17/2023-5/5/2023 (3 weeks)

If a student is off-cycle and would like to remain on rotation the two weeks prior to graduation 4/17/23 - 4/28/23, a written request must be submitted to the student's Regional Assistant Dean and Director for approval by the Associate Dean for Predoctoral Clinical Education.

If a student is off-cycle and would like to remain on rotation the week of graduation 5/1/23 - 5/5/23, a written request must be submitted to the student's Regional Assistant Dean and Director for approval by the Vice President for Academic Affairs and Dean. These requests will only be approved for students whose graduation date would otherwise be pushed past June 30<sup>th</sup> without rotating the actual graduation week.

### Permitted Time Off

- In the 4<sup>th</sup> 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

#### 3<sup>rd</sup> Year

- **4 weeks** of vacation scheduled during "open blocks" of time. Vacation may be taken in 2 or 4 week increments.

#### 4<sup>th</sup> Year

- **8 weeks** of vacation scheduled by the student. Vacation may be taken in 1 or more week increments.

### Prep Tracks and Vacation

- If placed on a COMLEX Level 1 or Level 2 CE prep track, the first four weeks will be taken from the four weeks of year three vacation.

- Should the prep track extend beyond 4 weeks or the year three vacation time has been previously used, the missed time will be charged against year four vacation. This will be charged retroactively on the first day of year four.

## **Exception Request**

An Exception Request Form must be completed for any exception regarding scheduling or policy/procedures. This form is available online or from your Statewide Campus office. The request must be approved by the Statewide Campus Director, who will then forward the request to the Statewide Campus Assistant Dean for final approval.

The form must be submitted to the Regional Assistant Dean and Director via Docusign.

An Exception Request Form must be approved by the Regional Assistant Dean prior to missing any planned off days of a rotation or immediately after being absent due to illness or other unplanned events. In the case of illness the Statewide Campus office and preceptor must be notified of the absence on the 1<sup>st</sup> 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.



# EXCEPTION REQUEST FORM



Today's Date \_\_\_\_\_

Date received by Statewide Campus office \_\_\_\_\_

Student Name: \_\_\_\_\_

Rotation  
Dates \_\_\_\_\_ to \_\_\_\_\_ Rotation \_\_\_\_\_

*\*Must be submitted in advance of all proposed rotation or educational absences (if acutely ill, first notify preceptor and SWC regional office, then submit form as soon as reasonably possible) and any requested exception to current policies or procedures.*

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\_\_\_\_ Approved \_\_\_\_ Disapproved

Comments:

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\_\_\_\_\_  
Statewide Campus Director      Date

\_\_\_\_ Approved \_\_\_\_ Disapproved

Comments:

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\_\_\_\_\_  
Statewide Campus Asst. Dean      Date

\_\_\_\_ Referred to Associate Dean

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ Approved \_\_\_\_ Disapproved

\_\_\_\_\_  
Statewide Campus Assoc. Dean      Date

Revised 5/1/2018

## 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 3<sup>rd</sup> and 4<sup>th</sup> years. At least 8 weeks of the 12 weeks must be within the State of West Virginia as defined by WVHEPC. Rural rotations outside of West Virginia are approved by the SWC office. The Statewide Campus offices have the most recent requirements and information of areas that meet the requirement. **The following elective rotations are NOT considered completion of Rural requirements: Research, Health Policy, Anatomy Intensive, Culinary Medicine.**

## SECTION V FORMS FOR SCHEDULING STUDENT ROTATION WORKSHEETS

### Student Rotation Worksheet

Student Rotation Worksheet  
Class of 2023 Fourth Year

Date	Rotation	Date	Rotation	Date	Rotation
6/27/2022		11/7/2022		3/20/2023	
7/4/2022		11/14/2022		3/27/2023	
7/11/2022		11/21/2022		4/3/2023	
7/18/2022		11/28/2022		4/10/2023	
7/25/2022		12/5/2022		4/17/2023	Mandatory time off
8/1/2022		12/12/2022		4/24/2023	Mandatory time off
8/8/2022		12/19/2022		5/1/2023	Graduation Week
8/15/2022		12/26/2022			
8/22/2022		1/2/2023			
8/29/2022		1/9/2023			
9/5/2022		1/16/2023			
9/12/2022		1/23/2023			
9/19/2022		1/30/2023			
9/26/2022		2/6/2023			
10/3/2022		2/13/2023			
10/10/2022		2/20/2023			
10/17/2022		2/27/2023			
10/24/2022		3/6/2023			
10/31/2022		3/13/2023			

Internal Medicine II	Selective	4 weeks
Internal Medicine III	Selective	4 weeks
Family Medicine II	Selective	4 weeks ***
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-2 weeks Graduation off- 1 week Graduation is May 5, 2023

James R. Stookey OMT rotation 3<sup>rd</sup> and 4<sup>th</sup> Year. Must complete EHR OMT SOAP Note.

Family Medicine II

\* Must be Rural and/or w/D.O. depending on Family Medicine I

\* FM II can be 4 weeks in length, or can be done as 2 two-week blocks

# Student Rotation Worksheet

# Berkeley Medical Students Only

## Student Rotation Worksheet Class of 2024 Third Year

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

Family Medicine I	Required	8 weeks	Pre/Posttest
Internal Medicine I	Required	8 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 2	Selective	4 weeks	
Dean's Selective (OB-GYN)	Selective	4 weeks	
Electives	Elective	4 weeks	
Vacation		4 weeks	
Board Study		1 week	

\*OPP COMAT Given During Orientation. James R. Stookey requirement for 3<sup>rd</sup> 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 April 18 – 22, 2022 (WVU) and June 13 – 17, 2022 (WVSOM).**

*Highlighted Rotations are different from Traditional WVSOM Student Scheduling.*

**Student Rotation Worksheet  
Class of 2024 Fourth Year**

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

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

James R. Stookey OMT rotation 3<sup>rd</sup> and 4<sup>th</sup> Year. Must complete EHR OMT SOAP Note.

Family Medicine 2

\* Must be with a DO (rural requirement met with FM1 for BMC students)

*Highlighted Rotations are different from Traditional WVSOM Student Scheduling*

## **SECTION VI STUDENT POLICIES AND PROCEDURES**

### **Academic**

Please refer to institutional policies as appropriate.

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

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

Student Attendance Policy E 09 <https://www.wvsom.edu/policies/e-09>

To view all institutional student related policies, log onto the WVSOM web page and access the following: <https://www.wvsom.edu/policies>

### **Illness**

Should a student incur an illness during the course of a clinical rotation, he/she must immediately notify the appropriate preceptor and Statewide Campus office if he/she will be absent from or will be late to the rotation. When the illness results in an absence of more than two days, the student must be seen by a physician and obtain documentation (return to work document). The Statewide Campus Assistant Dean must receive this documentation within five business days of the absence. If the Statewide Regional Assistant Dean does not receive the documentation within five days, the student may be placed on vacation or may have to take a leave of absence if no vacation time remains. If a student is absent from a rotation due to illness, all time missed must be made up.

If any absence from any rotation is deemed to be unexcused, the student will automatically fail the rotation.

A student should not for any reason hesitate to report illness. The welfare of both the student and his/her contacts is the major consideration. If the student does not follow the above procedure the student may fail the rotation.

### **Temporary Absence**

Temporary absence is defined as only 4 hours or less in one day. This time must be approved prior to the student taking the temporary absence by the Statewide Regional Assistant Dean and the supervising physician. This time will be allowed when the student has to attend to personal business that cannot be attended to after clinic or hospital rotation duties are complete. It is noted that there are no days off during a rotation. The preceptor establishes the rotation schedule. An exception request form must be submitted to the SWC Regional Assistant Dean and Director prior to the absence.

## Leave of Absence

A leave of absence can only be granted by the Vice President for Academic Affairs and Dean. A leave of absence will only be granted for significant reasons, including but not limited to medical problems and/or family crisis. Should a situation occur where the student will be unable to continue on rotations, the student should consult the Regional Assistant Dean immediately. Please reference Institutional Policy E-26:

<https://www.wvsom.edu/policies/e-26>

## Student Attendance Policy

**Report on time:** Attendance is a vital part of the student's clinical training/education; therefore, attendance is required for the entire duration of each clinical rotation. It is the responsibility of the student to contact the rotation coordinator or supervising physician **3 to 5 days** in advance of the rotation to clarify the time and location to meet on the first day of the rotation. Rotation contact information is available on eMedley. Be sure to check the "Instructions from Preceptor" and "Logistics for Students" sections, as they will contain important information regarding the rotation and rotation contact. We suggest that direct contact be made by phone and not solely by email. If the student has not been able to make contact or discover this information by the Thursday prior to the start of the rotation, the student should contact his/her SWC Regional staff for guidance. Punctuality is evaluated as part of the professionalism core competency. If a student missed a day of rotation due to illness, inclement weather, etc the time missed must be made up.

**Departure:** Students are required to remain at their rotation until the time designated by the Statewide Campus office and the supervising physician. The student will not leave the current rotation site prior to the last scheduled day of the rotation without the consent of the WVSOM Statewide Campus office and the supervising physician. Any departures from an assigned rotation must also be approved by the WVSOM Statewide Campus office and supervising physician. **Any unapproved early departure will result in a failing grade for the rotation.**

## Hours of Duty

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

- A minimum number of hours per week is not defined, although in usual circumstances it will be no less than sixty (60) hours. Usual and customary practice will prevail. The student and supervising physician shall exercise reason in this matter.



- A work or duty week shall be limited to a maximum of seventy-two (72) hours. Any additional hours shall be on a voluntary basis only.
- The student may be given two (2) weekends off per month of rotation.
- A weekend off must be forty-eight (48) consecutive hours and may be defined as either Saturday and Sunday, or Friday and Saturday. This decision will be made by the supervising physician.
- The maximum duration of any work or duty period will be twenty-four (24) hours and must be followed by a minimum of twelve (12) hours off duty.

## **Interview for Residency Program**

Students that are in their fourth year and need to go to an interview must complete the Exception Request Form and submit it with a copy of the interview invitation to their Statewide Campus Regional Assistant Dean prior to the interview or it will be considered an unexcused absence and the student will fail the rotation. Students will be allowed 2 days maximum for in person interviews. Students will be allowed to attend 1 in person interview on a 2 week rotation, 2 in person interviews when on a 4 week rotation.

Students will need to consult with their Regional Assistant Dean when scheduling virtual interviews to maintain the accreditation requirements for those 2 or 4 week rotations.

## **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 their situation has been reviewed by the WVSOM Student Promotions Committee.

## **Removal/Dismissal from a Rotation**

A student who is removed for cause or dismissed from a clinical rotation prior to completion of the rotation/course will fail the rotation and a grade of 65% (F) will be recorded. Failure of a clinical rotation course will result in the student being automatically placed on Academically-at-Risk Category 2. Once the grade becomes final, the student's file will be remanded to the Student Promotion Committee.

## **Medical Student Supervision**

The WVSOM curriculum provides students required clinical learning experiences during



all four years. The student will participate at varying levels of responsibility based on academic year and experience. **A student of the WVSOM is not legally or ethically permitted to provide care to patients independently.**

All students involved in clinical patient care activities **must be** supervised by a licensed physician. The licensed physician may delegate the supervision of the medical student to a resident, fellow or other qualified healthcare provider (Nurse Midwife, Nurse practitioner, PA, Psychologist, etc.). The supervising physician retains full responsibility for the supervision of the medical students assigned to the medical rotation and must ensure his/her designee(s) is prepared for their roles for supervision of medical students. Designation of a qualified healthcare provider requires that the student only perform care that is in the scope of the healthcare provider.

A student may not administer treatment or medication until a licensed supervising physician has personally seen the patient and confirmed the diagnosis. Treatment may not commence unless the supervising physician reviews and counter signs all orders, progress notes, etc., written by the student.

The physician supervisor/preceptor and his/her designee(s) must have appropriate license and specialty board eligibility/board certification and be supervising the medical student within that scope of practice of the identified specialty.

### **Level of Supervision/Responsibilities**

Clinical supervision is designed to foster progressive responsibility as the student gains experience in the clinical setting through the curriculum. The supervising physician provides the medical student the opportunity to demonstrate progressive involvement in patient care. In regards to medical records and clinical patient care, WVSOM students are expected to adhere to the policies of the facility where they are seeing patients.

### **Supervising Physician Definition**

An attending physician employed by WVSOM; a community/rural attending physician (preceptor) who has been credentialed or approved by the school; a resident or fellow in a graduate medical education program.

### **Supervision Levels**

- **Direct Physician Supervision Present**: The physician must be present in the room from beginning to end during the performance of a procedure or provision of general patient care.
- **Direct Physician Supervision Available**: The physician must be present in the office or on hospital grounds and immediately available to provide assistance/direction throughout the performance of the provision of patient care or procedure.

### **Scope of Duties Permitted:**

#### Year 3 and 4 Medical Students

- Obtaining a patient's complete and problem-focused history

- Limited Physical Examination, which specifically excludes genitourinary, breast and rectal exams. The level of supervision requires the physician to be available or present during the exam based on the student's level of competency.
- Under direct physician supervision, who is present in the room, students may perform genitourinary, breast, and/or rectal exam. If the supervising physician determines the student is competent in the examination of the genitourinary, breast and rectal exam then the student may be allowed to perform these diagnostic examinations only with a gender appropriate chaperone present in the room and the supervising physician is immediately available should he/she be needed
- Under direct physician supervision available, students may round on patients in the hospital and
  - Gather lab, imaging, nursing and other pertinent information/results
  - Develop interim assessments and recommendations
- Under direct supervision available, students may write notes regarding Evaluation and Management services or procedure notes with the supervising physician verifying in the medical record any student documentation of components of the Evaluation and Management services.

The above notwithstanding, duties and activities of students must not conflict with hospital or clinic policies. In the event a supervising physician or his/her designee is not available, the student should cease patient care activities. If this situation is frequent, WVSOM's Statewide Campus must be notified. A student faced with life-threatening emergency in the absence of the supervising physician should use his/her best judgment in rendering care until the supervising or other physician arrives.

## **Procedure for Off-Campus Student Meeting Attendance**

Please see student conference request form (login to mywvsom required):

[https://my.wvsom.edu/Visitors/FileServer.cfm/\\_pdf/SWC/Conference\\_Leave\\_Request.pdf](https://my.wvsom.edu/Visitors/FileServer.cfm/_pdf/SWC/Conference_Leave_Request.pdf)

Year 3 students may be allowed to attend one meeting during their third year. However, students will not be able to attend meetings during core required rotations unless the attending preceptor is also attending the meeting. Students may not attend meetings during any two-week rotation.

Year 4 students may attend one meeting during their fourth year as long as it is not during a required rotation (unless the preceptor is also attending the meeting) or during a two-week rotation. Year 4 students may attend a second meeting, if there is a valid reason, with permission of the Associate Dean for Predoctoral Clinical Education and the preceptor.

All Year 3 and Year 4 required activities must be made up. Arrangements for make-up must be made and approved by the preceptor/Director of Medical Education and the

appropriate Regional Assistant Dean at least THREE WEEKS prior to attending the meeting. Exceptions for Student Officers: students who hold an office in a school-supported club or organization and are required to attend national meetings.

No student should buy a nonrefundable ticket or pay a nonrefundable conference fee before receiving final approval from the Associate Dean for Predoctoral Clinical Education.

## **Administrative**

Please refer to institutional policies as appropriate.

Student Mental Health ST-08 <https://www.wvsom.edu/policies/st-08>

Drugs, Alcohol, Testing and Treatment GA-08 <https://www.wvsom.edu/policies/ga-08>

Student Professional Liability Insurance Coverage E-15

<https://www.wvsom.edu/policies/e-15>

Promotion Requirement National Board Examination -Passage of COMLEX E-23

<https://www.wvsom.edu/policies/e-23>

Personal Hospitalization/Health Insurance ST-05 <https://www.wvsom.edu/policies/st-05>

## **Student Health Insurance Coverage**

All students are required to have personal hospitalization/health insurance while on clinical rotations (Policy ST-05) <https://www.wvsom.edu/policies/st-05>. All students shall be required to pay a student health insurance fee that provides for that coverage. Students may apply for a waiver of the student health insurance fee by providing satisfactory proof of equivalent health insurance coverage prior to the beginning of the academic school year. The insurance must cover each state in which the student is assigned or plans to rotate and must include West Virginia. This insurance will need to start before a student starts third year rotations and continues into fourth year rotations.

## **ST-06 – Health Safety and Wellness Policy**

Students must comply with all current policies (including, but not limited to, policies on vaccination and testing, drug and alcohol use, background checks, confidentiality and use of patient health information, and any other applicable policies) of any affiliated hospitals or other healthcare facilities/providers with which the student may participate as part of any clinical rotation or other curricular activity. Students should be aware that such policies may be changed at any time. <https://www.wvsom.edu/policies/st-06>

## **NBOME – COMLEX Levels 1 and 2 – Administrative**

The taking and passing of Level 1 and Level 2 (including 2-PE) of the National Boards (COMLEX) is required by WVSOM for graduation. See policy E-23

<https://www.wvsom.edu/policies/e-23>

## **Lawsuits, Litigation, or Potential Legal Action**

The Statewide Regional Assistant Dean and the Associate Dean for Predoctoral Clinical Education must be notified immediately if a student becomes aware of a potential situation of litigation which might involve him or her as a student. The student must keep the Regional Assistant Dean and the associate Dean informed in writing of any progression of legal action as it occurs.

The Associate Dean for Predoctoral Clinical Education and in-house legal counsel shall immediately notify the Vice President for Academic Affairs and Dean and Director of Human Resources of such action who will ensure the Board of Governors legal counsel is notified. All of the above notifications shall be in writing.

The student will at all times be responsible to the personnel in charge of the rotational service involved. All students will be expected to comply with the general rules established by the hospital, clinic, or other training site. The supervising physician must be aware of his/her duties as it relates to timely review, verification and sign off of any transactions (encounter notes, orders, History and Physical examinations, etc...) generated by the trainee in their role and patient care responsibilities as assigned.

## **Student Professional Liability Insurance**

Student professional liability insurance is provided under the WVSOM student liability policy only if the student is participating in an educational rotation that has been officially approved in writing by WVSOM's Statewide Campus office. This applies to required, selective, and elective rotations in the continental USA, Hawaii, and Alaska. There is no student liability coverage provided on international rotations or rotations that are outside the United States.

## **Meals**

Meals may be provided by a hospital or rotation site free or at a discount for rotating students; otherwise, students are responsible for providing their own meals.

## **Americans with Disabilities Act (ADA)**

All clinical education sites must be in compliance with the Americans with Disabilities Act (ADA). Questions should be addressed to WVSOM's Office of Predoctoral Clinical Education.

## Housing

Housing at the Statewide Regional site is the responsibility of the student. Housing will be provided for third year required rotations that are greater than 50 miles from the student's Base site, not the student's residence. Students who use housing that is provided are expected to be respectful of the property/housing that is provided, and must leave the premises clean and in good repair. Housing that is provided is just for the students. If the student wishes to take family members with them while they are on an away rotation, they will be responsible for their family members' housing. All housing arrangements must be completed prior to the beginning of the rotation.

Housing is not provided for fourth year student rotations.

No pets are allowed at any site.

Students may not have additional boarders.

Certain penalties exist for non-uses of provided housing.

These are outlined in the student agreements signed ahead of the rotation involved.

## Clinical

Please refer to institutional policies as appropriate.

Academic and Professional standards ST-01 <https://www.wvsom.edu/policies/st-01>  
Standardization of Student Clinical Lab Coat and Identification Badge ST-12  
<https://www.wvsom.edu/policies/st-12>

## Dress

Students will at all times maintain a critical awareness of personal hygiene and dress in a neat, clean, and professional manner. Unless specifically required otherwise by the hospital or service, students must wear clean short white lab coats with a WVSOM insignia patch on the upper left sleeve. The coat should have the student's legal name embroidered on the coat with WVSOM placed below the student's name.

The student's WVSOM identification card will also be worn at all times. Hospital identification badges may be required and the student will need to wear these as required by the hospital or clinic.

Reasonable alterations in dress may be indicated by individual physicians on whose services the students are being trained.

To avoid situations of potential allergies or problems with asthma, it is recommended to refrain from wearing scented perfume or cologne.

Students shall dress appropriately for all educational settings where patients are present or while in a hospital setting (Education Days, testing, etc.) and adhere to the following standards for professional attire and appearance:

1. Professional Attire is constituted to mean:

- Clean white coat in accordance with WVSOM Institutional Policy ST-12.
- Identification badge is to be worn at all times.
- Women: skirts of medium length or tailored slacks. Shoes must be comfortable, clean, in good repair and permit easy/quick movement.
- Men: tailored slacks, dress shirt and a necktie. Shoes must be comfortable, clean and in good repair and worn with socks.
- Reasonable alterations in dress may be indicated by individual physicians on whose service the students are being trained.

2. Scrub suits:

- On services where scrub suits are indicated, these will be provided. They are the property of the hospital and are not to be defaced, altered or removed from the hospital.
- These are to be worn in specific patient care areas only.
- Scrub suits are not to be worn in public places outside of the hospital.
- If a scrub suit must be worn in public areas outside the designated hospital areas, it must be clean and then covered with a clean, white lab coat. Shoe covers, masks and hair covers must be removed before leaving the clinic area.

3. Hair/Nail Maintenance:

- Hair should be neat, clean, and of a natural human color.
- Beards/mustaches must be neatly trimmed.
- Shoulder length hair must be secured to avoid interference with patients and work.
- Nails must be kept closely trimmed.

4. Jewelry:

- Keep jewelry at a minimum in order to decrease the potential for cross infection.
- The following are permitted: a watch, up to four (4) rings, two (2) small earrings per ear (large earrings are distracting and may be pulled through the ear), modest neck chains.

5. The following items are *specifically prohibited* in clinical situations including student labs or while on rotations:

- Blue jeans, regardless of color, or pants of a blue jean style.
- Shorts.
- Sandals or open toed shoes, higher heeled or canvas shoes (blood or needles

- may penetrate the fabric).
- Midriff tops, tee shirts, halters or translucent or transparent tops, tops with plunging necklines, low slung pants or skirts that expose the midsection, tank tops or sweatshirts.
- Buttons or large pins (could interfere with function, transmit disease or be grabbed by the patient).
- Long and/or artificial finger nails.
- Visible body tattoos or visible body piercing (nose, lips, tongue, eyebrow, etc.).

## Title

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

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

## Immunizations, TB Screening and Training

WVSOM utilizes the Castlebranch program which is an immunization tracking and document system. Students have access to this program. It is the student’s responsibility to keep this information updated.

The student is required to provide his/her immunization record upon the request of the on-site Medical Education Coordinator/Director or supervising physician. Students are also required to provide documentation of HIPAA and OSHA training required by hospitals prior to the student starting a rotation. Some hospitals may have additional requirements that the student must meet in order to rotate at that facility. Example: Some hospitals will require an additional background check and finger printing.

If you have any questions regarding immunizations, please contact WVSOM’s Office of Predoctoral Clinical Education and ask to speak to the health educator responsible for immunizations.

### **Immunizations, 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  $\geq 10$  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 3<sup>rd</sup> year, and repeats a single TST prior to the 4<sup>th</sup> year unless hospital policies dictate otherwise. Students with positive TST will have a negative Interferon Gamma Release Assay (IGRA) or negative chest x-ray. Students will not have to repeat these tests unless required by the hospital.

***Students requesting to perform International Rotations may have additional requirements.***

#### **Training:**

- BLS and ACLS (is completed during orientation at the statewide campus site) cards that aren't expired.
- All WVSOM students must complete yearly OSHA and HIPAA training and education regarding needle stick/sharps procedures and prevention of blood borne pathogens.

#### **Failure to meet the training requirement will result in the following:**

- You will be placed on vacation (vacation is scheduled by weeks, not days) until the training is documented to have been completed. If you have no vacation available, you will be required to request a leave of absence.
- If you take a leave of absence, you may not graduate on time.
- Your BLS and ACLS cards must be uploaded into your Castlebranch account. Do not lose your cards, as you will have to pay for replacements.

## **Injury Procedure – Clinical**

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

A letter from the Statewide Campus Regional Assistant Dean will be mailed or emailed to the student acknowledging the incident and emphasizing that the student is responsible for follow-up care.



Follow-up will be monitored by the health educator at WVSOM.

### **Needle stick, Blood and Body Fluid Exposure Procedure**

All WVSOM students must complete yearly OSHA/HIPAA training and education regarding needle stick/sharps procedures and prevention of blood borne pathogens. The course is available in eMedley.

Each rotation site for students should have a working needle stick/sharps policy in place.

If a student is stuck with a needle or has other percutaneous exposure to blood or body fluids, the student must first wash the injury site with soap and water. If there is contact with the ocular mucosa, the eye should be flushed with water or saline solution. If there is contact with other mucous membranes, flush exposed membranes with water.

The student must immediately notify the site/rotation physician preceptor and WVSOM's Statewide Campus Office of the exposure and report the incident to the Employee Health Office at the site where the exposure occurred. The facility where the incident occurred will be responsible for providing care. The student will be evaluated at the nearest emergency department if the facility where the incident occurred is unable to provide care. The student will be evaluated by a Health Care Provider to determine the potential of the exposure to transmit Hepatitis B, Hepatitis C, or Human Immunodeficiency Virus (based on the type of body substance involved, route, and severity of exposure), to perform baseline testing as indicated, and for appropriate care and post exposure prophylaxis if warranted.

**The student will be responsible for all expenses related to the incident.** WVSOM students are required to carry a health insurance policy. WVSOM does not accept any financial responsibility.

It is recommended that the provider who sees the student reference the CDC website on treatment recommendation after an exposure to bloodborne pathogens at:

<http://www.cdc.gov/niosh/topics/bbp/guidelines.html> or  
<http://nccc.ucsf.edu/clinical-resources/pep-resources/pep-guidelines/>

If the source person or patient is known at the time of the student's evaluation, consent should be obtained and blood drawn from the source person for testing to include: Hepatitis B Surface Antigen (HBsAg), Hepatitis C antibody (HCV-Ab), and HIV Antibody (HIV-Ab). If the source patient is Hepatitis B Surface Antigen-positive, additional consideration to testing the source for Hepatitis B e Antigen (HBeAg).

Consent for HIV testing is not required in documented medical emergencies as provided for in the West Virginia 64CSR64 and determined by a treating physician, whether the source patient's blood is to be obtained or is already available.

If the source person is not infected, baseline testing or further follow-up of the student is not necessary.

In the case of HIV, anti-retroviral medications significantly lower an exposed person's seroconversion rate. The student in consultation with the treating health care provider will decide within 2 hours of exposure to an HIV-positive patient whether or not to receive anti-retroviral medication prophylactically.

Hepatitis B Vaccine and/or Hepatitis B immune globulin are key considerations for post-exposure prophylaxis after exposure to an HBV-infected patient (Hepatitis B Surface Antigen positive). The student in consultation with the treating health care provider will decide whether additional HBV postexposure prophylaxis is warranted (based on the student's medical history, HBV immunization status, and antibody response to prior immunization), and initiate appropriate treatment, preferably within 24 hours after the exposure, if indicated.

At present, there are no recommendations regarding postexposure prophylaxis for Hepatitis C virus. A student exposed to an HCV-positive patient's blood or body fluids should receive appropriate counseling, testing, and follow up.

The Statewide Campus Regional Assistant Dean will assist as necessary in the notification of the appropriate medical care providers that the student is reporting to them for initiation of exposure of Blood Borne Pathogen Protocol and ensure that the plan is working smoothly. The Statewide Campus Regional Assistant Dean will make sure that the student is appropriately excused from rotation to complete this workup.

An occurrence report must be filed with the rotation site and a copy sent to WVSOM's Statewide Campus Office. A copy of the occurrence report will also be sent to the WVSOM main campus to be placed into the student's health file.

A letter from the Statewide Campus Regional Assistant Dean will be mailed or emailed to the student acknowledging the incident and emphasizing that the student is responsible for follow-up care. A copy of the letter will also be sent to the WVSOM main campus to be placed into the student's health file.

A Bloodborne Pathogen Exposure Incident Report Form must be completed and returned to the WVSOM Office of Human Resources within 24 hours of the incident, or within 24 hours after the Statewide Campus is notified.

If the source person is infected, or if the source is unknown and the exposure deemed sufficient risk, the student will receive baseline testing as appropriate to the specific virus(es) (if not already performed); and, follow-up testing appropriate to the exposure based on current expert recommendations. See Table 1 for a recommended approach to bloodborne pathogen exposure evaluation and management, and laboratory testing recommendations.

If the student seroconverts to any bloodborne pathogen, appropriate treatment should begin immediately.

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

Follow-up will be monitored by a health educator at WVSOM.

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

<b>Table 1: Recommendations for the Evaluation of Potential Bloodborne Pathogen Exposure*</b>		
Step-wise Approach to Evaluation		
1) Treat the exposure site. 2) Report and document circumstances of the exposure and subsequent management. 3) Evaluate the exposure for the potential to transmit HBV, HCV, and/or HIV. 4) Evaluate the source (if known) or the likelihood of a high risk exposure (if source unknown). 5) Provide disease-specific postexposure prophylaxis management. 6) Provide appropriate follow-up.		
Known Source Person/Patient:		
1) Obtain informed consent as required by State regulation (NOTE: Consent for HIV testing is not required in documented medical emergencies as provided for in WV 64CSR64 and as determined by a treating physician.) 2) Test blood from source person for: HBsAg, HCV-Ab, and HIV-Ab (rapid HIV-Ab if available) a) If HBsAg-positive, consider testing for presence of HBeAg b) If HCV-Ab positive, consider measuring HCV viral load c) If HIV-Ab positive, consistent HIV viral load, resistance testing, and clinical status of patient. 3) If source person is NOT infected, baseline testing or further follow-up of health care personnel (student) is not necessary.		
Unknown Source Person/Patient (or Unavailable for Testing):		
1) Consider likelihood of BBP infection based on community infection rate, prevalence of at risk patients in clinic/hospital practice. 2) Do not test discarded needles – reliability is unknown.		
Laboratory Testing of Health Care Personnel (Student): Source Infected, Source Unknown, or Source Unavailable for Testing		
Exposure	Baseline– test as early as possible, preferably ≤72hrs	Follow-up testing
HBV	Anti-HBs (if antibody response to prior vaccination unknown)	1) Anti-HBs 1-2 months after last dose of vaccine. If HBIG was given, anti-HBs cannot be ascertained within 6-8 weeks 2) Consider testing for HBsAg if no antibody response after 3-dose vaccination series

HCV	Anti-HCV and ALT	1) HCV RNA at 4-6 weeks (CAUTION with interpretation of results) 2) Anti-HCV and ALT at least 4-6 months post-exposure; confirm repeatedly positive anti-HCV results with supplemental tests
HIV	HIV-Ab	1) Repeat HIV-Ab at 6 weeks, 3 months, and 6 months post-exposure 2) Extended follow-up (12 months) is recommended for HCP who become infected with HCV following exposure to source co-infected with HIV and HCV.
*[Source: Adapted from <i>PEP Steps</i> , April 2006. Mountain Plains AIDS Education & Training Center in consultation with National Clinicians' Postexposure (PEP) Hotline. Link and other resources available at <a href="http://www.cdc.gov/niosh/topics/bbp/guidelines.html">http://www.cdc.gov/niosh/topics/bbp/guidelines.html</a> ]		

## Professionalism

WVSOM believes that exemplary interpersonal relationships, professional attitude, humility, and ethical behavior are an integral part of the total osteopathic physician. Professional standards required of a member of the osteopathic profession are therefore a requirement for passing any clinical rotation. Shortcomings in any of these areas may result in a failing grade for a rotation regardless of other academic or clinical performance.

Extemporary or Unprofessional behavior can be reported using the WVSOM Professional Behavior Form (login required): <https://my.wvsom.edu/cas-web/login?service=https://my.wvsom.edu/Students/StudentAffairs/StudentProfessionalBehavior/index.cfm>

## Cell Phone Use

Restrict the use of your personal cell phone, including texting and emailing, to when you are off-duty. It is appropriate to discuss with each preceptor his/her preference for using cell phones to access on-line resources during work hours (i.e. Up-to-date, eMedicine, etc).

REMINDER: Cell phone use while operating a vehicle is illegal in many states, and should not occur.

## Student/Patient Relationship

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

## Occupational Safety & Health Administration (OSHA)

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

## The Health Insurance Portability & Accountability Act (HIPAA)

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

<http://www.hhs.gov/ocr/privacy/>.

### PATIENT PROTECTIONS

The new privacy regulations ensure a national floor of privacy protections for patients by limiting the ways that health plans, pharmacies, hospitals and other covered entities can use patients' personal medical information. The regulations protect medical records and other individually identifiable health information, whether it is on paper, in computers or communicated orally. Key provisions of these new standards include:

- **Access to Medical Records.** Patients generally should be able to see and obtain copies of their medical records and request corrections if they identify errors and mistakes. Health plans, doctors, hospitals, clinics, nursing homes and other covered entities generally should provide access these records within 30 days and may charge patients for the cost of copying and sending therecords.
- **Notice of Privacy Practices.** Covered health plans, doctors and other health care providers must provide a notice to their patients how they may use personal medical information and their rights under the new privacy regulation. Doctors, hospitals and other direct-care providers generally will provide the notice on the patient's first visit following the April 14, 2003, compliance date and upon request. Patients generally will be asked to sign, initial or otherwise acknowledge that they received this notice. Health plans generally must mail the notice to their enrollees by April 14 and again if the notice changes significantly. Patients also may ask covered entities to restrict the use or disclosure of their information beyond the practices included in the notice, but the covered entities would not have to agree to the changes.

- **Limits on Use of Personal Medical Information.** The privacy rule sets limits on how health plans and covered providers may use individually identifiable health information. To promote the best quality care for patients, the rule does not restrict the ability of doctors, nurses and other providers to share information needed to treat their patients. In other situations, though, personal health information generally may not be used for purposes not related to health care, and covered entities may use or share only the minimum amount of protected information needed for a particular purpose. In addition, patients would have to sign a specific authorization before a covered entity could release their medical information to a life insurer, a bank, a marketing firm or another outside business for purposes not related to their health care.
- **Prohibition on Marketing.** The final privacy rule sets new restrictions and limits on the use of patient information for marketing purposes. Pharmacies, health plans and other covered entities must first obtain an individual's specific authorization before disclosing their patient information for marketing. At the same time, the rule permits doctors and other covered entities to communicate freely with patients about treatment options and other health-related information, including disease-management programs.
- **Stronger State Laws.** The new federal privacy standards do not affect state laws that provide additional privacy protections for patients. The confidentiality protections are cumulative; the privacy rule will set a national "floor" of privacy standards that protect all Americans, and any state law providing additional protections would continue to apply. When a state law requires a certain disclosure -- such as reporting an infectious disease outbreak to the public health authorities -- the federal privacy regulations would not preempt the state law.
- **Confidential communications.** Under the privacy rule, patients can request that their doctors, health plans and other covered entities take reasonable steps to ensure that their communications with the patient are confidential. For example, a patient could ask a doctor to call his or her office rather than home, and the doctor's office should comply with that request if it can be reasonably accommodated.
- **Complaints.** Consumers may file a formal complaint regarding the privacy practices of a covered health plan or provider. Such complaints can be made

directly to the covered provider or health plan or to HHS' Office for Civil Rights (OCR), which is charged with investigating complaints and enforcing the privacy regulation. Information about filing complaints should be included in each covered entity's notice of privacy practices. Consumers can find out more information about filing a complaint at <http://www.hhs.gov/ocr/privacy/psa/complaint/index.html> or by calling (866) 627-7748.

## HEALTH PLANS AND PROVIDERS

The privacy rule requires health plans, pharmacies, doctors and other covered entities to establish policies and procedures to protect the confidentiality of protected health information about their patients. These requirements are flexible and scalable to allow different covered entities to implement them as appropriate for their businesses or practices. Covered entities must provide all the protections for patients cited above, such as providing a notice of their privacy practices and limiting the use and disclosure of information as required under the rule. In addition, covered entities must take some additional steps to protect patient privacy:

- **Written Privacy Procedures.** The rule requires covered entities to have written privacy procedures, including a description of staff that has access to protected information, how it will be used and when it may be disclosed. Covered entities generally must take steps to ensure that any business associates who have access to protected information agree to the same limitations on the use and disclosure of that information.
- **Employee Training and Privacy Officer.** Covered entities must train their employees in their privacy procedures and must designate an individual to be responsible for ensuring the procedures are followed. If covered entities learn an employee failed to follow these procedures, they must take appropriate disciplinary action.
- **Public Responsibilities.** In limited circumstances, the final rule permits -- but does not require -- covered entities to continue certain existing disclosures of health information for specific public responsibilities. These permitted disclosures include: emergency circumstances; identification of the body of a deceased person, or the cause of death; public health needs; research that involves limited data or has been independently approved by an Institutional Review Board or privacy board; oversight of the health care system; judicial and administrative proceedings; limited law enforcement activities; and activities related to national defense and security. The privacy rule generally establishes new safeguards and limits on these disclosures. Where no other law requires disclosures in these situations, covered entities may continue to use their professional judgment to decide whether to make such disclosures based on their own policies and ethical principles.

- **Equivalent Requirements for Government.** The provisions of the final rule generally apply equally to private sector and public sector covered entities. For example, private hospitals and government-run hospitals covered by the rule have to comply with the full range of requirements.

## OUTREACH AND ENFORCEMENT

HHS' Office for Civil Rights (OCR) oversees and enforces the new federal privacy regulations. Led by OCR, HHS has issued extensive guidance and technical assistance materials to make it as easy as possible for covered entities to comply with the new requirements. Key elements of OCR's outreach and enforcement efforts include:

- **Guidance and technical assistance materials.** HHS has issued extensive guidance and technical materials to explain the privacy rule, including an extensive, searchable collection of frequently asked questions that address major aspects of the rule. HHS will continue to expand and update these materials to further assist covered entities in complying. These materials are available at <http://www.hhs.gov/ocr/privacy/index.html>.
- **Conferences and seminars.** HHS has participated in hundreds of conferences, trade association meetings and conference calls to explain and clarify the provisions of the privacy regulation. These included a series of regional conferences sponsored by HHS, as well as many held by professional associations and trade groups. HHS will continue these outreach efforts to encourage compliance with the privacy requirements.
- **Information line.** To help covered entities find out information about the privacy regulation and other administrative simplification provisions of the Health Insurance Portability and Accountability Act of 1996, OCR and HHS' Centers for Medicare & Medicaid Services have established a toll-free information line. The number is (866) 627-7748.
- **Complaint investigations.** Enforcement will be primarily complaint-driven. OCR will investigate complaints and work to make sure that consumers receive the privacy rights and protections required under the new regulations. When appropriate, OCR can impose civil monetary penalties for violations of the privacy rule provisions. Potential criminal violations of the law would be referred to the U.S. Department of Justice for further investigation and appropriate action.
- **Civil and Criminal Penalties.** Congress provided civil and criminal penalties for covered entities that misuse personal health information. For civil violations of the standards, OCR may impose monetary penalties up to \$100 per violation, up to \$25,000 per year, for each requirement or prohibition violated. Criminal penalties apply for certain actions such as knowingly obtaining protected health information in violation of the law. Criminal penalties can range up to \$50,000 and one year in prison for certain offenses; up to \$100,000 and up to five years in prison if the



offenses are committed under "false pretenses"; and up to \$250,000 and up to 10 years in prison if the offenses are committed with the intent to sell, transfer or use protected health information for commercial advantage, personal gain or malicious harm.

## General

Please refer to institutional policies as appropriate.

Title IX, Sexual Harassment, and Discrimination GA-14

<https://www.wvsom.edu/policies/ga-14>

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

Standardization of Student Clinical Lab Coat and Identification Badge ST-12

<https://www.wvsom.edu/policies/st-12>

## Social Networking Guidelines

In all situations, including on social media sites, members of the medical profession should always represent him/herself in a manner that reflects values of professionalism, accountability, integrity, honor, acceptance of diversity, and commitment to ethical behavior.

For purposes of these guidelines, "social media" includes Internet and mobile-based applications that are built on user-generated shared content. Social networks including, but not limited to, blogging, microblogging (e.g., Twitter), networking sites (e.g., Facebook, LinkedIn), podcasts and video sites (e.g., Flickr, YouTube) – offer opportunities for communication, information/experience sharing, collaborative learning, professional interactions and outreach.

### Guidelines for social networking

- **Be professional.** As medical students and physicians, we should represent our profession well. Adhere to rules of ethical and professional conduct at all times.
- **Be responsible.** Carefully consider content and exercise good judgment as anything you post can have immediate and/or long-term consequences and carry the potential for significant public impact and viral spread of content. Therefore, all statements must be true and not misleading. Make sure that you differentiate opinions from facts.
- **Maintain separation.** Avoid interacting with current or past patients through social media, and avoid requests to give medical advice through social media. (e.g. replying to a post on social media asking to be diagnosed)
- **Be transparent/use disclaimers.** Disclose yourself and provide an appropriate disclaimer that distinguishes your views from those of the clinic, hospital system

and/or University with which you are associated (while at the same time, being careful not to violate any social media policy to which you may be subject by such organizations). Without specific direction from the appropriate personnel, you may not present yourself as an official representative or spokesperson for said organizations. Also, be sure to reveal any conflicts of interest and be honest about your credentials as a medical student or physician (resident or otherwise).

- **Be respectful.** Do not use defamatory, vulgar, libelous and potentially inflammatory language and do not display language or photographs that imply disrespect for any individual or group because of age, race, national origin, gender, sexual orientation, ethnicity, marital status, genetic information, military status, or any other protected characterization or group.
- **Follow copyright laws.** Comply with copyright laws. Make sure you have the right to use material before publishing.
- **Protect client/patient information.** Do not discuss confidential information and follow standards of patient privacy and confidentiality and regulations outlined in Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA, 20 U.S.C. § 1232g). Remember you could personally face a HIPAA violation if there are enough details in the post for patients to recognize themselves.
- **Avoid political endorsements.** Political endorsements of candidates should be avoided outside your own personal social media accounts, even their comments should be carefully considered. Endorsements of any candidates or political parties via WVSOM social media channels is strictly prohibited, be aware of where and how WVSOM's name is used.
- **Comply with all legal restrictions and obligations.** Remember use of social networking sites or weblogs can carry legal and professional ramifications. Comments made in an unprofessional manner can be used in legal, professional, or other disciplinary proceedings (i.e., hearings before a State Medical Licensing Board).
- **Be aware of risks to privacy and security.** Read the site's Terms of Use and Privacy Policy. Be cognizant of continuous changes in these sites and closely monitor the privacy settings of the social network accounts to optimize your privacy and security.

From "Social Media Guidelines for Medical Students and Physicians" by Jennifer L. Keating, J.D., MSIII, University of South Dakota Sanford School of Medicine as published on the American Medical Student

Association (AMSA) website <https://www.amsa.org/2016/09/15/social-media-guidelines-medical-students-physicians/>

## **Sexual Harassment**

Any incidence of suspected sexual harassment should be reported immediately in writing to the WVSOM Statewide Campus Assistant Dean and/or the Associate Vice President of Human Resources/Title IX Officer at WVSOM.

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

See WVSOM Institutional Policy GA-14 <https://www.wvsom.edu/policies/ga-14>

## **Behavioral Health**

WVSOM meets the needs of students for confidential resources for behavioral healthcare services on a 24 hour per day, 7 days a week (24/7) basis. Resources available to students can be found on the institution's website at the following link <https://www.wvsom.edu/students/swc-behavioral-resources>.

## **Physical Health Services**

WVSOM meets the needs of students for physical health services on a 24 hour per day, 7 days a week basis. Resources available to students can be found on the institution's website at the following link

## **Holidays and Religious Days Off**

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

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

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

## WVSOM/MSOPTI Graduate Medical Education Department Overview

The Graduate Medical Education Department at the West Virginia School of Osteopathic Medicine (WVSOM) is headed by the WVSOM Assistant Dean for Graduate Medical Education. This department is responsible for counseling and preparation of WVSOM students within their 1<sup>st</sup> through 4<sup>th</sup> years as well as postdoctoral opportunities and procedures for Mountain State Osteopathic Postdoctoral Training Institutions, Inc. (MSOPTI) members.

The WVSOM GME office monitors and maintains the systems WVSOM students utilize to request 3<sup>rd</sup> and 4<sup>th</sup> year elective rotations (Visiting Student Learning Opportunities (VSLO); ClinicianNexus; and AceMapps. The Electronic Residency Application Service (ERAS) is the system that WVSOM students utilize to apply for residency positions during their 4<sup>th</sup> year. Access to this system as well as documentation upload and maintenance is housed within the GME department. Monitoring, document upload and verification for participation in the Military, San Francisco (SF), American Urological Association (AUA) and National Resident Matching Program (NRMP) are conducted within the GME department. For any WVSOM graduate seeking a Fellowship, they will need to contact the GME office for documentation upload to ERAS/Midus.

The GME department holds regular information sessions for WVSOM students which is open to students from all training levels regarding residency planning and the match process. Multiple resources are available from the GME department via the WVSOM web site under the GME Resources tab.

WVSOM partners with MSOPTI to provide academic and accreditation consultations and educational resources to their partner programs. The MSOPTI is led by the Assistant Dean for GME who serves as the Executive Director. MSOPTI is a 501 C (3) Not-for-profit education corporation. All MSOPTI members participate in WVSOM's Statewide Campus System. Students are invited to attend all MSOPTI educational broadcasts which include a monthly Lunchtime Lecture Series, OPP Refresher and quarterly OPP Workshops.

In summary, the GME department at WVSOM is multi-faceted and regularly interacts with WVSOM faculty and staff, the ACGME and their specialty colleges, hospitals, clinics, AHECs, medical students, interns, residents and fellows.

Student services include:

- Student consultation on postdoctoral opportunities and procedures
- Electronic Residency Application Service (ERAS) coordination
- Visiting Student Learning Opportunities (VSLO) formally VSAS, coordination
- ClinicianNexus coordination
- AceMapps coordination
- Match participation: Military, SD, AUA and NRMP

- Documentation upload for fellowship applications with the ERAS/Midus system using the EDFO interface
- On-going GME and technical consultation to training sites, including program leadership, staff and administration
- AOA and ACGME committee involvement/membership
- Consultation for ACGME accreditation for Institutions and programs
- New Program application and development
- Promotion of partnerships and collaboration between academic medicine and community healthcare resources, including rural health development and outreach
- GME data collection and tracking
- Development of Postdoctoral OSCEs and educational seminars
- Faculty development

## WVSOM Student Clinical Rotation Schedule Information

### How to

#### **View personal schedule:**

Your schedule is available through eMedley. Select **edusched** under the Applications (three stacked blocks) icon. Click on **My Schedule**. All rotations or activities that have been approved and published will be listed for you to view in this area.

#### **Browse site evaluations:**

To view evaluations that were entered prior to the 2017/18 academic year:  
Goto the MY.WVSOM homepage ➤ **Clinical Education** ➤ **Browse site evaluation logs** - you may then select by rotation, service, site, trainer, city, state or any combination of these.

To View evaluations for the 2017/18 academic year and later:  
Logon to emedley. Select **evaluate** under the Application (three stacked blocks) icon. Click on Basic Reports. Choose the Student Evaluations of Clinical Sites and Preceptors Summary report. Select the Form (Site/Preceptor/Course Evaluation). You can then filter by Preceptor specialty or rotation and city/state.

#### **Clinical Resources:**

<https://www.wvsom.edu/academics/swc-clinical-resources>

## Statewide Campus Student Representatives & Responsibilities

One student representative from each Statewide Campus base site is elected during Year 3 Orientation by his or her peers. The name of the Statewide student representatives for your site may be obtained by contacting your Statewide Campus Regional Office.

### Responsibilities

Statewide Campus student representative responsibilities may include, but are not limited to, the tasks listed below.

- Act as spokesperson for base site students including student concerns and needs and bring them to SWC staff
- Gather information for Statewide Campus office or Clinical Education as needed
- Represent Statewide Campus hospital site for various functions, marketing and recruiting events, community events, etc.
- Be a resource for Year 1 and 2 students regarding Statewide Campus site selection procedure, and information about hospital sites, including rotations, housing, educational experience, the Match process, etc. Provide hospital tours at site reps discretion.
- Act as a contact for all social activities sponsored by the hospital for students
- Take student photos at your base hospital or assign someone to take photos
- Assist in other areas as requested by Clinical Education or your Statewide Campus Regional Assistant Dean or Director
- Act as liaison between students and SWC staff
- Copy RAD, Director and Administrative Assistant on all emails to students
- Act as a resource if students have questions or need help
- Search for volunteer/community service opportunities and provide information to students and SWC staff
- Additional duties may include taking attendance at resident educational programming didactics, morning report, etc.

## Institutional Policies

To view all institutional student policies, log on to the WVSOM web page and access as follows:

<https://www.wvsom.edu/policies>

## SWC Contact Information

WVSOM Statewide Campus Contact Information		
Arthur Rubin, DO Associate Dean for Predoctoral Clinical Education CAMC Memorial; WVU Bldg, Room 3011 3110 MacCorkle Ave, SE Charleston, WV 25304 <a href="mailto:arubin@osteo.wvsom.edu">arubin@osteo.wvsom.edu</a>		
Office Phone: 304.720.8834      Cell: 304.541.5342		
South East Region	Princeton, Beckley, Lewisburg	
Hilary Hamric, DO WVSOM SWC Regional Assistant Dean 400 Lee Street North Lewisburg, WV 24901 <a href="mailto:hhamric@osteo.wvsom.edu">hhamric@osteo.wvsom.edu</a> Phone: 304.647.6260	Megan Meador, MA WVSOM SWC Director The Erma Byrd Higher Education & Allied Health Wing 300 University Drive- WVSOM South East Region Beaver, WV 25813 <a href="mailto:mmeador@osteo.wvsom.edu">mmeador@osteo.wvsom.edu</a> Phone: 304.929.3323	Cynthia (Cindy) Stowers Raleigh General Hospital 1710 Harper Road Beckley, WV 25801 <a href="mailto:cstowers@osteo.wvsom.edu">cstowers@osteo.wvsom.edu</a> Phone: 304.256.4400 Fax: 304.254.3018
Northern Region	Wheeling, Weirton,, Glen Dale Steubenville	
Jane Daugherty-Luck, DO WVSOM Regional Assistant Dean Maxwell Centre 32- 20 <sup>th</sup> Street, Suite 400 Wheeling, WV 26003 <a href="mailto:jdaughertyluck@osteo.wvsom.edu">jdaughertyluck@osteo.wvsom.edu</a> Phone: 304.905.8495 Option 3	Mary Beth Fitch WVSOM SWC Director Maxwell Centre 32- 20 <sup>th</sup> Street, Suite 400 Wheeling, WV 26003 <a href="mailto:mfitch@osteo.wvsom.edu">mfitch@osteo.wvsom.edu</a> Phone: 304.905.0306 Option 1	Savannah Scott, Administrative Assistant Maxwell Centre 32 20 <sup>th</sup> Street, 4 <sup>th</sup> Floor Wheeling, WV 26003 <a href="mailto:sscott@osteo.wvsom.edu">sscott@osteo.wvsom.edu</a> Phone: 304.905.8492 Option 2 Fax: 304.905.6179
Eastern Region	Martinsburg, Petersburg, Hagerstown, Frederick	
James Wadding, DO WVSOM Regional Assistant Dean WVU Health Sciences, Eastern Division 2500 Foundation Way Martinsburg, WV 25401 <a href="mailto:jwadding@osteo.wvsom.edu">jwadding@osteo.wvsom.edu</a> 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 <a href="mailto:ccox@osteo.wvsom.edu">ccox@osteo.wvsom.edu</a> Phone: 304.596.6334	Mary Frances Horton, Administrative Assistant WVSOM WVU Health Sciences, Eastern Division 2500 Foundation Way Martinsburg, WV 25401 <a href="mailto:mhorton@osteo.wvsom.edu">mhorton@osteo.wvsom.edu</a> Phone: 304.596.6335 Fax: 304.267.0642
South West Region	Huntington, Gallipolis	
Jimmy Adams, DO WVSOM Regional Assistant Dean St. Mary's Medical Center, #6026 2900 1st Ave Huntington, WV 25702 <a href="mailto:jadams1@osteo.wvsom.edu">jadams1@osteo.wvsom.edu</a> St. Mary's Phone: 304.399-7592 Cell: 304. 638.8486	Carolyn Penn WVSOM SWC Director St. Mary's Medical Center, #6025 2900 First Avenue Huntington, WV 25702 <a href="mailto:cpenn@osteo.wvsom.edu">cpenn@osteo.wvsom.edu</a> Phone: 304.399.7590	Amy Porter, Administrative Assistant St. Mary's Medical Center, #6022 2900 First Avenue Huntington, WV 25702 <a href="mailto:aporter@osteo.wvsom.edu">aporter@osteo.wvsom.edu</a> Phone: 304.399.7591 Fax: 304.399.7593

Central East Region		Bridgeport, Elkins, Buckhannon, Morgantown	
Josalyn Mann, DO WVSOM Regional Assistant Dean WVSOM Central East Region Office DMC Physicians Professional Building 909 Gorman Avenue, Suite 102 Elkins, WV 26241 <a href="mailto:jmann@osteo.wvsom.edu">jmann@osteo.wvsom.edu</a> Phone: 681.342.1872 (UHC) 304.630.3023 (DMC)	Adrienne Tucker, MPA WVSOM SWC Director WVSOM Central East Region Office DMC Physicians Professional Building 909 Gorman Avenue, Suite 102 Elkins, WV 26241 <a href="mailto:atucker@osteo.wvsom.edu">atucker@osteo.wvsom.edu</a> Phone 304.637.3740 (DMC) 681.342.1872 (UHC)	Lori Wetzel Administrative Assistant WVSOM Central East Region Office DMC Physicians Professional Building 909 Gorman Avenue, Suite 102 Elkins, WV 26241 <a href="mailto:lwetzel@osteo.wvsom.edu">lwetzel@osteo.wvsom.edu</a> Phone: 304.637-3655 Fax: 304.637-3436	
Central West Region		Parkersburg, Marietta	
Marla Haller, DO WVSOM Regional Assistant Dean WVSOM, Central-West Region Office 2803 Murdoch Avenue Parkersburg, WV 26101 <a href="mailto:mhaller@osteo.wvsom.edu">mhaller@osteo.wvsom.edu</a> Phone: 304.428.4935 Cell: 740.384.8303	Joan Gates WVSOM SWC Director WVSOM Central-West Region Office 2803 Murdoch Avenue Parkersburg, WV 26101 <a href="mailto:jgates@osteo.wvsom.edu">jgates@osteo.wvsom.edu</a> Phone: 304.428.4930	Kelita Deems Administrative Assistant WVSOM, Central-West Region Office 2803 Murdoch Avenue Parkersburg, WV 26101 <a href="mailto:kdeems@osteo.wvsom.edu">kdeems@osteo.wvsom.edu</a> Phone: 304.428.4929 Fax: 304.428.4940	
South Central Region		Charleston, Logan	
L. Michael (Mike) Peterson, DO WVSOM Regional Assistant Dean CAMC Memorial; WVU Bldg., Room 3282 3110 MacCorkle Ave., SE Charleston, WV 25304 <a href="mailto:mpeterson@osteo.wvsom.edu">mpeterson@osteo.wvsom.edu</a> Phone: 304.720.8836	Karen Sadd WVSOM SC Director CAMC Memorial; WVU Bldg, Room 3012 3110 MacCorkle Ave., SE Charleston, WV 25304 <a href="mailto:ksadd@osteo.wvsom.edu">ksadd@osteo.wvsom.edu</a> P: 304.720.8833	Michael Rader, Administrative Assistant CAMC Memorial; WVU Bldg, Room 3014 3110 MacCorkle Ave., SE Charleston, WV 25304 <a href="mailto:mrader@osteo.wvsom.edu">mrader@osteo.wvsom.edu</a> Phone: 304.720.8832 Fax: 304.720.8831	
Katherine Calloway, D.O., MPH WVSOM Regional Assistant Dean 3110 MacCorkle Ave SE Room 3015 Charleston, WV 25304 <a href="mailto:kcalloway@osteo.wvsom.edu">kcalloway@osteo.wvsom.edu</a> Phone: 304.720.8835	Sarah Collins WVSOM SWC Director CAMC Memorial; WVU Bldg, Room 3012 3110 MacCorkle Ave., SE Charleston, WV 25304 <a href="mailto:scollins@osteo.wvsom.edu">scollins@osteo.wvsom.edu</a> Phone: 304.766.4218	Jennifer (Jenny) Scott Administrative Assistant Logan Regional Medical Center 81 Hospital Drive Logan, WV 25601 <a href="mailto:jscott1@osteo.wvsom.edu">jscott1@osteo.wvsom.edu</a> Phone: 304.831.1466	

Main Campus		Fax: 304.647.6258	
Alicia Luckton, MS SWC Managing Director 400 Lee Street North Lewisburg, WV 24901 <a href="mailto:aluckton@osteo.wvsom.edu">aluckton@osteo.wvsom.edu</a> Phone: 304-793-6853	Leah Stone Admin Assistant Senior 400 Lee Street North Lewisburg, WV 24901 <a href="mailto:lstone@osteo.wvsom.edu">lstone@osteo.wvsom.edu</a> Phone: 304.647.6318	Emily Fuller Program Coordinator 400 Lee Street North Lewisburg, WV 24901 <a href="mailto:efuller@osteo.wvsom.edu">efuller@osteo.wvsom.edu</a> Phone: 304.647.6278	Savanna Lester Admin Secretary Senior 400 Lee Street North Lewisburg, WV 24901 <a href="mailto:slester@osteo.wvsom.edu">slester@osteo.wvsom.edu</a> Phone: 304.793.6566



## Appendix

### Central Clinical Curriculum

#### COMMUNICATIONS 2022-2023

##### 1. Course Objectives

- a. Develop an understanding of the importance of effective communication skills to establish good rapport and information sharing with patients and their families in the clinical setting.
- b. Become familiar with the common communication strategies and helpful mnemonics for use in obtaining a thorough patient history.
- c. Discover effective means to convey respect and empathy toward patients when obtaining history, or when dealing with sensitive information, such as delivering bad news.
- d. Understand the importance of clear, effective written and verbal communication across the spectrum of healthcare and in clinical medical education.
- e. Gain valuable insight into the necessity of respectful communication with all healthcare workers that they will encounter in the medical office and in the hospital.
- f. Understand that they may acquire knowledge and skills through meaningful interactions with other healthcare providers at all levels of training.
- g. Become acquainted with concepts pertaining to the teamwork involved in effective healthcare and the value of each individual team member.
- h. Develop insight into the appropriate and inappropriate use of social media and the professionalism issues that can be involved. [unless to be covered in professionalism]
- i. Understand the importance of professional communications in electronic mail and cellular phone usage.
- j. Discuss situations where inadequate or inappropriate communication may be harmful and may yield negative consequences.
- k. [Identify recommendations and expectations for professional communications with your SWC Staff.]

##### 2. Description of content to be covered

- a. Potential Exercises (may be able to do if presented to individual regions, but may be impractical for a SWC-wide WebEx presentation)
  - i. What does Communication Mean to You? Identify what comes to mind when someone tells you that it's important to be an effective communicator in the health care setting. No repeat answers from the participants

- ii. Identify settings or scenarios where effective communication is important in the healthcare setting. No repeat answers from participants
  - b. Background about importance of effective communication, impact on patient safety, reduction of medical errors, etc.
  - c. Overview of core communication skills for practicing physicians (Macy Initiative)
    - i. Communication with the patient
      - 1. Reinforcement of the WVSOM Communication paradigm used for OSCEs/Clinical skills and basis in Calgary-Cambridge Guide (evidence-based), standard of patient communication as outlined by AAMC, ACGME, etc.
      - 2. Overarching functions – identify the problem, develop and maintain relationships, education and counseling
      - 3. Key elements of effective communication with patients
        - a. Verbal/nonverbal, Respect (SOLER), etc.
      - 4. List special scenarios where effective communication is critical
    - ii. Communication about the patient
      - 1. Oral communication (e.g., case presentations, telephone requests, outside consults)
      - 2. Written communication (e.g., medical record/SOAP format, consult note, email [other types of hospital notes, like admit, pre/post op, discharge, etc.])
        - a. SOAP Note format
        - b. Full H&P format
        - c. Email (HIPAA do's and don'ts)
      - 3. Team communication (work rounds, attending rounds, treatment planning teams)
        - a. Introduction of oral presentation format for attending/preceptor, SBAR (Situation-Background-Assessment-Recommendation), etc.
    - iii. Communication about medicine and science
      - 1. Oral communication (rounds, lectures, conferences)
      - 2. Written communication (patient information, scholarly papers and presentations)
  - d. Consider incorporating some small group exercises to reinforce certain topics that were covered (probably not for each topic, but for specific topics deemed critical that aren't already covered elsewhere)
  - e. Add additional section for communications with school representatives/SWC staff
1. Required resources, presenters, references, IT, etc. \*\*Not necessarily set in stone, but have considered
  - a. Resources
    - i. Ideas or exercises previously used by another RADs/faculty that have been deemed helpful for student learning

- ii. SBAR video (used previously at IPE's on main campus, or made separately)
- b. Presenters
  - i. Regional Assistant Deans
  - ii. Faculty involved in communications at school?
  - iii. Organizations/Companies that teach Communication skills?
- c. References
  - i. AAMC Recommendations for Clinical Skills Curricula for UGME (2005), Appendix A
  - ii. IPEC Core Competencies for Interprofessional Collaborative Practice (2016)
  - iii. Calgary-Cambridge Guides – Communication Process Skills
  - iv. Teaching Communication in Clinical Clerkships: Models from the Macy Initiative in Health Communications (2004)
  - v. LoshD, et al. Teaching Inpatient Communication Skills to Medical Students: An Innovative Strategy. *Academic Medicine*: Feb 2005, Vol 80 (2); pp 118-124.
  - vi. Ramasamy, R. (2014) Communication skills for medical students: An overview. *Journal of Contemporary Medical Education*, Vol. 2, Issue 2, p. 134-140
  - vii. AMA. 6 Simple Ways to Master Patient Communication, Nov 21, 2018. Accessed March 10, 2021 at <https://www.ama-assn.org/residents-students/medical-school-life/6-simple-ways-master-patient-communication> .
  - viii. SBAR Communication Technique
  - ix. Doc.com website
  - x. Doc.com Module #33, Delivering Bad News. [webcampus.drexelmed.edu/doccom](http://webcampus.drexelmed.edu/doccom)
  - xi. UC San Diego School of Medicine. Practical Guide to Clinical Medicine: Overview and General Information about Oral Presentation. Available at <https://meded.ucsd.edu/clinicalmed/oral.html> , (last accessed 3/15/2021)
- d. Support
  - i. Make SBAR video more relevant to physician perspective (vs nursing, pharmacy)
  - ii. As a pre-read, or to supplement presentation – select doc.com videos
    - 1. Options (Preferably one(s) that isn't/aren't specifically covered by one of the rotation syllabi, need to research further and put more thought into whether it would be more appropriate at orientation to cover essential elements, advanced elements, specific situations, or communicating with colleagues–
      - a. Essential Elements – Clinician-Centered Interviewing, Build a Relationship, Open the Discussion, Gather Information,

- Understand the Patient's Perspective, Share Information, Reach Agreement, Provide Closure
- b. Specific Situations
- c. Advanced Elements - Responding to Strong Emotions, Nonverbal Communication in Clinician-Patient Relationships, Understanding Difference and Diversity in the Medical Encounter:  
Communication across Cultures, Exploring Sexual Issues, Exploring Spirituality & Religious Beliefs
- d. Colleagues – The Oral Presentation, High Performance Teams: Diversity and RESPECT

## 2. Evaluation Tool

- a. We might want/need to develop some assessment tools for any individual small-group exercises (peer-to-peer grading/feedback)
- b. usual post-lecture tool used by students for education day and orientation to evaluate Communication presentation

The link to the Global Curriculum – Communication presentation given during Orientation is <https://youtu.be/NbcpTTHwtgk>

## DIVERSITY & INCLUSION 2022-2023

### 1. Course Objectives

- a. To define what diversity is as it relates to medicine – review AAMC, AACOM, and COCA requirements
- b. To understand why diversity matters in medical school training
- c. To develop tools and activities to evaluate and enhance diversity in SWC
- d. Title IX update

### 2. Description of content to be covered

The content that will be covered in these modules includes updates to the Title IX training including examples. There will be a very brief review of the charge we have to address these topics from an accreditation standpoint leading into a greater appreciation of the definition of diversity and how it encompasses a much broader sense than many have realized. The notions of inclusion and microaggression will also be addressed with examples. It is important that students acknowledge the diversity in the patient populations they will be seeing during the third and fourth year of training while also realizing that they may represent diversity to the patients they serve as well.

### 3. Required resources, presenters, references, IT, etc.

- a. Title IX speaker (Dr. Morrow?, HR?)
- b. Presenters for Diversity and Inclusion (RAD? & other experts)
- c. Power Point presentation, MyNRMM modules, AAMC materials, ACGME/CLER materials

### 4. Evaluation Tool

- a. Survey Monkey type evaluation with quiz questions

The link to the Global Curriculum – Diversity & Inclusion presentation given during Orientation is <https://youtu.be/2rS4D9OKsio>

The link to the Global Curriculum – Title IX presentation given during Orientation is <https://youtu.be/wKVvmy4RvTk>

## PROFESSIONALISM 2022-2023

### 1. Course Objectives

- a. To define what professionalism is as it relates to medicine – review ACGME, WVSOM Policies, AMA, AOA, AAMC, AACOM, and COCA requirements
- b. To understand why professionalism matters in medical school training
- c. To understand the general standards of professionalism, ethical behavior, honesty and integrity, advocacy, empathy and respect, self-awareness, responsibility for learning, teamwork, collegiality, balance and avoidance of conflicts of interest.

### 2. Description of content to be covered

The content that will be covered in these modules includes professionalism examples. There will be a very brief review of the charge we have to address these topics from an accreditation standpoint leading into a greater appreciation of the definition of professionalism and how it encompasses a much broader sense than many have realized. It is important that students acknowledge the role that professionalism and how it factors in to the patient populations they will be seeing during the third and fourth year of training and the interaction with their preceptors and the staff at hospitals and private offices. Also, how that professionalism with important throughout their lifetime.

### 3. Required resources, presenters, references, IT, etc.

- a. Professionalism speaker (Shawn Plyler?)
- b. Presenters for Professionalism (Dr. Haller & Dr. Rose?)
- c. Power Point presentation, AAMC materials, ACGME, AMA, AOA, WVSOM materials

### 4. Evaluation Tool

- a. Survey Monkey type evaluation with quiz questions

The link to the Global Curriculum – Professionalism presentation given during Orientation is <https://youtu.be/rJzd1Mw8UJI>

# Quality Assurance and Research 2022-2023

## I. Quality Assurance/Quality Improvement

A. At the conclusion of this presentation, the participant shall:

1. Understand the necessity for QA/QI programs and the necessity for participation in such processes.
2. Comprehend the roles of the varying participants involved in the QA/QI process/programs
3. Understand applications and results of the entire QA/QI process to improve patient safety and outcomes.
4. Understand the components and structure necessary for QA/QI programs to function efficiently and produce the desired result.
5. Understand the interaction and relationship of QA/QI to medical education and the processes by which to involve medical students.
6. Understand the need for evidence-based practice and the close relationship between it and robust QA/QI programs.
7. Understand the close relationship between QA/QI, Patient Safety, Research, Evidence based Medicine and Standards of Care.

The link to the Quality Assurance/Quality Improvement presentation given during Orientation is: <https://youtu.be/Yjcvqgp9aTQ>

## II. Research

A. At the conclusion of this program the participant shall:

1. Understand the process of basic research.
2. Recognize the sources of apprehension medical students experience with regard to research.
3. Identify the varying types of acceptable research opportunities.
4. Recognize available resources and support.
5. Identify and comprehend the research submission process.
6. Understand the ethical process of conducting research and regulations.
7. Understand the process by which to involve students in appropriate research opportunities.

The link to the Research presentation given during Orientation is <https://youtu.be/4BoUHoc7KBI>

## Well Being & Fatigue Mitigation 2022-2023

1. Objectives
  - a. Understand different types of stress and mental health concerns related to medical students
  - b. Identify signs and symptoms of stress and fatigue
  - c. Be able to utilize evaluation tool(s) to assess stress
  - d. Discuss ways to integrate wellness into daily life

2. Description of content to be covered

The goal of this presentation is to examine how stress can impact the mind, body, and spirit. It is our belief that during the learning phase in our student's life it is an advantageous time to integrate wellness into daily life. We hope to teach students be proactive and help prevent burn-out with fatigue mitigation strategies and providing tools that can be assessed throughout their training years.

3. Required resources, presenters, references, IT, etc.
  - a. Ideas for Presenters/Topics

**Mental Health: Aspire**

*-Consider tools like Perceived Stress Scale (PSS-4) or Oldenburg Burnout Inventory for Medical students*

**Sleep: Heather Clawges, MD**

*-Sleep physiology, power of "power naps"*

*-How does physical activity, napping, caffeine etc.. impact sleepiness*

**Food is Medicine: Dr. Bob Foster (Dina Schaper and/or Amy Jasperse)**

**Physical Activity: Consider Yoga with Dr. Carrier**

**Integrative Medicine High Yield Topics: Dr. Beth Hess**

**Additional Resources/Toolkit Ideas**

*-The "Attitude of Gratitude" – Apps, journaling, etc.. (At the end of the day list 3 good things that happened that day – 30-day challenge)*

*-Integrative Medicine Apps*

- b. Powerpoint, Perceived Stress Scale (PSS-4) or Oldenburg Burnout Inventory for Medical students, Wellness/Fatigue Mitigation tool kit, additional resources requested by individual speakers.
4. Evaluation Tool.
  - a. General Ed Day Evaluation Tool



The link to the Well Being/Fatigue Mitigation presentation given during Orientation is <https://youtu.be/4zt5sPzCyuY>

# GUIDELINES FOR STUDENT PARTICIPATION IN THE CLINICAL SETTING

## GUIDELINES FOR STUDENT PARTICIPATION IN THE CLINICAL SETTING

These Medical Student Patient Care Duties' represent a minimum mandatory regulation to be considered by a policy making body at your health care organization given the local standard of care and applicable state and federal rules, regulations, and laws to the extent such are applicable. If your hospital policy is more restrictive, then\_\_ students must adhere to your policy as you direct. To the extent the recommendations that follow are not applicable to or appropriate for your health care organization given the local standard of care and/or because applicable state and federal rules, regulations, and laws are more restrictive, it is advisable to document the analysis and final conclusions and modify these recommended guidelines accordingly.

### Medical Student Patient Care Duties permitted and prohibited

#### **I. Definitions:**

Direct Physician Supervision:	The physician must be present in their office suite or on hospital grounds and immediately available to furnish assistance and direction throughout the performance of the function/procedure. It does not mean that the physician must be present in the room when the function/procedure is performed.
Personal Physician Supervision:	The physician must be in attendance in the room from beginning to end, without interruption, during the performance of the function/procedure.
Limited Physical Exam:	This includes such components as the head/neck, skin, chest, cardiac, abdominal, neurologic and musculoskeletal exams; this specifically excludes genitourinary, breast and rectal exams.

#### **II. Scope of Duties Permitted:**

Medical Students will be supervised by\_\_credentialed attending physicians while on\_\_clerkship rotations. Each student's essential learning task while on clerkship rotations is to improve the ability to do the following:

- Perform an accurate medical history and physical exam based on the presenting complaint and appropriate to the clinical setting.
- Formulate a differential diagnosis appropriate to the patient and the clinical setting.
- Order and accurately interpret tests and procedures in order to narrow the differential diagnosis to a working diagnosis.
- Accurately describe or perform procedures to diagnose and treat the patient's problem.
- Craft a treatment plan appropriate to the patient's problems and situation.
- Work with patients and members of the healthcare team ethically and professionally.

By student year, the scope of duties medical students may perform in order to complete the above learning tasks are:

#### **First Year Students:**

First Year Students are permitted to perform the following functions only:

- Observation and follow only
- History taking under Personal Physician Supervision

#### **Second Year Students:**

Second year Students are permitted to perform the following functions only:

- All functions permitted for First Year Students, as stated above
- History taking under direct physician supervision
- Limited Physical Examination under personal physician supervision until physician determines competency, after which student may perform Limited Physical Examination under direct physician supervision;

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***Third and Fourth Year Students:***

Third and Fourth Year students are permitted to perform the following functions only:

- All functions permitted for First and Second Year Students, as stated above
- Under direct physician supervision, may 'round' on patients, to include
  - Gathering lab, radiology, nursing and other information/results
  - Obtaining history
  - Performing Limited Physical Exam
  - Developing interim assessments and recommendations
- For genitourinary, breast or rectal exam, student may perform exam under personal physician supervision, if the supervising physician determines the student's readiness and a gender-appropriate chaperone is present, as indicated.
- Under direct physician supervision, may write student notes regarding E/M services or procedures:
  - If such student notes are to be placed in the patient chart, they must be clearly labeled as student notes and co-signed by the supervising physician within 48 hours; these student notes are just that – student notes. They are not the progress note for the patient and never stand alone as such.
  - If such notes are strictly for the educational experience of the student and will not be placed in the chart, they must not use patient identifiers and should be shredded as consistent with hospital HIPAA policies.
- May write orders on the chart which must be immediately reviewed and countersigned by supervising physician before any action is taken based on those orders.
- The following procedures may be performed by 3<sup>rd</sup> or 4<sup>th</sup> year medical students only if (a) the supervising physician determines the student's readiness to start to perform the procedure under personal supervision, and (b) the supervising physician has the appropriate privileges, competency and teaching proficiency to perform and educate medical students in their performance, and (c) upon obtaining appropriate patient consent.
  - The following procedures must be performed under the personal supervision of the physician until the physician determines the student is competent to perform the procedure under direct physician supervision:
    - Perform insertion of IVs or draw blood – stick attempts limited to two (2) per patient
    - Ocular Exam with Slit-Lamp
    - Wart treatment
    - Insertion of Foley catheter
  - The following procedures must always be performed by the student under personal physician supervision:
    - Airway Management (i.e. nasotracheal, oropharyngeal, etc.)
    - APGAR and Dubowitz/Ballard Assessment
    - Arterial puncture – for blood gases (ABG)
    - Arthrocentesis
    - Breast Exam
    - Cardiac ultrasound and Doppler studies
    - Casting/Splinting, Elbow
    - Casting/Splinting, Knee/Ankle
    - Casting/Splinting, Lower Extremity
    - Casting/Splinting, Other
    - Casting/Splinting, Shoulder
    - Casting/Splinting, Thumb Spica
    - Casting/Splinting, Upper Extremity
    - Casting/Splinting, Wrist/Hand

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- Colposcopy
- Ear, Evaluation and Treatment – Cerumen Removal
- Ear, Evaluation and Treatment, EAC foreign body removal/wick insertion
- Echocardiography
- EKG Interpretation
- Electroencephalogram
- Episiotomy and repair
- Eye, Evaluation and Treatment – Evaluation of Corneal Abrasion
- Eye, Evaluation and Treatment – Evaluation of foreign body with lid eversion
- Eye, Evaluation and Treatment – Tonometry
- Eye, Evaluation and Treatment of conjunctival foreign body
- Intravascular Access, Peripheral
- Intravascular Access, Central
- Lumbar Puncture
- Mouth/Dental Evaluation and Treatment – Treatment of Aphthous Ulcers
- Nasogastric Tube Placement
- Newborn Management, Uncomplicated Delivery
- Newborn Management – Newborn Resuscitation
- Nose, Evaluation and Treatment – foreign body removal
- Nose, Evaluation and Treatment, Epistaxis Control
- Osteopathic Manipulation Treatment (OMT)
- Provide Health Promotion / Disease Prevention
- Psychiatric Assessment
- Pulmonary Function Tests
- Remove sutures or staples
- Resuscitation Team Member (specify role i.e. Leader, Compressor, etc.)
- Skin Lesion Excision
- Surgical Assist
- Suturing, extremities (indicate type of anesthesia)
- Suturing, Face (indicate type of anesthesia)
- Suturing, Hand/digits (indicate type of anesthesia)
- Ultrasound, bedside – FAST (Focused Assessment with Sonography for Trauma)
- Ultrasound, Other than FAST
- Urinalysis by Dipstick
- Urinary Catheter Insertion
- Vaginal Delivery, Spontaneous
- Well Child Development Exam
- X-Ray Studies (i.e. chest, abdominal series, etc.)

The above notwithstanding, duties and activities of students must not conflict with hospital policies.

### III. Scope of Duties Prohibited

Medical Students are strictly prohibited from performing any and all functions that are not specifically permitted. Additionally, medical students are specifically prohibited from performing the following:

- Give verbal or telephone orders.
- Write orders regarding end-of-life, such as DNR

#### APPENDIX D: NEEDLE-STICK AND BLOOD-BORNE PATHOGEN EXPOSURE PROCEDURE

### NEEDLE-STICK AND BLOOD-BORNE PATHOGEN EXPOSURE

If a student experiences a needle stick, puncture wound, accident, or sharp injury, or is otherwise exposed to bodily fluids of a patient while on a clinical clerkship, the student should:

1. Immediately wash the area, scrubbing skin with soap and water.
2. For exposures to eyes, mouth, and/or other mucous membranes, rinse with running water, normal saline, or sterile eye wash for at least ten minutes. For eye exposure, hold the eye open for irrigation.
3. Immediately report the incident to the attending physician or other appropriate supervising physician. See the charge nurse for assistance obtaining contact information for house supervisors or attending physicians.
4. Immediately report to the appropriate personnel and follow the post-exposure protocol as designated by the core site. This information can quickly be found in E\*Value.
  - a. Prompt evaluation and treatment is essential. Post-exposure prophylaxis and other treatment may be indicated and should be started ideally within an hour of exposure.
  - b. You will present yourself to the facility's emergency room as a patient for purposes of consent to treat and billing. Your health insurance will be the primary form of insurance used for any such incident(s).
5. Contact your Regional Coordinator and the ACOM NeedleStick Coordinator. Fill out the [NeedleStick Incident Report](#) within 4 hours of the incident.

Students should also consult the [Needle-Stick Policies & Procedures libguide](#), which provides helpful information regarding site-specific protocols. Students may also access the [CDC guide for Post-Exposure Prophylaxis \(PEP\)](#) as needed.