<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREFACE</td>
<td>PREFACE</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>The Four Tenets of Osteopathic Medicine</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Professionalism and the Practice of Osteopathic Medicine</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Osteopathic Oath</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Core Competencies</td>
<td>11</td>
</tr>
<tr>
<td><strong>SECTION I-CLINICAL ROTATION INFORMATION</strong></td>
<td><strong>13</strong></td>
<td></td>
</tr>
<tr>
<td>1.0</td>
<td>Policy Statement</td>
<td>13</td>
</tr>
<tr>
<td>1.1</td>
<td>Calendar of Events, Class of 2015</td>
<td>14</td>
</tr>
<tr>
<td>1.2</td>
<td>Clinical Curriculum Description</td>
<td>17</td>
</tr>
<tr>
<td>1.3</td>
<td>Student Involvement on Clinical Rotations</td>
<td>19</td>
</tr>
<tr>
<td>1.4</td>
<td>Clinical Case Conferences – Statewide Campus Requirement</td>
<td>20</td>
</tr>
<tr>
<td>1.5</td>
<td>Objective Structured Clinical Examination (OSCE)</td>
<td>21</td>
</tr>
<tr>
<td>1.6</td>
<td>COMLEX Guidelines</td>
<td>22</td>
</tr>
<tr>
<td>1.7</td>
<td>Proctored End of Rotation Exams</td>
<td>24</td>
</tr>
<tr>
<td>1.8</td>
<td>Didactic Programs</td>
<td>25</td>
</tr>
<tr>
<td>1.9</td>
<td>Clinical Rotations Requirements for Graduation</td>
<td>29</td>
</tr>
<tr>
<td>1.10</td>
<td>Student Evaluation (Grade)</td>
<td>31</td>
</tr>
<tr>
<td>1.11</td>
<td>Clinical Rotation Requirements Package</td>
<td>33</td>
</tr>
<tr>
<td>1.12</td>
<td>Student Site Evaluations and Log Books</td>
<td>34</td>
</tr>
<tr>
<td>1.13</td>
<td>International Rotations</td>
<td>35</td>
</tr>
<tr>
<td>1.14</td>
<td>Research Rotations</td>
<td>42</td>
</tr>
<tr>
<td><strong>SECTION II-THIRD YEAR ROTATION SYLLABI</strong></td>
<td><strong>46</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Introduction to Clinical Medicine – Year 3</td>
<td>46</td>
</tr>
<tr>
<td></td>
<td>Family Medicine I</td>
<td>47</td>
</tr>
<tr>
<td></td>
<td>2.2 Internal Medicine I</td>
<td>63</td>
</tr>
</tbody>
</table>
SECTION VI STUDENT POLICIES AND PROCEDURES .............................................. 179

6.1 Academic ......................................................................................................................... 179
  6.1.1 Illness ........................................................................................................................................ 179
  6.1.2 Temporary Absence .................................................................................................................. 179
  6.1.3 Leave of Absence ..................................................................................................................... 180
  6.1.4 Dismissal from a Rotation ....................................................................................................... 180
  6.1.5 Student Academic Responsibilities ....................................................................................... 180
  6.1.6 Student Attendance Policy .................................................................................................... 181
  6.1.7 Unexcused Absence ................................................................................................................ 181

6.2 Administrative .................................................................................................................. 182
  6.2.1 Student Health Insurance Coverage ..................................................................................... 182
  6.2.2 NBOME – COMLEX Levels 1 and 2 – Administrative .............................................................. 182
  6.2.3 Lawsuits, Litigation, or Potential Legal Action ........................................................................ 182
  6.2.4 Student Professional Liability Insurance .............................................................................. 182
  6.2.5 Meals ........................................................................................................................................ 183
  6.2.6 Americans with Disabilities Act (ADA) .................................................................................. 183
  6.2.7 Housing .................................................................................................................................... 183

6.3 Clinical ............................................................................................................................... 184
  6.3.1 Dress ........................................................................................................................................ 184
  6.3.2 Title .......................................................................................................................................... 185
  6.3.3 Immunizations .......................................................................................................................... 186
  6.3.4 Injury Procedure – Clinical ...................................................................................................... 187
  6.3.5 Hours of Duty .......................................................................................................................... 189
  6.3.6 H&P Policy .............................................................................................................................. 189
  6.3.7 Professionalism ....................................................................................................................... 189
  6.3.8 Cell Phone Use ....................................................................................................................... 190
  6.3.9 Student/Patient Relationship ................................................................................................. 190
  6.3.10 Special Elective Procedure .................................................................................................... 190
  6.3.11 Occupational Safety & Health Administration (OSHA) .......................................................... 190
  6.3.12 The Health Insurance Portability & Accountability Act (HIPAA) ......................................... 190

6.4 General .................................................................................................................................. 195
  6.4.1 Sexual Harassment ................................................................................................................. 195
  6.4.2 Holidays and Religious Days Off ............................................................................................ 195
  6.4.3 WVSOM/MSOPTI Graduate Medical Education Department Overview .............................. 195
  6.4.4 WVSOM Clinical Rotation Information .................................................................................. 199
  6.4.5 Statewide Campus Student Information ................................................................................. 200
  6.4.6 Statewide Campus Student Representatives & Responsibilities .............................................. 200

6.5 Institutional Policies ............................................................................................................ 201

Statewide Campus Contact Information ........................................................................................ 202
The Four Tenets of Osteopathic Medicine

Professionalism and the Practice of Osteopathic Medicine

The Osteopathic Oath

Core Competencies
The Four Tenets of Osteopathic Medicine

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

What is a DO?

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

Code of Ethics

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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*The Four Tenets of Osteopathic Medicine: 1) The body is a unit; 2) Structure and function are interdependent; 3) The body has self-healing and self-regulatory capabilities; 4) Rational osteopathic care relies on the integration of these tenets in patient care.*
6. **Practice-Based Learning & Improvement:** Preceptors are expected to evaluate the student’s practice-based learning and improvement skills including the student’s ability to integrate evidence-based medicine into patient care as well as to what extent the student shows an understanding of research methods.

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

1.0 Policy Statement

The provisions of the 2013-2014 WVSOM Clinical Education Manual do not constitute a contract between the West Virginia School of Osteopathic Medicine and its students. The manual is provided to students to inform them of current policies, procedures, activities and requirements, any of which may be altered from time to time. The most up to date version of this manual can be found on the WVSOM website. The West Virginia School of Osteopathic Medicine reserves the right to change any provisions or requirements at any time prior to the student receiving the degree of Doctor of Osteopathic Medicine. The final policy authority is found in the Institutional Policy and Procedures Manual.
# 1.1 Calendar of Events, Class of 2015

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>Monday, June 24 - Friday, June 28, 2013</td>
<td>Orientation at your Statewide Campus site</td>
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<tr>
<td>Monday, July 1, 2013</td>
<td>Elective Selective Required req (ESR) for elective fall rotations are due in your Statewide Campus office.</td>
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<tr>
<td>Monday, July 1, 2013</td>
<td>Family Medicine I/Primary Care rotation begins for all students.</td>
</tr>
<tr>
<td>Friday, August 2, 2013</td>
<td>Case Study for Family Medicine I must be complete and submitted for maximum possible points.</td>
</tr>
<tr>
<td>Friday, September 27, 2013</td>
<td>ESR forms for all winter elective rotations are due in your Statewide Campus office.</td>
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<tr>
<td>Friday, January 3, 2014</td>
<td>ESR forms for all spring elective rotations are due in your Statewide Campus office.</td>
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<tr>
<td>Tuesday, April 1, 2014</td>
<td>Quarterly Form (July, August, September); &amp; ESR forms for all summer rotations are due in your Statewide Campus office.</td>
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<td>Spring 2014 (during 5/5 – 5/30 block)</td>
<td>According to your individual schedules, you will participate in 3rd Year OSCE.</td>
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<tr>
<td>Monday, June 2 – Friday, June 6, 2014</td>
<td>Re-education week for those who fail or receive a conditional pass on the 3rd Year OSCE</td>
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Monday, June 30, 2014
Quarterly Form for fall (September, October, November); & ESR forms for all fall rotations are due in your Statewide Campus office.

Year 3 requirements met (June 30, 2014)
First opportunity to sit for COMLEX 2-CE

Monday, June 30, 2014
First day eligible to take COMLEX 2-PE. You must have received official notification of passage of Year 3 OSCE to be eligible to take the COMLEX 2-PE.

July 2014
Tokens and ERAS applicant instructions are distributed by the GME office. WVSOM’s ERAS Dean’s Workstation is administered by the Office of Graduate Medical Education. Additional info can be found at http://www.aamc.org/eras.

Saturday, August 30, 2014
Last recommended day to sit for COMLEX 2-CE (first attempt)

Tuesday, September 30, 2014
Last day to sit for COMLEX 2-CE (first attempt)

Wednesday, October 1, 2014
Quarterly form for winter (Dec., January, February); & ESR for all winter rotations are due in your Statewide Campus office.

Sunday, December 15, 2014
Last day to sit for COMLEX 2-CE (second attempt)

Friday, January 2, 2015
Quarterly Form for Spring (Mar., April, May); & ESR for all spring rotations are due in your Statewide Campus office.

Friday, March 1, 2015
Last day to take COMLEX 2-PE
Friday, May 15, 2015  
Last day to complete Year 4 curriculum requirements

Monday, May 18, 2015  
Begin mandatory time off prior to graduation

Saturday, May 30, 2015  
Graduation

Please note:

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

Third Year Rotations
Contains syllabi and competencies for:

- Family Medicine I (Required) 8 weeks
- Internal Medicine I (Required) 4 weeks
- Internal Medicine II (Required) 4 weeks
- Pediatrics I (Required) 4 weeks
- Geriatrics (Required) 4 weeks
- Psychiatry (Required) 4 weeks
- Surgery I (Required) 4 weeks
- Dean’s Selective (Selective) 4 weeks
- Emergency Medicine (Required) 4 weeks
- OB-GYN (Required) 4 weeks
- Electives 4 weeks
- Vacation 4 weeks
- Statewide Campus Orientation 1 week

Fourth Year Rotations
Contains syllabi and competencies for:

- Internal Medicine III (Selective) 4 weeks
- Internal Medicine IV (Selective) 4 weeks
- Surgery II (Selective) 4 weeks
- Surgery III (Selective) 4 weeks
- Family Medicine II (Selective) 8 weeks
- Pediatrics II (Selective) 4 weeks
- Electives 10 weeks
- Mandatory Time Off 1 week
- Vacation 8 weeks
### Eastern Division – City Hospital, Martinsburg Base Site/WVU Program

#### Third Year Rotations

**Jacques Module:**
- Family Medicine 1  
  - 8 weeks
- Pediatrics 1  
  - 4 weeks
- Pediatrics 2  
  - 4 weeks
- OBG  
  - 4 weeks
- Surgery 3/OBG  
  - 4 weeks
- Dean’s Selective Fam Med  
  - 2 weeks
- Vacation  
  - 2 weeks at the end of the semester

**Cushing Module**
- Surgery 1  
  - 4 weeks
- Internal Medicine 1  
  - 4 weeks
- Internal Medicine 2  
  - 4 weeks
- Psychiatry  
  - 4 weeks
- Geriatrics  
  - 4 weeks
- Dean’s Selective Fam Med  
  - 2 weeks
- Vacation  
  - 2 weeks at the end of the semester

#### Fourth Year Requirements will be:

- Emergency Medicine  
  - 4 weeks
- Electives 1  
  - 4 weeks
- Internal Medicine 3  
  - 4 weeks
- Internal Medicine 4  
  - 4 weeks
- Surgery 2  
  - 4 weeks
- Family Medicine 2  
  - 8 weeks
- Electives 2  
  - 4 weeks
- Electives 3  
  - 4 weeks
- Electives 4  
  - 2 weeks
- Vacation  
  - 7 weeks†

Students in the City Hospital, Martinsburg Base Site/WVU Program-Eastern Divisions are allowed a maximum of 3 rotations scheduled through WVU-Eastern Division during their 4th year.

**Note:**
If you choose City Hospital, Martinsburg Base Site/WVU Program-Eastern Division as your Statewide Campus Site you will not be eligible to be a GTA as the Jacques/Crushing Modules cannot accommodate a leave.

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† Class of 2014 students will receive 8 weeks of vacation during their 4th year.
1.3 Student Involvement on Clinical Rotations

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

- A student will not administer therapy or medication until a licensed physician has seen the patient and has confirmed the diagnosis. Before treatment is administered, the student’s orders must be countersigned.

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

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

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

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

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

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

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

- Determine the specific content area or topic to be covered.
- Identify what you want the participants to get out of the presentation; in other words, what are the learning objectives.
- Decide in what order you will present the information.
  - A good format to follow is to present the case with limited information. Solicit information from the audience, and then slowly divulge the events as they actually occurred. This generally takes 15 to 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
- For your mandatory CCC you are required to provide a minimum of 5 Board Like questions at the end of the presentation. The questions must use a case based format and be multiple choice with five possible answers. These questions will be compiled in a data base and made available for students for board study.
- The Clinical Case Conference topic should be submitted by the student to the Statewide Campus Regional Director and Statewide Campus Regional Assistant Dean one week prior to presentation. If a power point presentation is used it should be submitted to the Statewide Campus personnel at least one week prior to the presentation date.
1.5 Objective Structured Clinical Examination (OSCE)

All students are required to take a practical examination that evaluates their clinical skills as part of their national boards. This COMLEX Level 2 PE exam is taken during the 4th year of Medical School. This type of examination is often called an OSCE. The OSCE utilizes standardized patients who are lay people that receive intensive training to accurately depict specific illnesses. The student performs clinical tasks in a series of test stations while interacting with a standardized patient.

The OSCE is objective because standardized checklists are used to evaluate each student physician. It is structured, or planned, so that every student physician sees the same problems and is asked to perform the same tasks. The OSCE is clinical because the tasks are representative of those faced in real clinical situations. It is an examination or evaluation of the student physician’s clinical skills. The OSCE may be used to teach patient-centered skills and/or to measure a student's clinical performance.

Students are required to participate in and pass the 3rd year OSCE. The 3rd year OSCE is conducted at the end of the 3rd year. For the class of 2015, the OSCE is presently scheduled to take place in May of 2014. You cannot take COMLEX 2-PE until you have received official notification of your passage of the year 3 OSCE and completed all 3rd year rotations. For those who do not successfully complete their OSCE you will be required to return to campus for additional instructions and further testing in some or all of the following:

- Doctor-patient communication
- Medical history taking
- Physical examination skills
- Written communication skills
- Clinical problem-solving
- Formulating a differential diagnosis and therapeutic plan

This program for the Class of 2015 will TENTATIVELY take place June 2-6, 2014. Do not schedule vacation, rotation, COMLEX CE test, or other activities that would make it difficult for you to meet this requirement.

For students who perform marginally in one of the OSCE skills you may be instead asked to do one of the following:

- Directed electives
- Case reviews
- Soap note reviews
- Directed one-on-one activities
1.6 COMLEX Guidelines

WVSOM Policy E-23 requires that every student pass both the COMLEX Level 2-CE (computer-based exam) and Level 2-PE (standardized patient exam) to qualify for graduation. The CE must be taken before September 30th in the 4th year. It is discouraged to wait until September to take this test as it is close to the mandatory retake date. If a student has completed all 3rd year rotations by the end of the May rotation, he or she may take the COMLEX 2-CE exam after that date. The PE may be taken any time after July 1st of the 4th year if a student has completed 3rd year rotations and has successfully passed the 3rd Year OSCE.

Failure to pass the Level 2-CE will require entry into a Prep Track in which a student will receive counseling and will follow a review plan in preparation for the second take of the exam. If the student scores below 380, there is a mandatory 4 week period off of rotations before he or she may retake the exam. The exam must be retaken before December 15th. Failure after two attempts will result in mandatory removal from rotations and your file will be reviewed by the Student Promotion Committee. They will recommend to the Dean that you be allowed to enter a more rigorous Prep Track requirement or be dismissed. Failure of Level 2-PE will require an on-campus re-education OSCE to be completed, then a retake of the exam. Two failures of the PE will require that the student leave rotations and your file will be reviewed by the Student Promotion Committee. They will recommend to the Dean that you be allowed to enter a Prep Track or be dismissed.

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. Third year students should plan out the spring of their 3rd year and following summer as well as they can in the fall, so that they can accommodate the review time for the Level 2-CE. In addition, the student should determine an exam date that will not conflict with important or audition rotations in their 4th year.

According to the NBOME, the COMLEX Level 2-CE “is a problem-based and symptom-based assessment integrating the clinical disciplines of emergency medicine, family medicine, internal medicine, obstetrics/gynecology, osteopathic principles, pediatrics, psychiatry, surgery, and other areas necessary to solve medical problems as defined by the Level 2-CE blueprint.” While the CE incorporates these disciplines, they are not part of the blueprint for this exam and therefore are not represented by a specific number of questions on the exam. However, family medicine, internal medicine, pediatrics, and OBG are known to be the biggest players in determining overall score.

The NBOME describes the COMLEX Level 2-PE as “a one-day examination of clinical skills where each candidate will encounter twelve standardized patients over the course of a seven-hour examination day.” Excellent preparation for this exam is provided through the spring 3rd Year OSCE.
The Director of the Office of National Boards and Exam Center will provide a group orientation for COMLEX Level 2 to each statewide campus group of students in the late winter. WVSOM procedure, an outline of the exam and review strategies will be covered in this orientation.

Questions regarding COMLEX may be addressed to the Director of the Office of National Boards and Exam Center at nationalboards@osteowvsom.edu or by calling 304.793.6840. Information, including narrated PowerPoint presentations, is also available on the COMLEX/National Boards portion of the WVSOM web site. The NBOME provides information at http://www.nbome.org.
1.7 Proctored End of Rotation Exams

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

- The time and date of the exams will be set by Statewide Campus personnel.
- No cell phones or electronic devices are permitted during testing.
- If a student is late for an exam the length of time late will be deducted from the time allowed for the examination.
- If a student is absent from an exam they will not be permitted to take the exam at a later date, if the absence is unexcused.
- Exceptions can be made only in the case of a dire circumstance or illness and then at the discretion of the Statewide Campus personnel.
1.8 Didactic Programs

Students should attend all hospital conferences, MSOPTI hospital presentations and other didactic programs related to their rotation service. They should attempt to attend any other conference or education program presented. When rotating at an institution that has scheduled didactic programs, students are required to attend and participate in those programs. Examples of attendance and participation include:

<table>
<thead>
<tr>
<th>Didactic Program</th>
<th>Attend</th>
<th>Participate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning Report</td>
<td>Be on time, sign in, do not leave early, etc.</td>
<td>Prepare and present as assigned</td>
</tr>
<tr>
<td>Tumor Board</td>
<td>Be on time, sign in, do not leave early, etc.</td>
<td>Prepare and present as assigned</td>
</tr>
<tr>
<td>Case Conference</td>
<td>Be on time, sign in, do not leave early, etc.</td>
<td>Prepare and present a relevant clinical case conference as assigned</td>
</tr>
</tbody>
</table>

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

Time that will be spent away from the hospital, clinic, or rotation site during regular duty hours for lectures, conferences, and other programs conducted at outside hospitals or universities must be approved by your Statewide Campus Regional Assistant Dean or Director, and the supervising physician of the rotation service. An appropriate Exception Request Form or Conference Form must be submitted a minimum of 3 weeks prior to the event.

List of Suggested Didactic Topics Follows:

May also be accessed on MY.WVSOM under Clinical Education Forms or at the following link:
http://my.wvsom.edu/Students/Applications/ClinEd/Forms/index.cfm
## Examples of Topics for Case Studies

### Anesthesiology
- Airway Obstruction
- Conditions requiring local anesthesia
- Conditions requiring general anesthesia
- Acute and chronic pain
- Blood loss (requiring blood transfusion & fluid management)

### Dermatology
- Acne
- Contact dermatitis
- Skin cancer
- Eczema
- Actinic keratosis
- Warts
- Tinea & onychomycosis

### Emergency Medicine
- Resuscitation/cardiac arrest (ABC's)
- Major/multiple trauma (including C spine fractures)
- Chest pain/angina/acute myocardial infarction
- Vomiting including hematemesis/diarrhea dehydration
- Cardiovascular accidents
- Acid-base disorders (including diabetic keto-acidosis)
- Management of overdose
- Acute respiratory distress/asthma/Chronic Obstructive Pulmonary Disease (COPD)
- Shock
- Assessment of low back pain
- Diagnosis & initial management of minor trauma (including fractures, sprains, bites, burns)
- Acute abdomen/pelvic pain
- Bronchitis/pneumonia

### Pain management
- COPD/Asthma
- Abdominal pain (Inflammatory Bowel Disease [IBD]/peptic ulcer)
- Dermatological conditions (risks, etc.)

### Ear, Nose, and Throat
- Otitis Media/Externa
- Tonsillitis
- Sinusitis
- Neck mass—cancer, thyroid, adenopathy
- Vertigo

### Family Medicine
- Sinusitis/rhinitis/Upper Respiratory Infection (URI)
- Otitis media
- Hypertension
- Diabetes
- Low back pain

### Geriatrics
- Dementia/delirium/depression
- Osteoarthritis
- Hypertension
- Osteoporosis
- Diabetes
- Urinary incontinence/Urinary Tract Infection (UTI)
- Polypharmacy
- Benign Prostatic Hypertrophy (BPH) prostate cancer
- Sexual dysfunction/Erectile Dysfunction (ED)
- Falls
Internal Medicine

Cardiology
- Hypertension
- Chest pain (cardiac & non-cardiac etiologies)
- Dysrhythmia
- Cardiomyopathy
- Chronic Heart Failure (CHF) (functional assessment & management)
- Coronary Arterial Disease (CAD)
- Dyslipidemia
- Murmurs (diagnostic workup)
- Syncope (cardiac & non-cardiac)

Circulatory
- Anemia

Endocrine
- Diabetes
- Thyroid disease

Gastrointestinal
- Diverticulitis/Diverticulosis
- Hepatitis
- Colon cancer
- Abdominal pain
- Diarrhea
- Gallbladder disease
- Gastro-Esophageal Reflux Disease (GERD)
- Inflammatory bowel disease
- Irritable bowel Syndrome (IBS)
- Pancreatitis
- Peptic ulcer disease

Genitourinary
- Renal failure
- Fluid/electrolyte imbalance

Heart
- Hypertension
- Congestive Heart Failure (CHF)

Lung
- Chronic Obstructive Pulmonary Disease (COPD)
- Asthma
- Pneumonia

Neurology
- Stroke
- Altered mental status (coma, encephalopathy, etc.)
- Seizures (including epilepsy)
- Headache (migraine, etc.)
- Syncope

Pulmonology
- Acute bronchitis
- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)/emphysema
- Lung cancer
- Pneumonia
- Pulmonary embolism
- Respiratory failure
- Sleep apnea
- Chronic cough

Managed Care Concepts
- Healthcare payers and payment systems
- Cost control methods
- Cost containment and utilization management
- Clinical practice guidelines

Medical Jurisprudence

Ophthalmology
- Conjunctivitis
- Diabetic retinopathy
- Glaucoma
Orthopedics
- Spine defects & injuries
- Shoulder injuries
- Knee injuries
- Ankle injuries
- Sports injuries
- Arthritis
- Hip injuries

Radiology
- Diagnostic approach to interpretation of
- Chest x-rays
- Abdominal x-rays
- Extremity x-rays

Spirituality & Medicine

Surgery
- Gall bladder disease
- Hernias
- Appendicitis
- Breast disease—cyst/cancer
- Colon cancer
- Bowel obstruction
- GI bleeding
- Anorectal disease (hemorrhoids/fissures/abscess)
- Fluid & electrolyte balance
- Total Peripheral Nutrition (TPN)
- Inflammatory bowel disease
- Abdominal
- Pain/Irritable Bowel Syndrome (IBS)
- Post-op complications (wound infections, systemic infections)

Women's Health
- Labor & delivery
- Menopause, Hormone Replacement Therapy (HRT)
- Vaginitis/Pelvic Inflammatory Disease (PID)
- Contraception
- Breast disease—cancers
- Cervical, uterine & ovarian cancers
- Pap tests/pelvic exams
- Intrauterine & extrauterine pregnancy

Revised 03/2013
1.9 Clinical Rotations Requirements for Graduation

There are 86 weeks of required and elective rotations during the clinical year. A passing grade must be received for each of the 86 weeks to fulfill the requirements for graduation.

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

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

All students must serve twelve weeks of clinical rotations at a rural West Virginia site. Rotations at the time of printing in the following sites are considered urban and will not meet this requirement (additional site may be added):

- Charleston
- Huntington
- Martinsburg
- Morgantown
- Parkersburg
- Wheeling

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

All students must serve a minimum of four weeks in an osteopathic hospital or a hospital affiliated with an Osteopathic Postdoctoral Training Institute (OPTI).

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

All students must accurately complete all electronic site evaluation/abbreviated logs for all rotations by the published deadlines.

All students must accurately complete all requirements listed in each rotation syllabi.

Students are required to complete a minimum of one “James R. Stookey” OMT rotation in both their 3rd year and their 4th year. This requirement can be met on any four-week rotation with a DO preceptor where the student is permitted to actively participate in OMT a minimum of five times per week or more. One James R. Stookey rotation may also be met on a two-week OMT rotation (with a certified Neuromuscular Medicine
Specialist or a physician with a certificate of added qualification in OMT). In order to receive credit for this requirement, your preceptor should be listed in the OMT preceptor search on the “Student Resources” page of the Clinical Education web page. If your preceptor is not listed there, and your preceptor is interested in taking other WVSOM students (at his/her discretion), please ask him/her to complete the James R. Stookey preceptor application online. Otherwise, the Osteopathic Physician may provide documentation in writing to the Statewide Campus site verifying that the student has met this requirement.
1.10 Student Evaluation (Grade)

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

The student’s grade will be based on the Clinical Education Grade Form, completed by the supervising physician. The grade will be reported to the Registrar.

The student will be evaluated to determine if progress toward a satisfactory performance level is being achieved. Evaluations should consider the student with respect to other students at the same level of training. Specific documentation for recording a “Failing”, “Needs Improvement”, or “Exceptional” grade should accompany the evaluation.

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

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

A failing grade will occur if the score for the rotation components fall below a 70 (This would include any supervising physician’s evaluation, posttest evaluation and rotation requirement package). In this case the grade entered is the score of the components. A failing grade is recorded for a rotation if any failure box is checked by your supervising physician on the clinical evaluation grade form. In this case a grade of 65 is recorded for the rotation regardless of any other score in the other rotation components. Failure to comply with attendance policies will result in a rotation failure and a grade of 65 will be issued. Any evaluation not completed will result in an incomplete which if it remains in place for 6 weeks results in a grade of 65 being recorded.

A failing grade will then be reported upon receipt to the Student Promotions Committee and the student as soon as the grade is received by the Registrar. Grade appeal procedures are listed in the WVSOM Student Handbook under “Policy and Procedures for Final Grade Appeal.” Refer to policies E-17 and E-25.

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

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

The Office of Clinical Education will send a grade for each student to the Registrar’s Office at the selected times. The Registrar’s Office will record the service title and the grade for each rotation.

On or near the final day of the clinical rotation, the student must hand-carry the Clinical Education Grade Form to the supervising physician for a rotation evaluation and signature or show the supervising physician how to access the electronic version of the grade form. The original must then be mailed or faxed in a timely fashion to the student’s WVSOM Statewide Campus office or completed electronically:

<table>
<thead>
<tr>
<th>Fax Number</th>
<th>Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>304.797.6568</td>
<td>Northern Region (Wheeling, Weirton area)</td>
</tr>
<tr>
<td>304.424.4475</td>
<td>Central Region (Parkersburg, Bridgeport, Buckhannon, Elkins area)</td>
</tr>
<tr>
<td>304.720.8831</td>
<td>South Central Region (Charleston, Logan area)</td>
</tr>
<tr>
<td>304.267.0642</td>
<td>Eastern Region (Martinsburg, Petersburg, Frederick area)</td>
</tr>
<tr>
<td>304.399.7593</td>
<td>South West Region (Huntington, Ashland area)</td>
</tr>
<tr>
<td>304.431.5255</td>
<td>South East Region (Princeton, Beckley, Lewisburg area)</td>
</tr>
</tbody>
</table>

For addresses and more detailed contact info, please see back of this manual.
1.11 Clinical Rotation Requirements Package

**Required from Students**
Site Evaluation Input for all rotations

- Students submit Site Evaluation information directly to the clinical education database

- Information is not released until reviewed (Site evaluation must be received and accepted before grade is available for viewing)

- Essential to assist in evaluating rotations and to help other students identify their best options for clinical experience and education

**Student Responsibility**

**OMT Case Study (Family Medicine I & II)**
Students are required to do an Osteopathic History and Physical using osteopathic diagnosis and treatment to be completed during FM I & II. An electronic interactive form is available and should be used for this purpose. No paper submissions will be accepted. This history and physical must be submitted by going to the student’s personal schedule. In the Case Column click on the word “NEW” and the form will open. Fill out the form and submit. Credit will not be given for cases that are saved but not submitted by the deadline. When the case has been submitted the Case Column will say pending.

**Completion and approval of log book.**

**Posttest – Required rotations:** Family Med I, Pediatrics I, Geriatrics (OPP COMAT Exam), OB/GYN, Surgery, Psychiatry, Emergency Medicine (written posttest examination), and Internal Medicine II.

The posttest will be proctored in your Statewide Campus region. A date and time for the posttest will be provided by your Statewide Campus office.

**Useful Links**
All forms and applications are available from MY.WVSOM under Clinical Education Forms or go to the following link:

http://my.wvsom.edu/Students/Applications/ClinEd/Forms/index.cfm
1.12 Student Site Evaluations and Log Books

A Site Evaluation must be completed by the student for each rotation service. These forms will reflect the student’s attitudes and observations regarding the quality of training received on each service. This form must be completed and submitted online on the student schedule as soon as the rotation is completed. The student’s grade is reported as incomplete until this form is received and accepted. Policy on an incomplete grade can be viewed at http://www/sites/default/files/u229/E-20_Removal_of_Incomplete_I_Grades.pdf.

During year 3, patient log books will be distributed by your Statewide Campus office. All patients should be documented in the log book. At the end of the rotation, have your preceptor sign off on them to validate the patient encounters and procedures listed. The log book should be presented to the Statewide Campus Regional Assistant Dean at the end of each rotation for approval. If additional pages are needed request a new log book from your Statewide Campus office.

Students are responsible for ensuring that these forms are received by their Statewide Campus office at the conclusion of each rotation. These forms are essential to assist in evaluating rotations and to help other students identify their best options for clinical experience and education. The patient log books are also part of the Rotation Requirement package and failure to submit them will result in a loss of 10% of the grade for the required rotation.

Many postdoctoral programs and applications for hospital privileges require documentation of specific training procedures performed and other data included in your logs.
1.13 International Rotations

Center for International Medicine and Cultural Concerns

WVSOM Center for International Medicine and Cultural Concerns (CIMCC) is a work in progress developing and managing programs focused on enhancing the WVSOM community’s international and cultural awareness by focusing on global rural and underserved populations.

WVSOM offers students opportunities to experientially learn about practical and specialized global medicine through hands-on programs in all four years of their osteopathic medical training in both clinical and research in rural global health locations.

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

Following is a procedural check-list that all students wishing to receive credit for their international medical training/service must follow. Students need to contact the WVSOM Center for International Medicine and Cultural Concerns at: cimcc@osteo.wvsom.edu.

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

This student checklist is provided so that you can keep accurate track of what you submitted and what remains outstanding in your application process. Completion of the checklist is solely your responsibility. The checklist will repeatedly say, “No approval will be given without this,” and no approval will be given for incomplete application packets. It is the applicant’s responsibility to get all required materials to CIMCC in a timely fashion.
### Student Check-List for Application to an International Rotation

This student checklist is provided so that you can keep accurate track of what you submitted and what remains outstanding in your application process. Completion of the checklist is solely your responsibility. The checklist will repeatedly say, “No approval will be given without this,” and no approval will be given for incomplete application packets by the due date. It is the applicant’s responsibility to get all required materials to CIMCC in a timely fashion. You will not be chased or reminded more than once about missing items. Follow all rules. Fill out all forms – **NO EXCEPTIONS** – Following rules is important in the USA where a hand slap may be the only consequence for noncompliance, however, in a foreign country, the consequence could be dire. **NO ROTATION SITE WILL BE APPROVED IF YOUR HOST COUNTRY APPEARS ON THE UNITED STATES STATE DEPARTMENT’S TRAVEL WARNING LIST.**

We are here to help you make your trip as safe and educational as possible. Following this check-list should also make your application process easy.

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>Contact CIMCC to discuss your interest and receive a pre-application form. Complete the form and return to <a href="mailto:cimcc@osteo.wvsom.edu">cimcc@osteo.wvsom.edu</a>. If you have questions, contact Adrienne Biesemeyer at <a href="mailto:cimcc@osteo.wvsom.edu">cimcc@osteo.wvsom.edu</a> or 304.647.6423. Please note that Year 3 students will not be allowed to travel before the second rotation in January.</td>
</tr>
<tr>
<td>□</td>
<td>As soon as you know who your Regional Assistant Dean is, contact him/her to let them know that you are considering an international rotation and gain permission to continue the process. Then contact your Director to work out your schedule to include an international rotation. All of the following first rotations must be completed before you can depart on an international rotation: FAMILY MED. 1, INTERNAL MED. 1, OBGYN 1, PEDS 1, SURGERY 1 and EMERGENCY Med. 1. All standard rotation paperwork must be completed before you begin international paperwork. <strong>No approval will be given without the above.</strong></td>
</tr>
<tr>
<td>□</td>
<td>Contact CIMCC or your Regional Assistant Dean for a full application. Return your full application no less than nine months before your departure date. Include email contact information for four references – three professional references that have either directly supervised or instructed you in medical school or on rotations, and one personal reference. <strong>No approval will be given without this.</strong></td>
</tr>
<tr>
<td>□</td>
<td>Check with CIMCC to see if you or CIMCC needs to contact your host site to request a written invitation, which includes your planned rotation dates and professional expectations. Send a copy of your host site invitation to CIMCC and your Dean. <strong>No approval will be given without this.</strong></td>
</tr>
</tbody>
</table>
| □    | CIMCC will send you several documents to complete.  
  - WVSOM Policy E-16 Statement of Understanding Regarding International Electives should be read, signed and witnessed by your present preceptor or your Regional Assistant Dean.  
  - Complete and return the WVSOM Travel Registration Form  
  - Complete and return the Health and Emergency Contact Information  
  - Complete and return the Release and Waiver of Liability which must be SIGNED, INITIALED WHERE REQUESTED AND NOTARIZED. Signed in witnessed by the notary, not before. **No approval will be given without this.** |
| □    | Write a Statement of Purpose, font size 11, spacing 1.5, between 500-800 words and have it signed by you AND your Regional Assistant Dean. This Statement of Purpose should include:  
  - Why you should be considered for placement  
  - Where you wish to be placed and why  
  - What you hope to gain and learn  
  - What you hope to give the host community  
  - How much time you plan on staying (studying vs. vacation) and full travel plans  
  - Sign your statement and have your Regional Assistant Dean sign your statement. **No approval will be given without this.** |
| □    | Ask your Regional Assistant Dean to email CIMCC stating that you are in good academic and professional standing and have his/her approval to travel. **No approval will be given without this.** |
## What you need to do for yourself

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

- **Acquire a passport which must not expire within six (6) months after your return date.** Send a copy of the front two pages of the passport no later than three months before departure date to cimcc@osteo.wvsom.edu. Two consecutive blank sheets inside your passport should be available. **No approval will be given without this.**

- **Research travel insurance and provide CIMCC with the name of the company you intend to use.** Travel insurance should include travel reimbursement coverage for unforeseen changes in travel plans, emergency medical issues, and emergency evacuation coverage in case of internal crisis within your host country. **No approval will be given without this.**

- All students planning to do a rotation in a developing nation will be expected to demonstrate a level of cultural awareness either by attending a cultural awareness workshop or written response to culturally-specific questions, or a written essay about the country. Research the climate of your host country during your visit and pack accordingly. Research currency exchange rates and availability of ATMs in your host country. Contact your credit card company and your bank telling them that you will be out of country during your rotation so that they do not put a hold on unexpected out of country charges. Contact your credit card company and research international fees which could be charged. Always carry a copy of your passport and your immunizations separately from your travel documents in case they are lost or stolen.

- **Acquire needed visas.** Check with CIMCC to see if you need a visa. If you do need a visa, then contact your host country’s Embassy for information regarding visas. In addition to your visas, some countries may require a copy of your letter of invitation from your host site, a letter from your Regional Assistant Dean with his/her approval to travel, and your round-trip air tickets. **No approval will be given without this.**

- **Arrange your flights.** **Do not make paid arrangements for your flight until you have been instructed to do so by CIMCC.**

### What can cause academic non-recognition of an international rotation?

- Not having all paperwork in order before your departure thereby not having the approval of the Associate Dean for Predoctoral Clinical Education
- Your host country is placed on the USA State Department’s travel warning list.
- You failed an exam or receive a failing grade from a preceptor.
- You are not in good professional standing. **WVSOM reserves the right to deny or remove a student from an international rotation if administration deems it necessary for any reason.**

### Completion of the rotation includes the following:

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

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

2. An exit interview with CIMCC (this can be done via Skype, but preferred in person if possible) no more than 14-days after rotation, or if the rotation ends in May, then no less than 14-days before graduation.
Expectations of Students on an International Rotation

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

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

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

1. A written report (no less than 3000 words, size 11 or 12 font, 1.15 spaced) outlining and overview of your rotation experience. The written report needs to be turned into CIMCC and your RAD no more than either 14 days after rotation, or if the rotation ends in May, then no less than 14 days before graduation. This narrative must include:
   - A description of what you experienced
   - A description of what you learned
   - How you presented OPP/OMT to the host community (give examples)
   - What living conditions were like
   - How the preceptor to work for/study under

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

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

*When can I do an international rotation?*

The spring of Year 3 on through Year 4, but you must first complete: FAMILY MED.1, INTERNAL MED. 1, OBGYN 1, PEDS 1, and either surgery 1 or emergency med. 1 before you can go on an international rotation. Make sure to work with your site Director to make sure these all fit your schedule before your planned departure date.

*How long can I go for?*

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

*Why the procedure?*

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

*What’s the procedure?*

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

*Who can prevent a student from traveling?*

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

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

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

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

Student Doctors will be responsible to the host preceptor; in addition the student doctor is requested to stay in touch with CIMCC and their regional Director and/or RAD in the USA. If any concerns arise in regards to placement, the student doctor is instructed to contact CIMCC immediately.

**How many times can I return to the same international site for an additional rotation?**

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

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

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

**Students doing an international medical mission or service trip on their vacation MUST contact both their Regional Deans/Directors and CIMCC to discuss the intent of the trip and possibly sign a waiver form.**
1.14 Research Rotations

Research electives may only be taken in the second six months of the third year during a scheduled open block or during the fourth year. 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)

Adequate preparation of required materials and adequate time for appropriate review by the appropriate Regional Assistant Dean, Associate Dean for Affiliated and Sponsored Programs (OASP), and other appropriate administrative departments must be allowed for consideration of a proposal.

1. Initially the student must complete and submit the OASP-1, Project Initiation Request form to oasp@osteo.wvsom.edu. The form must be approved and signed by the Primary Investigator of the project and the WVSOM supervisor.

2. Following the review by the OASP the student will be notified of the next steps. (Any CITI training or IRB approval specified by the OASP must be completed and documentation provided to the OASP prior to their approval of the project).

3. Once the project has been approved by the OASP your Research Plan must then be submitted to and approved by the Regional Assistant Dean
   The Plan should include:
   a. Name of the Primary Investigator with contact address, phone and e-mail.
   b. A copy of the OASP 2 approved form
   c. Students role in the project
   d. Written acceptance of the student into the project by the researcher

Since the WVSOM IRB cannot review and approve FDA-related research, any student working under the supervision of a PI who is conducting FDA related research must be approved by a local IRB. Any research project where the supervisor is functioning under a local IRB must have completed an IRB Authorization Agreement with WVSOM. Proposed projects that involve human subjects that have not been reviewed and approved by a local IRB must be submitted to WVSOM IRB. WVSOM IRB will determine whether the project might be exempt from IRB review or require expedited review.

Students involved in research must be supervised by a WVSOM employee who may or may not serve as the PI. If a student works with a PI at a remote clinical facility, for example, the PI is entirely responsible for the proper conduct of the study. The WVSOM Regional Dean or other designated WVSOM employee supervises educational and institutional aspects of the student’s project/research in consultation with the PI.

The completed research proposal must be submitted to your Regional Statewide Campus a minimum of 30 days prior to the rotation.
As this is an elective portion of the WVSOM program, the following must be understood and agreed to:

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

Any research project not involving a research elective rotation is to follow the same procedure but should be structured not to interfere with clinical rotations.
- **Engagement in research form**

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

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

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

Checklist for Research Electives

_______1. Date of request follows procedure
_______2. Detailed Rotation Plan
   i. Name of on-site person in charge with contact address, phone and email
   ii. Written acceptance into the project.
   iii. Education benefits of the rotation
_______3. Arrangement of DO or MD to sign off on the project.
_______4. Final Data, Article, or Report submitted upon completion for Rotation Credit.

A copy of this report must be forwarded to the Associate Dean for Affiliated and Sponsored Programs.
Introduction to Clinical Medicine – Year 3

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

Year 3 rotations

Rotations are required in Family Med I (eight weeks), Internal Medicine I, Internal Medicine II, Geriatrics, Pediatrics, General Surgery, Emergency Medicine, OB/GYN, Dean’s Selective and Psychiatry. Successful completion of year three OSCE is required before the student may take COMLEX 2-PE. (See E-35 Promotion Requirements – Objective Structured Clinical Examinations [OSCEs].) Additionally, the student is permitted to select four weeks of electives in accordance with the guidelines of the Statewide Campus office, and is entitled to four weeks of vacation.

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

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

IV. Introduction

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

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

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

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

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

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

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

II. Osteopathic Relevance

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

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

III. Rotation Objectives and Core Competencies

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

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

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

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

- By the end of this rotation the student is expected to possess the knowledge, attitudes and skills to:
  - Access and manage acute illnesses commonly seen in the office setting (As defined in Table 1-Acute Presentations)
Access and manage chronic illnesses commonly seen in the office setting (As defined in Table 1-Chronic Diseases)
Determine the health risks of patients/populations and make recommendations for screening and health promotion (wellness visits)
Be able to elicit and record a complete history and physical that includes an osteopathic structural examination
Be able to develop an appropriate assessment based on the information gathered
Be able to develop an appropriate treatment plan based on the information gathered
Incorporate appropriate preventive medicine at each visit (As defined in Table 1-Adult Health Maintenance)

- **Acute Presentations:**
  By the end of the rotation, for each acute symptom listed in Table 1, 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 history and physical examination
  - 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

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

- **Adult Health Maintenance:**
  - Define wellness as a concept that is more than “not being sick”
  - Define primary, secondary, and tertiary prevention
    - Primary prevention-prevent from happening
    - Secondary prevention-early detection
    - Tertiary prevention-prevent worsening of symptomatic condition
  - Identify risks for specific illnesses that affect screening and management strategies
o Find and apply current guidelines for adult immunizations
o For each core health maintenance condition listed in Table 1, discuss who should be screened and methods of screening
o Develop a health maintenance plan for a patient of any age or gender that addresses the core health maintenance conditions (Table 1)

• Well child and adolescent visits:
  o Describe the core components of child preventive care—health history, physical examination, immunizations, screenings/diagnostic tests, and anticipatory guidance
  o 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
  o Identify developmental stages and detect deviations from anticipated growth and developmental levels
  o Recognize normal and abnormal physical findings in the various age groups
  o Identify and perform recommended age-appropriate screenings

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

• By the end of this rotation the student is expected to possess the knowledge, attitudes and skills to:
  o Gather information (evaluate), formulate a differential diagnosis, and propose initial management for patients with common acute presentations (Table 1).
  o Perform a focused history and physical examination that includes identification of complications for chronic conditions.
  o Manage a chronic follow-up visit for patients with common chronic diseases (Table 1)
    o Document a chronic care visit
    o Communicate respectfully with patients who do not fully adhere to their treatment plan
    o Educate a patient about an aspect of his/her disease respectfully, using language that the patient understands.
    o Propose an evidence-based management plan that includes pharmacologic and non-pharmacologic treatments, and appropriate surveillance and tertiary prevention.
  o Develop an evidence-based health promotion/disease prevention plan for a patient of any age or gender (Table 1)
  o For women: elicit a full menstrual, gynecological, and obstetric history
  o For men: identify issues and risks related to sexual function and prostate health
  o Find and apply the current guidelines for immunizations in all ages
Conduct a physical examination on an infant, child, adolescent, and adult
Demonstrate competency in advanced history-taking, communication, physical examination and critical thinking skills
Incorporate OP&P into the practice of family medicine

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

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

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

- Maintain a professional relationship with patients and staff
- Displays empathy and cultural competency.
- Demonstrate responsibility, reliability and dependability
- Demonstrate understanding of patient confidentiality/HIPAA regulations
- Demonstrate respect for peers and all members of the health care team
6. Practice-Based Learning and Improvement: Preceptors are expected to evaluate the student’s practice-based learning and improvement skills including the student’s ability to integrate evidence-based medicine into patient care as well as to what extent the student shows an understanding of research methods.

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

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

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

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

Table 1

<table>
<thead>
<tr>
<th>Acute Presentations</th>
<th>Med U case</th>
<th>Foundations</th>
<th>Chronic Diseases</th>
<th>Med U case</th>
<th>Foundations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory symptoms</td>
<td>5</td>
<td>990-997</td>
<td>Hypertension</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Joint Pain/Injury</td>
<td>4, 11, 25</td>
<td>946-951</td>
<td>Type2 DM</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Pregnancy presentation</td>
<td>12, 14</td>
<td></td>
<td>Asthma/COPD</td>
<td>13, 28</td>
<td>206-220; 528-541 883-888</td>
</tr>
<tr>
<td>Abdominal Pain</td>
<td>15, 19</td>
<td>660-668; 999-1005</td>
<td>Hyperlipidemia</td>
<td>8, 9</td>
<td></td>
</tr>
<tr>
<td>Common Skin Lesions</td>
<td>6, 7, 16</td>
<td></td>
<td>Anxiety</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Common Skin Rashes</td>
<td>7</td>
<td></td>
<td>Arthritis</td>
<td>11</td>
<td>952-959</td>
</tr>
<tr>
<td>Abnormal Vaginal bleeding</td>
<td>12, 17</td>
<td></td>
<td>Chronic Back Pain</td>
<td>10</td>
<td>253-272; 903-908</td>
</tr>
<tr>
<td>Low Back Pain</td>
<td>10</td>
<td>542-574; 967-972; 1006-1017</td>
<td>Coronary Artery Disease</td>
<td>6, 9, 31</td>
<td>889-901</td>
</tr>
<tr>
<td>Cough</td>
<td>13</td>
<td></td>
<td>Obesity</td>
<td>6, 7</td>
<td></td>
</tr>
<tr>
<td>Chest Pain</td>
<td>9, Simple 2</td>
<td></td>
<td>Heart Failure</td>
<td>12</td>
<td>889-901</td>
</tr>
<tr>
<td>Headache</td>
<td>10</td>
<td>939-944</td>
<td>Depression (previous dx)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Vaginal Discharge</td>
<td>12</td>
<td></td>
<td>Osteoporosis/Osteopenia</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Dysuria</td>
<td>4</td>
<td></td>
<td>Substance use/abuse</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Dizziness</td>
<td>33</td>
<td>910-917</td>
<td>Thyroid Disease</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Leg Swelling</td>
<td>7</td>
<td>961-965</td>
<td>Dyspepsia</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Shortness of breath</td>
<td>12, 28</td>
<td>931-938</td>
<td>Dementia</td>
<td>29</td>
<td>309-310; 873-882</td>
</tr>
<tr>
<td>Fever</td>
<td>21</td>
<td></td>
<td>Stroke</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>Depression/Anxiety</td>
<td>3, 5, 11, 24</td>
<td>284-296</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Male Urinary Symptoms

Mental Status change
<table>
<thead>
<tr>
<th>Health Maintenance</th>
<th>Med U case</th>
<th>Foundations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult (general) 1(female) 2(male)</td>
<td>318-322; 377-385</td>
<td></td>
</tr>
<tr>
<td>Breast cancer</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Colon cancer</td>
<td>1, 2</td>
<td></td>
</tr>
<tr>
<td>Coronary Artery Diseases</td>
<td>1, 2</td>
<td></td>
</tr>
<tr>
<td>Depression/Cognitive problems</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Fall risk in elderly</td>
<td>22,29</td>
<td></td>
</tr>
<tr>
<td>Intimate partner/family violence</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Obesity</td>
<td>6, 7</td>
<td></td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Prostate Cancer</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Sexually transmitted infection</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>Substance use/abuse</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Type 2 DM</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Immunizations</td>
<td>4,6,12</td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td>(Most are covered in CLIPP cases during Pediatric rotation)</td>
<td></td>
</tr>
<tr>
<td>Diet/exercise/obesity</td>
<td>21, 23</td>
<td></td>
</tr>
<tr>
<td>Family/social support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Growth and development</td>
<td>298-310</td>
<td></td>
</tr>
<tr>
<td>Hearing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lead Exposure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutritional deficiency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potential for Injury</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Sexual Activity</td>
<td>12, 27, 32</td>
<td></td>
</tr>
<tr>
<td>Substance use/abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuberculosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunization</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>
**Required Texts:**
*Essentials of Family Medicine,* by Sloane, et al; Lippincott, Williams and Wilkins
*Foundations for Osteopathic Medicine,* by Lippincott Williams and Wilkins

Suggested OP&P readings in *Foundations for Osteopathic Medicine:*
Diagnosis and Plan for Manual Medicine (refer to this for your OMT case write-up) & Pelvis and Sacrum.

**Additional Resources:**

<table>
<thead>
<tr>
<th>Evidence-Based Medicine</th>
<th>Do the on-line tutorial: Introduction to Evidence-Based Medicine <a href="http://www.hsl.unc.edu/services/tutorials/ebm/welcome.htm">www.hsl.unc.edu/services/tutorials/ebm/welcome.htm</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Care (refer to Table 1, Health Maintenance)</td>
<td>Guide to Clinical Preventive Services: <a href="http://www.ahrq.gov/clinic/cps3dix.htm">www.ahrq.gov/clinic/cps3dix.htm</a> Charts showing Clinical Preventive Services for men, women, high risk adults. Current immunization guidelines.</td>
</tr>
<tr>
<td>OP&amp;P and Physical Diagnosis</td>
<td>Texts required for year 1 and 2</td>
</tr>
<tr>
<td>Family Practice Notebook</td>
<td>Great site for additional information on numerous medical topics <a href="http://www.fpnotebook.com/index.htm">http://www.fpnotebook.com/index.htm</a></td>
</tr>
<tr>
<td>A Practical Guide to Clinical Medicine by UCSD</td>
<td>A great site to review physical exam, oral presentations, patient write-ups and much more is available at: <a href="http://meded.ucsd.edu/clinicalmed/introduction.htm">http://meded.ucsd.edu/clinicalmed/introduction.htm</a></td>
</tr>
<tr>
<td>Immunization Guidelines for childhood, adolescents and adults</td>
<td><a href="http://www.cdc.gov/vaccines/recs/schedules/default.htm">http://www.cdc.gov/vaccines/recs/schedules/default.htm</a></td>
</tr>
</tbody>
</table>
V. Activities:

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

2. Complete MedU cases listed under Rotation Requirements.

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

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

5. Log your rotation experience on each of the following. At the end of your rotation have your preceptor sign off on them.
   - Patient Logs: This form is to be signed by your preceptor and turned into your Regional Assistant Dean monthly. Please use your Student Documentation and Patient Procedure Log book.
   - Procedure Log: This form is to be signed by your preceptor and turned into your Regional Assistant Dean Monthly. Please see the following form.

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

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

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

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

** OPP is required to be performed by all students


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

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


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

Preceptor’s signature: ____________________________ Date: __________
6. **Family Medicine I—Requirement for Osteopathic History and Physical Case Study**

Students are required to do one osteopathic history and physical to be completed during both the Family Medicine I and Family Medicine II rotations (refer to section 6.a. The Medical Write-Up for specific instructions). The student must document and demonstrate the utilization of osteopathic philosophy, osteopathic diagnosis in the assessment and care of the patient in this case study. An osteopathic musculoskeletal exam must be documented under the objective findings of the case. This must be a case which was actually seen during the rotation in consultation with the supervising physician. False documentation can lead to serious academic sanctions, up to and including dismissal. The case must be completed and submitted electronically by Friday of the fifth week of rotation. There is a special form to be completed and submitted electronically. To access your case study form, go to the Clinical Ed web page, student resources, then "view your personal schedule". Next in the "case" column, click on the word "new" and your case study form will pop up. The case may be worked on and saved, but it is your responsibility to hit "submit" by the due date to avoid a deduction of points. The case will be graded by WVSOM full-time faculty and the graded case study will be returned to the student and preceptor electronically (via email) with the grader’s comments. If submitted on time it will be calculated in the 10% of the total grade for that rotation requirement package. The student will lose 10% of their grade on that rotation if it is not submitted by last Friday of the (5th) week of the rotation. No paper submissions will be accepted. The case may ONLY be submitted via the link on the personal schedule of that student.

6.a. **The Medical Write-Up**

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

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

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

Regarding the History of Chief Complaint, this should be a chronological history of the chief complaint. Remember OLDCARRTS. For the Past Medical History and Social history, remember MIIMASH and SHORES.

For allergies remember to list the reaction the patient had to the allergen, eg hives or nausea. Nausea is an adverse reaction and not a true allergy.
For medications be sure to list the name of the medication, the dosage and how it is being taken. Remember to include OTC’s and herbals and how they are taking these.

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

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

Do not state “noncontributory” or “none” in the history. If the patient tells you they have not had a particular problem it is better to word it as “the patient denies…”

Under the physical do not leave a section blank or state “noncontributory” or “normal” or “WNL”. Tell us what you saw/observed. When insurance companies review your records and see this type of verbiage they will assume it was not done and you could end up losing money. Same goes for the genital/rectal exam. Do not leave it blank or state “noncontributory” or “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 just list your conclusions; tell us what you did to come to that conclusion. 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.

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. Try to list it in order from the most likely to the least likely. To help you develop your assessment you should develop a problem list first. This list is not included in the submitted H&P. The problem list is a ranked list (most important to least important) of all the patient’s active health problems. It is not a list of diagnosis. The list allows you recognize patterns and help make diagnoses that are less obvious, or help you focus your differential diagnosis in a complicated patient. The problem list can also remind you of important medical issues that may be distinct from the chief complaint but still needs to be addressed. For example, a patient with COPD presents with cough and shortness of breath. His admission labs show a mild microcytic anemia and an elevated glucose. It would be easy to treat his pneumonia, watch him improve, and send him home without addressing the fact that he may have diabetes and may be having blood loss from a potentially serious condition such as colon cancer.
The plan should logically follow from the assessment. Be specific in what you plan to do. The plan should consist of 3 parts: additional diagnostic maneuvers needed, e.g. labs, X-rays, etc; therapeutic procedures or medications that will be employed, e.g. OMM; and patient education. Remember to include when the patient is to follow-up next and what your plan is if the patient does not respond to your treatment. If you did OMT include a brief statement on how the patient responded. For example, “OMT was done using muscle energy to the thoracic spine. The patient tolerated the procedure well and noted improvement in his/her symptoms.”

The H&P is the core component of the encounter between a doctor and patient and is common to all forms of medical practice around the world. Doing the H&P is your chance to really get to know your patient. It is not a “chore” and is a skill you will be using for the rest of your career as a physician.

Each preceptor/site may have other activities that you may be required to do as well.

In family medicine you will be expected to spend time in the physician’s office. Try to spend time in the physician’s business office and try to spend some time with the other members of the physician’s health care team in order to better understand their roles in the practice of medicine.

When appropriate, you will be expected to accompany the physician on hospital rounds, or to the nursing home and home visits. This may include some weekend hours.

**Rotation Requirement Package (10%)**

The rotation requirement package for Family Medicine I consists of Procedure Logs, Patient Log, Case Study, MedU Cases, and Doc.com Cases. The rotation requirement package is 10% of the final rotation grade. All items of the rotation requirement package must be turned in within 14 days of the completion of the rotation to receive the 10%. If any item is missing then 10% is deducted from the final grade.

- **Patient and Procedure Logs** - You will be required to log all patient contact. Use the log book provided by your statewide campus office. If additional pages are needed request a new log book from your Statewide Campus office. This log is due in your Statewide Campus office within 14 days of completing your rotation. You should keep a copy for your own records, as this will be important documentation throughout your career for credentialing purposes.

- **MedU CASES**: You will be required to complete MedU Cases. To access the MedU Cases go to [http://www.med-u.org/](http://www.med-u.org/) and choose fmCases. You must register to use MedU. Once you have registered, you can log in to MedU Cases using your established login and password. Print the case selection screen from the Cases upon completion of the required cases. This printout must be submitted to the appropriate Statewide Campus office within 14 days of the final
day of the rotation. If you have technical problems with the MedU Cases please e-mail medusupport@i-intime.org.

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

You are welcome to complete additional MedU cases as you feel is appropriate.

- **Doc.Com Cases:** You will be required to complete the discussion questions of the Doc.Com Cases. To access the Doc.Com Cases visit: [http://webcampus.drexelmed.edu/doccom/user/](http://webcampus.drexelmed.edu/doccom/user/) you will log in using your Email address and Password.
  - Communicating in Specific Situations: # 20 “Family Interview”,
  - Communicating in Specific Situations # 24 “Tobacco Intervention”
  - Communicating in Specific Situations # 25 “Motivating Healthy Diet and Physical Activity”

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

**Pretest/Posttest (20%)**

In the first week of the rotation, all students will take the online sample COMAT Family Medicine exam. This is a 15 question exam located at [http://www.nbome.org/comat3.asp?m=coll](http://www.nbome.org/comat3.asp?m=coll). The pretest is strongly recommended, but the score will not be included in the course grade. At the end of this rotation, all students will be expected to take the COMAT Family Medicine examination covering the material outlined in the course objectives and the reading assignments in the required texts *and cases where appropriate*. The exam consists of 125 questions that need to be completed within a two and ½ hour time limit. This is a proctored exam. Your posttest
exam will be proctored in your Statewide Campus region and will count as 20% of your grade. A date and time for the posttest will be provided by your Statewide Campus office.

**Supervising Physician Evaluation (70%)**

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

It is important that the form be completed on the last day of the student's rotation and faxed or delivered promptly to the appropriate WVSOM Statewide Campus office:

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

I. Introduction

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

II. Osteopathic Relevance

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

III. Rotation Objectives and Core Competencies

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

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

   - The student will demonstrate knowledge of the pathophysiology, diagnostic criteria and assessment of:
     - Diabetes
     - Hypertension
     - Hyperlipidemia
     - Depression
     - COPD/ASTHMA
     - CAD/MI
     - Obesity
     - Inflammatory Bowel Disease
     - Delirium
     - Chronic Kidney Disease
     - Stroke
     - Thyroid Disease
     - Pneumonia

   - The student will demonstrate the ability to evaluate and develop a differential diagnosis for:
     - Chest Pain
     - Anemia
     - Fatigue
     - Headache
     - Cough
     - Shortness of Breath
     - Fever
     - Abdominal Pain
     - Constipation
     - Diarrhea
     - Dizziness
     - Back Pain
     - Joint Pain
     - Rash

   - The student will demonstrate an understanding of the basic principles and current recommendations for:
     - Adult Immunizations (age 12 and up)
Breast, Colon, Cervical, Prostate Screenings, etc... per age appropriate cancers screenings and their utilization from the USPSTF Database (ePSS)

Pain Management

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

- The student will:
  - Demonstrate how to approach a patient in the office and/or hospital setting
  - Demonstrate the ability to identify a pertinent chief complaint
  - Perform a focused exam related to chief complaint and H& P
  - Demonstrate effective patient management skills
  - Demonstrate the ability to develop an evaluation and treatment plan
  - Demonstrate the ability to monitor the response to therapeutic intervention
  - 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 patient-focused care

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

- The student will:
  - Demonstrate ability to effectively communicate with Internal Medicine patients
  - Demonstrate ability to identify and communicate with family members, ascertain medical power of attorney, Living Will, and Code status, and/or person of authority to speak on behalf of the patient
  - Demonstrate ability to identify the person with key information about the patient’s situation and obtain pertinent history and documentation from variety of sources
  - Demonstrate ability to identify yourself to the patient and your role in their care
  - Consolidate and organize pertinent information for presentation to the attending
  - Demonstrate effective communication techniques with other members of the healthcare team and ancillary staff
  - Use appropriate terminology/language with patient and family
5. **Professionalism:** Preceptors are expected to evaluate professionalism, including demonstrated ethical, personal and professional qualities deemed necessary for the continued successful study and practice of Osteopathic Medicine; maintaining professional relationships with patients and staff; responsibility, dependability, and reliability.

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

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

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

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

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

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

**Skills the students should learn to do:**

- EKGs – How to perform and interpret
- ABGs – How to perform and interpret
- X-ray – Systematic interpretation & approach
  o CXR – Normal
- KUB – Normal

- H & P Complete
  - Perform a complete head to toe exam and document the exam
  - Present pertinent information from the H&P to the attending in 3-5 minutes
  - PFT – interpretation

**Activities the students may observe or assist:**
- Cardiac Stress Test
- Colonoscopy
- Upper endoscopy
- Bronchoscopy
- Joint injections
- Trigger point injections
- Central line placement
- Thoracentesis
- Paracentesis
- Biopsy: Skin, Liver, Bone Marrow
- Wound care and dressing
- Echocardiography
- PICC line placement
- Review all biopsy and tissue sample testing with Pathologist
- Autopsy if available

**Basic Laboratory Medicine/Pathology Interpretation of:**
- CBC
- UA
- Glucose
- Electrolytes
- Renal Profile
- Lipids
- Hepatic Profile Thyroid function
V. Suggested Reading Schedule

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

During Internal Medicine I, the following topics should be read:
- Cardiovascular Diseases
- Pulmonary Diseases
- Hematologic Diseases
- Renal Diseases
- Infectious Diseases
- Endocrine and Metabolic Diseases

Rotation Requirement Package (10%)

The rotation requirement package for Internal Medicine I consists of Logs, MedU Cases, and Doc.Com Cases. The rotation requirement package is 10% of the final rotation grade. All items of the rotation requirement package must be turned in within 14 days of the completion of the rotation to receive the 10%. If any item is missing then 10% is deducted from the final grade.

- **MedU CASES:** You will be required to complete MedU Cases. To access the MedU Cases go to [http://www.med-u.org/](http://www.med-u.org/) and choose simple. You must register to use MedU. Once you have registered, you can log in to MedU Cases using your established login and password. Print the case selection screen from the Cases upon completion of the required cases. This printout must be submitted to the appropriate Statewide Campus office within 14 days of the final day of the rotation. If you have technical problems with the Cases please e-mail medusupport@i-intime.org.

Complete at least four cases (one per week) during each IM I and IM II rotation. Choose from the following Cases:
- simple Case 1: 49 year old man with chest pain-Mr. Monson
- simple Case11: 45 year old man with abnormal LFTs-Mr. Chapman
- simple Case 12: 55 year old man with lower abdominal pain-Mr. Wilson
- simple Case 17: 28 year old male with rash-Mr. Moeller
- simple Case 19: 42 year old woman with anemia-Ms. Winters
- simple Case 22: 71 year old man with cough and fatigue-Mr. Groszek
- simple Case 27: 65 year old man with back pain-Mr. Strout
- simple Case 28: 70 year old man with shortness of breath and swelling-Mr. Honig
- simple Case 29: 55 year old woman with fever and chills-Mrs. Kapoor
- simple Case 30: 55 year old woman with left leg swelling-Ms. Bond
- simple Case 33: 49 year old woman with confusion-Mrs. Baxter
- simple Case 36: 45 year old man with ascites-Mr. Berlusconi
• **Doc.Com Cases:** You will be required to complete the discussion questions of the Doc.Com Cases. To access the Doc.Com Cases visit: [http://webcampus.drexelmed.edu/doccom/user/](http://webcampus.drexelmed.edu/doccom/user/) You will log in using your Email address and Password.
  - Communicating in Specific Situations #36: Ending Doctor-Patient Relationships

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

**Required Texts:**
Foundations of Osteopathic Medicine-Lippincott Williams and Wilkins
Ferri: Practical Guide to the Care of the Medical Patient, Mosby available on MD Consult
Goldman: Goldman’s Cecil Medicine, Saunders available on MD Consult
[http://www.emedicine.com](http://www.emedicine.com)

**Pretest**
In the first week of the rotation, all students will take the online sample COMAT Internal Medicine exam. This is a 15 question exam located at [http://www.nbome.org/comat3.asp?m=coll](http://www.nbome.org/comat3.asp?m=coll). The pretest is strongly recommended, but the score will not be included in the course grade. There will be no posttest at the conclusion of Internal Medicine I. A COMAT Internal Medicine posttest will be administered at the conclusion of Internal Medicine II.

**Supervising Physician Evaluation (90%)**
A confidential mid-rotation evaluation with the student should be done verbally or in writing. Completion of the final end-of-rotation Clinical Education Grade Form by the supervising physician should be in the presence of the student, so that the medical student can benefit from a frank discussion of his/her abilities. The supervising physician should add comments at the end of the Clinical Education Grade Form, using additional paper if necessary. If a competency has not been demonstrated, the supervising physician should so indicate.

It is important that the form be completed on the last day of the student's rotation and faxed or delivered promptly to the appropriate WVSOM Statewide Campus office:

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

I. Introduction

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

II. Osteopathic Relevance

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

III. Rotation Objectives and Core Competencies

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

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

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

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

- The student will demonstrate an understanding of the basic principles and current recommendations for:
  - Adult Immunizations (age 12 and up)
  - Breast, Colon, Cervical, Prostate Screenings, etc. per:
  - age appropriate cancer screenings and their utilization from the USPSTF Data Base (ePSS)
  - Pain Management
3. **Patient Care:** Preceptors are expected to evaluate the student’s ability to consistently demonstrate competence in patient care, including the ability to competently take a history, perform a physical examination, assist with medical procedures, and provide appropriate follow-up care.

- The student will:
  - Demonstrate how to approach a patient in the office and/or hospital setting
  - Demonstrate the ability to identify a pertinent chief complaint
  - Perform a focused exam related to chief complaint and H& P
  - Demonstrate effective patient management skills
  - Demonstrate the ability to develop an evaluation and treatment Plan
  - Demonstrate the ability to monitor the response to therapeutic intervention
  - 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 patient-focused care

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

- The student will:
  - Demonstrate ability to effectively communicate with Internal Medicine patients
  - Demonstrate ability to identify and communicate with family members, ascertain medical power of attorney, Living Will, and Code status, and/ or person of authority to speak on behalf of the patient
  - Demonstrate the ability to identify the person with key information about the patient’s situation and obtain pertinent history and documentation from variety of sources
  - Demonstrate ability to identify yourself to the patient and your role in their care
  - Consolidate and organize pertinent information for presentation to the attending
  - Demonstrate effective communication techniques with other members of the healthcare team and ancillary staff
  - Use appropriate terminology/language with patient and family

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

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

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

- The student will:
  - Apply fundamental epidemiologic concepts to practice improvement
  - Medical informatics / EBM / Research
  - Demonstrate ability to identify and correct personal knowledge deficits.
  - Demonstrate ability to locate educational resources and strengthen personal medical knowledge
  - Display commitment to continuous quality improvement
  - Demonstrate ability to teach both peers and lay audiences
  - Demonstrate ability to identify and correct personal knowledge deficit
  - Understand and communicate his/her learning style to the preceptor
  - Demonstrate the appropriate application and use of technology including PDA’s, etc
  - Demonstrate the ability to read and interpret an article
  - Demonstrate the ability to locate educational resources and strengthen personal medical knowledge
7. System Based Practice: Preceptors are expected to evaluate the student’s system based practice skills, including the student’s ability to understand his/her role as a member of the health care team, the student’s understanding of local community medical resources, and the student’s understanding of providing effective and cost effective medicine.

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

IV. Activities/Skills (IM I & II)

Skills the students should learn to do:

- EKGs – How to perform and interpret
- ABGs – How to perform and interpret
- X-ray – Systematic interpretation & approach
  - CXR – Normal
  - KUB - Normal
- H & P Complete
  - Perform a complete head to toe exam and document the exam
Present pertinent information from the H&P to the attending in 3-5 minutes
PFT – interpretation

Activities the students may observe or assist:
- Cardiac stress test
- Colonoscopy
- Upper endoscopy
- Bronchoscopy
- Joint injections
- Trigger point injections
- Central line placement
- Thoracentesis
- Paracentesis
- Biopsy: skin, liver, bone marrow
- Wound care and dressing
- Echocardiography
- PICC line placement
- Review all biopsy and tissue sample testing with Pathologist
- Autopsy if available

Basic Laboratory Medicine/Pathology Interpretation of:
- CBC
- UA
- Glucose
- Electrolytes
- Renal Profile
- Lipids
- Hepatic Profile Thyroid function

V. Suggested Reading Schedule

During Internal Medicine II, the following topics should be read:
- Oncologic Diseases
- Gastrointestinal Diseases
- Allergic and Immunologic Disorders
- Rheumatic Diseases
- Neurologic Disorders
- Dermatologic Disorders

Rotation Requirement Package (10%)
The rotation requirement package for Internal Medicine II consists of Logs, MedU Cases, Doc.com Cases, and Electronic Health Record (EHR) Case Studies. The rotation requirement package is 10% of the final rotation grade. All items of the rotation requirement package must be turned in within 14 days of the completion of the rotation to receive the 10%. If any item is missing then 10% is deducted from the final grade.
- **MedU CASES**: You will be required to complete MedU Cases. To access the MedU Cases go to [http://www.med-u.org/](http://www.med-u.org/) and choose Simple. You must register to use MedU. Once you have registered, you can log in to MedU Cases using your established login and password. Print the case selection screen from the Cases upon completion of the required cases. This printout must be submitted to the appropriate Statewide Campus office within **14 days of the final day of the rotation**. If you have technical problems with the MedU Cases please e-mail medusupport@i-intime.org

Complete at least four MedU cases (one per week) during each IM I and IM II rotation. By the end of IM II you will have completed 8 different cases, 4 during IM I and 4 different ones during IM II. Choose four from the following Cases:

- simple Case 1: 49 year old man with chest pain-Mr. Monson
- simple Case11: 45 year old man with abnormal LFTs-Mr. Chapman
- simple Case 12: 55 year old man with lower abdominal pain-Mr. Wilson
- simple Case 17: 28 year old male with rash-Mr. Moeller
- simple Case 19: 42 year old woman with anemia-Ms. Winters
- simple Case 22: 71 year old man with cough and fatigue-Mr. Groszek
- simple Case 27: 65 year old man with back pain-Mr. Strout
- simple Case 28: 70 year old man with shortness of breath and swelling-Mr. Honig
- simple Case 29: 55 year old woman with fever and chills-Mrs. Kapoor
- simple Case 30: 55 year old woman with left leg swelling-Ms.Bond
- simple Case 33: 49 year old woman with confusion-Mrs. Baxter
- simple Case 36: 45 year old man with ascites-Mr. Berlusconi

- **Doc.Com Case**: You will be required to complete the discussion questions of the Doc.Com Cases. To access the Doc.Com Cases visit: [http://webcampus.drexelmed.edu/doccom/user/](http://webcampus.drexelmed.edu/doccom/user/) You will log in using your Email address and Password.
  - Communicating in Specific Situations #33: Giving Bad News

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

- **Electronic Health Record (EHR) Case Studies**: You will be required to complete two (2) case studies on patients of your choice documented in the Greenway PrimeSuites’ EHR. To create this document, the patient will need to be de-identified (Patient’s last name – will be the student’s login ID). The cases will be automatically sent to your Statewide Campus Regional Assistant Dean when the note has been completed and electronically signed.

The following elements must be included to receive credit for the exercise (detailed instructions are available on SOLE and will include training videos):
• Chief complaint/indication for hospital admission (free text)
• HPI/symptoms analysis (free text or template selection)
• Past medical and surgical history, drug allergies, medications from patient face sheet
• Review of Systems with at least 7 systems included each with at least 3 pertinent positives or negatives (template selection)
• Physical Examination findings (template selection)
• Document Assessment(s) for the encounter
• Document Plan for the encounter

Required Texts:
Foundations of Osteopathic Medicine-Lippincott Williams and Wilkins
Ferri: Practical Guide to the Care of the Medical Patient, Mosby available on MD Consult
Goldman: Goldman’s Cecil Medicine, Saunders available on MD Consult
http://www.emedicine.com

Pretest/Posttest (20%)

In the first week of the rotation, all students will take the online sample COMAT Internal Medicine II exam. This is a 15 question exam located at http://www.nbome.org/comat3.asp?m=coll. The pretest is strongly recommended, but the score will not be included in the course grade. At the end of this rotation, all students will be expected to take the COMAT Internal Medicine II examination covering the material outlined in the course objectives and the reading assignments in the required texts (and cases where appropriate). The exam consists of 125 questions that need to be completed within a two and ½ hour time limit. This is a proctored exam. Your exam will be proctored in your Statewide Campus region and will count as 20% of your grade. A date and time for the posttest will be provided by your Statewide Campus office.

Supervising Physician Evaluation (70%)

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

It is important that the form be completed on the last day of the student’s rotation and faxed or delivered promptly to the appropriate WVSOM Statewide Campus office:

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

I. Introduction

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

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

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

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

II. Osteopathic Relevance

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

III. Rotation Objectives and Core Competencies

Core competencies are in part evaluated by main campus staff and/or national licensing examinations, as part of WVSOM’s on-going assessment of student achievement. Preceptors/Attendings for this rotation specifically are expected to make the following competency assessments. Preceptors are expected to provide feedback on these skills, abilities and attitudes during the rotation, and to provide a final evaluation of student competence at the end of the rotation on the Clinical Education Grade Form.
1. Osteopathic Philosophy and Osteopathic Manipulative Medicine: All preceptors (MD and DO) are expected to encourage and verify application of osteopathic principles. The Four Tenets of Osteopathic Medicine: 1) The body is a unit; 2) Structure and function are interdependent; 3) The body has self-healing and self-regulatory capabilities; 4) Rational osteopathic care relies on the integration of these tenets in patients care. DO preceptors are expected to encourage and evaluate appropriate use of Osteopathic Manipulative Treatment (OMT). Pediatrics provides an opportunity to experience the application of osteopathic principles utilizing diagnostic and treatment skills that focus on both the visceral and somatic functions of the body as they relate to disease processes and the patient’s growth and development. Application of Osteopathic Manipulative Treatment (OMT) should be demonstrated when applicable based on the patient’s specific clinical presentation. This rotation is heavily dependent upon the basics of prevention and anticipatory guidance. It will build the student’s appreciation of the need to interact with the patient and his/her caregivers, family, friends, community, and the healthcare team.

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

- The student will:
  - Acquire knowledge of normal growth and development, and apply this in a clinical context, from birth through adolescence for health supervision and disease prevention
  - Acquire knowledge needed for the diagnosis and initial management of acute and chronic illnesses of infancy and childhood including common pediatric emergencies
  - Acquire knowledge needed for the diagnosis and initial management of congenital problems and genetic diseases of infancy and childhood
  - Develop the knowledge, skills, and strategies necessary for health supervision including knowledge of immunizations and age appropriate anticipatory guidance for nutrition, developmental/behavioral counseling and injury prevention
  - Develop proficiency in writing different types of medical notes, including SOAP notes, newborn nursery admission notes, admission history & physicals, discharge summaries, procedure notes and utilizing electronic health records
  - Select, justify and interpret clinical tests and imaging with regard to both patient age and pathological processes
  - Research disease processes not covered by the CLIPP cases but encountered during clinic and hospital rounds as assigned by their preceptors
  - Create a list of differential diagnoses for common pediatric chief complaints and prioritize the items on this list
3. **Patient Care**: Preceptors are expected to evaluate the student’s ability to consistently demonstrate competence in patient care, including the ability to competently take a history, perform a physical examination, assist with medical procedures, and provide appropriate follow-up care.

- The student will:
  - Develop and demonstrate interviewing and physical examination skills required to conduct interviews with children or adolescents and their families and perform age appropriate physical examinations
  - Develop interviewing and physical examination skills required to conduct interviews with children or adolescents and their families and perform age appropriate osteopathic structural examinations
  - Educate the patient and/or caregiver and evaluate their comprehension of the diagnosis and treatment plan as directed by the preceptor

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

- The student will:
  - Demonstrate the ability to effectively communicate with pediatric patients
  - Demonstrate the ability to identify and communicate with caregivers
  - Identify parental and patient concerns and perspectives including cultural and religious influences
  - Develop proficiency in writing different types of medical notes, including SOAP notes, newborn nursery admission notes, admission history & physicals, discharge summaries, procedure notes and utilizing electronic health records
  - Develop a proficiency in sharing diagnostic plan of care, and prognostic information with patients and families
  - Effectively communicate with the healthcare team
  - Demonstrate behaviors and attitudes that promote the best interest of patients and families, including the flexibility to meet their needs
  - Use appropriate terminology/language with the patient and caregiver

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

- The student will:
  o Demonstrate appropriate understanding of and need for supervision, chaperones/assistant and utilization of same
  o Recognize effects of his/her demeanor, appearance and language during the interaction with patient and family
  o Demonstrate an understanding of privacy and independence of adolescents and of the private individual interview of an adolescent during the interview process
  o Understand their role in the performance of health care
  o Demonstrate empathy, respect and cultural sensitivity towards others

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

- The student will:
  o Apply fundamental epidemiologic concepts to practice improvement
  o Demonstrate a level of proficiency around medical informatics, evidence-based medicine and research
  o Demonstrate the ability to identify personal knowledge deficits
  o Demonstrate the ability to locate educational resources and strengthen personal medical knowledge
  o Display commitment to continuous quality improvement
  o Demonstrate the ability to teach both peers and lay audiences
  o Construct and communicate a plan to apply guidelines to age-appropriate clinical management
  o Recognize disparities in clinical research, access, and delivery of health care to younger population and how these affect the health of the pediatric population

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

- The student will:
  o Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society
  o Recognize how delivery systems differ controlling health care costs, allocating resources, etc
o Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety
o Identify available resources providing specialty care required for specific preventative screening and social situations:
  ▪ Parental and child developmental assistance programs
  ▪ Foster care and adoption
  ▪ Abuse, neglect and domestic violence
  ▪ Programs for special medical needs

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

- Well child visit
- Immunization schedule
- Milestones development
- Interviewing peds & family
- Respiratory distress
- Calculation of dose/weight for medications
- Normal variations peds vital signs
- Common skin disorders
- Breast-feeding/nutrition
- Developmental delay
- Asthma/allergy
- Obesity
- Age appropriate physical exam
- Shaken baby/abuse & neglect
- Neonatal fever
- UTI
- Constipation/encopresis
- Poisoning
- Accident prevention
- Abdominal pain
- Chest pain
- Concussions
- Informed consent
- Emancipation
- Newborn exam
- Hearing test
- Congenital/genetic screening
- Pubertal development (Tanner Scores)
- Congenital abnormalities
- Jaundice
- Oral health
- Otitis media
- Amenorrhea
- Scoliosis
- Behavior disorders (eg. ADHD)
- Failure to thrive
- Other urologic conditions
- Enuresis, hypospadias, ambiguous genitalia, etc.
- Headaches
- Plagiocephaly
- Tobacco/drug/alcohol abuse
- Sports/orthopedic problems
- Anemia
- Contraception (this is also included in OB)
- Torticollis
- Vomiting
- Gastrointestinal disorders
- Neuromuscular disorders
- Heart murmur and dysrhythmia
- Mono
- Autism
- Febrile seizures
- Cystic fibrosis
- Osteopathic Principles and Practices considerations
- Plagiocephaly
- Torticollis
- Newborn feeding disorders
- Otitis media
## Procedures

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<td>Rapid Strep/UA/RSV</td>
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<tr>
<td>Immunization (administrations)</td>
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<tr>
<td>OMT</td>
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<tr>
<td>APGAR scoring</td>
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<tr>
<td>EKG/interpretation</td>
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<tr>
<td>Nebulizer treatment</td>
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<tr>
<td>ADHD evaluation</td>
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<tr>
<td>Developmental screening</td>
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<tr>
<td>Wart removal</td>
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<tr>
<td>PFT/peak flow</td>
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<tr>
<td>Umbilical granuloma destruction</td>
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<tr>
<td>Sports physical</td>
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<tr>
<td>Well Child assessment (including vital signs/BP/rectal temp, etc.)</td>
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<tr>
<td>Heel stick</td>
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Required Textbooks

Harriet Lane Handbook (available MD Consult WVSOM Library Website)

Nelson’s Textbook of Pediatrics (available MD Consult WVSOM Library Website)

Suggested Resources

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

An Osteopathic Approach to Children by Jane Carreiro
Excellent source for pediatric musculoskeletal development/milestones and Osteopathy in the Cranial Field for newborns.

Redbook – concise presentations of all pediatric infectious diseases including current recommendations by the AAP by topics and specific diseases

Bright Future – presents the current recommendation for children/adolescents health supervision and anticipatory guidance; has a pocket companion, a mental health version and a nutrition version as well

Blueprints – succinct, well-organized review text for key pediatric topics. Also includes practice test questions
CURRICULUM – PEDIATRICS I (Nelson’s Textbook of Pediatrics)

WEEK 1: NORMAL GROWTH & DEVELOPMENT

Overview and Assessment of Variability
The Newborn
The First Year
The Second Year
The Preschool Years
Middle Childhood
Adolescence
Assessment of Growth
Developmental-Behavioral Screening & Surveillance
Assessment & Interviewing
Pediatric Pharmacogenetics
Principles of Drug Therapy
The Oral Cavity
Immunization Practices

WEEK 2 – CARDIOLOGY/RESPIRATORY/GYN

Evaluation of the Cardiovascular System
Laboratory Evaluation
Congenital Heart Disease
Cardiac Arrhythmias
Cardiac Therapeutics
Diseases of the Peripheral Vascular System
Respiratory System – Development & Function
Disorders of the Respiratory Tract
Gyn

WEEK 3 – CNS/BEHAVIORAL & PSYCHIATRIC DISORDERS/ALLERGY

Behavioral & Psychiatric Disorders
Nervous System
Nutrition
Allergic Disorders
Skin

WEEK 4 – MISC.

Bone & Joint Disorders
Endocrine
GI
GU
Computer-assisted Learning in Pediatrics Program (CLIPP)
The Computer-assisted Learning in Pediatrics Program (CLIPP) is a virtual patient program for the Pediatrics clerkship.

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

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

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

You must complete the following cases during your clinical rotation:
- CLIPP Case 1: Evaluation and care of the newborn infant
- CLIPP Case 2: Infant well-child (2, 6, and 9 months)
- CLIPP Case 3: 3-year-old, well-child check
- CLIPP Case 4: 8-year-old, well-child check
- CLIPP Case 5: 16-year-old girl’s health maintenance visit
- CLIPP Case 7: Newborn with respiratory distress
- CLIPP Case 8: 6-day-old with Jaundice
- CLIPP Case 10: 6-month-old with a fever
- CLIPP Case 11: 5-year-old with fever and adenopathy
- CLIPP Case 12: 10-month-old with a cough
- CLIPP Case 13: 6-year-old with chronic cough
- CLIPP Case 14: 18-month-old with congestion
- CLIPP Case 15: 4-week-old with vomiting
- CLIPP Case 17: 4-year-old refusing to walk
- CLIPP Case 18: 2-week-old with poor feeding
- CLIPP Case 19: 16-month-old with a first seizure
- CLIPP Case 20: 7-year-old with headaches
- CLIPP Case 21: 6-year-old boy with bruising
- CLIPP Case 26: 9-week-old with failure to thrive
- CLIPP Case 32: 5-year-old with rash

Completion of the CLIPP cases will have an influence on your final grade for this rotation. See the Requirements and Evaluation section for more details. The posttest examination is based upon content from this case list. All of the listed + cases must be completed by the last day of rotation.
Rotation Requirement Package (10%)
The rotation requirement package from your Pediatrics rotation is demonstration of professionalism, scientific medical knowledge, osteopathic practices, patient care and communication competencies, completion of the CLIPP cases, Doc.com Cases, Patient Logs, completion of the Pediatrics Posttest, and submission of your Pediatric Skills Checklist. All items are due within 14 days of the completion of the rotation.

- **MedU Cases** – Print the case selection screen from the CLIPP Cases website upon completion of all required cases. This printout must be submitted to the appropriate Statewide Campus office within 14 days of the final day of this rotation. Failure to provide this printout within the time-frame will result in a deduction of 10% from your final rotation grade.

- **Doc.Com Cases**: You will be required to complete the discussion questions of the Doc.Com Cases. To access the Doc.Com Cases go to: [http://webcampus.drexelmed.edu/doccom/user](http://webcampus.drexelmed.edu/doccom/user) you will log in using your Email address and Password.
  - Communicating in Specific Situations #21: Communication and Relationships with Children and Parents
  - Communicating in Specific Situations #22: The Adolescent Interview

- **Pediatric Skills Checklist and Patient Log** – A hard copy of this checklist and your patient log must be turned in to the appropriate Statewide Campus office within 14 days of the final day of this rotation. You should keep a copy for your own records, as this will be important documentation throughout your career for credentialing purposes. Failure to provide this log and checklist will result in a reduction of 10% from your final rotation grade.
<table>
<thead>
<tr>
<th>Task</th>
<th>Date/ID#</th>
<th>Date/ID#</th>
<th>Prec Init</th>
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</thead>
<tbody>
<tr>
<td>Obtain a newborn history</td>
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<td>Maternal &amp; prenatal history</td>
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<td>Family History</td>
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<tr>
<td>Labor and Delivery History</td>
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<tr>
<td>Obtain an infant/child history</td>
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<tr>
<td>Past Medical History</td>
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<tr>
<td>Birth History</td>
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<td>Injuries</td>
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<tr>
<td>Medications and Allergies</td>
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<tr>
<td>Past Surgical History</td>
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<td>Hospitalizations</td>
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<tr>
<td>Immunizations</td>
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<tr>
<td>Dietary History</td>
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<td>Developmental History</td>
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<td>Family History</td>
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<tr>
<td>Social History</td>
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<tr>
<td>Review of Systems</td>
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<tr>
<td>Obtain an adolescent history</td>
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<tr>
<td>Past Medical History</td>
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<td>Injuries</td>
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<td>Medications and Allergies</td>
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<tr>
<td>Past Surgical History</td>
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<td>Hospitalizations</td>
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<td>Immunizations</td>
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<td>Family History</td>
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<tr>
<td>Social History (HEADSS)</td>
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<tr>
<td>Dietary History</td>
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<tr>
<td>Review of Systems</td>
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<tr>
<td>Newborn</td>
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<tr>
<td>Attend a vaginal delivery</td>
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<tr>
<td>Attend a C-section delivery</td>
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<tr>
<td>Obtain Ht, Wt, HC &amp; plot on growth chart</td>
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<td></td>
</tr>
<tr>
<td>Interpret growth pattern</td>
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<tr>
<td>Obtain vital signs (T, RR, HR, BP)</td>
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<tr>
<td>Interpret vital signs</td>
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<tr>
<td>Perform gestational dating exam</td>
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<tr>
<td>Perform complete exam</td>
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<td></td>
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<tr>
<td>Understand NRP protocol</td>
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</tbody>
</table>

MR# = Medical record number        Prec Init = preceptor’s initials
Invol = Level of involvement: (O)observe, (A)ssist, (P)erform, (T)each
# WVSOM PEDIATRICS SKILLS CHECKLIST

<table>
<thead>
<tr>
<th>Newborn</th>
<th>Date/MR#/invol</th>
<th>Date/MR#/invol</th>
<th>Prec Init</th>
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</thead>
<tbody>
<tr>
<td>Explain contra/indications of/for</td>
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<tr>
<td>hearing screening</td>
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<tr>
<td>immunizations</td>
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<tr>
<td>circumcision</td>
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<tr>
<td>lumbar puncture</td>
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<tr>
<td>bladder aspiration</td>
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<tr>
<td>ureth catheterization</td>
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<td></td>
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<tr>
<td>nasogastric feedings</td>
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<tr>
<td>venipuncture</td>
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<td></td>
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<tr>
<td>injections</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>intubation</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>UAC/UVC placement</td>
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</tbody>
</table>

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

| Adolescent                           |                |                |           |
| Accurately assign Sexual Maturly Rating |      |                |           |
| Perform pelvic exam under supervision |      |                |           |
| Perform complete exam including structural |          |                |           |
| PALS protocol                        |                |                |           |
| Explain contra/indications of        |                |                |           |
| Immunizations                        |                |                |           |
| lumbar puncture                      |                |                |           |
| gastric Lavage                       |                |                |           |
| intubation                           |                |                |           |
| venipuncture                         |                |                |           |
## WVSOM Pediatrics Skills Checklist

<table>
<thead>
<tr>
<th>Understand how to obtain or use</th>
<th>Date/MR# Invol</th>
<th>Date/MR# Invol</th>
<th>Prec Invol</th>
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</thead>
<tbody>
<tr>
<td>Infant warmers and isollettes</td>
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<tr>
<td>IV infusion and pumps</td>
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<tr>
<td>Monitors - cardiac and respiratory</td>
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<tr>
<td>Bilirimeter</td>
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<tr>
<td>Phototherapy lights</td>
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<tr>
<td>Transilluminator</td>
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<tr>
<td>Spirometer</td>
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<tr>
<td>Nebulizer machine</td>
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<tr>
<td>Peak flow meter</td>
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<tr>
<td>Oximeter</td>
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<tr>
<td>Tympanometer</td>
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<tr>
<td>Audiometer</td>
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<td>EKG</td>
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<tr>
<td>Cultures</td>
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<tr>
<td>Throat</td>
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<td>Eye</td>
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<tr>
<td>Wound</td>
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<tr>
<td>Vaginal</td>
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<tr>
<td>Urethral</td>
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<tr>
<td>Venipuncture</td>
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<td>ABG</td>
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</table>

<table>
<thead>
<tr>
<th>Interpret results or calculate</th>
<th>Date/MR# Invol</th>
<th>Date/MR# Invol</th>
<th>Prec Invol</th>
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</thead>
<tbody>
<tr>
<td>Cardiac and respiratory monitor data</td>
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<tr>
<td>IVF’s - maintenance and deficit calculation</td>
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<tr>
<td>Bilirubin levels</td>
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<tr>
<td>Audiogram</td>
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<tr>
<td>Tympanograms</td>
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<td>ABGs</td>
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<tr>
<td>Spirometry &amp; Peak flow</td>
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<td>Oximetry</td>
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<td>EKGs</td>
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<td>Xrays</td>
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<tr>
<td>Chest</td>
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<td>Abdomen</td>
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<td>Extremity</td>
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<td>Cultures</td>
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<tr>
<td>Urethral</td>
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Pretest/Posttest (20%)

In the first week of the rotation, all students will take the online sample COMAT Pediatric exam. This is a 15 question exam located at http://www.nbome.org/comat3.asp?m=coll. The pretest is strongly recommended, but the score will not be included in the course grade. At the end of this rotation, all students will be expected to take the COMAT Pediatric examination covering the material outlined in the course objectives and the reading assignments in the required texts (and cases where appropriate). The exam consists of 125 questions that need to be completed within a two and ½ hour time limit. This is a proctored exam. Your posttest exam will be proctored in your Statewide Campus region and will count as 20% of your grade. A date and time for the posttest will be provided by your Statewide Campus office.

Supervising Physician Evaluation (70%)

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

It is important that the form be completed on the last day of the student’s rotation and faxed or delivered promptly to the appropriate WVSOM Statewide Campus office:

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

I. Introduction

Geriatrics has emerged as a distinct medical specialty. Your experience with physicians who serve the geriatric patient will deepen your appreciation of the knowledge and skills that are required to be an effective geriatric physician. Your rotation in geriatrics will follow at least one other clinical rotation experience. Your skills in communications, diagnostic physical examinations and development of a differential diagnosis should be past the initial apprehension we all felt as a novice clinical medical student. You are ready for the diverse and challenging medical dilemmas that you will encounter in an aging patient population. Your greatest challenge will be transferring your didactic knowledge gained in your basic science years to the actual patient. To help you with the transition, we have developed focused objectives organized around the core competencies. Review the objectives frequently to help gauge your growth in knowledge and skills. As you identify areas of weakness, use the listed resources to fill in your knowledge gaps. Work with your preceptor to identify the elements of the objectives which you have not yet had the clinical opportunity to experience. Share the knowledge and clinical deficits you are feeling so your preceptor can help identify opportunities that will broaden your clinical experiences.

II. Osteopathic Relevance

Osteopathic medicine provides a valuable framework for understanding the significance of the special needs of the geriatric patient. As aging modifies the physical structure of the body, it produces a resulting change in the function of the major body systems. This is very apparent in the musculoskeletal system but even more so in the nervous system with diseases that affect memory and cognitive ability. The resultant impact on quality of life for the patient and their family and friends is dramatic. Throughout this geriatric course, the skills we develop to diagnose and treat osteopathic somatic dysfunction, both musculoskeletal and visceral, will be reviewed and instruction given on the modifications needed to apply these skills to the elderly patient. The role of osteopathic manipulative medicine and OMT can be especially important in maintaining balance, strength and endurance that can improve quality of life. Recognition of the integration of mind, body and spirit also provides an osteopathic physician with a framework to understand that optimum medical care for the elderly goes beyond physical medicine and embraces mental, social and spiritual realms. The physician is one member of a health care team who helps optimize quality of life for an individual. The effective physician also acknowledges that death should be approached with respect and dignity.

III. Rotation Objectives and Core Competencies

Preceptors are expected to provide feedback on the following core competencies and to provide a final evaluation of student competence at the end of the rotation on the Clinical Education Grade Form.
1. **Medical Knowledge, Knowledge of Disease Process, Diagnostic Criteria, and Evaluation of Conditions:** Preceptors are expected to evaluate medical knowledge, understanding of disease process, and the student’s ability to apply cognitive skills in differential diagnosis.

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

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

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

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

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

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

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§ 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.
Objectives

1. Osteopathic Principles and Osteopathic Manipulative Medicine
   • Learn to adapt osteopathic diagnostic skills to physical limitations of the elderly disabled
   • Recognize somatic dysfunction within the context of normal aging physiological changes
   • Adapt OMT to adequately and safely treat geriatric somatic dysfunction
   • Develop an appreciation for the need to treat the entire patient, including emotional, spiritual, physical, family, caregiver and environmental components of the patient’s health

2. Medical Knowledge
   • Recognize the physiological changes for aging
   • Recognize the difference between normal aging and disease
   • Differentiate delirium from dementia
   • Differentiate the major forms of dementia
   • Assess and treat the major cardiovascular diseases of the elderly
   • Recognize and manage the major chronic pulmonary diseases
   • Manage the long-term issues of degenerative joint and bone diseases
   • Diagnosis and manage Type II diabetes mellitus
   • Utilize evidence-based preventative health techniques

3. Patient Care
   • Perform a competent Mini Mental Status Exam
   • Perform and document a complete history and physical examination
   • Demonstrate the ability to obtain the history of a dementia patient utilizing family and caregiver interviewing techniques
   • Participate in office based procedures pertinent to geriatric care
     o Pulmonary function testing
     o EKG
     o Ear lavage
     o Joint arthrocentesis
     o Skin biopsies and excisions
     o Osteopathic manipulations
   • Demonstrate ability to perform geriatric depression screening

4. Interpersonal and Communications Skills
   • Demonstrate ability to effectively communicate with geriatric patients
   • Demonstrate ability to identify and communicate with caregivers
   • Develop ability to lead discussion on end-of-life issues
   • Demonstrate ability to communicate with nurses, CNA’s, and other professional members of the geriatric team

5. Professionalism
• Display traits of competence, empathy and reliability
• Display leadership traits when working with the geriatric team
• Demonstrate respect for peers and all members of the geriatric team

6. Practice-Based Learning and Improvement
• Demonstrate ability to teach both peers and lay audiences
• Display commitment to continuous quality improvement
• Demonstrate ability to identify personal knowledge deficits
• Demonstrate ability to locate educational resources and strengthen personal medical knowledge

7. System Based Practice
• Verbalize the issues related to Medicare/Medicaid financing of geriatric healthcare
• Describe the role of Medicare Part A, B, and D
• Describe the ramifications of limited patient financial resources and the need to apply for Medicaid assistance
• Understand the mechanism of Medicare Part A reimbursement to hospitals and skilled nursing facilities and its impact on access to skilled therapy
• Describe the impact of Medicare Part A reimbursement on hospital management of patient’s length of stay
• Describe the role and financial support that Hospice Care provides in end of life situations

Methods

Preceptors are encouraged to develop clinical rotations that expose the student to the full range of geriatric medicine. The methods described are divided into essential and optional categories. All students should have experiences in the essential categories. It is highly recommended that students be given opportunities in the optional categories as time and opportunity allows.

Essential Experiences
• Outpatient and/or inpatient clinical geriatric patient encounters
• Nursing/skilled facility patient encounters
• Presentations to peer and/or lay audiences on geriatric topics

Optional Experiences
• Hospital Inpatient geriatric patient encounters
• Clinical geriatric psychiatry
• Physical therapy
• Occupational therapy
• Physician home visits
• Nursing home health visits
• Hospice care visits
• Wound care clinic

Required Texts


Suggested Reading Schedule

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

**Week 1: The Washington Manual Topics:**
- Approach to the Geriatric Patient: The Comprehensive Geriatric Assessment;
- Settings for Geriatric Care
- Dementia
- Delirium
- Depression in the Older Adult
- Approach to Polypharmacy and Appropriate Medication Use
- Falls
- Dizziness, Syncope, and Orthostatic Hypotension
- Cognitive Assessment: Modified Short Blessed Test (mSBT)
- Cognitive Assessment: Clock Completion Test (CCT)
- Depression Screen: Geriatric Depression Scale (Short Form)
- Delirium Assessment: Confusion Assessment Method (CAM)
- Polypharmacy: Common Formulas and Cytochrome P450 Drug Interactions
- Weight Loss and Nutrition Tools: Appetite and Nutrition Assessment
- Androgen Deficiency in Aging Men (ADAM) Questionnaire
- Benign Prostatic Hyperplasia (BPH) Symptom Assessment: American Urological Association (AUA) Symptom Score
- Erectile Dysfunction Symptom Assessment: Sexual Health Inventory for Men (SHIM)
- Visual Acuity Assessment: Rosenbaum Vision Screen
- Hearing Loss Screening: Hearing Handicap Inventory in the Elderly-Screen and Whisper Test
- Pressure Ulcer Risk Assessment: Braden Risk Assessment Scale
- Functional Assessment: Katz Index of Activities of Daily Living (ADLs)
- Functional Assessment: Lawton Index of Instrumental Activities of Daily Living (IADLs)
- Selected Topics and Useful Resources for Older Adults
http://www.cms.gov/Medicare/Medicare-General-Information/MedicareGenInfo/Part-A.html

http://www.cms.gov/Medicare/Medicare-General-Information/MedicareGenInfo/Part-B.html

Unintentional Weight Loss in the Elderly
Pressure Sores
The Older Adult Driver
Androgen Deficiency in Older Men
Sex Hormone Therapy in the Elderly Woman
Osteoporosis
Paget’s Disease of Bone (Osteitis Deformans)

Nelson
The Geriatric Patient


Week 3: The Washington Manual,
Osteoarthritis
Giant Cell Arteritis and Polymyalgia Rheumatica
Thyroid Disease in Geriatric Patient
Ophthalmology and Geriatrics
Aging and the Cardiovascular System, Exercise, and Hypertension
Ischemic Heart Disease
Chronic Heart Failure, Valvular Disease, and Arrhythmias


http://www.jaoa.org/content/100/12/776.full.pdf+html?sid=b4d8fe2f-a2c7-4302-b93d-5b063c5c4959

http://www.ahrq.gov/clinic/pocketgd.htm (Section 2, p.32)

Urologic Symptoms and Urinary Tract Infection in the Elderly
Urinary Inconvenience
Benign Prostatic Hyperplasia, Erectile Dysfunction, and Prostate Cancer
Parkinson’s Disease and Related Disorders
Parkinson’s Disease Motor Scale: Unified Parkinson’s Disease Rating Scale (UPDRS). Subscale III

http://www.jaoa.org/content/102/8/417.full.pdf+html?sid=1065d1ff-36b3-4861-ae79-c251e45d4adf

Rotation Requirement Package (10%)

The rotation requirement package for Geriatrics consists of Logs and MedU Cases, Doc.com Cases, and COMAT OPP posttest. The rotation requirement package is 10% of the final rotation grade. All items of the rotation requirement package must be turned in within 14 days of the completion of the rotation to receive the 10%. If any item is missing then 10% is deducted from the final grade.

- **Logs** - You will be required to log all patient contact. Use the log book provided by your Statewide Campus office. If additional pages are needed request a new log book from your Statewide Campus office. This log is due in your Statewide Campus office within 14 days of completing your rotation. You should keep a copy for your own records, as this will be important documentation throughout your career for credentialing purposes.

- **Doc.Com Case**: You will be required to complete the discussion questions of the Doc.Com Cases. To access the Doc.Com Cases visit: http://webcampus.drexelmed.edu/doccom/user/ you will log in using your Email address and Password.
  - Communicating in Specific Situations # 23: The Geriatric Interview

- **MedU CASES**: You will be required to complete MedU Cases. To access the MedU Cases go to http://www.med-u.org/ and choose Simple and fmCases. You must register to use MedU. Once you have registered, you can log in to MedU Cases using your established login and password. Print the case selection screen from the cases upon completion of the required cases. This printout must be submitted to the appropriate Statewide Campus office within 14 days of the final day of the rotation. If you have technical problems with the MedU Cases please e-mail medusupport@i-intime.org.
  - Simple Case # 13: 65-year-old woman seen for annual physical – Mrs. Thompson
  - Simple Case # 18: 75-year-old man with memory problems – Mr. Caldwell
  - Simple Case # 21: 78-year-old man with fever, lethargy and anorexia – Mr. Ramiez
  - Simple Case # 25: 75-year-old hospitalized woman with confusion – Mrs. Kohn
• fmCase #22: 70-year-old male with new-onset unilateral weakness-Mr. Wright
• fmCases # 29: 72-year-old male with dementia-Mr. Marshall

COMAT Post rotation exam (20%)
Students will take the COMAT OPP as posttest.

Supervising Physician Evaluation (70%)
A confidential mid-rotation evaluation with the student should be done verbally or in writing. Completion of the final end of rotation Clinical Education Grade Form by the supervising physician should be in the presence of the student, so that the medical student can benefit from a frank discussion of his/her abilities. The supervising physician should add comments on the second page of the Clinical Education Grade Form, using additional paper if necessary. If a competency has not been demonstrated, the supervising physician should so indicate.

It is important that the form be completed on the last day of the student’s rotation and faxed or delivered promptly to the appropriate WVSOM Statewide Campus office:

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

I. Introduction

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

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

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

II. Osteopathic Relevance

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

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

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

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

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

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

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

**The Four Tenets of Osteopathic Medicine: 1) The body is a unit; 2) Structure and function are interdependent; 3) The body has self-healing and self-regulatory capabilities; 4) Rational osteopathic care relies on the integration of these tenets in patient care.**
3. **Patient Care:** Preceptors are expected to evaluate the student’s ability to consistently demonstrate competence in patient care, including the ability to competently take a history, perform a physical examination, assist with medical procedures, and provide appropriate follow-up care.

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

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

- The student will:
  - Demonstrate the ability to effectively communicate with a patient in an age appropriate manner and with consideration of the current mental status of a patient.
  - Establish rapport with the patient and demonstrate therapeutic interaction with patients, family members and others involved with the patient’s care.
  - Use appropriate terminology/language with the patient and their family.
  - Demonstrate the ability to appropriately document interactions and plans

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

- The student will:
  - Demonstrate empathy, respect and cultural sensitivity towards others
  - Demonstrate a team approach
  - Dress appropriately
  - Demonstrate an understanding of confidentiality and ethical behavior
6. Practice-Based Learning & Improvement: Preceptors are expected to evaluate the student’s practice-based learning and improvement skills, including the student’s ability to integrate evidence-based medicine into patient care, as well as to what extent the student shows an understanding of research methods.

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

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

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

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

- MSE (Mental Statis Exam): Weekend prior
  - Psychiatric History: Weekend Prior
Glossary of terms: Weekend Prior

- Safety: Week 1
- Bio Psycho Social Model: Week 1
- Mood Disorders: Week 1 and 2
- Anxiety: Week 2 and 3
- PTSD: Week 2 and 3
- Substance Abuse: Week 2 and 3
  - Intoxication
  - Withdrawal
- Suicidal Assessment: Week 2
- Aggression Assessment: Week 2
- Psychotic Disorders: Week 2 and 3
- Childhood Disorders: Week 3 and 4
  - ADHD: Week 3 and 4
  - Oppositional Defiant/Conduct Disorders: Week 3 and 4
  - Pervasive Development Disorders: Week 3 and 4
- Cognitive Disorders: Week 3
  - Dementia: Week 3
  - Delirium: Week 3
- Organic Causes of Mental Disorders: Week 3
- Somatoform Disorders: Week 3
- Ethics/legal
  - Confidentiality: Week 1
  - Informed consent: Week 3
  - Decision-making capacity: Week 3
  - Guardianship: Week 4
  - Boundary Issues: Week 4
  - Transference/counter transference: Week 4
  - Tarasoff Warning: Week 4
- Personality Disorders: Week 4

V. Activities: Research the following patient presentations and be prepared to answer related questions on your end-of-rotation exam.

Presenting Complaints

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

**Additional Activities to accomplish**

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

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

**Topic Introduced in Week 1:**

• Structural exam
• MME: Mini Mental Status Exam
• Complete history/physical

**Topic Introduced in Week 2:**

• Psycho therapy
• Psychopharmacology
• OMT
• ECT

**Topic Introduced in Week 3:**

• Diagnostic testing
• Psychological testing
**Topic Introduced in Week 4:**
- Vagal nerve stimulation
- Neuro feedback/bio feedback
- Hypnosis

**Required Texts**

“Case Files in Psychiatry” McGraw Hill available on the Rittenhouse R2 platform on the library web page

**Suggested Text**

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

**Pretest/Posttest (20%)**

In the first week of the rotation, all students will take the online sample COMAT Psychiatry exam. This is a 15 question exam located at [http://www.nbome.org/comat3.asp?m=coll](http://www.nbome.org/comat3.asp?m=coll). The pretest is strongly recommended, but the score will not be included in the course grade. At the end of this rotation, all students will be expected to take the COMAT Psychiatry examination covering the material outlined in the course objectives and the reading assignments in the required texts (*and cases where appropriate*). The exam consists of 100 questions that need to be completed within a two hour time limit. This is a proctored exam. Your exam will be proctored in your Statewide Campus region and will count as 20% of your grade. A date and time for the posttest will be provided by your Statewide Campus office.

**Rotation Requirement Package (10%)**

The rotation requirement package for Psychiatry consists of Logs and Doc.com cases. The rotation requirement package is 10% of the final rotation grade. All items of the rotation requirement package must be turned in within 14 days of the completion of the rotation to receive the 10%. If any item is missing then 10% is deducted from the final grade.

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

- **Logs** - You will be required to log all patient contact. Use the log book provided by your Statewide Campus office. If additional pages are needed request a new log book from your Statewide Campus office. This log is due in your Statewide Campus office **within 14 days** of completing your rotation. You should keep a
copy for your own records, as this will be important documentation throughout your career for credentialing purposes.

**Supervising Physician Evaluation (70%)**

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

It is important that the form be completed on the last day of the student's rotation and faxed or delivered promptly to the appropriate WVSOM Statewide Campus office:

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

I. Introduction

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

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

II. Osteopathic Relevance

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

III. Rotation Objectives and Core Competencies

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

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

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

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

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†† **The Four Tenets of Osteopathic Medicine:** 1) The body is a unit; 2) Structure and function are interdependent; 3) The body has self-healing and self-regulatory capabilities; 4) Rational osteopathic care relies on the integration of these tenets in patient care.
3. **Patient Care:** Preceptors are expected to evaluate the student’s ability to consistently demonstrate competence in patient care, including the ability to competently take a history, perform a physical examination, assist with medical procedures, and provide appropriate follow-up care.

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

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

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

5. **Professionalism:** Preceptors are expected to evaluate professionalism, including demonstrated ethical, personal and professional qualities deemed necessary for the continued successful study and practice of Osteopathic Medicine; maintaining professional relationships with patients and staff; responsibility, dependability, and reliability. Understand the role of the student as defined in the Student Manual.

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

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

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

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

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

IV. Top 10 - 15 topics student should learn regardless of whether they see a patient with this condition:
- The acute abdomen
- Appendicitis
- Cholecystitis
- Hernias
- Colon cancer
- Breast cancer
- Diverticulitis
- Pancreatitis
- Thyroid nodules and cancer
- Small bowel obstruction
- Dyspepsia/gastritis/peptic ulcer disease
- Inflammatory bowel disease
- Upper/lower GI bleeding
- GERD
- Trauma
- Post-op management
- Pre-op evaluation
- Vascular disease
- Burn and wound management

V. Activities

Research each of the following patient presentations, and be prepared to answer questions on your end-of-rotation exam
- Left lower quadrant pain
- Right lower quadrant pain
- Right upper quadrant pain
- Nausea/vomiting
- Heartburn/atypical chest pain
- Masses/lumps - painful and painless
- Anorectal pain
- Anorectal bleeding
- Abnormal mammogram
- Skin lesions
- Hematemesis
- Abnormal labs - including but not limited to occult rectal bleeding, anemia, liver function tests (LFT)
- Post-op fever
- Preventative medicine – colon screening, mammograms
• Thromboembolic events
• Fluid management and fluid balance

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

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

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

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

Reading topics are from the required text.

To access the MedU Cases go to http://www.med-u.org/ and click on Wise-MD. You must register to use MedU. Once you have registered, you can log in to the Cases using your established login and password. Print the case selection screen from the Cases’ website upon completion of the required cases. This printout must be submitted to the appropriate Statewide Campus office within 14 days of the final day of the rotation. If you have technical problems with the cases please email medusupport@i-intime.org.

Week 1:
**Reading Topics**
- Sterile technique
- Acute abdomen
- Tissue healing
- Wound care
- Pre-op evaluation
- Fluid management/balance

Week 2:
**Reading Topics**
- Appendicitis
- Gallbladder disease
- Hernias, Diverticulitis
- GI bleeding
- PUD/Reflux/UGI complaints
- Pancreatitis

Week 3:
**Reading Topics**
- Breast cancer
- Colon cancer
- Skin cancer
- Hernias

Week 4:
**Reading Topics**
- Thyroid
- Trauma management
- Burn management
Required Texts

Current Surgical Therapy by Cameron
Zollinger’s Atlas of Surgical Operations

Rotation Requirement Package (10%)

The rotation requirement package for Surgery consists of Logs, MedU Cases, and Doc.com Cases. The rotation requirement package is 10% of the final rotation grade. All items of the rotation requirement package must be turned in within 14 days of the completion of the rotation to receive the 10%. If any item is missing then 10% is deducted from the final grade.

- **MedU CASES**: You will be required to complete MedU Cases. To access the MedU Cases go to [http://www.med-u.org/](http://www.med-u.org/) and choose WISEMD. You must register to use MedU. Once you have registered, you can log in to MedU Cases using your established login and password. Print the case selection screen from the Cases upon completion of the required cases. This printout must be submitted to the appropriate Statewide Campus office within 14 days of the final day of the rotation. If you have technical problems with the Cases please e-mail medusupport@i-intime.org.
  - Appendicitis
  - Hernia
  - Cholecystitis
  - Anorectal Disease
  - Colon Cancer
  - Diverticulitis
  - Breast Cancer
  - Thyroid nodule
  - Skin Cancer
  - Trauma resuscitation
  - Burn management
  - Bowel obstruction

- **Doc.Com Cases**: You will be required to complete the discussion questions of the Doc.Com Cases. To access the Doc.Com Cases visit: [http://webcampus.drexelmed.edu/doccom/user/](http://webcampus.drexelmed.edu/doccom/user/) You will log in using your Email address and Password.
  - Communicating in Specific Situations: #32—“Advance Directives”

- **Logs** - Log your experience on each of the procedures. At the end of the rotation, have your preceptor sign off on them. Use the log book provided by your Statewide Campus office. If additional pages are needed, request a new log book from your Statewide Campus office.
Pretest/Posttest (20%)

In the first week of the rotation, all students will take the online sample COMAT General Surgery exam. This is a 15 question exam located at http://www.nbome.org/comat3.asp?m=coll. The pretest is strongly recommended, but the score will not be included in the course grade. At the end of this rotation, all students will be expected to take the COMAT General Surgery examination covering the material outlined in the course objectives and the reading assignments in the required texts (and cases where appropriate). The exam consists of 125 questions that need to be completed within a two and ½ hour time limit. This is a proctored exam. Your exam will be proctored in your Statewide Campus region and will count as 20% of your grade. A date and time for the posttest will be provided by your Statewide Campus office.

Supervising Physician Evaluation (70%)

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

It is important that the form be completed on the last day of the student’s rotation and faxed or delivered promptly to the appropriate WVSOM Statewide Campus office:

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

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

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

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

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

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

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

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

‡‡ The Four Tenets of Osteopathic Medicine: 1) The body is a unit; 2) Structure and function are interdependent; 3) The body has self-healing and self-regulatory capabilities; 4) Rational osteopathic care relies on the integration of these tenets in patient care.
7. **System Based Practice:** Preceptors are expected to evaluate the student’s system based practice skills, including the student’s ability to understand his/her role as a member of the health care team, the student’s understanding of local community medical resources, and the student’s understanding of providing effective and cost effective medicine.

**Objectives**

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

- The student will:
  - Be able to explain the pathogenesis of the most common conditions seen in the specialty selected.
  - Formulate a differential diagnosis 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.

**References:**

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

**Objective**

Use Evidence-Based Medicine to answer clinical questions.

**Objectives**

Given a number of clinical questions, the student will be able to use various resources to answer the questions based on best medical evidence.

Evidence Medicine Sites:

- [www.poems.msu.edu/infomastery/default.htm](http://www.poems.msu.edu/infomastery/default.htm)
- [www.ahrq.gov/clinic/cps3dix.htm](http://www.ahrq.gov/clinic/cps3dix.htm)
- [www.MDConsult.com](http://www.MDConsult.com)
- [www.cochrane.org/](http://www.cochrane.org/)
- [www.tripdatabase.com/index.html](http://www.tripdatabase.com/index.html)

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

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

**Patient logs are required.** Logs are due within 14 days of completion of the rotation.

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

**Supervising Physician Evaluation**

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

It is important that the form be completed on the last day of the student’s rotation and
faxed or delivered promptly to the appropriate WVSOM Statewide Campus office:

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

I. Introduction

The third year Emergency Medicine rotation is unique in that you will see acutely ill or injured patients. This is where you learn how to do focused History and Physical exams. These are done on patients with specific symptoms based on the patients presenting complaint. You will normally need to only evaluate the specific reason for that visit. Time management is very important. You must learn to quickly gather important History and Physical data, develop a differential diagnosis and utilize ancillary tests to rule in or out your diagnosis. You will then learn to develop a plan of treatment for specific medical conditions.

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

II. Osteopathic Relevance

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

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

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

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

   - The student will demonstrate knowledge of:
     - Osteopathic diagnostic skills must be adapted to the physical limitations of emergency department bed, space and staffing considerations
     - Learn to recognize and diagnosis somatic dysfunction in the context of common patient pain presentations: Thoracic Chest Pain, Headaches, Spine Pain, Extremity pain, Overuse Syndromes, Joint pain and Frozen Shoulder
     - Recognize and apply osteopathic treatment modalities appropriate to the emergency department environment for somatic dysfunction of: HEENT, Spine, Thoracic Cage, Extremities
     - Develop an appreciation for the need to treat the entire patient including emotional, spiritual, physical and family needs. However, keep in mind that time management is very important
     - Consider the application of OMT only if safe in the context of the patient’s current medical condition and patient care environment
     - Encourage referral for outpatient/inpatient OMT as a treatment modality for both acute and chronic management of appropriate diagnosis

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

   - The student will demonstrate knowledge of:
     - The risk factors for a specific area or system related to the chief complaint
     - The most life-threatening or organ-damaging conditions related to the presenting complaint

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§§ 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.
The principles of rapid EKG interpretation (per text; Stanley’s Methods)

Vascular hemodynamics

The life-threatening complications specific to the age of the patient

The serious and benign presentations of the following complaints or diagnosis: chest pain, abdominal pain, headache, shortness of breath, stroke/transient ischemic attack, syncope, altered mental status, trauma, diabetic ketoacidosis competency, toxic ingestion, pharmacological interactions and side effects

The principles of Emergency Medical System (EMS) pre-hospital stabilization and definitive transfer protocols

The roles of consulting professionals

The principles of evidence-based utilization of resources as applied to emergency medicine (Emergency Medical Treatment Active Labor Act (EMTALA))

The acute presentation of chronic diseases that are life-threatening

The principles and application of standardized emergency protocols including First Aid, BLS, ACLS, ATLS, and PALS

The basic principles of tissue healing

The basic principle of poisoning and drug overdose

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

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

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

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

5. Professionalism: Preceptors are expected to evaluate professionalism, including demonstrated ethical, personal and professional qualities deemed necessary for the continued successful study and practice of Osteopathic Medicine; maintaining professional relationships with patients and staff; responsibility, dependability, and reliability. Understand the role of a student as defined in student manual.

Realizing that ER 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.

- Display respect for peers within the emergency department and hospital staff
- Demonstrate a team approach to treating emergency room patients
- Dress appropriately for emergency room:
  - Professional attire as defined in the institution’s dress code
  - If personal clothing is worn, it should be washed after each shift

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

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

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

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

IV. Topics students should learn whether or not they have a patient with this condition:

- Resuscitation: fluids/respiratory/cardiac/trauma
- Eye emergency
- Musculoskeletal injuries
- Wound/laceration management
- Pediatrics emergencies: infections/respiratory/gastrointestinal/safety
- Acute coronary syndrome
- Trauma: head/abdominal/extremity/chest
- Stroke/TIA
- Fractures
- Burns (cover in FM)
- Respiratory Presentations: pneumonia/COPD/asthma/respiratory arrest
- Sepsis/shock
- UTI/Pyelonephritis
- Diabetic ketoacidosis (2nd week)
- Renal Failure: acute/chronic
- Threatened spontaneous abortion
- Sexually Transmitted Diseases
- Pain presentations: chest/abdominal
- Domestic Violence: elder abuse/shaken baby/etc.
- Patient Triage (2nd week – after basic understanding of ER roles)
- Drug addiction/drug seeking
- Dictation (written) note of patient encounter:
  - Chief complaint
  - History
  - ROS
  - Social history
  - Exam
  - Diff diagnosis
  - Lab/Xray
  - Impression
  - Treatment
  - Disposition
  - Follow-up

V. Activities

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

- Fever
- Chest pain (1st week)
- Abdominal pain (1st week)
- Headache
- Dyspnea (1st week)
- Altered Mental Status Exam
- Epistaxis
- Nausea/vomiting
- Palpitations
- Back pain (1st week)
• Syncope (2\textsuperscript{nd} week)

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

- ER Orientation (1\textsuperscript{st} week)
- EMS “ride along”
- IV start under direction of nursing staff
- Suturing simple laceration
- Splinting
- Endotracheal intubation
- Arterial Blood Gas draw
- Central Venous Catheter insertion
- Abcess Incision & Drainage
- Pelvic exam
- Eye exam including tonometry & floroscein staining
- Lumbar puncture
- Ear lavage
- Foley insertion
- NG insertion
- Nail trephination

\textbf{Required Text:}

Marx: Rosen\textquotesingle{}s Emergency Medicine-Mosby

\textbf{Rotation Requirement Package (10\%)}

The rotation requirement package for Emergency Medicine consists of completing Logs, MedU cases, and Doc.com cases. The rotation requirement package is 10\% of the final rotation grade. All items of the rotation requirement package must be turned in within 14 days of the completion of the rotation to receive the 10\%. If any item is missing then 10\% is deducted from the final grade.

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

- \textbf{MedU CASES:} You will be required to complete MedU Cases. To access the MedU Cases go to \url{http://www.med-u.org/} and choose \texttt{fmCases}. You must register to use MedU. Once you have registered, you can log in to MedU Cases using your established login and password. Print the case selection screen from
the Cases upon completion of the required cases. This printout must be submitted to the appropriate Statewide Campus office within **14 days of the final day of the rotation.** If you have technical problems with the Cases please e-mail [medusupport@i-intime.org](mailto:medusupport@i-intime.org).

- **fmCase #4:** 19-year-old female with sports injury-Christina Martinez
- **fmCase # 27:** 17-year-old male with groin pain-Andrew Hailey
- **Simple Case # 2:** 60-year-old woman with episodic chest discomfort-Ms. Johnston

- **Doc.Com Cases:** You will be required to complete the discussion questions of the Doc.Com Cases. To access the Doc.Com Cases visit: [http://webcampus.drexelmed.edu/doccom/user/](http://webcampus.drexelmed.edu/doccom/user/) You will log in using your Email address and Password.
  - Advanced Elements: #13-“Responding to strong emotions”

**Pretest/Posttest (20%)**

In the first week of the rotation, all students will take a written Emergency Medicine pretest. Students can contact their Statewide Campus office to access this exam. The pretest is strongly recommended, but the score will not be included in the course grade.

At the completion of the clinical rotation, all students will take a proctored written posttest examination covering topics from the reading list (*and cases where appropriate*). This posttest will count for 20% of your final grade. The posttest exam will be proctored in your Statewide Campus region. A date and time for the posttest will be provided by your Statewide Campus office.

**Supervising Physician Evaluation (70%)**

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

It is important that the evaluation form be completed on the last day of the student’s rotation and faxed or delivered promptly to the appropriate WVSOM Statewide Campus office:

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

I. Introduction

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

II. Osteopathic Relevance

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

III. Rotation Objectives and Core Competencies

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

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

*** The Four Tenets of Osteopathic Medicine: 1) The body is a unit; 2) Structure and function are interdependent; 3) The body has self-healing and self-regulatory capabilities; 4) Rational osteopathic care relies on the integration of these tenets in patient care.
2. **Medical Knowledge, Knowledge of Disease Process, Diagnostic Criteria, and Evaluation of Conditions:** Preceptors/Attendants are expected to evaluate medical knowledge, understanding of disease process, and the student’s ability to apply cognitive skills in differential diagnosis.

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

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

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

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

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

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

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

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

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

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

- The student will:
  - Recognize how patient care and professional practice affect other health care professionals, health care organizations, and the larger society.
Recognize how delivery systems differ: controlling health care costs, allocating resources

Use patient-centered, equitable systems of care that recognize the need to reduce medical errors and improve patient safety.

Discuss the impact of health care delivery systems as they relate to the delivery of health services to women

Discuss the relationship of women’s health as it relates to:
  - Social and political discrimination
  - Poverty
  - Family caregiver role
  - Population characteristics such as sexual orientation, disabilities, ethnicity, immigrants

Identify entities providing specialty care required for specific disease processes and social situations:
  - Bereavement groups
  - Genetics counselors
  - Cancer support groups
  - Domestic shelters

IV. Activities

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

- Gastrointestinal Complaints
- Constipation
- Nausea and vomiting
- Mood disorders
- Anxiety
- Depression
- Fatigue
- Abdominal pain
- Pelvic pain/dysmenorrheal
- Genital pain/lesions
- Rectal bleeding/discharge/pain
- Masses
- Nipple discharge
- Infertility
- Polyuria
- Abdominal vaginal bleeding
- Hematuria
- Dyspareunia
- Dysuria
- Enuresis/incontinence
- Amenorrhea
• Vaginal discharge/pain/lesions

2. Log your experience on each of the following procedures. At the end of the rotation, have your preceptor sign off on them. Use the log books provided by your Statewide Campus office.

• Procedures: The list below represents the procedures the student should be exposed to during this rotation. It is understood that the student may not be exposed to all of those procedures listed depending on hospital, time of year, etc. Whether the student is permitted to assist and/or perform these listed will be at the discretion of their individual Preceptor and/or hospital by-laws.

<table>
<thead>
<tr>
<th>Observe</th>
<th>Assisted</th>
<th>Performed</th>
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</thead>
<tbody>
<tr>
<td>Ectopic pregnancy</td>
<td></td>
<td></td>
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<tr>
<td>Intrauterine Device (IUD) insertion</td>
<td></td>
<td></td>
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<td>Endometrial biopsy</td>
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<tr>
<td>Endometrial ablation</td>
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<tr>
<td>Loop Electrosurgical Excision Procedure (LEEP)/cold knife conization</td>
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<tr>
<td>Colposcopy</td>
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<tr>
<td>Ultrasonic diagnosis</td>
<td>Ultrasonic diagnosis</td>
<td></td>
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<tr>
<td>Incise and drain abscess</td>
<td>Incise and drain abscess</td>
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<tr>
<td>Laparoscopy</td>
<td>Laparoscopy</td>
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<td>Hysterectomy-Laparoscopic</td>
<td>Hysterectomy-Laparoscopic</td>
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<tr>
<td>Hysterectomy-Vaginal (LAVH)</td>
<td>Hysterectomy-Vaginal (LAVH)</td>
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</tr>
<tr>
<td>Total Abdominal Hysterectomy (TAH)</td>
<td>Total Abdominal Hysterectomy (TAH)</td>
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<tr>
<td>Sterilization</td>
<td>Sterilization</td>
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<tr>
<td>Dilatation and Curettage (D&amp;C) GYN</td>
<td>Dilatation and Curettage (D&amp;C) GYN</td>
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<tr>
<td>Dilatation and Curettage (D&amp;C) Suction</td>
<td>Dilatation and Curettage (D&amp;C) Suction</td>
<td></td>
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<tr>
<td>Delivery-Cesarean</td>
<td>Delivery-Cesarean</td>
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<tr>
<td>Delivery-Management of Labor</td>
<td>Delivery-Management of Labor</td>
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<tr>
<td>Delivery-Vaginal</td>
<td>Delivery-Vaginal</td>
<td>Delivery-Vaginal</td>
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<tr>
<td>Delivery-Episiotomy repair</td>
<td>Delivery-Episiotomy repair</td>
<td>Delivery-Episiotomy repair</td>
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<tr>
<td>Pap smear</td>
<td>Pap smear</td>
<td>Pap smear</td>
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<tr>
<td>Pelvic exam</td>
<td>Pelvic exam</td>
<td>Pelvic exam</td>
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<tr>
<td>Breast exam</td>
<td>Breast exam</td>
<td>Breast exam</td>
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<tr>
<td>Obtaining vaginal cultures</td>
<td>Obtaining vaginal cultures</td>
<td>Obtaining vaginal cultures</td>
</tr>
</tbody>
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3. Osteopathic Manipulative Medicine (OMT): Log all OMT procedures performed in order to receive Stookey credit.
Suggested Reading Schedule

The suggested readings are from the required text.

Week 1:
*Obstetrics*
- Normal pregnancy

*GYN topics*
- Sexually transmitted diseases
- Contraception
- Vaginal discharge/Vaginitis
- Women’s health maintenance guidelines

Week 2:
*Obstetrics*
- Fetal monitoring
- Labor
  - Stages of labor
  - Preterm labor
  - Cervical insufficiency
  - Vaginal/Cesarean
  - Obstetrics emergencies
    - Abruption
    - Shoulder dystocia
    - Postpartum hemorrhage
    - Ecclampsia
- Postpartum care
- Postpartum depression

*GYN Topics*
- Management of abnormal PAP smears and cervical dysplasia
- Puberty
- Breast health

Week 3:
*Obstetrics*
- Complicated pregnancy
  - Pregnancy-Induced Hypertension (PIH)
  - Gestational Diabetes Mellitus (GDM)
  - Thyroid
  - Elevated Hemolysis, Liver Enzymes and Low Platelets (HELLP) syndrome
  - Thrombophilia
  - Placenta previa
- 1st trimester bleeding
  - Miscarriage
- Ectopic pregnancy
- Domestic violence
- Substance abuse

**GYN Topics**
- Osteoporosis
- Menopause
- Abnormal uterine bleeding
- Domestic violence
- Substance abuse

**Week 4:**
*Obstetrics – Continue subjects from week 3*

**GYN Topics**
- Endometrial hyperplasia
- Gynecologic cancers
- Benign tumors/mass of uterus/ovarian masses
- Female urinary incontinence/pelvic floor

**Required Text**
*Hacker & Moore’s Essentials of Obstetrics and Gynecology* by Neville F. Hacker MD, Joseph C. Gambone DO, and Calvin J. Hobel

**Rotation Requirement Package (10%)**

The rotation requirement package for OBGYN/Women’s Health consists of completing Logs, MedU Cases, and Doc.com cases. The rotation requirement package is 10% of the final rotation grade. All items of the rotation requirement package must be turned in within **14 days** of the completion of the rotation to receive the 10%. If any item is missing then 10% is deducted from the final grade.

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

- **MedU CASES:** You will be required to complete MedU Cases. To access the MedU Cases go to [http://www.med-u.org/](http://www.med-u.org/) and choose **fmCases**. You must register to use MedU. Once you have registered, you can log in to MedU Cases using your established login and password. Print the case selection screen from the Cases upon completion of the required cases. This printout must be submitted to the appropriate Statewide Campus office within **14 days of the final day of the rotation.** If you have technical problems with the Cases please e-mail **medusupport@i-intime.org.**
• fmCase #12: 16-year-old female with vaginal bleeding and UCG - Savannah Bauer
• fmCase #14: 35-year-old female with missed period - Ms. Rios
• fmCase #17: 55-year-old, post menopausal female with vaginal bleeding - Mrs. Parker
• fmCase #30: 27-year-old female - Labor and delivery - Mrs. Gold
• fmCase #32: 33-year-old female with painful periods - Ms. Tomlin

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

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

**Pretest/Posttest (20%)**

In the first week of the rotation, all students will take the online sample COMAT OB/GYN exam. This is a 15 question exam located at [http://www.nbome.org/comat3.asp?m=coll](http://www.nbome.org/comat3.asp?m=coll). The pretest is strongly recommended, but the score will not be included in the course grade. At the end of this rotation, all students will be expected to take the COMAT OB/GYN examination covering the material outlined in the course objectives and the reading assignments in the required texts (*and cases where appropriate*). The exam consists of 125 questions that need to be completed within a two and ½ hour time limit. This is a proctored exam. Your exam will be proctored in your Statewide Campus region and will count as 20% of your grade. A date and time for the posttest will be provided by your Statewide Campus office.

**Supervising Physician Evaluation (70%)**

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

It is important that the form be completed on the last day of the student’s rotation and faxed or delivered promptly to the appropriate WVSOM Statewide Campus office:

**For addresses and more detailed contact info, please see back of this manual.**
3.0 Introduction to Fourth Year

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

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

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

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

The supervising physician’s responsibilities are directed toward:

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

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

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

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

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

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

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

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

††† *The Four Tenets of Osteopathic Medicine: 1) The body is a unit; 2) Structure and function are interdependent; 3) The body has self-healing and self-regulatory capabilities; 4) Rational osteopathic care relies on the integration of these tenets in patient care.*
6. Practice-Based Learning & Improvement: Preceptors are expected to evaluate the student’s practice-based learning and improvement skills including the student’s ability to integrate evidence-based medicine into patient care as well as to what extent the student shows an understanding of research methods.

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

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

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

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

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

Required Text

Foundations of Osteopathic Medicine-Lippincott Williams and Wilkins
Ferri: Practical Guide to the Care of the Medical Patient, Mosby available on MD Consult
Goldman: Goldman’s Cecil Medicine, Saunders available on MD Consult
http://www.emedicine.com

Expected Level of Competency
(Should Exceed Internal Medicine II)

Demonstrate Cognitive Skills
- The student shall demonstrate:
Advanced understanding of indications, limitations, and interpretation of tests commonly ordered by the internist in the hospital setting

Advanced knowledge of the integration of laboratory, historical, and physical data to the differential diagnosis in the hospital setting

Advanced knowledge of the diagnostic criteria for the conditions most commonly seen by the internist in the hospital setting

Advanced knowledge of the therapeutic approaches used by the internist for the conditions that s/he most commonly treats in the hospital setting

Advanced knowledge of the indications, contraindications, and side effects of the drugs most commonly used by the internist in the hospital setting

Advanced knowledge of the interrelationship of the Department of Internal Medicine and other departments in the hospital

Knowledge of the interrelationship of the Department of Internal Medicine and ancillary medical personnel in the hospital

Ability to integrate osteopathic concepts into patient management

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

**Demonstrate Affective Skills**
- The student shall demonstrate communication skills and professionalism.

**Supervising Physician Evaluation (100%)**
A confidential mid-rotation evaluation with the student should be done verbally or in writing. Completion of the final end of rotation Clinical Education Grade Form by the supervising physician should be in the presence of the student, so that the medical student can benefit from a frank discussion of his/her abilities. The supervising physician should add comments on the second page of the Clinical Education Grade Form, using additional paper if necessary. If a competency has not been demonstrated, the supervising physician should so indicate.

It is important that the form be completed on the last day of the student's rotation and faxed or delivered promptly to the appropriate WVSOM Statewide Campus office:

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

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

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

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

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

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

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

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

‡‡‡ *The Four Tenets of Osteopathic Medicine: 1) The body is a unit; 2) Structure and function are interdependent; 3) The body has self-healing and self-regulatory capabilities; 4) Rational osteopathic care relies on the integration of these tenets in patient care.*
7. **System Based Practice**: Preceptors are expected to evaluate the student’s system based practice skills, including the student’s ability to understand his/her role as a member of the health care team, the student’s understanding of local community medical resources, and the student’s understanding of providing effective and cost effective medicine.

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

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

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

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

**Expected Level of Competency**

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

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

Demonstrate Affective Skills

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

Supervising Physician Evaluation (100%)

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

It is important that the form be completed on the last day of the student’s rotation and faxed or delivered promptly to the appropriate WVSOM Statewide Campus office:

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

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

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

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

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

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

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

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

§§§ The Four Tenets of Osteopathic Medicine: 1) The body is a unit; 2) Structure and function are interdependent; 3) The body has self-healing and self-regulatory capabilities; 4) Rational osteopathic care relies on the integration of these tenets in patient care.
7. **System Based Practice**: Preceptors are expected to evaluate the student’s system based practice skills, including the student’s ability to understand his/her role as a member of the health care team, the student’s understanding of local community medical resources, and the student’s understanding of providing effective and cost effective medicine.

Between FMI and FM II students must complete one of these rotations with a DO and one must be completed in a rural area. You may choose to meet these two requirements within the same rotation (DO & rural), or you may choose one rotation with a DO and one in a rural area. This rotation must run 8 weeks consecutively. This rotation takes place in a clinic or other outpatient setting. It is expected that he/she will gain considerable experience in the evaluation and treatment of a wide variety of cases that are seen in general practice. It is anticipated that the clinical skills acquired during training in Family Medicine I and II will be expanded in this advanced rotation, since a significant amount of the responsibility for the care of the patient will rest with the student.

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

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

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

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

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

** OPP is required to be performed by all students
*ECG Learning Center: [http://library.med.utah.edu/kw/ecg/](http://library.med.utah.edu/kw/ecg/)
*ECG Library: [www.ecglibrary.com/ecghome.html](http://www.ecglibrary.com/ecghome.html)
*Basic CXR Review—Dept. of Radiology, Uniformed Services, University of Health Sciences, Bethesda, MD: [http://rad.usuhs.mil/rad/chest_review/index.html](http://rad.usuhs.mil/rad/chest_review/index.html)

Preceptor’s signature: __________________________________________________________ Date: ____________
Required Texts

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

*Foundations for Osteopathic Medicine*, by Lippincott Williams and Wilkins

Rotation Requirement Package (10%)

The rotation requirement package for Family Medicine II consists of Procedure Logs, Patient Log, Case Study and MedU Cases. The rotation requirement package is 10% of the final rotation grade. All items of the rotation requirement package must be turned in within 14 days of the completion of the rotation to receive the 10%. If any item is missing then 10% is deducted from the final grade.

- **Patient and Procedure Logs** - You will be required to log all patient contact. Use the log book provided by your statewide campus office. If additional pages are needed request a new log book from your Statewide Campus office. This log is due in your Statewide Campus office within 14 days of completing your rotation. You should keep a copy for your own records, as this will be important documentation throughout your career for credentialing purposes.

- **MedU CASES**: You will be required to complete MedU Cases. To access the MedU Cases go to [http://www.med-u.org/](http://www.med-u.org/) and choose fmCases. You must register to use MedU. Once you have registered, you can log in to MedU Cases using your established login and password. Print the case selection screen from the Cases upon completion of the required cases. This printout must be submitted to the appropriate Statewide Campus office within 14 days of the final day of the rotation. If you have technical problems with the MedU Cases please e-mail medusupport@i-intime.org.
  - fmCase # 5: 30-year-old female with palpitations-Ms.Waters
  - fmCase # 20: 28-year-old female with abdominal pain-Ms.Bell

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

Supervising Physician Evaluation (90%)

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

It is important that the form be completed on the last day of the student’s rotation and faxed or delivered promptly to the appropriate WVSOM Statewide Campus office:

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

Core Competencies

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

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

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

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

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

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

**** The Four Tenets of Osteopathic Medicine: 1) The body is a unit; 2) Structure and function are interdependent; 3) The body has self-healing and self-regulatory capabilities; 4) Rational osteopathic care relies on the integration of these tenets in patient care.
6. **Practice-Based Learning & Improvement**: Preceptors are expected to evaluate the student’s practice-based learning and improvement skills including the student’s ability to integrate evidence-based medicine into patient care as well as to what extent the student shows an understanding of research methods.

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

**Rotation Goals and General Objectives**

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

**Overall Goals**

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

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

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

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

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

- Develop an understanding of the interplay between the child, the family and the community on child health and how to utilize community resources to support children and families
• Identify parental and patient concerns and perspectives including cultural and religious influences

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

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

• Select, justify, and interpret clinical tests and imaging in regards to both patient age and pathological processes

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

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

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

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

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

Professionalism

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

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

Required Textbooks

Harriet Lane Handbook (available MD Consult WVSOM Library Website)
Nelson’s Textbook of Pediatrics (available MD Consult WVSOM Library Website)
Requirements and Evaluation

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

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

Final Grade
Completed CLIPP Cases (10%)

Print the case selection screen from the CLIPP cases website showing completion of all required cases. This printout must be submitted to your Statewide Campus office within 14 days of the final day of this rotation.

Computer-assisted Learning in Pediatrics Program (CLIPP)

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

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

Complete the following 12 cases during your clinical rotation:

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

A list of completed cases is to be turned in with your evaluation.
Preceptor Evaluation (90%)

Required attendance and participation expectations

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

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

Review your previously completed Pediatric Skills Competency Checklists by logging on to the student section of the WVSOM web site and accessing the lists as follows:

Curricular Resources → Clin Ed → Forms

Do this at the beginning of your rotation. Use this checklist during your rotation to document clinical skill acquisition and to help you focus for further rotation and life-long pediatric learning. Bring the completed Pediatric Skills Competency Checklists to your preceptor and discuss with him/her at the end of your rotation.

It is important that the form be completed on the last day of the student’s rotation and faxed or delivered promptly to the appropriate WVSOM Statewide Campus office:

For addresses and more detailed contact info, please see back of this manual.
SECTION IV SCHEDULING ROTATIONS

4.0 Selectives – Directed Electives

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

Applications for approval of these selectives must be in to the Statewide Campus office according to the deadlines listed in this manual’s Calendar of Events. Follow the format as outlined under “Electives”.

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

It is important that the form be completed on the last day of the student’s rotation and faxed or delivered promptly to the appropriate WVSOM Statewide Campus office:

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

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

<table>
<thead>
<tr>
<th>Internal Medicine III Approved Rotations (can be 2 or 4 weeks)</th>
<th>Surgery II Approved Rotations (2 or 4 weeks, or either, marked accordingly)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiology</td>
<td>Anesthesiology</td>
</tr>
<tr>
<td>Critical Care/ICU</td>
<td>ENT</td>
</tr>
<tr>
<td>Dermatology</td>
<td>General Surgery</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>Gynecology</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>Invasive Cardiology</td>
</tr>
<tr>
<td>General Internal Medicine</td>
<td>Neurosurgery</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>Ophthalmology</td>
</tr>
<tr>
<td>Nephrology</td>
<td>Orthopedics</td>
</tr>
<tr>
<td>Neurology</td>
<td>Otorhinolaryngology</td>
</tr>
<tr>
<td>Pulmonology</td>
<td>Plastic Surgery</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>Podiatry Surgery - 2 weeks only</td>
</tr>
<tr>
<td></td>
<td>Proctology</td>
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<tr>
<td></td>
<td>Thoracic</td>
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<tr>
<td></td>
<td>Urology</td>
</tr>
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<td></td>
<td>Vascular Surgery</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Internal Medicine IV Approved Rotations (2 or 4 weeks)</th>
<th>Surgery III Approved Rotations (2 or 4 weeks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy/Immunology</td>
<td>Anesthesiology</td>
</tr>
<tr>
<td>Cardiology</td>
<td>ENT</td>
</tr>
<tr>
<td>Critical Care/ICU</td>
<td>Gastroenterology</td>
</tr>
<tr>
<td>Dermatology</td>
<td>General Surgery</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>Gynecology</td>
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<td>Invasive Cardiology</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>Neurosurgery</td>
</tr>
<tr>
<td>General Internal Medicine</td>
<td>Obstetrics/Gynecology</td>
</tr>
<tr>
<td>Geriatrics (Must be with IM Board Certified Geriatrician)</td>
<td>Ophthalmology</td>
</tr>
<tr>
<td>Hematology/Oncology</td>
<td>Orthopedics</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>Plastic Surgery</td>
</tr>
<tr>
<td>Nephrology</td>
<td>Podiatry Surgery – 2 weeks</td>
</tr>
<tr>
<td>Neurology</td>
<td>Proctology</td>
</tr>
<tr>
<td>Occupational Medicine</td>
<td>Thoracic</td>
</tr>
<tr>
<td>Pulmonology</td>
<td>Trauma-EM</td>
</tr>
<tr>
<td>Rehabilitation Medicine</td>
<td>Trauma Surgery</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>Urology</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>Vascular Surgery</td>
</tr>
</tbody>
</table>
4.2 Electives

During the third year, students are permitted to select one (1), 4 week or two (2), 2 week elective rotations. At least fifty percent (50%) of all electives (years 3 and 4) should be done with an osteopathic physician.

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

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

It is important that the form be completed on the last day of the student’s rotation and faxed or delivered promptly to the appropriate WVSOM Statewide Campus office.

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

On completion of the elective, the student is required to complete and submit to his/her Statewide Campus office the Site Evaluation. No grade will be recorded in the Registrar’s Office until the site evaluation is received.

Throughout year 3 and 4 rotations, the student will not be permitted to participate with the same preceptor for more than 12 weeks. Also, the student will not be permitted to rotate more than 16 weeks in any one particular service or specialty. 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. Possible exceptions to this rule are Family Medicine and General Internal Medicine. Please complete an exception request form and meet with your Statewide Campus Regional Assistant Dean and/or Director to pursue this possible exception.
4.3 Student Involvement on Clinical Rotations

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

A student will not administer therapy or medication until a licensed physician has seen the patient and has confirmed the diagnosis. Before treatment is administered, the student's orders must be countersigned.

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

Due to legal ramifications, the student should immediately report any violation of this policy to his/her WVSOM Statewide Campus office.

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

In the event a supervising physician or other authorized and appropriately licensed and privileged staff supervisor physician is not available, the student shall cease patient care activities. If such situations are frequent, the student must notify his/her WVSOM Statewide Campus office.

If a student finds him or herself in a questionable situation, he/she should immediately contact his/her WVSOM Statewide Campus office.

4.4 Rotations with Relatives

Clinical rotations for required and selective sites will not be approved with family members. Only one elective clinical rotation will be approved with a family member.
4.5 Elective and Selective Clerkship Request Form (ESR)

ESR forms are available on-line and in each Statewide Campus regional office. For the on-line version, log on to my.wvsom and access the form under Clinical Education or use the following link:

http://my.wvsom.edu/Students/Applications/ClinEd/Forms/index.cfm

Please contact your Regional SWC Director to discuss how to use the ESR form and the process on how to request rotations.

TO AVOID THE CONSEQUENCES OF UNDERTAKING AN UNAPPROVED ROTATION, STUDENTS MUST BE FULLY AWARE OF THE FOLLOWING POLICY:

No credit will be given for an unapproved rotation. No student liability coverage is extended for an unapproved rotation.

Completion and timely submission of the ESR form is the total responsibility of the student. After submitting the ESR form to the supervising physician or designated appropriate individual at the desired rotation site, the student should follow through with a telephone call to the appropriate individual (supervising physician, DME, etc.) to check on its status (accepted or denied). If the rotation has been accepted, the student may then check his or her schedule on-line to ensure that the Statewide Campus office has received it. If not posted to the student's schedule in a timely fashion, the student should make all appropriate calls to ensure the documentation has been sent and received by all parties involved.

Rotations may be two or four weeks in duration unless otherwise stated.

An approved ESR form must be submitted to the SWV office 7 days prior to the start of the rotation. Failure to follow this procedure will result in the student being placed on vacation.

The student should choose rotations wisely. Advice may be obtained from the Statewide Campus Regional Assistant Dean or Director. Approved rotation site information may be obtained from each Statewide Campus office.
4.6 WVSOM Scheduling Policy

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

Electives and Selectives are scheduled by the student as follows:

- Complete an Elective and Selective Quarterly Form (ESR Form) for each rotation. This form, specific to your Statewide Campus office, may be found on my.wvsom under Clinical Education or by using the following link: http://my.wvsom.edu/Students/Applications/ClinEd/Forms/index.cfm

- An ESR Form must be completed, including the signature of the preceptor, and approved by your Statewide Campus office prior to submission of the Quarterly Form for each requested rotation.

- If a student would like to schedule an elective or selective rotation in another statewide campus region they must complete an ESR form and submit it to their regional director. Their regional director will then contact the region of the rotation to make arrangements.

- A completed Quarterly Form must be submitted to your Statewide Campus office via fax (see following page) or US mail, or may be hand-delivered to your Statewide Campus site office.

- Quarterly Form Deadlines are as follows: (Class of 2015)
  - Tuesday, April 1, 2014
  - For July, August, September (Summer)
  - Monday, June 30, 2014
  - For September, October, November (Fall)
  - Wednesday, October 1, 2014
  - For December, January, February (Winter)
  - Friday, January 2, 2015
  - For March, April, May (Spring)

You cannot change rotations once your completed Quarterly Form has been received by your Statewide Campus office. PLAN AHEAD!
Electives and Selectives must meet the requirements as stated in the Clinical Education Manual.

**COMPLETED** is defined as:

All information on the ESR Form has been legibly completed.

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

**Examples**:

- *If the ESR Form is missing the physician’s signature, the form will be returned to you.*

- *If the Quarterly Form has any unaccounted weeks, the form will be returned to you.*

- *If the Quarterly Form does not agree with the ESR Forms, the form will be returned to you.*

---

**IF APPROVED ESR FORM IS NOT RECEIVED BY THE STATEWIDE CAMPUS OFFICE 7 DAYS BEFORE THE START DATE OF THE ROTATION:**

1. **THE STUDENT WILL BE PLACED ON VACATION. THE AMOUNT OF TIME THE STUDENT IS ON VACATION WILL BE DETERMINED BY THE REGIONAL ASSISTANT DEAN.**

2. **PUT ON LEAVE OF ABSENCE IF YOU DO NOT HAVE ADEQUATE VACATION TIME**

3. **UNABLE TO MEET GRADUATION REQUIREMENTS IF YOU ARE PUT ON LEAVE OF ABSENCE**
4.7 Limits on Rotations

Students may rotate in services of their choosing for elective rotations, as well as choose from an approved list for their 4th year selectives in internal medicine, surgery, and pediatrics.

Throughout year 3 and 4 rotations, the student will not be permitted to participate with the same preceptor for more than **12 weeks**. This would mean that students will not be permitted to participate in both FM I and FM II with the same preceptor.

Also, the student will not be permitted to rotate more than **16 weeks in any one particular service or specialty**. 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. (Family Medicine and Internal Medicine are possible exceptions.)

4.8 Scheduling Rotations for Internship and Residency Exposure

Open blocks of time, particularly between July and November of your 4th year, can be used to schedule rotations at institutions that have Graduate Medical Education (GME) programs in which you are interested. Remember that GME programs generally begin scheduling interviews shortly after a new internship or residency class begins. Traditional Osteopathic Internships and Residency Programs begin July 1st.

You will want to contact the Directors of Medical Education (DMEs) at your institutions of interest no later than spring of your 3rd year, so that you are aware of all deadlines for interviews and internship and residency program applications. Checking the web is a good place to begin.

If you schedule an audition rotation during OSCE re-education and you are required to participate in OSCE reeducation, you must leave the rotation and attend OSCE re-education per the dates on the academic calendar.
4.9 Mandatory Time Off and Vacation

Class of 2015

Mandatory Time Off

- To relocate as needed:
  o Weeks of 5/27/13 – 6/21/13 (4 weeks)

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

- Week of 5/18/2015 (week prior to graduation week)

Vacation

3rd Year

- 4 weeks of vacation scheduled during “open blocks” of time. Vacation may be taken in 2 or 4 week increments scheduled on the Quarterly Clerkship Submission Forms.

4th Year

- 8 weeks of vacation scheduled by the student on the Quarterly Clerkship Submission Forms. Vacation may be taken in 1 or more week increments.

Class of 2014

Mandatory Time Off

- To relocate as needed:
  o Weeks of 5/28/12 – 6/22/12 (4 weeks)

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

- The week prior to graduation week:
  - 05/19/2014 (1 week)

**Vacation**

**3rd Year**
- **4 weeks** of vacation scheduled during “open blocks” of time. Vacation may be taken in 2 or 4 week increments scheduled on the Quarterly Clerkship Submission Forms.

**4th Year**
- **8 weeks** of vacation scheduled by the student on the Quarterly Clerkship Submission Forms. Vacation may be taken in 1 or more week increments.
4.10 Exception Request

An Exception Request Form must be completed for all scheduling exceptions. This form is available online or from your Statewide Campus office. The request must be approved by the Statewide Campus Director, who will then forward the request to the Statewide Campus Assistant Dean for final approval.

The form is found online at my.wvsom under Clinical Education or by using the following link:
http://my.wvsom.edu/Students/Applications/ClinEd/Forms/index.cfm

4.11 West Virginia Rural Rotation Requests and Resources

Student Requirements for Rural Rotations:

Since the fall of 1994, all health sciences students in the University System of West Virginia schools and programs have been required to complete rural rotations. The requirements for the rural are as follows:

WVSOM students must complete three (3) months of rural rotations within the State of West Virginia. The following sites are currently considered urban and will not meet the requirement:

- Charleston
- Huntington
- Martinsburg
- Morgantown
- Parkersburg
- Wheeling

Financial opportunities of $75/day for residents and $50/day for students up to 100 days are available to students on rural underserved rotations. Rotations must be a minimum of 3 weeks. Priority is given to rotations in a federally designated Health Profession Shortage Area (HPSA). Any rotation scheduled at a Federally Qualified Health Center (FQHC) would meet the HPSA designation. Student/Resident Experiences and Rotations in Community Health (SEARCH) applications are available at the AHEC website www.charleston.hsc.wvu.edu/AHEC/Home or by contacting Sharon Giles, SEARCH Manager, at the Area Health Education Center (AHEC) Program Office, WVU-Charleston Division, Robert C. Byrd Health Sciences Center, 3110 MacCorkle Avenue, Ste. B102, Charleston, WV 25304-1210. Email sgiles@hsc.wvu.edu or phone 304-347-1302. AHEC Directors also have SEARCH applications and their contact information is available on the AHEC website.
Health Sciences Scholarship Program applications are submitted by mid-October during senior year for a $20,000 scholarship which is made available second semester of senior year. A service requirement of 2 years in an underserved area is expected after residency is completed. More information is available through Laura Boone, Director of Health Sciences Programs at the Higher Education Policy Commission via email lboone@hepc.wvnet.edu or phone 304-558-0530.

The Area Health Education Center program began scheduling inter-professional team (IPT) rotations in 2002. Students can volunteer for this IPT rotation and work to develop a community health intervention with a primary care resident and other varied graduate and undergraduate health professionals on a specific Healthy People 2020 focus area while developing Pew Health Professions competencies. To learn more about AHEC rotations and AHEC sites, visit the West Virginia AHEC Central Office website http://charleston.hsc.wvu.edu/ahec or contact Southeastern AHEC Executive Director via email aalston@osteo.wvsom.edu or directly at 304-793-6867.

**4.12 OPTI Requirements**

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

Visit the **American Osteopathic Association** website http://www.osteopathic.org/inside-aoa/Education/opti-clearinghouse/Documents/opti-partner-list.pdf for the most up-to-date listing.
### SECTION V FORMS FOR SCHEDULING ROTATION WORKSHEETS

#### Student Rotation Worksheet
**Class of 2015 Third Year**

<table>
<thead>
<tr>
<th>Date</th>
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</tr>
</tbody>
</table>

*Case Study (Due 5th week of the Family Medicine I rotation)*

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

**Note:** All rotations start on a Monday and end on a Friday. The dates posted above are all Mondays. Orientation Week: June 24 – June 28, 2013
# Student Rotation Worksheet

## Class of 2015 Fourth Year

<table>
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<tr>
<th>Date</th>
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<th>Rotation</th>
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</table>

- Internal Medicine III Selective 4 weeks
- Surgery II Selective 4 weeks
- Family Medicine II Selective 8 weeks ***
- Internal Medicine IV Selective 4 weeks
- Surgery III Selective 4 weeks
- Pediatrics II Selective 4 weeks
- Elective 2 Selective 4 weeks
- Elective 3 Selective 4 weeks
- Elective 4 Selective 2 weeks
- Vacation Selective 8 weeks

Mandatory time off 1 week - Graduation off 1 week Graduation is May 30, 2015

James R. Stookey OMT rotation 3rd. and 4th. year

- Family Medicine II
  - * Must be Rural and/or w/D.O. depending on Family Medicine I
  - * OMT Case Study due 5th week of this rotation
  - * Med-U Cases due at the end of this rotation (see syllabus)
  - * Must be 8 weeks together
## Student Rotation Worksheet

**Class of 2014 Fourth Year**

<table>
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- **Internal Medicine III** Selective 4 weeks
- **Surgery II** Selective 4 weeks
- **Family Medicine II** Selective 8 weeks ***
- **Internal Medicine IV** Selective 4 weeks
- **Surgery III** Selective 4 weeks
- **Pediatrics II** Selective 4 weeks
- **Elective 2** 4 weeks
- **Elective 3** 4 weeks
- **Elective 4** 2 weeks
- **Vacation** 8 weeks

### Family Medicine II

- Must be Rural and/or w/D.O. depending on Family Medicine I
- OMT Case Study due 5\(^{th}\) week of this rotation
- Med-U Cases due at the end of this rotation (see syllabus)
- Must be 8 weeks together
**4th Year Quarterly Rotation Form**
**Summer Quarter (July, August, September)**

Student Name: ___________________________ Class: __________

Phone: ___________________________ Email: ___________________________

Statewide Campus Site: ___________________________

The rotations listed below have applications pending, or are confirmed, and represent my plan for this Quarter.

Student Signature: ___________________________ Date: __________

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<tr>
<th>Date</th>
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Educational Agreement
ELECTIVE and SELECTIVE ROTATION REQUEST FORM

Please return to:
WVSOM (West Virginia School of Osteopathic Medicine)
Caroline Schlatt, SWC Regional Director
St. Mary’s Medical Center, #6025
2900 First Avenue
Huntington, WV 25702
eschlatt@osteo.wvsom.edu
Phone: 304.399.7590
FAX: 304.399.7593

SECTION I – TO BE COMPLETED BY STUDENT AND SENT TO PRECEPTOR/DME

Please Print or Type:  
First  Middle  Last

Student Name:  
WVSOM Email:  
Cell:  
Elective  Selective  Rotation/Specialty:

Dates: Beginning  Ending 

I need housing: YES  NO  if housing is NOT available, I still want rotation? YES  NO

(Marking “YES” does NOT confirm that housing will be available to you)

Preceptor Name:  
Degree:  
Phone Number:  
Fax Number:

Address:
City:  State:  Zip:  

Preceptor Email Address:  

Hospital/Clinic Name:  
Contact Person:  Email Address:  
Phone Number:  Fax Number:

Address:
City:  State:  Zip:  

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

Is housing available for the student? YES  NO  by marking “YES” you are confirming that the student will have housing for the dates of this clerkship as listed in Section I.

Send Good Standing Letter to:  
Title:
Address If different from Hospital/Clinic stated above:

THIS IS TO CERTIFY THAT THE ABOVE NAMED STUDENT HAS BEEN

☐ ACCEPTED  ☐ DENIED

FOR THE CLINICAL ROTATION LISTED DURING THE DATES SPECIFIED.

Signature  
Date:  

WVSOM/CLIN ED/SWC/FORMS/ESR  
UPDATED: 01/23/14
Educational Agreement

ELECTIVE and SELECTIVE ROTATION REQUEST FORM

Please return to:
WVSOM (West Virginia School of Osteopathic Medicine)
Charles Lowry, SWC Regional Director
Princeton Community Hospital-WVSOM
122 Twelfth Street
Princeton, WV 24740
Phone: 304.461.3746
FAX: 304.431.5255

SECTION I – TO BE COMPLETED BY STUDENT AND SENT TO PRECEPTOR/DME

Please Print or Type: First Middle Last

Student Name: ___________________________ Class Year: ________
WVSOM Email: ___________________________ Cell: ________
Elective ______ Selective ______ Rotation/Specialty: ___________________________

Dates: Beginning __________________ Dates: Ending __________________
I need housing: YES ______ NO ______ if housing is NOT available, I still want rotation? YES ______ NO ______
(Marking “YES” does NOT confirm that housing will be available to you)

Preceptor Name: ___________________________ Degree: ________
Phone Number: ___________________________ Fax Number: ___________________________
Address: ___________________________
City: __________ State: ________ Zip: ________
Preceptor Email Address: ___________________________

Hospital/Clinic Name: ___________________________
Contact Person: ___________________________ Email Address: ___________________________
Phone Number: ___________________________ Fax Number: ___________________________
Address: ___________________________
City: __________ State: ________ Zip: ________

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

Is housing available for the student? YES ______ NO ______ by marking “YES” you are confirming that the student will have housing for the dates of this clerkship as listed in Section I.

Send Good Standing Letter to: ___________________________ Title: ___________________________
Address IF different from Hospital/Clinic stated above: ___________________________

THIS IS TO CERTIFY THAT THE ABOVE NAMED STUDENT HAS BEEN

☐ ACCEPTED ☐ DENIED

FOR THE CLINICAL ROTATION LISTED DURING THE DATES SPECIFIED.

Signature ___________________________ Date: __________

WVSOM/CLIN ED/SWC/FORMS/ESR
UPDATED: 08/09/13
Educational Agreement

ELECTIVE and SELECTIVE ROTATION REQUEST FORM

Please return to:
WVSOM (West Virginia School of Osteopathic Medicine)
Adrienne Tucker, SWC Regional Director
Davis Memorial Hospital
Physicians Office Building
909 Gorman Avenue
Elkins, WV 26241
Phone: 304.637.3740
FAX: 304.424.4475

SECTION I – TO BE COMPLETED BY STUDENT AND SENT TO PRECEPTOR/DME

Please Print or Type: First Middle Last

Student Name_________________________ Class Year: __________

WVSOM Email _________________________ Cell: ________________

Elective _____ Selective _____ Rotation/Specialty: __________________________

Dates: Beginning ___________ Dates: Ending ___________

I need housing: YES _____ NO _____ if housing is NOT available, I still want rotation? YES _____ NO _____

(Marking “YES” does NOT confirm that housing will be available to you)

Preceptor Name: ______________________ Degree: ________________

Phone Number: ______________________ Fax Number: ________________

Address: ______________________________________________________

City: __________________ State: __________ Zip: __________

Preceptor Email Address: __________________________

Hospital/Clinic Name: __________________________

Contact Person: ___________________ Email Address: __________________________

Phone Number: __________________ Fax Number: __________________________

Address: ______________________________________________________

City: __________________ State: __________ Zip: __________

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

Is housing available for the student? YES _____ NO _____ by marking “YES” you are confirming that the student will have housing for the dates of this clerkship as listed in Section I.

Send Good Standing Letter to: ______________________ Title: ________________

Address IF different from Hospital/Clinic stated above: __________________________

THIS IS TO CERTIFY THAT THE ABOVE NAMED STUDENT HAS BEEN

☐ ACCEPTED ☐ DENIED

FOR THE CLINICAL ROTATION LISTED DURING THE DATES SPECIFIED.

Signature ___________________________ Date: ________________

WVSOM/CLIN ED/SWC/FORMS/ESR UPDATED: 08/09/13
Educational Agreement

ELECTIVE and SELECTIVE ROTATION REQUEST FORM

Please return to:
WVSOM (West Virginia School of Osteopathic Medicine)
Joan Gates, SWC Regional Director
Camden Clark Medical Center
800 Garfield Avenue
Parkersburg, WV 26101
jgates@osteo.wvsom.edu

Phone: 304.424.4469
FAX: 304.424.4475

SECTION I – TO BE COMPLETED BY STUDENT AND SENT TO PRECEPTOR/DME

Please Print or Type: First Middle Last

Student Name: ___________________________ Class Year: ____________

WVSOM Email: ___________________________ Cell: _______________

Elective ______ Selective _______ Rotation/Specialty: ____________________________

Dates: Beginning ___________ Dates: Ending ___________

I need housing: YES _____ NO _______ if housing is NOT available, I still want rotation? YES _____ NO _______

(Marking “YES” does NOT confirm that housing will be available to you)

Preceptor Name: ___________________________ Degree: ____________

Phone Number: ___________________________ Fax Number: ____________

Address: ____________________________
City: ___________________ State: ___________ Zip: ___________

Preceptor Email Address: ________________________________

Hospital/Clinic Name: ____________________________

Contact Person: ___________________________ Email Address: ____________________________

Phone Number: ___________________________ Fax Number: ____________________________

Address: ____________________________
City: ___________________ State: ___________ Zip: ___________

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

Is housing available for the student? YES _____ NO _______ By marking “YES” you are confirming that the student will have housing for the dates of this clerkship as listed in Section I.

Send Good Standing Letter to: ___________________________ Title: ____________________________

Address IF different from Hospital/Clinic stated above: ____________________________

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☐ ACCEPTED    ☐ DENIED

FOR THE CLINICAL ROTATION LISTED DURING THE DATES SPECIFIED.

Signature ___________________________ Date: ____________

WVSOM/CLIN ED/SWC/FORMS/ESR

UPDATED: 01/23/14
# Educational Agreement

## ELECTIVE and SELECTIVE ROTATION REQUEST FORM

Please return to:
WVSOM (West Virginia School of Osteopathic Medicine)
Kathy Fry, SWC Regional Director
Room 230, Ed. & Admin. Building
2000 Eoff Street
Wheeling, WV 26003
Phone: 304.231.3842
Fax: 740-283-7315
kfry@osteowvsom.edu

<table>
<thead>
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<tr>
<td>Dates: Beginning:</td>
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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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Is housing available for the student? YES _____ NO _____ By marking “YES” you are confirming that the student will have housing for the dates of this clerkship as listed in Section I.

Send Good Standing Letter to: ___________________________________________ Title: _______________________________________
Address IF different from Hospital/Clinic stated above: _____________________________ _______________________________________

THIS IS TO CERTIFY THAT THE ABOVE NAMED STUDENT HAS BEEN

☐ ACCEPTED    ☐ DENIED

FOR THE CLINICAL ROTATION LISTED DURING THE DATES SPECIFIED.

Signature ___________________________________________ Date: _____________
Educational Agreement

ELECTIVE and SELECTIVE ROTATION REQUEST FORM

Please return to:
WVSOM (West Virginia School of Osteopathic Medicine)
Jennifer Kayrouz, SWC Regional Director
CAMC Memorial; WVU Edlg, Room 3012
3110 MacCorkle Avenue, SE
Charleston, WV 25304
Phone: 304.720.8833
FAX: 304.720.8831

SECTION I – TO BE COMPLETED BY STUDENT AND SENT TO PRECEPTOR/DME

Please Print or Type:  First  Middle  Last

Student Name: ___________________________________________  Class Year: __________
WVSOM Email: ___________________________________________  Cell: __________
Elective _____  Selective _____  Rotation/Specialty: __________
Dates: Beginning __________  Dates: Ending __________
I need housing: YES _____ NO _____ if housing is NOT available, I still want rotation? YES _____ NO _____
(Marking “YES” does NOT confirm that housing will be available to you)

Preceptor Name: _________________________________________  Degree: __________
Phone Number: ______________________________  Fax Number: __________________
Address: _______________________________________________
City: ___________________________________________  State: _________  Zip: __________
Preceptor Email Address: ____________________________________

Hospital/Clinic Name: _______________________________________
Contact Person: ____________________________________________  Email Address: __________
Phone Number: ______________________________  Fax Number: __________________
Address: _______________________________________________
City: ___________________________________________  State: _________  Zip: __________

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

Is housing available for the student? YES _____ NO _____ By marking “YES” you are confirming that the student will have housing for the dates of this clerkship as listed in Section I.

Send Good Standing Letter to: ____________________________________________  Title: __________
Address IF different from Hospital/Clinic stated above: ____________________________________________

THIS IS TO CERTIFY THAT THE ABOVE NAMED STUDENT HAS BEEN

[ ] ACCEPTED  [ ] DENIED

FOR THE CLINICAL ROTATION LISTED DURING THE DATES SPECIFIED.

Signature_________________________________________ Date: __________

WVSOM/CLIN ED/SWC/FORMS/ESR
UPDATED: 08/09/13
Educational Agreement

ELECTIVE and SELECTIVE CLERKSHIP REQUEST FORM

Please return to:
WVSOM (West Virginia School of Osteopathic Medicine)
Melinda Lowe, SWC Regional Director
WVU Health Sciences, Eastern Division
2300 Foundation Way
Martinsburg, WV 25401
Phone: 304.596.6334
FAX: 304.267.0642

SECTION I – TO BE COMPLETED BY STUDENT AND SENT TO PRECEPTOR/DME

Please Print or Type: First Middle Last

Student Name: ___________________________ Class Year: __________

WVSOM Email: ___________________________ Cell: ___________________________

Elective ______ Selective ______ Rotation/Specialty: ___________________________

Dates: Beginning ___________________________ Dates: Ending ___________________________

I need housing: YES ______ NO ______ If housing is NOT available, I still want rotation? YES ______ NO ______
(Marking “YES” does NOT confirm that housing will be available to you)

Preceptor Name: ___________________________ Degree: ___________________________

Phone Number: ___________________________ Fax Number: ___________________________

Address: ___________________________ City: ___________________________ State: ______ Zip: ______

Preceptor Email Address: ___________________________

Hospital/Clinic Name: ___________________________

Contact Person: ___________________________ Email Address: ___________________________

Phone Number: ___________________________ Fax Number: ___________________________

Address: ___________________________ City: ___________________________ State: ______ Zip: ______

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

Is housing available for the student? YES ______ NO ______ By marking “YES” you are confirming that the student will have housing for the dates of this clerkship as listed in Section I.

Send Good Standing Letter to: __________________________________ Title: ___________________________

Address IF different from Hospital/Clinic stated above: ___________________________

____________________________

THIS IS TO CERTIFY THAT THE ABOVE NAMED STUDENT HAS BEEN

☐ ACCEPTED ☐ DENIED

FOR THE CLINICAL ROTATION LISTED DURING THE DATES SPECIFIED.

Signature: ___________________________ Date: ___________________________

WVSOM/CLIN ED/SWC/FORMS/ESR

UPDATED: 08/01/12
EXCEPTION REQUEST FORM

Today’s Date_________________________

Date received by Statewide Campus office __________________

Student Name:______________________________________________

Rotation Dates_______________to________________Rotation____________________

Exception Request Form must accompany Elective, Selective, and Required Form

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Statewide Campus Director     Date       Statewide Campus Asst. Dean    Date

____Approved ____Disapproved                        ____Approved ____Disapproved

Comments:      Comments:

____________________________  ____________________________

____________________________  ____________________________

____________________________  ____________________________

____________________________  ____________________________

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____________________________  ____________________________

____________________________  ____________________________
Request for Transcript

Signature of Student/Graduate: ________________________________

Student’s/Graduate’s Name: ____________________________________
(Printed)

No. & Street: ____________________________

City, State & Zip Code: ____________________________

Email Address or Phone Number: ____________________________

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

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

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

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

1. __________________________________________________________________________

2. __________________________________________________________________________

3. __________________________________________________________________________

4. __________________________________________________________________________

5. __________________________________________________________________________

6. __________________________________________________________________________

1/15/09
SECTION VI STUDENT POLICIES AND PROCEDURES

6.1 Academic

Please refer to institutional policies as appropriate.
Leave of Absence Policy E 26 (6.1.3)
Dismissal from a rotation Policy E 24 (6.1.4)
Student Academic Responibilities E 08 (6.1.5)
Student Attendance Policy E 09 (6.1.6)
Student Professional Liability Insurance Coverage Policy E 15 (6.2.1)
Student Liability Insurance Policy E 15 (6.2.4)
Immunizations Policy ST 06 (6.3.3)
Professionalism Policy ST 13 (6.3.7)
Sexual Harassment Policy GA 14 (6.4.1)

6.1.1 Illness

Should a student incur an illness during the course of a clinical rotation, he/she should immediately notify the appropriate supervising physician of the intended absence. Should the illness necessitate an absence of more than two days, the supervising physician and the WVSOM Statewide Campus office must be notified immediately. Additionally the student must be seen by a physician for documentation. Said documentation must be received by the Statewide Campus Assistant Dean and supervising physician within five days of the occurrence. If said documentation is not received by the Statewide Campus Regional Assistant Dean within five days of the occurrence, the student may be placed on vacation, fail the rotation, and/or be placed on a leave of absence if no vacation time remains.

A student should not for any reason hesitate to report illness. The welfare of both the student and his/her contacts is the major consideration. If the student does not follow the above procedure the student may fail the rotation

6.1.2 Temporary Absence

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

No duration or frequency restrictions are defined; however, it is intended that the student and supervising physician alike employ reason pertaining to this matter.
6.1.3 Leave of Absence

Leave of Absence is defined as extended periods (more than two [2] days of time) away from service rotation activities that may become necessary due to prolonged illness or personal matters of significant gravity.

The supervising physician and the WVSOM Statewide Campus office must be informed immediately of the absence. The student should submit to the WVSOM Statewide Campus office an Exception Request Form documenting why the leave of absence is necessary. The Statewide Campus Regional Assistant Dean can then assist the student in designing a plan to make up time missed from a rotation.

Established protocol as outlined in the WVSOM Student Handbook shall govern approval for leaves of absence and the mechanisms for returning after extended absences. (See WVSOM Institutional Leave of Absence Policy, Policy E 26.)

6.1.4 Dismissal from a Rotation

Dismissal from a clinical rotation is a failure (F). The student will be required to repeat the failed rotation during vacation time. In the event that all vacation time has been depleted the student’s graduation date may be effected.

6.1.5 Student Academic Responsibilities

Supervision and Level of Student Involvement on Clinical Rotations

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

A student may not administer therapy or medication until a licensed supervising physician has seen the patient and has confirmed the diagnosis. Before treatment is administered, the student’s orders on the chart must be countersigned. Supervision of the student and his/her activities in the clinical setting is the direct responsibility of the supervising physician. Any educational activity involving patients can only be undertaken when the supervising physician is immediately available to assist and direct the student’s activities. Due to legal ramifications, any violation of this policy must be reported immediately to WVSOM’s Statewide Campus office.

In the event a supervising physician or other authorized physician is not available, the student should cease patient care activities. If this situation is frequent, WVSOM’s Statewide Campus office must be notified. A student faced with a life-threatening
emergency in the absence of the supervising physician should use his/her best judgment in rendering care until the supervising or other physician arrives.

**6.1.6 Student Attendance Policy**

Report on time: Students will report on time to the rotation site on the day they are assigned to be there. It is the responsibility of the student to contact the Director of Medical Education and/or supervising physician 3 to 5 days in advance to clarify time and location of first day orientation. Any late arrival or unexcused absence may constitute a failure.

Departure: Students are required to remain at their rotation until the time designated by the Statewide Campus office and the supervising physician.

The student will not leave the current rotation site prior to the last scheduled day of the rotation without the consent of the WVSOM Statewide Campus office, on-site Director of Medical Education and/or supervising physician. Any departures from an assigned rotation must also be approved by the WVSOM Statewide Campus office. Any unapproved early departure will result in a failing grade for the rotation.

Interview for Residency Program: The ERS should be submitted and approved by the Statewide Campus Assistant Dean prior to the interview or it will be considered a unexcused absence.

**6.1.7 Unexcused Absence**

All absences during a rotation—except illness of 2 days or less in a 4 week period (that has been approved by appropriate site personnel)—must be reported to and approved by WVSOM’s Statewide Campus office. An absence from any rotation without approval will be regarded as an unexcused absence. In the event of an unexcused absence, a written explanation from the student must be sent to the WVSOM Statewide Campus Regional Assistant Dean, who will handle the problem.

A student who leaves a rotation site without authorization of WVSOM’s Statewide Campus office will automatically receive a failing grade. The student will not be permitted to participate in any future rotations until the WVSOM Statewide Campus Regional Assistant Dean has authorized the return to clinical rotations.
6.2 Administrative

6.2.1 Student Health Insurance Coverage

Students are required to have personal hospitalization/health insurance while on clinical rotations. Students must show evidence to the on-site Director of Medical Education, or supervising physicians at each site, that health insurance is in force.

Before beginning clinical rotations, students must provide verification of health insurance to WVSOM’s Statewide Campus office.

6.2.2 NBOME – COMLEX Levels 1 and 2 – Administrative

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

6.2.3 Lawsuits, Litigation, or Potential Legal Action

The Statewide Campus Assistant Dean must be notified immediately if a student becomes aware of a potential situation of litigation which might involve him or her as a student. The student must keep this office informed in writing of any progression of legal action as it occurs.

The Associate Dean for Predoctoral Clinical Education and in-house legal counsel shall immediately notify the Academic Dean and Director of Personnel of such action and ensure the Board of Trustees legal counsel is notified. All of the above shall be in writing.

The student will at all times be responsible to the personnel in charge of the rotational service involved. In addition, all students will be expected to comply with the general rules established by the hospital, clinic, or office at which they are being trained. The supervising physician must be aware of his/her duties as it relates to timely review and sign off of any transactions carried out by trainees.

6.2.4 Student Professional Liability Insurance

A student is covered under the WVSOM student liability policy only if the student’s participation in the rotation has been officially approved in writing by WVSOM’s Statewide Campus office. This applies to required, selective, and elective rotations in the continental USA, Hawaii, and Alaska. No student liability coverage is provided outside of these designated areas or while a student is on an international rotation.
6.2.5 Meals

Meals may be provided by a hospital or rotation site free or at a discount for rotating students.

6.2.6 Americans with Disabilities Act (ADA)

All clinical education sites must be in, or taking steps to be in compliance with the Americans with Disabilities Act (ADA). (Further information is available from WVSOM’s Office of Predoctoral Clinical Education.)

6.2.7 Housing

Many elective and selective rotation sites have made housing arrangements for students. This housing is for students only. Students may have members of their families accompany them on their rotations. However, the student must assume all responsibility and costs associated with family travel and housing. Other housing for the family must be found and paid for by the student, at no expense or inconvenience to the rotation site. Housing is NOT provided at every site. As a general rule, housing is not provided for Statewide Campus students at their Statewide Campus site. Any housing and/or food provided are courtesy of the training site. Any desired extras (including family housing or meals) are at the student’s own expense and the student is responsible for locating such housing on his or her own time before the rotation starts.

No pets are allowed at any site.
6.3 Clinical

6.3.1 Dress

Students will at all times maintain a critical awareness of personal hygiene and dress in a neat, clean, and professional manner. Unless specifically required otherwise by the hospital or service, the students will wear clean white clinical jackets with a WVSOM patch.

The student’s WVSOM identification tag will also be worn at all times.

Reasonable alterations in dress may be indicated by individual physicians on whose services the students are being trained.

No excessive jewelry, sandals, jeans, mini-skirts, low cut blouses, printed t-shirts, torn or ragged clothing, tight fitting pants, etc. are permitted while on rotations.

Nails must be kept closely trimmed.

To avoid situations of potential allergies or problems with asthma, it is recommended to refrain from wearing heavily scented perfume or cologne.

Students shall dress appropriately for all classes, laboratories and other educational settings where patients are present and adhere to the following standards for professional attire and appearance:

1. Professional Attire is constituted to mean:
   - Clean white coat in accordance with WVSOM Institutional Policy ST-12.
   - Identification badge is to be worn at all times.
   - Women: skirts of medium length or tailored slacks. Shoes must be comfortable, clean, in good repair and permit easy/quick movement.
   - Men: tailored slacks, dress shirt and a necktie. Shoes must be comfortable, clean and in good repair and worn with socks.
   - Reasonable alterations in dress may be indicated by individual physicians on whose service the students are being trained.

2. Scrub suits:
   - On services where scrub suits are indicated, these will be provided. They are the property of the hospital and are not to be defaced, altered or removed from the hospital.
   - These are to be worn in specific patient care areas only.
   - Scrub suits are not to be worn in public places outside of the hospital.
• If a scrub suit must be worn in public areas outside the designated hospital areas, it must be clean and then covered with a clean, white lab coat. Shoe covers, masks and hair covers must be removed before leaving the clinic area.

3. Hair Maintenance:
• Hair should be neat, clean, and of a natural human color.
• Beards/mustaches must be neatly trimmed.
• Shoulder length hair must be secured to avoid interference with patients and work.

4. Jewelry:
• Keep jewelry at a minimum in order to decrease the potential for cross infection.
• The following are permitted: a watch; up to four (4) rings; two (2) small earrings per ear (large earrings are distracting and may be pulled through the ear); modest neck chains.

5. The following items are specifically prohibited in clinical situations including student labs, shadowing or while on rotations:
• Blue jeans, regardless of color or pants of a blue jean style.
• Shorts.
• Sandals or open toed shoes, higher heeled or canvas shoes (blood or needles may penetrate the fabric).
• Midriff tops, tee shirts, halters or translucent or transparent tops; tops with plunging necklines, low slung pants or skirts that expose the midsection, tank tops or sweatshirts.
• Buttons or large pins (could interfere with function, transmit disease or be grabbed by the patient).
• Long and/or artificial finger nails.
• Visible body tattoos or visible body piercing (nose, lips, tongue, eyebrow, etc.).

6.3.2 Title

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

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

The student is required to carry his/her immunization record card and present it to the on-site Director of Medical Education or supervising physician at the beginning of each rotation.

Students may be required to provide evidence of successful immunizations against certain diseases including an adult Tdap vaccine, negative x-ray results, and other information certifying non-contagiousness. Sites requiring this verification will notify students.

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.

To continue on rotations, you must have an updated PPD within 6 months to one (1) year of the last test date. Some sites may require a 2 Step PPD. These results must be received by the nurse educator within four (4) weeks. Failure to meet this requirement will result in the following:

- You will be placed on vacation. Vacation is scheduled by weeks, not days.
- If you have no vacation available, you will be put on a leave of absence.
- If you are placed on a leave of absence, you may not graduate on time.
- If you lose your card, please contact the health educator. WVSOM must have received the $50.00 replacement fee before we can forward the new card.

Required:

- Primary DPT series (minimum 3)
- Tdap or T/D injection within last 10 years
- Documentation of childhood Polio vaccine (minimum 3)
- Documented month/day/year of at least two MMR injections or documentation of childhood diseases
- Documented dates for Hepatitis B injections (series of 3)
- Two Step PPD test within the last 12 months (to be repeated 6 – 12 months through medical school)
- CPR and ACLS with expiration dates
- Lab form that shows values for Hepatitis B, MMR, and Varicella immunity (only if immunization series is completed)

*Some hospitals may require a Hepatitis C titer*
6.3.4 Injury Procedure – Clinical

A student who experiences an injury must immediately report the incident to the supervising physician and WVSOM’s Statewide Campus office. The student must receive immediate care at the site. The facility where the incident took place is responsible for providing care. The student is responsible for all expenses related to the incident. The student does have health insurance. WVSOM does not accept any financial responsibility. An incident occurrence report must be filed with the rotation site and a copy sent to WVSOM’s Statewide Campus office.

A letter from the Statewide Campus Regional Assistant Dean will be mailed to the student acknowledging the incident and emphasizing that the student is responsible for follow-up care.

Follow-up will be monitored by the health educator at WVSOM.

For injuries involving needle stick, blood and body exposure see 6.3.4 a

6.3.4 a Needle stick, Blood and Body Fluid Exposure Procedure

All WVSOM students must complete yearly OSHA training and education regarding needle stick/sharps procedures and prevention of blood borne pathogens. The course is available on SOLE.

Each rotation site for students should have a working needle stick/sharps policy in place.

If a student is stuck with a needle or has other percutaneous exposure to blood or body fluids, the student must first wash the injury site with soap and water. If there is contact with the ocular mucosa, the eye should be flushed.

The student must immediately notify the site/rotation physician supervisor and WVSOM’s Statewide Campus Office of the exposure. The student should report 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 evaluated by a Health Care Provider for appropriate antiviral medication if indicated, reassess for risk factors, immunize if indicated, and treat any wounds.

Anti-retroviral medications significantly lower an exposed person’s seroconversion rate. The student will decide within 2 hours of exposure to an HIV-positive patient whether or not to receive anti-retroviral medication prophylactically.
The student will be responsible for all expenses related to the incident. WVSOM students are required to carry a health insurance policy. WVSOM does not accept any financial responsibility.

Consent will be obtained and blood drawn from the source person and the student for testing to include: Hep B-SAg, HIV-Ab, HepC-Ab, and RPR.

Consent for HIV testing is not required in documented medical emergencies as provided for in the West Virginia 64CSR64 and determined by a treating physician, whether the source patient’s blood is to be obtained or is already available.

The Statewide Campus Regional Assistant Dean will assist in the notification of the appropriate medical care providers that the student is reporting to them for initiation of exposure of Blood Borne Pathogen Protocol and ensure that the plan is working smoothly. The Statewide Campus Regional Assistant Dean will make sure that the student is appropriately excused from rotation to complete this workup.

An occurrence report must be filed with the rotation site and a copy sent to WVSOM’s Statewide Campus Office. A copy of the occurrence report will also be sent to the WVSOM main campus to be placed into the student health file.

A letter from the Statewide Campus Regional Assistant Dean will be mailed to the student acknowledging the incident and emphasizing that the student is responsible for follow-up care. A copy of the letter will also be sent to WVSOM main campus to be placed into the student health file.

If the baseline test for HIV is normal, repeat testing will be required at 3 weeks, 6 weeks, 3 months and 1 year.

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

Student will be retested for hepatitis C six weeks after the needle stick and again at four to six months for HCV antibodies and elevated liver enzymes.

Follow-up for testing of Hepatitis B antibody should occur 30 to 60 days after a needle stick.

Student will be observed by a medical provider for 1 year for clinical evidence of Hepatitis B, C or D. If infection doesn’t occur in that time, follow-up will be complete.

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

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

Failure to obtain and submit lab testing will result in suspension from rotation sites until lab results are received. Policy updated 4-11-13
6.3.5 Hours of Duty

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

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

The student shall perform other clinical duties as assigned.

6.3.6 H&P Policy

The complete H&P is a vital part of patient evaluation and essential to the development of a patient assessment (differential diagnosis) and an appropriate treatment plan. OPP is an essential component of a complete H&P.

Any Assigned H&Ps should be critiqued by the appropriate physician, and the student should have the time and opportunity for patient follow-up.

6.3.7 Professionalism

WVSOM believes that exemplary interpersonal relationships, professional attitude, humility, and ethical behavior are an integral part of the total osteopathic physician. Professional standards required of a member of the osteopathic profession are a requirement for passing any clinical rotation. Shortcomings in any of these areas may result in a failing grade for a rotation regardless of other academic or clinical performance.
6.3.8 Cell Phone Use

Restrict the use of your personal cell phone, including texting and emailing, to when you are off-duty. Consult each preceptor about his/her preference for using cell phones to access on-line resources during work hours (i.e. Up-to-date, eMedicine, etc). Also, inquire about state or local laws pertaining to cell phone use while operating a vehicle.

6.3.9 Student/Patient Relationship

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

6.3.10 Special Elective Procedure

Complete an Exception Request Form for any special request or exception. The completed Exception Request Form, as well as an Elective, Selective Request Clerkship Form must be submitted to your Statewide Campus office. Refer to Policy E-16 on the WVSOM web site. Forms specific to International Rotations, Research Rotations and Conference Attendance are located in the Clinical Education Forms section of My WVSOM. Please fill out these forms in addition to the Exception Request and ESR form.

6.3.11 Occupational Safety & Health Administration (OSHA)

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

6.3.12 The Health Insurance Portability & Accountability Act (HIPAA)

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

http://www.hhs.gov/ocr/privacy/.
PATIENT PROTECTIONS

The new privacy regulations ensure a national floor of privacy protections for patients by limiting the ways that health plans, pharmacies, hospitals and other covered entities can use patients' personal medical information. The regulations protect medical records and other individually identifiable health information, whether it is on paper, in computers or communicated orally. Key provisions of these new standards include:

- **Access to Medical Records.** Patients generally should be able to see and obtain copies of their medical records and request corrections if they identify errors and mistakes. Health plans, doctors, hospitals, clinics, nursing homes and other covered entities generally should provide access these records within 30 days and may charge patients for the cost of copying and sending the records.

- **Notice of Privacy Practices.** Covered health plans, doctors and other health care providers must provide a notice to their patients how they may use personal medical information and their rights under the new privacy regulation. Doctors, hospitals and other direct-care providers generally will provide the notice on the patient's first visit following the April 14, 2003, compliance date and upon request. Patients generally will be asked to sign, initial or otherwise acknowledge that they received this notice. Health plans generally must mail the notice to their enrollees by April 14 and again if the notice changes significantly. Patients also may ask covered entities to restrict the use or disclosure of their information beyond the practices included in the notice, but the covered entities would not have to agree to the changes.

- **Limits on Use of Personal Medical Information.** The privacy rule sets limits on how health plans and covered providers may use individually identifiable health information. To promote the best quality care for patients, the rule does not restrict the ability of doctors, nurses and other providers to share information needed to treat their patients. In other situations, though, personal health information generally may not be used for purposes not related to health care, and covered entities may use or share only the minimum amount of protected information needed for a particular purpose. In addition, patients would have to sign a specific authorization before a covered entity could release their medical information to a life insurer, a bank, a marketing firm or another outside business for purposes not related to their health care.

- **Prohibition on Marketing.** The final privacy rule sets new restrictions and limits on the use of patient information for marketing purposes. Pharmacies, health plans and other covered entities must first obtain an individual's specific authorization before disclosing their patient information for marketing. At the same time, the rule permits doctors and other covered entities to communicate freely with patients about treatment options and other health-related information, including disease-management programs.
• **Stronger State Laws.** The new federal privacy standards do not affect state laws that provide additional privacy protections for patients. The confidentiality protections are cumulative; the privacy rule will set a national "floor" of privacy standards that protect all Americans, and any state law providing additional protections would continue to apply. When a state law requires a certain disclosure -- such as reporting an infectious disease outbreak to the public health authorities -- the federal privacy regulations would not preempt the state law.

• **Confidential communications.** Under the privacy rule, patients can request that their doctors, health plans and other covered entities take reasonable steps to ensure that their communications with the patient are confidential. For example, a patient could ask a doctor to call his or her office rather than home, and the doctor's office should comply with that request if it can be reasonably accommodated.

• **Complaints.** Consumers may file a formal complaint regarding the privacy practices of a covered health plan or provider. Such complaints can be made directly to the covered provider or health plan or to HHS' Office for Civil Rights (OCR), which is charged with investigating complaints and enforcing the privacy regulation. Information about filing complaints should be included in each covered entity's notice of privacy practices. Consumers can find out more information about filing a complaint at http://www.hhs.gov/ocr/privacy/psa/complaint/index.html or by calling (866) 627-7748.

**HEALTH PLANS AND PROVIDERS**

The privacy rule requires health plans, pharmacies, doctors and other covered entities to establish policies and procedures to protect the confidentiality of protected health information about their patients. These requirements are flexible and scalable to allow different covered entities to implement them as appropriate for their businesses or practices. Covered entities must provide all the protections for patients cited above, such as providing a notice of their privacy practices and limiting the use and disclosure of information as required under the rule. In addition, covered entities must take some additional steps to protect patient privacy:

• **Written Privacy Procedures.** The rule requires covered entities to have written privacy procedures, including a description of staff that has access to protected information, how it will be used and when it may be disclosed. Covered entities generally must take steps to ensure that any business associates who have access to protected information agree to the same limitations on the use and disclosure of that information.

• **Employee Training and Privacy Officer.** Covered entities must train their employees in their privacy procedures and must designate an individual to be responsible for ensuring the procedures are followed. If covered entities learn an
employee failed to follow these procedures, they must take appropriate disciplinary action.

- **Public Responsibilities.** In limited circumstances, the final rule permits -- but does not require -- covered entities to continue certain existing disclosures of health information for specific public responsibilities. These permitted disclosures include: emergency circumstances; identification of the body of a deceased person, or the cause of death; public health needs; research that involves limited data or has been independently approved by an Institutional Review Board or privacy board; oversight of the health care system; judicial and administrative proceedings; limited law enforcement activities; and activities related to national defense and security. The privacy rule generally establishes new safeguards and limits on these disclosures. Where no other law requires disclosures in these situations, covered entities may continue to use their professional judgment to decide whether to make such disclosures based on their own policies and ethical principles.

- **Equivalent Requirements for Government.** The provisions of the final rule generally apply equally to private sector and public sector covered entities. For example, private hospitals and government-run hospitals covered by the rule have to comply with the full range of requirements.

**OUTREACH AND ENFORCEMENT**

HHS' Office for Civil Rights (OCR) oversees and enforces the new federal privacy regulations. Led by OCR, HHS has issued extensive guidance and technical assistance materials to make it as easy as possible for covered entities to comply with the new requirements. Key elements of OCR's outreach and enforcement efforts include:

- **Guidance and technical assistance materials.** HHS has issued extensive guidance and technical materials to explain the privacy rule, including an extensive, searchable collection of frequently asked questions that address major aspects of the rule. HHS will continue to expand and update these materials to further assist covered entities in complying. These materials are available at [http://www.hhs.gov/ocr/privacy/index.html](http://www.hhs.gov/ocr/privacy/index.html).

- **Conferences and seminars.** HHS has participated in hundreds of conferences, trade association meetings and conference calls to explain and clarify the provisions of the privacy regulation. These included a series of regional conferences sponsored by HHS, as well as many held by professional associations and trade groups. HHS will continue these outreach efforts to encourage compliance with the privacy requirements.

- **Information line.** To help covered entities find out information about the privacy regulation and other administrative simplification provisions of the Health Insurance Portability and Accountability Act of 1996, OCR and HHS' Centers for
Medicare & Medicaid Services have established a toll-free information line. The number is (866) 627-7748.

- **Complaint investigations.** Enforcement will be primarily complaint-driven. OCR will investigate complaints and work to make sure that consumers receive the privacy rights and protections required under the new regulations. When appropriate, OCR can impose civil monetary penalties for violations of the privacy rule provisions. Potential criminal violations of the law would be referred to the U.S. Department of Justice for further investigation and appropriate action.

- **Civil and Criminal Penalties.** Congress provided civil and criminal penalties for covered entities that misuse personal health information. For civil violations of the standards, OCR may impose monetary penalties up to $100 per violation, up to $25,000 per year, for each requirement or prohibition violated. Criminal penalties apply for certain actions such as knowingly obtaining protected health information in violation of the law. Criminal penalties can range up to $50,000 and one year in prison for certain offenses; up to $100,000 and up to five years in prison if the offenses are committed under "false pretenses"; and up to $250,000 and up to 10 years in prison if the offenses are committed with the intent to sell, transfer or use protected health information for commercial advantage, personal gain or malicious harm.
6.4 General

6.4.1 Sexual Harassment

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

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

See WVSOM Institutional Policies.

6.4.2 Holidays and Religious Days Off

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

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

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

6.4.3 WVSOM/MSOPTI Graduate Medical Education Department Overview

The Graduate Medical Education Department at the West Virginia School of Osteopathic Medicine (WVSOM) is responsible for the academic and accreditation oversight, and development of WVSOM sponsored, AOA approved, postdoctoral training programs. These programs are based in hospitals and training institutions located throughout West Virginia and the surrounding region, and are collectively known as the Mountain State Osteopathic Postdoctoral Training Institutions (MSOPTI), a 501 C 3 not-for-profit education corporation accredited by the AOA. Together, the GME Department and MSOPTI also provide graduate medical education (GME) educational consultation and resources for MSOPTI training sites.

In addition to osteopathic Traditional Rotating Internships, the MSOPTI consortium offers stand-alone osteopathic and dual accredited residency programs in Family
Medicine, Internal Medicine, Combined Emergency Medicine/Internal Medicine, Pediatrics, and Urological Surgery. On July 1, 2011 the consortium welcomed AccessHealth Teaching Health Center (Beckley, WV), a system of southern WV health clinics collectively identified as a Federally Qualified Health Center, which offers an osteopathic Family Medicine Residency program. A new osteopathic Geriatric Medicine Fellowship also began on July 1, 2011 at Greenbrier Valley Medical Center (Ronceverte, WV). On July 1, 2013 will welcome its newest partner Cornerstone Care (Mount Morris, PA)

The WVSOM GME Department is headed by the WVSOM Associate Dean for Graduate Medical Education who reports to WVSOM’s Vice President for Academic Affairs and Dean. The Associate Dean for GME serves as MSOPTI’s Academic Officer and is responsible for the oversight of the consortium’s osteopathic Directors of Medical Education and Residency Program Directors. MSOPTI is governed by a Board of Directors, comprised of member institution CEOs (or proxies) and WVSOM officials, including the Vice President for Academic Affairs and Dean, who serves as the Board Chair, WVSOM’s Vice President for Finance who serves as the OPTI’s Treasurer, and the Associate Dean for GME, who serves as the OPTI’s Academic Officer.

The MSOPTI administrative office currently consists of three employees: the Executive Director, an Administrative Assistant, and Secretary. The Southeastern Area Health Education Center is positioned under MSOPTI for grant support.

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

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

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

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

- Access Health Teaching Health Center – Beckley, WV
- Camden Clark Medical Center – Parkersburg, WV
- Charleston Area Medical Center – Charleston, WV
- Cornerstone Care – Mount Morris, PA
- Greenbrier Valley Medical Center – Ronceverte, WV
- Ohio Valley Medical Center – Wheeling, WV
- Our Lady of Bellefonte Hospital – Ashland, KY
- The Toledo Hospital – Toledo, OH
- United Hospital Center – Bridgeport, WV
- Veterans Administration Medical Center – Beckley, WV
- Wheeling Hospital – Wheeling, WV

In summary, the GME department at WVSOM is multi-faceted and regularly interacts with WVSOM faculty and staff, the AOA, AOA specialty colleges, OPTIs, hospitals, clinics, AHECs, medical students, interns and residents. In addition to accreditation oversight responsibilities and the educational resources described earlier, department functions include:

WVSOM student services including:

- Student consultation on postdoctoral opportunities and procedures
- Electronic Residency Application Service (ERAS) coordination
- Visiting Student Application Service (VSAS) coordination
- Match participation: D.O. Match for osteopathic medical students pursuing D.O. and dual accredited postdoctoral programs and the National Residency Matching Program (NRMP) for medical students pursuing Accreditation Council Graduate Medical Education (ACGME) or allopathic programs
- On-going GME and technical consultation to hospital sites, including program leadership, staff, and administration
- AOA committee involvement/membership
- Program recruitment, including residency fair exhibitions, brochure/website production, and retention strategy development
- Pre-inspection and on-site accreditation inspection participation/consultation
• New program applications and development, including the use of GME consultants and exploration of alternative funding mechanisms

• Promotion of partnerships and collaboration between academic medicine and community healthcare resources, including rural health development and outreach

• GME data collection and tracking

• Development of Postdoctoral OSCEs and educational seminars

• Faculty Development

• GME strategic planning

For more information about MSOPTI, its training opportunities and resources, please contact our office:

Mountain State OPTI
c/o WVSOM, 400 North Lee Street
Lewisburg, WV  24901
msopti@osteowvsom.edu
www.wvsom.edu/opti
(304) 647-6343

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6.4.4 WVSOM Clinical Rotation Information

Phone: 800.356.7836
Fax: 304.647.6258

Rural Health Initiative (RHI)

Useful websites

AOA Opportunities:  www.osteopathic.org  → Quick Links  → Opportunities
NBOME:  www.nbome.org
ERAS:  www.aamc.org/students/eras
USMLE:  www.usmle.org
Military:  www.aafes.com (to buy uniforms)
VSAS:  https://www.aamc.org/students/medstudents/vsas/

View personal schedule:

Go to the MY.WVSOM homepage  → Students  → Student Rotation Schedule

Enter user name and password. You will be able to view all rotations that have been entered.

Browse site evaluations:

Go to the MY.WVSOM homepage  → Clinical Education  → Browse site evaluation logs - you may then select by rotation, service, site, trainer, city, state or any combination of these.

Use Educator Lookup:

Go to the MY.WVSOM homepage  → Clinical Education  → Educator Search – you may then search by any combination of the criteria listed.
6.4.5 Statewide Campus Student Information
Required rotations are scheduled for you at your Statewide Campus site. Contact the WVSOM Statewide Campus Director with any questions. Contact information is located at the back of this document.

6.4.6 Statewide Campus Student Representatives & Responsibilities

One student representative from each Statewide Campus hospital is elected near the end of Year 2 by his or her peers. The Statewide student representatives for the graduating class of 2015 are as follows:

CAMC: Christina Chen
Camden-Clark: Eddie Distler
City Hospital: Joshua Brewer
Davis/St. Joseph’s: Jordan Hartshorn
Grant Hospital: Susan Medalie
Greenbrier Valley Medical Center: Judd Shelton
Logan/Southern Counties: Elston Johnson
Mon General: Bethany Brown
Frederick Memorial Hospital: Daniel Sapp
Northern Shenandoah-VAMC: Patricia Mathews
Ohio Valley Medical Center: Kruti Patel
Our Lady of Bellefonte Hospital: Jacob Smith
Princeton Community Hospital: Ryan Kahl
Raleigh General: Robert Culley
St. Mary’s Medical Center: Aly Shattls
Thomas Memorial: Laura Mader
Bi-state: Molly Gallaway
United Hospital Center: Annas Sabbagh
Weirton Medical Center: Andrew Nowakowski

Responsibilities

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

• Act as spokesperson for students based at same Statewide Campus hospital including student concerns and needs
• Gather information for Statewide Campus office or Clinical Education as needed
• Represent Statewide Campus hospital site for various functions such as Hospital Day in Lewisburg, marketing and recruiting events, community events, etc.
• Be a resource for Year 1 and 2 students regarding Statewide Campus selection procedure, and information about hospital sites including rotations, housing, educational experience, the Match process, etc.
• Act as a contact for all social activities sponsored by the hospital for students
• Take student photos at your base hospital or assign someone to take photos
• Assist in other areas as requested by Clinical Education or your Statewide Campus Regional Assistant Dean or Director

6.5 Institutional Policies

To view all institutional student policies, log on to the WVSOM web page and access as follows:
  http://www.wvsom.edu/OMS/student-policies

Students → Student Policies
# Statewide Campus Contact Information

<table>
<thead>
<tr>
<th>Region</th>
<th>Campus</th>
<th>SWC-Email</th>
<th>Contact Details</th>
</tr>
</thead>
</table>
| **South East Region**   | Princeton, Beckley, Lewisburg | SWC-SE@osteo.wvsom.edu | Dwight Bundy, D.O.  
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| **Eastern Region**      | Martinsburg, Petersburg, Frederick | SWC-E@osteo.wvsom.edu | James Wadding, DO  
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