Clinical Rotation Manual for Faculty & Students
2014 – 2015

Touro University-California
College of Osteopathic Medicine
Department of Clinical Education

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Clinical Rotation Manual for Faculty & Students

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This manual is divided into three sections:

**The first is information for faculty, attending, and rotation coordinators.** It contains our entire faculty development curriculum. This information will serve as an essential guide to medical student preceptorship. For those of our faculty who have had significant experience in medical student teaching or formal training in faculty development, this section may be a good review. For those preceptors new to medical education, it should serve as a fairly comprehensive resource. If you are faculty or a rotation site coordinator reading this, you may find it useful to also review the third section, which contains learning objectives and requirements for your students. You may also find it helpful to direct the students under your supervision to review this manual.

**The second section is information for students.** If you are a student reading this, you may find it helpful to review the information in the first section. Sometimes providing this information to your attending can improve the didactic environment and provide you with a more rich experience.

**The third section pertains to the clinical curriculum and contains the syllabi for the clinical courses.** This will contain the students’ reading assignments and the case assignments. Faculty who wish to know what the students are expected to learn will find it useful to review the curriculum that corresponds to their specialty.
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Part I

Clinical Faculty
CLINICAL EDUCATION FACULTY DEVELOPMENT CURRICULUM

Introduction

Mentorship is one of the most important roles medical professionals can serve. While students do learn from classroom experiences and written resources, nothing can substitute for the opportunity to train under the supervision of an experienced clinician in a patient care setting. Sir William Osler, the renowned Canadian physician, once said, “To study the phenomenon of disease without books is to sail an uncharted sea, while to study books without patients is not to go to sea at all.”

At Touro University-California College of Osteopathic Medicine 3rd and 4th year medical students complete the required clinical rotations at a variety of Core Clinical Facilities spread throughout Northern and Southern California. It is the school’s responsibility to maintain and improve the quality of the clinical education for 3rd and 4th year medical students; and to this end, it is essential to engage in clinical site visitation and faculty development.

PART ONE: ADMINISTRATIVE BASICS

The Touro System
I. Founder: Bernard Lander
II. Three Osteopathic Medical Schools in California, Nevada, and New York
III. Recently Acquired New York Medical College (MD program), founded 1860
IV. Jacob D. Fuchsberg Law School in New York
V. Pharmacy Schools in California and New York
VI. School of Nursing in Nevada
VII. Undergraduate and Graduate Schools in New York
VIII. 19,000+ students on Campuses in
    a. United States
    b. Germany
    c. Russia
    d. France
    e. Israel

Touro University-California

Mission Statement:
The Mission of Touro University Osteopathic Medicine Program is to prepare students to become outstanding osteopathic physicians who uphold the values, philosophy and practice of osteopathic medicine and who are committed to primary care and the holistic approach to the patient. The program advances the profession and serves its students and society through innovative pre-doctoral and post-doctoral education, research, community service, and multidisciplinary and osteopathic clinical services.

History:
Touro University-California started in 1996 in San Francisco, then moved to Mare Island in 1999. It is a Jewish Non-profit Health Science University with Programs in College of Osteopathic Medicine (135
students per class), College of Pharmacy, College of Health Sciences and School of Education. Touro University – California is associated with Touro University-Nevada and Touro College-New York.

Global Health
Students rotate at sites around the globe. Global Health sites are located in:
- Bolivia
- Taiwan
- Ethiopia
- Mexico
- Israel
- Tanzania

Clinical Education Department Responsibilities

1. Recruitment & Development of 3rd Year Core Clinical Rotation Sites
2. Coordination & Management of the 3rd and 4th Year Medical Students
3. Development of Curriculum for the Clinical Clerkships and Student Educational Resources
4. Clinical Faculty Development

Introduction to the Clinical Education Department: Whom should I contact if I have any questions or concerns?
Any member of our department will be happy to help you with any question you have. If it does not fall within the expertise of the person you have contacted, he or she will direct you to the specific individual who can best handle your query.

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Jennifer Weiss, D.O., Clinical Medicine Course Director
Irina Jones, Department Manager
Mon Saepharn, Grades Coordinator
Miriam Atienza, Third Year Coordinator
Lesley Amor Gutierrez, Fourth Year Coordinator
Roman LoBianco, Institutional Affiliations and Credentialing Coordinator

A Brief History of Osteopathic Medicine: What is a D.O.?

The Osteopathic Profession began in 1892 by Andrew Taylor Still, M.D., a practicing physician in Missouri and Kansas. It developed during the pre-antibiotic era and massive flu epidemics of the mid 1800’s as a drugless alternative to help reform the medical practices of the day, and better treat suffering patients.

Osteopathic medicine has evolved along with medical science, and today’s Osteopathic Physicians are fully trained in all modern medical practices, including manipulative medicine. The next generation of DO’s is trained at Osteopathic medical colleges, in hospitals and medical practices, both Osteopathic and Allopathic, across the United States.
There are about 64,000 active osteopathic physicians in the United States. The nearly 30 campuses with colleges of osteopathic medicine graduate approximately 4,000 osteopathic physicians each year.

There are about thirty applicants for each student who matriculates; TUCOM-CA received approximately 4000 applications for 135 available positions in 2011 - 2012.

What is a Clinical Faculty? (Benefits, Relationship to the University and Other Policies)

Clinical faculty members are clinician educators who allow students to participate and observe their practices. To the extent they can, they may share didactic and informal instruction with the student, and are expected to fill out an evaluation for students doing clerkship rotations with them, reflecting the student’s progress and an evaluation of their strengths and weaknesses in their evolution as a medical student. They also often mentor them on career choices along with other things.

Each member of our adjunct clinical faculty should consider themselves a vital and connected member of our department. If any should be interested in increasing their connection with the school through teaching, giving input on curriculum or involvement in faculty development, they should contact either the associate dean or the assistant dean in the clinical education department.

All of our adjunct clinical faculty members are entitled to access our online and on-campus medical library. This includes many book and journal titles, along with UpToDate, all free of charge. Our research librarian will be more than willing to assist in literary inquiries.

Introduction To The Preclinical Curriculum: What Your Student Should Know

In addition to organ system oriented Basic Science coursework, during the preclerkship Osteopathic Doctoring course, students learn a variety of skills and procedures including interviewing techniques and content, physical exam skills (general and organ specific), case presentations, phlebotomy, suturing, IV insertion, injection techniques, basic dermatology procedures and others.

Reasonable Expectations From Early Third Year Medical Students

Students just starting the third year are prepared but insecure. Stress will affect their performance. They have been instructed on the clinical basics: formal presentations, H&P format, P.E. techniques, SOAP notes; and the basic sciences. They are new to the clinical environment and clinical language (abbreviations etc.)

Grades, Student Evaluations, And 3rd/4th yr Schedules

On the last day of the student’s rotation, please set aside time again to discuss and complete the clinical performance assessment form. Give the student a copy of their assessment, but please also send it to the department, via fax, email or regular mail.

Each of the 14 clinical competencies is evaluated on the form and has been applied to the Clinical Education course objectives. A grade should be marked for each competency section, and an overall recommendation for pass or fail for the rotation should be indicated. If the students receive below 70% average, they will be required to remediate the rotation. Faculty should add narrative comment to give the most specific guidance possible to the student. The overall narrative, positive and constructive comments will be included in the Medical Student Performance Evaluation (MSPE; formerly the Dean’s letter).
It is important to note that students are evaluated against the standard of what should be reasonably expected from a medical student at the same point in training.

These forms are the primary tool used to grade and rank third and fourth year students. As such they will be most useful if they are completed based on your experience of the students’ skill and knowledge. Additionally, timely submission is extremely important as it affects students’ official transcripts, which in turn is critical for residency application, financial aid check distribution and matriculation. Please submit the forms, no later than 2 weeks from the end of the rotation.

**3rd Year Core Rotations**
1. Internal Medicine—8 weeks
2. Surgery—8 weeks
3. Pediatrics—6 weeks
4. Family Medicine—8 weeks
5. OB/Gyn—6 weeks
6. Psychiatry—4 weeks

**4th Year Requirements**
1. Critical Care
2. Emergency Medicine
3. Primary Care
4. Internal Medicine & Pediatric Subspecialties
5. Surgery Subspecialties

**The Clinical Curriculum**

The complete clinical curriculum can be found in section III of this manual of the clinical rotations manual.

The Clinical Clerkship Program provides students with education and training in the general areas of family medicine, internal medicine, obstetrics & gynecology, pediatrics, psychiatry, and surgery; as well as exposure to additional specialty areas, such as critical care, anesthesiology, emergency medicine, geriatrics, pathology, and radiology. Rotations take place at a variety of clinical sites ranging from private, public and university based hospitals to private and community based clinics. In order to give students the opportunity to pursue individual interests, and to make decisions about options for residency training, flexibility is provided in both the third and fourth year schedules.

In order to have a clinical curriculum that was testable and of reasonable scope, a “focus topic” based clinical curriculum was designed in 2001. The overall pre-doctoral curriculum underwent a reform process between 2004-2007, resulting in a system based integrated curriculum. As part of this reform, a doctoring course was organized that integrated direct skills and clinical reasoning with specific objectives preparing students for rotations and early clinical experiences.

The clinical clerkship curriculum remained oriented around focus topics, though gradually these were expanded with linked post rotation tests and quizzes delivered through a distance learning system to enable the students to follow the didactic complementary material while serving in patient care rotations. With the availability of computer delivery of nationally benchmarked subject exams (the COMAT), we have
substituted these for our locally generated post rotation exams. We also employ nationally standardized (MedU and CLIPP) cases to be reviewed with quizzes and (in some subjects) webinars for reinforcement. The adoption of the COMAT exam necessitated much further the need to expand the course objectives for the clinical rotations so that they would match the testable topics on the COMAT subject exams we are using for post rotation exams. The advantage of doing so is that the students are now being explicitly cued to learn the areas represented on the boards. The disadvantage is this decreases our ability to prioritize and emphasize subjects among the clinical rotation objectives we feel are most important or are developmentally critical. We felt that the advantages far outweighed the disadvantages in doing so.

The training of primary care physicians is a critical necessity in the development and functioning of our health care system. In addition to this fact, we feel that primary care focused training is an excellent basis for further specialty training in those students who elect to go into specialties. At Touro University College of Osteopathic Medicine, therefore, we focus our training on primary care, while recognizing that some students will choose other specialties. As such, our goals and objectives are designed to guide students to learn, through competency-based clinical education, the myriad dimensions of primary care. This includes recognition of their role as team leaders in providing comprehensive health care to the individual, to the family, and to the community. Throughout their training, students will develop an understanding of the role of the primary care physician while recognizing the need for consultation with other medical specialists when appropriate.

The TUCOM-CA clinical curriculum is designed to ensure students:

1. Acquire basic clinical knowledge and essential clinical skills.
2. Foster analytic and problem-solving skills necessary for physicians involved in disease prevention, diagnosis, and treatment in individual patients, families, and communities.
3. Deepen their understanding of Osteopathic Principles and their application to enriching the health of their patients.
4. Critically evaluate current and relevant research; and apply the results of the research to medical practice.
5. Demonstrate the ability to integrate behavioral, emotional, social and environmental factors of families in promoting health and managing disease.
6. Appreciate the differences in patient and physician backgrounds, ethnicity, beliefs and expectations.
7. Cultivate compassionate, ethical, and respectful, physician-patient relationships.
8. Develop an understanding of contemporary health care delivery issues.
9. Share tasks and responsibilities with other health professionals, including recognition of community resources as an integral part of the health care system.
10. Engage in reflection on his/her own practices and make changes as needed.
11. Develop the interest and skills necessary to continue lifelong learning.

Educational tools

Online Curriculum on Black Board
   Reading Assignments
   Quizzes and Cases
Online Purchased programs
   MedU and CLIPP Cases
   Online Library w/ Electronic Books
   End of Rotations National Shelf Examinations (COMAT)
Didactics and Supplemental Clinical Education to the Clerkship Experience
During clinical clerkship students are required to keep up with online reading assignments, quizzes, and possibly MedU cases. Also, there may be WebEx grand-rounds, small group discussions, and presentations depending on the rotation. All students must complete and pass an end of rotation national shelf exam within 10 days of the end of their rotation.

Supplemental clerkship assignments given by preceptors:
1. Readings
2. Case based literature search
3. Presentations
4. Didactics (i.e. tumor board, grand rounds, morning report, etc.)

Reading Assignments
Students have specific weekly reading assignments from a number for sources from textbooks, to journal articles, to UpToDate reviews depending on their clerkship.

Examinations
Students may be required to complete a number of quizzes and/or MedU/CLIPP cases based on the specific rotations the student may be a clerk in. At the end of each 3rd year core clinical clerkship, every student must complete and pass a national Shelf examination (COMAT).

The Clinical Rotations Manual
Revised every year before the new 3rd year class starts rotations. It is available online as a link off of our CED website within the www.tu.edu address. Bound copies will be available upon request to the CED.
   I. Section I, For Clinical Faculty
      a. Contains Faculty Development Curriculum
   II. Section II, For Students
       a. Contains Student Rotations Manual with rules, policies, and procedures encompassing everything encountered by them in their 3rd and 4th year.
   III. Section III, The Clinical Clerkships Curriculum
       a. Contains all curricular material found on Black Board for the core clerkships unless sensitive and not required. A select group of the most common 4th year specialty rotation descriptions are included in this section.

What Should I Do and What Can / Should My Student Do?
Our students rotate through a variety of clinical sites and have the challenge of being new to their learning environment on multiple occasions throughout their two years of clinical education. Your assistance in helping them, as quickly as possible, get acquainted with facilities, regulations, faculty and personnel is greatly appreciated. Some general expectations of your site can be found below. Please contact us if any of these pose difficulties for you. Clinical sites, in coordination with TUCOM-CA, will define the degree of student involvement in their own institutions. While students are given general guidelines in terms of activities, professional behavior and requirements, it is understood that they must comply with the expectations and requirements related to patient care as established by the clinical site and that this supersedes, in most cases, any guidance from Touro University.
Timeline for the Clinical Clerkship

On the first day
1. Student introduction
2. Clerkship Expectations & Objectives
3. Model clinical skills: student observation (one day to one week)

Middle of clerkship
1. Mid-clerkship feedback and evaluation
2. Student should be expected to obtain initial evaluation of patient independently

At the end of the clerkship
1. Student is expected to meet clinical objectives and be able to perform clinical skills.
2. Verbal feedback is given to the student prior to the review of the formal evaluation.
3. Evaluation is filled out during last week of student rotation and reviewed with student. (a copy of evaluation should be given to the student)

Clinical Skills Performance
1. H&P
2. Case presentation both formal comprehensive and specific
3. Physical Examination (this should be observed by preceptor)
4. Specialty specific knowledge base
5. Specialty specific skills: well child, adult health maintenance screening, EKG, chest X-ray, IV, phlebotomy, central lines, intubation, delivery, suture tying, etc.
PART TWO: PRECEPTORSHIP

Physician preceptors may structure visits so that a student sees every 3rd-4th patient, preceptor can thus see and treat patients while student is performing their assessment, then presenting and getting supervision. Limiting factors may be the number of exam rooms, consent of patients and conflict with other preceptor responsibilities. Students may see primarily some patients and shadow on others, if this works better.

Structuring the Medical Learning Experience in Your Practice

Integrating Medical Students into Practices and Institutions
1. Creating appropriate set roles and procedures for medical students allays the student and staff’s anxiety and makes the preceptor’s job much easier.
2. This may reflect progressive “privileging” for students as they demonstrate basic competencies to your satisfaction.
3. Having a system for allowing medical students to see patients with a minimum of delay to patient flow is one of the secrets to making preceptorships successful.

In Inpatient Rotations:
1. Define a group of patients for whom the student is “responsible.”
2. The student should follow and round on these daily, presenting labs, studies and daily exams prior to your seeing patient.
3. Student charts either in the chart or in separate cover as if he/she were documenting clinical care.
4. Preceptor should read, sign off and modify students note.
5. Every patient must be seen and charted on by preceptor.
6. Students may write mock orders, but the preceptor should write actual chart orders.
7. If questions come up during discussions of patients, or if a key concept seems to be missing for the student consider asking for a report in follow-up. This should reflect reading and some research. Ideally, this is an opportunity for the student to investigate something for you that you would have done for yourself. Obtaining an article from the internet, looking up doses, side effects, epidemiology, differential diagnosis, evidence basis for a medical practice, etc. are all good uses of medical student time and represent a way for them to educate themselves and the rest of the team as applicable

In Outpatient Settings:
1. An appointment system in which the student sees every fourth patient is one model that often works.
   a. Patient #1- seen by student following your introduction
   b. Patient #2 seen by you while student is with patient #1
   c. Following your seeing pt #2 you have the student present and see patient #1 with them.
   d. While you see patient #3 the student charts on and discharges patient #1
   e. Student then sees (with your introduction) patient #4.
2. In office practices that admit their own (or house back up) patients to the hospital, if feasible, have the student listen in on the ER report, have them go see the patient, if appropriate, while you finish in the office. When you arrive at the hospital the student will have already had a chance to do an initial work up and present to you. This scenario can be modified, of course, depending on the diagnosis and condition of the patient and their willingness to be seen by a student.
3. In surgical based practices, if possible, involve the student in pre-op planning and have the student involved in preoperative and post operative care.
The One (or Five) Minute Preceptor

This is a widely used, easily learned and a time efficient approach to the preceptor student interaction. It is meant to be applied for patient presentations in a clinical setting. One of its advantages is that it emphasizes and reinforces the development of clinical reasoning and stresses the engagement of the student in thinking about the patient as a diagnostic and treatment problem, rather than going through the motions.

The five microskills in this practice include:
1. Getting a commitment from the student to assert an assessment and plan
2. Probing for supporting evidence
3. Teaching general rules
4. Reinforcing what was done right
5. Correcting mistakes

Using the S.N.A.P.P.S. Model in Precepting


A learner-driven educational encounter in the office setting emphasizes the roles of the learner and the teacher in a collaborative learning conversation. In this cognitive dance, one partner may lead but each must know the steps. In the office the learner can and should be taught to lead. The preceptor may coach the learner until the steps become automatic but should avoid taking over the conversation. The theoretical framework for this position is well established. Research has identified the learner's approach to learning to be the crucial factor in determining the quality of educational outcomes.

A six-step mnemonic called SNAPPS, structures the learner-led educational encounter that is facilitated by the preceptor. In this model, the learner's case presentation to the preceptor includes a concise summary of the facts followed by five steps that require the verbalization of thinking and reasoning. These steps are drawn, in part, from the cognitive activity rating scales developed by Connell et al. The model encourages a presentation that is intended to redirect (but not lengthen) the learning encounter by condensing the reporting of facts and encouraging the expression of thinking and reasoning. Though learners enter the office setting with diverse abilities and expertise, case presentations should generally not exceed six to seven minutes in length. The SNAPPS model depends on a learner-teacher continuum that should ultimately be learner driven, but may initially need the preceptor's coaching to help the learner gain ease and proficiency with the steps. It also depends on having faculty set the expectation that the learner can and should assume a central role and can and should ask questions.

Summarize Briefly the History and Physical Findings
The learner obtains a history, performs an appropriate examination of a patient, and presents a concise summary to the preceptor. Though the length may vary, depending on the complexity of the case, the summary should not occupy more than 50% of the learning encounter and, generally, should be no longer than three minutes. The summary should be condensed to relevant information because the preceptor can
readily elicit further details from the learner. In this step, the learner should be encouraged to present the case at a higher level of abstraction (i.e., to use semantic qualifiers: yesterday becomes acute, third time becomes recurrent) because successful diagnosticians use these qualifiers early in their presentations.

Narrow the Differential to Two or Three Relevant Possibilities
The learner verbalizes what he or she thinks is going on in the case, focusing on the most likely possibilities rather than on zebras. For a new patient encounter, the learner may present two or three reasonable diagnostic possibilities. For follow-up or sick visits, the differential may focus on why the patient's disease is active, what therapeutic interventions might be considered, or relevant preventive health strategies. This step requires a commitment on the part of the learner, similar to the microskills model of clinical teaching, and may initially represent early steps in the problem-solving process such as a hunch or best guess. In the SNAPPS method, the learner must present an initial differential to the preceptor before engaging the preceptor to expand or revise the differential.

Analyze the Differential by Comparing and Contrasting the Possibilities
The learner initiates a case-focused discussion of the differential by comparing and contrasting the relevant diagnostic possibilities and discriminating findings. A learner's discussion of the cause of a patient's chest pain might proceed as follows: I think that angina is a concern because the pain is in his anterior chest. At the same time I think that a pulmonary cause is more likely because the pain is worse with inspiration, and I heard crackles when I examined the lungs. Often the learner may combine this step with the previous step of identifying the diagnostic possibilities, comparing and contrasting each in turn. This discussion allows the learner to verbalize his or her thinking process and can stimulate an interactive discussion with the preceptor. Learners will vary in their fund of knowledge and level of diagnostic sophistication, but all are expected to utilize the strategy of comparing and contrasting to discuss the differential.

Probe the Preceptor by Asking Questions about Uncertainties, Difficulties, or Alternative Approaches
During this step, the learner is expected to reveal areas of confusion and knowledge deficits and is rewarded for doing so. This step is the most unique aspect of the learner-driven model because the learner initiates an educational discussion by probing the preceptor with questions rather than waiting for the preceptor to initiate the probing of the learner. The learner is taught to utilize the preceptor as a knowledge resource that can readily be accessed. The learner may access the preceptor's knowledge base with questions or statements ranging from general to specific. The preceptor can learn a great deal about the learner's thought process and knowledge base by such interactions. In the first two interactions, the learner recognizes a need for help with knowledge or skill deficits. In the third, the learner demonstrates a more sophisticated level of knowledge. The preceptor may discuss steroid withdrawal protocols and introduce new learning issues such as the patient's risk for steroid osteoporosis.

Plan Management for the Patient's Medical Issues
The learner initiates a discussion of patient management with the preceptor and must attempt either a brief management plan or suggest specific interventions. This step asks for a commitment from the learner, but encourages him or her to access the preceptor readily as a rich resource of knowledge and experience.
Clerkship Orientation and Medical Student Progress Assessment

Students should be provided appropriate orientation to the clinical facilities. The following should be included in the orientation:

**Faculty and Personnel**
Students should be introduced to the supervising physicians. Students should be informed to whom they are responsible and how that person or persons may be reached when needed. Additionally, if anyone other than the supervising physician will be evaluating or grading the student, the student should be informed of this and introduced to these people.

Students should be introduced to staff, including nurses, technicians, and administrative staff with whom they are expected to interact. Roles and types of interactions should be explained.

**Physical plant**
We recommend students should be shown the following:
1. Patient rooms
2. Safety procedures and announcements (fire, codes, etc)
3. Nurses’ stations
4. Ancillary services facilities (x-ray, laboratory, medical records, etc.)
5. Rest rooms and locker areas
6. Conference areas
7. Lounges, cafeteria or coffee shop
8. Library and Internet access if available

**Patient interaction and Documentation**
Interviewing and examining patients is one of the most critical parts of student training. Whenever possible the student should be allowed to perform these tasks. When it is not appropriate to leave the student with the patient, they should be allowed to observe the attending performing the H&P. Whenever possible, students should document their findings in the medical records.

It should be clearly defined initially whether students may document in the patient’s medical record and, if so, what students are permitted to write (e.g. Progress notes and H&P, orders etc) if your clinic or institution does not allow students to write in official medical records, please have the student write notes outside of the official patient charting system, understanding they will need to comply with HIPPA requirements.

**Procedures**
Observing and attempting procedures is also a vital part of clinical training. It should be clearly defined initially whether students may participate in procedures, and at what level supervision is expected for all procedures.

**Student Schedule**
A schedule should be provided to the student at the start of the rotation. Although patient care assignments take precedence over lectures and conferences, the hospital and attending physicians are encouraged to allow the students to attend scheduled lectures.
The director of the individual clinical service must clear absences from clinical duty in advance. If attendance at mandatory lectures and conferences is preempted by patient care assignments, this absence must be cleared by the DME.

For more information about attendance expectations, see the student portion of the clinical rotations manual.

It is recommended that the following be incorporated into the schedule for each rotation:
1. Meeting on the first day with attending to discuss expectations for rotation.
2. Mid rotation meeting with attending to discuss performance, give student a written evaluation and make suggestions on where to focus during the rest of the rotation. Attending physicians should take the opportunity to assess what the student has done well, and also to offer advice on how the student can improve.
3. Conferences and Educational Seminars: whenever possible students should attend conferences and lectures if they are accessible, such as grand rounds, M&M rounds, journal clubs and department meetings.
4. Suggested rounding times – such as pre-rounding in hospital if appropriate, as well as times when student will make rounds or see patients with attending.
5. Presentations or reports to be delivered by student, this includes case presentations, case study analyses or critiques.
6. Working with adjunctive staff such as respiratory therapist, ultrasound technician, vaccination nurse etc.
7. Final evaluation review at the rotations end:
8. Every attempt should be made to review the student’s final evaluation in-person. This is an essential formative component to the student’s learning and maturation.

**Giving Effective Feedback**

Students learn best when they receive feedback on their performance in a way that helps them identify how they can change. Emphasize problem solving and competencies development (as outlined in the evaluation form), assessment of their knowledge level in the rotation subject, observed work ethic during the rotation, and evidence of the student’s independent inquiry.

**Evaluation vs. Feedback**

**Evaluation:**
1. Summative
2. Higher stakes
3. Generally standardized
4. Goal is to grade relative to peers or a gold standard

**Feedback:**
1. Formative
2. Goal is to help student improve
3. Can be brief or formal
Types of feedback

Brief feedback:
1. Focus on reinforcing or correcting specific behavior
2. Generally provided for directive teaching
3. Can be “public” unless of a sensitive nature

Formal feedback:
1. Set aside a period of time (5-30 min) to discuss performance on a specific issue or to review overall performance
2. Generally used for:
   a. Mistakes or to give constructive points
   b. Handling of a specific patient case
   c. Midpoint evaluation
   d. Often is private
   e. Ask for permission

Reasons we don’t do it regularly
1. Time
2. Faculty skills
3. Poor learner ability to reflect and/or self-assess
4. Fear of emotional reactions to negative feedback
5. Perception is not reality
6. Expectations unrealistic
7. Learner doesn’t recognize it as feedback
8. Learner doesn’t value feedback given

Principles of effective feedback
1. Set clear objectives and goals upfront
   a. What does the trainee hope to get out of your time together?
   b. What specific behaviors do you expect?
   c. When will you give the trainee feedback?
   d. When will you reassess their performance and reset goals?
2. Preparation
   a. Organize your thoughts and observations ahead of time.
   b. Negative or major feedback should always be given in private and without interruptions.
   c. Timing should be as close to event as possible.
   d. Make an appointment for midpoint feedback.
   e. Make sure learner is ready to hear it without distractions, physically or emotionally.
   f. Limit constructive feedback to 2-4 areas of improvement
3. The meeting
   a. Describe the Purpose
   b. Label it as feedback
   c. Elicit self-reflection
   d. Give both reinforcing and corrective feedback
   e. Be specific and use non-judgmental language
   f. Behaviors not personality
   g. Objective, observable and modifiable
   h. Provide suggestions for how to improve
i. Allow student to develop own suggestions for improvement plan
j. Elicit trainee understanding of feedback

4. Closing the Meeting
   a. Summarize
   b. Positives
   c. Areas for improvement
   d. Plan for improvement
   e. Plan for when meet again to reassess

5. Summary
   a. Timely: in the moment
   b. Be specific
   c. Be objective
   d. Label It: “I’m going to give you some feedback”
   e. Set an appropriate time and place
   f. Elicit self-reflection
   g. Be both reinforcing and corrective
   h. Provide suggestions for improvement
   i. Always listen to the person’s perspective and feelings.
Table 1: Stages of Learning

<table>
<thead>
<tr>
<th>Stage</th>
<th>Learner’s behavior</th>
<th>Teacher’s behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unconscious incompetence</td>
<td>Lacks knowledge of even what it is that cannot be done</td>
<td>Orient learner to skill; explains rationale for learning skill, objective, and</td>
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<tr>
<td></td>
<td></td>
<td>performance outcome; demonstrates skill (“see one”); gives</td>
</tr>
<tr>
<td>Conscious incompetence</td>
<td>Cannot perform the skill but knows what it is that cannot be do</td>
<td>Guides initial attempts of learner to perform the skills; observes learner</td>
</tr>
<tr>
<td></td>
<td></td>
<td>practice (“do one”) and gives frequent and ongoing informational feedback</td>
</tr>
<tr>
<td>Conscious competence</td>
<td>Can perform the skill (hard) to get through the skill (because</td>
<td>Allows more independent practice (“do many more”) and decreases learner’s reliance</td>
</tr>
<tr>
<td></td>
<td>of demands of “cognitive”</td>
<td>on teacher</td>
</tr>
<tr>
<td>Unconscious competence</td>
<td>Performs skill automatically and confidently (on “autopilot”)</td>
<td>Provides greater distance from the learner and interferes less</td>
</tr>
</tbody>
</table>

Table 2: Expert vs. Novice Problem Solving Skills

<table>
<thead>
<tr>
<th>Novice</th>
<th>Expert</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tends to get mired in details and treats every detail as equally</td>
<td>Easily discerns important features and patterns (“pattern recognition”)</td>
</tr>
<tr>
<td>important</td>
<td></td>
</tr>
<tr>
<td><strong>Fact laden, but retrieves relevant facts slowly</strong></td>
<td>Demonstrates content expertise that is organized in ways</td>
</tr>
<tr>
<td>Has no context for application</td>
<td>Has conditional knowledge that demonstrates multiple contexts of</td>
</tr>
<tr>
<td><strong>Exerts efforts to retrieve details</strong></td>
<td>application</td>
</tr>
<tr>
<td>Focuses on surface features of problem</td>
<td>Focuses on source of problem</td>
</tr>
<tr>
<td>Jumps to conclusions and demonstrates flawed thinking by faulty</td>
<td>Avoids snap judgments and is willing to change mind; pays attention</td>
</tr>
<tr>
<td>synthesis and ignoring key data</td>
<td>to clinically significant details</td>
</tr>
</tbody>
</table>

Permission granted by and compliments of Judy L Paukert, PhD
Working With the Difficult Learner and Learner/Program Interaction

The following is a brief taxonomy of common difficulties and a concept of development across the competencies.

Medical Knowledge:
A primary challenge for 3rd year students is that they need to re-organize their knowledge from a systems or discipline based association to an association with the clinical presentations provided by patients. Their knowledge is best assessed in their ability to generate differential diagnosis, to select and eliminate differential possibilities, to select and be able to discuss red flags for competing disorders, testing and treatment options. One Difficulty frequently encountered is a student who can cite facts without appreciating how they are connected to the differential diagnosis or decision making process for the patient. Another frequently seen is a student who doesn’t seem to know the relevant facts or differentials, or is poorly oriented to the more realistic differentials or diagnostic or treatment approaches.

Interpersonal communication skills:
Students need to able to present cases to peers and attendings, perform patient education at appropriate levels without jargon and summarize information covering their study of the patient’s presentation in a clear and thoughtful fashion. Difficulties often encountered include poor organization of ideas, a tendency to use jargon that doesn’t add clarity to their own understanding or that of their listeners, difficulty translating technical concepts into more common language, performance anxiety on rounds or more formal situations, and sometimes language difficulties.

Practice Based Learning and Improvement:
This includes ability to find and interpret relevant medical and scientific literature covering patient care generated problems, learning from clinical errors and quality improvement paradigms (as appropriate). Difficulties frequently include limited ability to find appropriate resources of information, interpretation of clinical or other relevant science to the understanding of the patient condition and lack of interest or speculation concerning the best way to approach a patient care problem.

System Based Learning:
This is about understanding the system and milieu in which health care takes place and its impact on decision-making and advocacy for patients. The roles of different members and professions in health care teams, limitations of medical student and other relevant team members are implicit in system-based practice and learning. A development of understanding concerning the structure of the health care system, reimbursement system and utilization and review functions are important for doctors in training to develop the skill to understand how to navigate a patient to receive maximal benefit. Difficulties in this competency include a lack of knowledge (or interest) in the other professions that share responsibility in patient care and the effective interface with them, a poorly developed ability to understand how to get services and mobilize resources for patients they are following.
**Professionalism:**
Manifesting as diligence, timeliness, respectful interactions with preceptor, staff, patients, appropriate dress, work ethic, honesty and perceived trustworthiness. This is discussed further in the section on modeling professionalism.

**Patient care:**
This consists of the ongoing application of medical knowledge, clinical reasoning, interaction skills, reassessment of differential diagnosis and other problem solving paradigms to new developments in a patient’s clinical course, staying on top of details of a patient’s clinical course and reviewing communications relevant to their care. Difficulties that students often experience involve lack of follow-up and attention to clinical details as they emerge, and difficulties in organizing new and pre-existing information in a dynamic assessment of the patient’s condition. Patient care is a competency that involves ability to integrate and synthesize information, communication, critical and clinical reasoning and professional concern, and thus is a litmus test of the students’ ability to “put it all together.”
Principles of Dealing with the Troubled Learner:

[Adapted from the Mountain Area Health Education Center Office of Regional Primary Care Education, North Carolina]

**Primary Prevention: Prevent the problem before it occurs.**
1. Know the course expectations.
2. Orient the learner well.
3. Set clear expectations and goals.
4. Determine the learner’s goals and expectations.
5. Reassess mid-course

**Early Detection**
1. Pay attention to your hunches/clues.
2. Don’t wait for the problem to evolve and get larger.
3. Initiate SOAP early (see below).
4. Give specific feedback early and monitor closely.

**Manage a problem to minimize impact**
1. Seek help early if what you have tried is not working.
2. Don’t wait till the end of the rotation and put up with the problem.
3. Do not give a passing grade to a learner who has not earned it.

**SOAP Intervention**
[Quirk, M. E. (1994). How to Teach and Learn in Medical School]
1. Subjective - What was it that made you consider that there may be a problem?
2. Objective - What are the specific behaviors that are observed? (preferably written down)
3. Assessment - Your Differential Diagnosis of the Problem (see below)
4. Plan
   a. Gather more data
   b. Intervene
   c. Get help

**Assessing what the trouble is:**
1. Cognitive: Knowledge base/Clinical skills less than expected. It is useful to map difficulty to the taxonomy previously given at the beginning of this section.
2. Learning Disability:
   - Dyslexia
   - Spatial Perception Difficulties
   - Communication difficulties
3. Lack of effort/interest
4. Affective disorder
5. Valuative: reality of experience is different from expectations
6. Clash in values between the student and preceptor
7. Medical disorder
8. Personality disorder
9. Substance Abuse
Plan
1. Gather more data
2. Observe and record
3. Discuss with student
4. Contact School to intervene
5. Detailed behavior specific feedback
6. Specific recommendations for change
7. Set interval for reevaluation
8. Get Help
9. Get assistance from regional support or School
10. Transfer Student

Preceptor Issues
1. Health Issues- Personal, Family
2. Practice Issues- Staffing, Over-scheduling
3. Financial Issues
4. Relationship Issues — Personality clash with learner
5. Important Questions:
   • Is the presence of the learner preventing you from doing what must be done?
   • Are your issues seriously affecting the education of the learner?

What Do We Want Students to Learn From Our Patients?

Successful medical students learn a great deal from the patients they see, and clinical rotations in medical school are their most intensive opportunity to do this learning. Interviewing, observing, examining and listening to patients, medical students learn about how sickness and health present in health care settings, how patients and their families live and cope with illness and adversity and what kinds of internal and external resources help to do so. Hearing the stories of patients and their families, students form an understanding of how professionals and the medical system have helped or failed them (at least from their perspective) and thus what kind of doctor they want to become and how they wish to develop as a resource for patients and the community.

Perhaps on a less conscious level, students also learn how to recognize patterns and cues associated with diagnoses and prognoses, to develop a sense of the degree of acuity or urgency in a patient’s presentation. This is a crucial element of patient care and forms the basis of the “street smarts” that mark a student in their sub-internship rotations as being ready for internship and postgraduate education.

A key element of learning from patients is the development of respect and gratitude toward patients for their contribution to the formation of the physician from a medical student—and hopefully an acknowledgement and respect that will remain with that physician throughout their career.

Allowing Osteopathic Students To Practice Osteopathic Manipulative Medicine/OMM
Your TUCOM-CA student has been carefully instructed in the use of OMM. Your student is capable of providing OMM to your patients as an adjunct to your medical care, the goal being to enhance your patient’s clinical outcomes. Your student may not apply OMM without your permission. Students should be encouraged to do structural examinations, render Osteopathic Manipulative Treatment (OMT), and
document appropriately. OMM is generally well tolerated and appreciated by patients. It is reliably safe, and effective in a broad variety of clinical conditions. Your TUCOM-CA student should be able to ease a wide variety of musculoskeletal pains, as well as apply OMM to a variety of clinical circumstances such as, but not limited to, easing the breathing of asthmatics, decongesting sinuses, decreasing peripheral edema, treating common post surgical complications such as ileus, and preventing atelectasis to name a few.

OMM RISKS: Osteopathic treatment is generally well tolerated, and has a low incidence of adverse outcomes when carefully applied.

OMM Backup: You and your TUCOM-CA student are, should the need arise, encouraged to consult with TUCOM faculty regarding the use of OMM in the various clinical settings.

OMM Procedure: We encourage you to ask your student: “how would you utilize OMM in this case?” Expect a rational answer that describes how the application of OMM might effect a positive physiologic & clinical change in your patient. Your student should write a procedure note that describes the OMM modality recommended OMM treatment time will vary, depending on the complexity of the case, the severity of the illness, and the experience of the student.

The Anatomy of a Recommendation Letter

General Principles for LORs
1. Function, not so much as an objective evaluation of an applicant, but as an interpretation of the applicants persona from someone experienced in the training process and the pool of applicants.
2. Should be positive, but more importantly they should convey nuance and a sense of the person, rather than a summary of achievements
3. Review the literature on residency LORs with research and evidence that relate to best practices.
4. Think carefully before assenting to write one for someone. Questions you might ask yourself:
   a. Do I know the applicant well enough to write a good letter?
   b. Do I feel positively about recommending this applicant for a position?
   c. Something to consider is that a lukewarm or negative letter is more damaging to the applicant than a non-acceptance of the task.
5. Ask the student to give you a CV and a cover letter, as if applying for a job, and if possible, ask them about the contents as a way of formulating the letter in alignment with the student’s objectives and background.
6. Discuss whether the student waives the right to see it, and whether you will copy them on it.
7. Literature review:
      i. Conclusions: Traditional letters of recommendation are frequently deficient in data regarding noncognitive variables. A standardized statement is effective in eliciting information on noncognitive variables related to applicant performance.
i. Conclusions: Of the residents whose letters were evaluated, eight had performed at a superior level in the residency program and eight had had inferior performances. There was no significant difference in kappa values for rating letters for either the eight superior or eight inferior residents (p > 0.5). While the superior and inferior groups had equal percentages of letters rated “poor” (15%), the superior group had a greater percentage of letters rated “outstanding” (33 versus 18%).


i. Conclusions: Standard letter of recommendation (SLOR) writers are inaccurate in estimating the rank order list position of the applicant using the global assessment score (GAS) tier criteria. The GAS tiers were accurate only 26% of the time. Because of the valuable role that the SLOR plays in determining an applicant’s competitiveness in the National Resident Matching Program (NRMP) in EM, future discussion should focus on improving the consistency and accuracy of the GAS section. Furthermore, there needs to be a national dialogue to reassess the utility of the criterion-based GAS within the SLOR.

8. Anatomy of a good LOR:
   a. Paragraph #1 (the head): The greeting and purpose of the letter
   b. Paragraph #2 (the thorax): This should explain the nature of your relationship and involvement with the student. What rotation the student worked with you in and how often the student was with you. What were the student’s responsibilities?
   c. Paragraph #3 (the heart): Here is where you evaluate the student’s abilities and performance while under your supervision. Try to give illustrative examples.
   d. Paragraph #4 (the abdomen): Try to give a brief history of the student’s achievements or specific life events/struggles that he/she has overcome. One can give specifics about research or leadership experience.
   e. Paragraph #5 (the extremities): This is the summary and concluding statement and level of the recommendation. Try to be as specific as possible as to what the student’s goals are and at what level you feel he/she will function within their organization.

9. Key words: In general, the studies failed to find specific words that distinguished mediocre students from the really good ones. Most writers expect that the terms poor correspond to a “D” grade student, good correspond to a “C” grade student, very good correspond to a “B” grade student, excellent correspond to a “A” grade student, and outstanding correspond to a “A+” grade student. However, the only resident performance correlates were those students recommended by the word “outstanding” vs all the rest except the word “poor” or a negative letter which worked in the opposite way. Other terms that seemed to correlate with residency acceptance were the statement of “this student performs at the level of a first year resident” or “in all my years of teaching, this student is the finest . . .”

10. Conclusion

Providing a Letter of Recommendation to a student is a tremendous and vital service we do for them, and it is required for their residency selection process. Think of the letter as not only a recommendation but a characterization of the student, focusing on their unique attributes rather than just placing them on an achievement scale, something accomplished by other components of their transcript and application.
PART THREE: MENTORING AND MODELING

How Doctors Think: Clinical Reasoning Skills
One emphasis drawn from looking at the past and future development of the physician role in the health care team is on the distinguishing feature of physician training—clinical reasoning. While all health care team roles use algorithmic and protocol driven practice, it is pre-eminently the role of the physician to solve problems that are unique to the patient or illness and to identify where algorithms or guidelines may not apply or function well. Effective clinical reasoning requires a higher level of development of medical knowledge than just the recognition of facts or even citing of new findings in clinical practice—it requires familiarity with the inductive reasoning applied to patient care and ability to critically analyze research that informs us about the significance of variations of presentations, application of treatment options, evaluation of patient progress and unexpected findings in diagnosis and monitoring of patients. We don’t expect students to develop this level of sophistication solely in their third year, as the basic skills in clinical reasoning are part of pre medical and preclinical medical education and familiarity with clinical reasoning is developed throughout their pre-doctoral and postgraduate training. But the third year, when students develop critical habit patterns of approaching patient care thinking and practice, is a critical developmental step and the expectation they develop clinical reasoning skills needs to be reinforced and modeled. Doctors also use pattern recognition, generation of differential diagnosis, formulating exclusions, and develop skills in researching relevant sources of information pertinent to patient care.

How To Model And Assess Professionalism
There is almost universal agreement that professionalism is a critical competency in the development of physicians, but the focus and understanding of the most important aspects of professionalism varies with the background and philosophy of the beholder. Given the diversity of opinion on the definition and key aspects of professionalism, it is not surprising that assessment of this competency is more challenging than the others, and consensus on good tools has lagged behind other aspects of competency based medical education.

Modeling professionalism
Students learn by what we do, who we are or what we talk about, and to a lesser degree from what we teach. Most of us consider our own professionalism to be a lifelong work in progress and it may intimidate even the most highly professional of us to be reminded about the importance of modeling. But modeling doesn’t have to await our being perfect—it rather requires sharing our thoughts and formulations from philosophy and experience regarding how to fulfill our role and vocation as physicians. Sometimes it might involve sharing our dilemmas and challenges as well as our aspirations, how we negotiate emotional and logistical conflicts we face in practice and patient care decisions as well as the principles we aspire to follow. Modeling, of course, also reflects our work ethic, how we follow schedules, talk to patients, staff and other professionals, how we dress etc. In addition to our modeling, as teachers, we can emphasize important expectations we have of students and give them feedback positively and negatively about how they are doing in this regard.

Career Mentoring For Students
Students overtly and covertly seek mentoring from physicians they work with on their career directions and options, and how best to achieve them. This is especially true for those that inspire them to follow similar specialty or practice choices to the students’ own aspirations. To some extent, this can be a daunting task, given the continuously changing developments and options, but your advice to them is likely to be valuable notwithstanding. Clinical faculty should feel free to contact Drs. Buller, Hartwig or Troll and other members of the clinical education department to discuss and share their career mentoring of our students—we are all passionately interested in our students’ success and attainment of their aspirations.
Osteopathic Medical Student Clinical Performance Evaluation 2014 – 2015

Student: __________________________ Preceptor: __________________________ Course #: __________________________
Site: __________________________ Clerkship Dates: __________________________ Specialty: __________________________

Dean's Letter Summary (Please note all comments included in this box or the reverse page, unless otherwise labeled, will be put into the students Dean's Letter verbatim)

*Any additional comments not to be included in the Dean's Letter, please use reverse side of this form or a separate correspondence and label as such.

- Overall do you feel the student passed the rotation? Yes ☐ No ☐ Comments ______________
- Would you recommend that this student receive honors for this clerkship? Yes ☐ No ☐ Comments ______________
- Did student miss any dates or call shifts on this rotation? Yes ☐ No ☐ Comments ______________

<table>
<thead>
<tr>
<th>Student's performance by the rotation's end.</th>
<th>Falls Expectation</th>
<th>Misses Expectation</th>
<th>Meets Expectation</th>
<th>Exceeds Expectation</th>
<th>Masters Expectation</th>
<th>Honors</th>
<th>No Basis for Opinion</th>
</tr>
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<tbody>
<tr>
<td>The student participates and performs in didactic sessions</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>The student is able to perform or explain procedures as expected for current level of training</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>The student is able to perform H &amp; P as expected for current level of training</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>The student demonstrates appropriate use of osteopathic manipulative medicine</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>The student applies osteopathic principles to diagnosis and treatment of patients</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>The student displays evidence of ongoing awareness of the patient's condition and progress</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>The student is diligent at carrying out plans and communicating changes with the patient</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The student is knowledgeable about the patient's condition and differential diagnosis</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The student shows signs of independent learning</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>The student shows signs of significant learning taking place during the rotation</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>The student displays understanding of the use of evidence in clinical decision making</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The student refers to bibliographic resources while discussing clinical topics</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The student has a good work ethic</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>The student comported him/herself in a professional and appropriate manner</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The student is respectful toward peers, co-workers, attending and resident physicians, patients and families</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The student is able to communicate clearly and effectively to patients, families and co-workers</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The student is able to perform case presentations in a lucid and focused manner</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>The student understands and behaves appropriately in their role in the system of medical care</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>The student is able to figure out how to accomplish tasks in patient care, at a level commensurate with their degree of advancement</td>
<td>☐</td>
<td>☐</td>
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</tr>
</tbody>
</table>

Preceptor's Signature: __________________________ Date: __________________________
Evaluation Reviewed with Student? Yes ☐ No ☐ Student's Signature: __________________________

*Please provide a copy of this evaluation to the student after review.

Mail form to: Office of Clinical Education Touro University-CA College of Osteopathic Medicine, 1310 Club Drive, Vallejo, CA 94592;
Or Email to: mon.saephem@touro.edu; Fax Not Recommended
If you have any questions, please contact Mon Saephem (Grades Coordinator) phone: 707-638-5293
US Applicant Request for Letter of Recommendation/Cover Sheet

Please attach this cover sheet to the front of your letter of recommendation with a paper clip.

Date: ______________________________________

Letter Writer: ______________________________________

Applicant Name: ______________________________________

AAMC ID: ______________________________________

AOA ID: ______________________________________

Thank you for agreeing to write a letter of recommendation in support of my residency application. This cover sheet explains the special procedures needed to prepare a letter for ERAS—the Electronic Residency Application Service.

Instructions for letter writer: Send the original letter of recommendation to my ERAS designated dean's office for transmission to ERAS using the following information:

1. Address the letter to "Dear Program Director"; individualized salutations are not necessary. (I would be happy to provide you a list of programs to which I am applying). 
2. Include in your letter whether or not I have waived my right to see this recommendation, as indicated below.
3. Include my name and AAMC ID or AOA ID, as listed above, in the subject line or body of the letter.
4. Print your letter so that it may be scanned and added to my files.
5. Attach this sheet to your letter before sending it, to help my ERAS designated dean's office identify your letter with my file.
6. Some schools may accept ERAS letters of recommendation in electronic format. Feel free to contact my ERAS designated dean's office at the contact information below for accepted electronic formats (e.g. PDF). *
7. Deliver the letter to my ERAS designated dean's office at the address below.

Thank you for supporting my residency application.

☐ I waive ☐ I do not waive my right to see this letter.

If "waive" is checked, I waive my right to see this letter under the "Family Educational Rights and Privacy Act (FERPA)." I acknowledge that this letter is for the specific purpose of supporting my application for a residency.

Applicant Signature: ______________________________________

ERAS Designated Dean's Office Mailing Address

Name: ___________________________ Department: ___________________________

School: ___________________________

Address: ___________________________ Address 2: ___________________________

City: ___________________________ ST: ___________________________ Zip: ___________________________

Phone: ___________________________ *Fax: ___________________________ +E-mail: ___________________________

* Verify if your school accepts faxed documents before providing a fax number
+ Verify if electronic format (PDF or Word document) is accepted by your school
Part II

For Students
OVERVIEW OF CLINICAL TRAINING

The clinical years of medical school will be extremely rewarding and offer a rich opportunity to explore many aspects of the health care system – both in the United States and internationally. Outside of the classroom, reality takes hold and you find yourself suddenly at the mercy of the random universe. No longer able to rely on a syllabus and textbook to guide you to the right answers or even the right topics, you are given the gift of true learning - one patient, one doctor, one nurse, one world in each moment. You may find on your surgery rotation that you only see a few different surgeries, or that you see only strange and rare surgeries and not a single appendectomy – such is the nature of medicine. You may be in a clinic filled with Spanish speaking patients and no translator, or you may find yourself following a busy attending through a busier day and never get to speak to a patient yourself. Undoubtedly you will see things that will linger with you for years to come and you will learn.

Each new rotation brings with it many uncertainties- “ will I have time for lunch, will I get to see patients myself, will I be able to find parking, will I get home in time to see my family…..” And by the time you find yourself oriented to one site, likely you will be moving on to another. Breathe deep, practice mindfulness and trust that you will learn enough. Work hard, improve your discipline and find time for your loved ones. Read, read, read and take on this vast body of knowledge – it is yours alone to conquer. Yes, you have to take exams, yes you have to pass your boards, but it is yours to decide what kind of physician you will be, what you will know, what service you will offer in this world.

POLICIES AND PROCEDURES

The policies and procedures described below ensure that you will meet the California state requirements for satisfactory academic progress plus AOA accreditation standards for colleges of osteopathic medicine. The CED staff work to maintain the record of your satisfactory academic progress, and this is possible only if students remain within the policies. Current policies and practices may differ from those in effect in the past; it is important for you to follow the guidelines in this manual only. The standards that dictate the rotation guidelines are enforced by independent agents such as licensing boards, the AOA, and our regional accreditors, and are not subject to change or interpretation. To make your progress as timely as possible please remember these IMPORTANT POINTS as you read this manual and prepare for clinical rotations:
IMPORTANT POINTS

1. **Read the manual.** Refer to it before you query the CED.

2. All emails from the CED to you individually or to the class as a whole must be read. We respect your time and attention and will only contact you with actionable, binding, or useful opportunity information. Prepare your electronic devices to receive emails sent to your tu.edu address, and to send emails ONLY from your tu.edu address. The official means of communication are via the tu.edu address domains. You are responsible for receipt of these communications no matter which device you use to receive and send them. This policy is university-wide and relates to our FERPA compliance. The Federal Educational Right to Privacy Act allows us to use only internally-secure servers when we communicate information about your academic record. If your email address includes a hyphen, multiple names, or a spousal name other than the one you enrolled under, please remind us of this in your communications.

3. If you change any contact information you must notify the Registrar and update your E*Value record immediately. **Please include your contact phone number in every email or voicemail message.** This helps us to respond rapidly to your query from wherever we are.

4. Remember that Student Services, Student Health, and the CED operate independently. Your enrollment in the college must remain current and accurate as per the Student Services guidelines. The CED cannot alter or correct your transcript for you. Currency and accuracy of your Registrar, Financial Aid, and Student Health records ensure that your grades and credentials will be ready when you need them to be.

5. The CED serves the needs and progress of second, third, and fourth year students. Each class has priority issues at different times of the year. Be aware that our ability to move your priorities forward depends upon how well everyone complies with the policies and procedures in this manual.

6. Securing your clinical clerkships is one of the most important functions of the CED. But we depend upon other offices of the college, especially Student Health, to have current information in your file. Please submit your protected personal health information (e.g., current immunization data) directly and only to Student Health, via email whenever possible.
PREPARATION FOR YEAR 3

During their 2nd year of medical school, the CED will interact with 2nd year students to provide information on each core rotations site, the Year 3 experience and the site assignment process. CED presentations will be performed from September to November of Year 2. By December student will have all the information they need to make their selection and enter the lottery.

1. CORE SITE ASSIGNMENT

Our program capacity is virtually equal to the enrollment of the class, therefore we expect that all sites will be filled once assignments are done. Each year some sites are over-requested while others are under-requested. The purpose of the lottery and optimization process developed by the school is to (1) fill all rotation sites, and (2) send the students to a site of their choice.

Timeline:
- At the beginning of January of Year 3, students will receive a paper ballot on which to list their top 5 rotation programs in order of preference. The ballot has to be return to the CED by mid-January.
- The CED will generate an optimal assignment outcome based on the preference list. Results will be issued to students toward the end of January.
- After all students are assigned to the site, a one-time-only switch of core site between students will be available.
- Verification of site assignment as per the submitted rank list and switch requests will be final by the end of January to the beginning of February.
- A second optimization will be run per site for those sites that have multiple rotation schedules. Students will be asked to choose which schedule they prefer within their assigned site. This option is however not available for all sites. At other sites students will be assigned to a schedule by the site coordinator and that assignment is not changeable. Each site is created at a different point in time, so resolution of students’ monthly schedule will occur as soon as the site schedules are available. This could range from February to as late as April or early May, depending on the site.

Limitation on Rotation site Assignments

The Department of Clinical Education (CED) will assign third year rotation sites for students identified as “at risk” by the Student Promotions Committee (SPC) because of academic or professionalism issues reported during the pre-clinical or clinical years. The CED will select a site that will provide an optimal learning environment for the student as well as easy access to the school resources. Student input into the rotation core site selection process will be limited in these cases. The same limitation will apply to off-track students returning from LOA.

2. STUDENT LIAISON

In order to improve communication between 3rd year students and the Clinical Education Department (CED), a Student Liaison or Core Site Representative will be assigned for each core site. The Student Liaison will maintain communication between the CED and 3rd year students rotating at the
designed core site, for mutual understanding and cooperation.

Student Liaison’s Duties:

- Be a representative of the class of 2016 and TUCOM at the core site, which imply communicate on a regular basis with other students at the core site and the medical education office. For this purpose the Student Liaison is expected to act professionally in all communication and to be available via email and/or phone.
- Be a student leader at the core site and therefore be expected to communicate the opinion of all students even if they are different from her/his personal views.
- Be available on a consistent basis to assist in communication between the college and the students.
- Meet with the other liaisons and the CED administration at least once every two months to discuss problems, concerns, questions, and/or upcoming events. Location and mode of communication for the meeting (in person or conference call) will be determine by the CED as needed.
- Be willing to commit to this position for the entire Year 3.

Students from each core site will be responsible for electing the Core Site Liaison; however the final approval for the position will come from the CED administration.

3. **INTRODUCTION TO CLINICAL CLERKSHIP COURSE**

At the end of their 2nd year, all medical students will attend the Introduction to Clinical Clerkship course, the last course of the pre-clinical years designed to enable a successful final step in the transition from the primarily pre-clinical to primarily clinical components of the curriculum.

The components of this course are:

- Basic Life Support (BLS) and Advanced Cardiovascular Life Support (ACLS) Certifications
- Objective Structured Clinical Examination (OSCE)
- Osteopathic Manipulative Medicine Examination
- National Standardized Shelf Examination

During this course, Drug screening and Background check will also be available for students.

The course will conclude with “Orientation to Clinical Clerkship”, a full day of orientation with the Clinical Education Department administration and staff to review the tools and resources that students will need for success during their primarily clinical years.
**Basic Graduation Requirements**

You need to be aware of the exclusive and separate requirements of the three organizations that govern your academic progress: California State Requirements, the CED Guidelines, and the TU-C Registrar.

1. **State of California Requirements**

These are immutable and not subject to interpretation.

88 weeks of total clinical rotation total

| Year 3 | General Surgery | 8 weeks in two 4-week increments |
| Year 3 | Family Medicine | 8 weeks in two 4-week increments |
| Year 3 | Internal Medicine | 8 weeks in two 4-week increments |
| Year 3 | Obstetrics and Gynecology (to include labor and delivery) | 6 weeks in one 6-week increment |
| Year 3 | Pediatrics | 6 weeks in one 6-week increment |
| Year 3 | Psychiatry | 4 weeks in one 4-week increment |
| Year 3 | Elective subjects | 8 weeks in 2-week or 4-week increments |

| Year 4 | Medicine subspecialty | 8 weeks in two 4-week increments |
| Year 4 | Surgical subspecialty | 4 weeks in one 4-week increment |
| Year 4 | Critical Care | 4 weeks in one 4-week increment |
| Year 4 | Emergency Medicine | 4 weeks in one 4-week increment |
| Year 4 | Primary Care Medicine | 4 weeks in one 4-week increment |
| Year 4 | Elective subjects | 16 weeks in 2-week or 4-week increments |

You must complete the 48 weeks of Year 3 before you proceed to the remaining 40 weeks. You do not become a 4th year student on a specific date in 2014, but rather on the date at which you complete your last third-year rotation.

California measures weeks, not days. A four week rotation must have a start date and an end date that are 28 days apart. You are expected to be in clinical rotation on 20 of those 28 days (and more if your preceptor requests, up to any 12 days in a 14-day period). Even if you complete the minimum of 20 days of rotation before four calendar weeks have elapsed, you must be scheduled for a rotation of 28 calendar days. Thus, it is not possible to perform a 3-week elective rotation at a hospital that offers only 3-week rotations, work for 20 days, and ask that it count as a four-week elective. The only increments are 2-week and 4-week, so you will be credited for a 2-week elective.
2. **Registrar Requirements**

**Year 3**

Your 52-week third year will include 4 weeks of vacation, 8 weeks of elective courses, and 40 weeks of the following required courses:

<table>
<thead>
<tr>
<th>Code</th>
<th>Course</th>
<th>Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>700A</td>
<td>Internal Medicine 1</td>
<td>4</td>
</tr>
<tr>
<td>700B</td>
<td>Internal Medicine 2</td>
<td>4</td>
</tr>
<tr>
<td>701A</td>
<td>General Surgery 1</td>
<td>4</td>
</tr>
<tr>
<td>701B</td>
<td>General Surgery 2</td>
<td>4</td>
</tr>
<tr>
<td>702A</td>
<td>Family Medicine 1</td>
<td>4</td>
</tr>
<tr>
<td>702B</td>
<td>Family Medicine 2</td>
<td>4</td>
</tr>
<tr>
<td>705</td>
<td>Psychiatry</td>
<td>4</td>
</tr>
<tr>
<td>706</td>
<td>OB/GYN</td>
<td>6</td>
</tr>
<tr>
<td>707</td>
<td>Pediatrics</td>
<td>6</td>
</tr>
</tbody>
</table>

If you rotate in a state that does not offer a 6-week option for obstetrics or pediatrics, you must register for the course that fits your time, and then perform the remaining two weeks of each in separate rotations, either in that state or in California, BEFORE proceeding to Year 4. The pertinent courses are:

<table>
<thead>
<tr>
<th>Code</th>
<th>Course</th>
<th>Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>703</td>
<td>OB/GYN</td>
<td>4</td>
</tr>
<tr>
<td>714</td>
<td>OB/GYN</td>
<td>2</td>
</tr>
<tr>
<td>704</td>
<td>Pediatrics</td>
<td>4</td>
</tr>
<tr>
<td>712</td>
<td>Pediatrics</td>
<td>2</td>
</tr>
</tbody>
</table>

Elective course numbers reflect the length of the elective experience.

<table>
<thead>
<tr>
<th>Code</th>
<th>Course</th>
<th>Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>715</td>
<td>Elective</td>
<td>2</td>
</tr>
<tr>
<td>716</td>
<td>Elective</td>
<td>4</td>
</tr>
</tbody>
</table>
YEAR 4

Your fourth year begins when you have finished your 48 weeks of required third-year courses. Your course distribution is as follows:

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Name</th>
<th>Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>808A</td>
<td>Medicine Subspecialty</td>
<td>4</td>
</tr>
<tr>
<td>808B</td>
<td>Medicine Subspecialty</td>
<td>4</td>
</tr>
<tr>
<td>809</td>
<td>Surgical Subspecialty</td>
<td>4</td>
</tr>
<tr>
<td>810</td>
<td>Critical Care Medicine</td>
<td>4</td>
</tr>
<tr>
<td>811</td>
<td>Emergency Medicine</td>
<td>4</td>
</tr>
<tr>
<td>813</td>
<td>Elective Rotation</td>
<td>4</td>
</tr>
<tr>
<td>814</td>
<td>Elective Rotation</td>
<td>2</td>
</tr>
<tr>
<td>819</td>
<td>Primary Care</td>
<td>4</td>
</tr>
</tbody>
</table>

Your 813 and 814 courses must add up to a total of 16 weeks.

**For both years 3 and 4 current and accurate registration records are essential.** Financial aid depends upon accurate registration. Your transcript is the historical record of your registration. The CED cannot interfere with the operations of Financial Aid or the Registrar. Please be aware of their policies and adhere to them. Questions regarding your financial aid status and transcript record should be directed to their offices, respectively. ALWAYS correct your registration immediately upon receipt of new information.

3. **CED Requirements**

Your internal requirements for Year 3 are aligned with the state and Registrar requirements. Because Year 4 state requirements can be met in a variety of different rotation settings and topics, each school must define what “counts” or does not “count” for credit in the requirements. The intent of Year 4 subject requirements is to expose you to advanced disease processes, acutely ill patients, emergency medicine, and the environments of secondary and tertiary care. You can choose the location of all of these required and elective rotations within the general guidelines of the CED. Indeed, as per the instructions for preparing for your fourth year, you will schedule every week of your fourth year very carefully. As such, you will seek, instinctively, to interpret what the subjects mean in a way that best fits your interest and your approach to residency. This may lead to some confusion about what qualifies as a required course subject.

The CED sets the approval for what qualifies as “Medicine Subspecialty”, “Primary Care”, etc, for the core fourth-year required subjects. The approval is binding. The experience of students in prior years is not relevant. The following lists define our expectations. Additions and substitutions are not allowed.
<table>
<thead>
<tr>
<th>808 A &amp; B - Medical Subspecialty</th>
<th>809-Surgical Subspecialty</th>
<th>810- Critical Care Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>The 8-wks in subspecialty medicine should be performed with an organ-system specialist in an inpatient setting.</td>
<td>The 4-wk surgical subspecialty requirement should be performed in one of the following services: Anesthesiology, Colorectal Surgery, General Surgery, Gynecological Oncology, Obstetrics/Neurosurgery, OB/GYN, Ophthalmology, Orthopedic Surgery, Orthopedics, Otolaryngology – ENT, Plastic Surgery, Surgical Sub-Internship, Trauma Surgery, Urology.</td>
<td>You should perform this rotation in an inpatient setting of acutely ill patients. Options include: Intensive care, Pediatric Intensive care, Neonatal Intensive care, Surgical Intensive care, In-Patient Pulmonary Med, In-Patient Cardiology CCU only, Trauma Surgery.</td>
</tr>
<tr>
<td>Allergy/Immunology</td>
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<tr>
<td>Cardiology</td>
<td></td>
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<tr>
<td>Dermatology</td>
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<tr>
<td>Emergency Ultrasound</td>
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<tr>
<td>Endocrinology</td>
<td></td>
<td></td>
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<tr>
<td>Family Medicine Inpatient</td>
<td></td>
<td></td>
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<tr>
<td>Gastroenterology</td>
<td></td>
<td></td>
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<tr>
<td>Geriatrics</td>
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<td></td>
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<tr>
<td>Hematology / Oncology</td>
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<tr>
<td>HIV/AIDS</td>
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<tr>
<td>Infectious Diseases</td>
<td></td>
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<tr>
<td>Internal Medicine Inpatient</td>
<td></td>
<td></td>
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<tr>
<td>Medical Genetics</td>
<td></td>
<td></td>
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<tr>
<td>Medicine Sub-Internship</td>
<td></td>
<td></td>
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<tr>
<td>Neonatology</td>
<td></td>
<td></td>
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<tr>
<td>Nephrology</td>
<td></td>
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<tr>
<td>Neurology</td>
<td></td>
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<tr>
<td>Oncology</td>
<td></td>
<td></td>
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<tr>
<td>Pathology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediatric Medical Sub-Specialty</td>
<td></td>
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<tr>
<td>Pediatrics Inpatient</td>
<td></td>
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<tr>
<td>Pulmonary Medicine</td>
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<tr>
<td>Psychiatry</td>
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<tr>
<td>Radiation Oncology</td>
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<tr>
<td>Radiology</td>
<td></td>
<td></td>
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<tr>
<td>Rheumatology</td>
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</tbody>
</table>

*** The 808 course specifically excludes Physical Medicine and Rehabilitation***

<table>
<thead>
<tr>
<th>811- Emergency Medicine</th>
<th>819- Primary Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Medicine</td>
<td>You must perform this rotation within the following areas, strictly interpreted, and to include direct patient contact: Family Medicine-Outpatient, Gynecology, Internal Medicine-Outpatient, Pediatrics- Outpatient, Sports Medicine/Primary Care, Urgent Care.</td>
</tr>
<tr>
<td>Pediatric Emergency Medicine</td>
<td>*** Emergency Ultrasound does not qualify for 811 credit***</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Elective Course Numbers:</th>
</tr>
</thead>
<tbody>
<tr>
<td>813 A, B, C, D (4 week Electives)</td>
</tr>
<tr>
<td>814 A, B, C, D, E, F, G, H (2 week Electives)</td>
</tr>
</tbody>
</table>

**During your 3rd or 4th year:**
You can perform a maximum of eight weeks of clinical rotations under the same preceptor.
Any clinical rotation for academic credit with a preceptor who is a family member should be pre-approved by the Assistant Dean for Clinical Education.
1. Rotation Request

- For your core third-year requirements we submit all necessary information to your core program site(s) for you.
- For your elective rotations, and for all Year 4 rotations, you must submit a Rotation Request Form to the CED so that we will know your schedule and ensure that the sites receive the proper credential information about you. The Rotation Request Form is available on the website, on blackboard and from the Year 3 and 4 coordinators. For elective rotations please indicate the name of the clinical service so that your letter of good standing will be accurate.

You must complete all sections of the Rotation Request Form (Appendix A), and the information must be accurate. The Rotation Request Form initiates every other related function of your experience, from your schedule to grades to acceptability by the hospital and through to your final graduation audit. Two CED staff work full-time on rotation requests. They can process your request only if the information on it is complete and accurate. Be sure to include all contact information for any hospital at which your precepting physician has privileges. Rotation request forms must be submitted for all elective rotations, even if you are performing them at a Year 3 core site.

Remember, you do not submit anything to the clinical site yourself. You submit everything to the CED and we bundle it together with your credential packet and send it to the site.

The places where you request to go for an elective or for a fourth-year rotation need to know you are coming at least 60 days in advance of the start date of the rotation. Many facilities, particularly those at which you need to rotate in your fourth year, will be in great demand and so will insist that you submit an application to them through a formal Visiting Student Application Service (VSAS). The VSAS deadlines will be even earlier than our department 60-day rule. All of this means that you need to be thinking ahead about your rotations.

For the CED to honor your ability to plan ahead we must abide strict policies about submitting the rotation request forms. Forms submitted with incomplete information, or submitted after the stated deadline, will be returned.

Thus, if you are within 60 days of an unassigned rotation period and you need a rotation in order to proceed to graduation, you will be assigned to a clinical rotation by the Clinical Education Department, no matter where that rotation happens to be available.

If you are scheduled for a rotation and that rotation is canceled by the host facility, every effort will be made to credential you into a replacement rotation with minimal disruption to the rest of your schedule.
2. ELECTIVE ROTATIONS

You can elect a rotation in an inpatient or outpatient setting with any willing physician who is licensed to practice medicine. If that physician is not in our system already you must allow for 60 days prior to the start date of the rotation in order for them to be credentialed properly. All students are encouraged to consult our network of credentialed physicians, which can be found by searching E*Value, our rotations software database.

Students will not be permitted to attend nor receive credit for a rotation for which the preceptor is not currently credentialed. There are no exceptions to this policy. It is imperative that students plan their rotation request submissions to allow ample time to acquire the credentialing documents. The minimum submission time for a rotation request is 60 days prior to the start of the rotation, but it is recommended that the student submit the rotation request to his/her Student Coordinator as soon as the form can be completed with all required data.

Once the student has submitted a fully completed rotation request, including preceptor and site coordinator contact information, the CED will send an initial invitation to the preceptor to become credentialed as an adjunct faculty member. The CED will then make a reasonable number of attempts to secure the required documents (a Faculty Information Sheet, an Affiliation Agreement, and a current CV/resume) from the preceptor. If this is unsuccessful, the student will be contacted by the CED and the onus will then fall on the student to obtain the documents from his/her preceptor prior to the rotation start.

Several area hospitals and facilities regularly provide elective and fourth-year core rotation opportunities to our students. But the facilities listed below are not residency hospitals and thus are not staffed with a full-service education office that can handle individual student contacts about physician availability. Instead, they have provided the CED with an advance schedule of their availability, and the CED acts as their rotation schedule center. At the time of this writing the following hospitals and facilities rely upon the CED to schedule you:

- Doctors Hospital, San Pablo
- NorthBay Medical Center, Fairfield
- Kaiser Permanente Santa Rosa Medical Center
- Tahoe Forest Hospital
- Solano County Clinic
- East Bay Physicians Medical Group

DO NOT CONTACT THESE FACILITIES OR ANY PHYSICIANS ASSOCIATED WITH THESE FACILITIES. ASK THE CED FOR CURRENT AVAILABILITY OF ELECTIVE AND FOURTH YEAR ROTATIONS.
3. **RESEARCH CLERKSHIPS**

You may receive elective credit for a research clerkship. In addition to the Rotation Request form, you must submit to the CED a Research Elective Rotation Request form with a proposal for your research as well as CV of your preceptor (Principal Investigator). The Research Elective request form is presented as Appendix B in the present document. If you have created the project, and/or are extending the original project of your preceptor to include new data, you need to have your project approved for human subjects research through the TUCOM Institutional Review Board (http://tws.tu.edu/webdocs/IRB/IRB_Review_form_.pdf). Your preceptor must submit the same evaluation form that is used for clinical clerkships.

4. **INTERNATIONAL CLERKSHIPS**

International rotations are available for elective credit only. Your core subject requirements must be performed in domestic, nationally accredited facilities. The COM’s Global Health Program (GHP) faculty (Drs. Mahmoud, Lin, Elul, and others) have established ongoing relationships with sites in Tanzania, Ethiopia, Taiwan, Israel, Mexico and Bolivia. Our program is at a level in which we can make long-term plans to develop our presence in the communities of those sites. This is the expectation of meaningful international health outreach.

We greatly value your interest in global health and your desire for an international health experience in your fourth year. At the same time, we are not able to exercise our due diligence of oversight for every international rotation request that we receive. We ask that you apply your interests to one of our established sites. If you and a current TUCOM faculty member would like to develop a long-term plan for a new site, please consult with Dr. Mahmoud director of the GHP. As of July 2011 we will not be able to approve an international rotation request for a site experience that does not involve TU-C faculty sponsorship. Even though established NGO and non-profit entities may be involved, for you to receive curricular credit toward graduation the experience must be at one of our sites. You are of course welcome to participate in any international activities during unassigned time in your fourth year.

If you are interested in doing International Clerkship during your 3rd or 4th year, the first step is to contact Dr. Mahmoud director of the GHP. Dr. Mahmoud will inform you on site availabilities and the kind of experience each site has to offer. Once you have made your choice, the GHP site coordinator will contact you to arrange for rotation schedule and accommodation at the site.

The application packet for international rotation and instruction regarding the application process are available on:

- Clinical Education Resources organization in Blackboard
- Global Health program webpage (http://com.tu.edu/globalhealth/index.html)

Applications will have to be returned to the CED coordinators at least 30 days before the beginning of the rotation.

All students doing International Clerkship will have to read and sign the TUCOM Abroad Student Handbook before the beginning of the rotation. This document is available on Blackboard in the Clinical Education Resources organization. This document is presented as Appendix C.
5. **DOCUMENTATION NEEDED FOR ALL ROTATIONS**

You must be credentialed to begin clinical rotations. The CED prepares your credentials for each rotation and submits them to your rotation site on your behalf. The credentials are:

a. **Immunizations**

All students must have current immunizations. **Records are kept by Student Health, not by the CED, and can only be updated or altered by Student Health as per HIPAA regulations.** Be aware of the expiration dates of your annual immunizations. Resolve errors or discrepancies in your health record with Student Health. Part of representing yourself professionally means keeping your immunizations current, even if doing so incurs extra time or financial expense. Regulations prohibit the CED from endorsing your letter of good standing in the absence of current immunizations. You will be removed from rotation without credit until your immunization record is current.

b. **ACLS / BLS**

You receive your certification during the Introduction to Clinical Clerkships course. Keep the original certification cards with you at all times. Until you are able to get the originals keep copies in their place. You will need to update this certification in advance of residency. Because your initial certification occurs in May it will expire in May, well before you commence residency. You must secure your own recertification in or before May of your graduating year.

c. **Insurance**

TUCOM carries malpractice and liability insurance for you during your clinical rotations, but only under very strict conditions. Your insurance covers you for the specific rotation you are on, for the specific dates only, and only for the specific locations in the letter of good standing. You secure this coverage by submitting a rotation request as per CED policy. If a physician on another service invites you to see or treat a patient outside of these parameters you are not covered by insurance unless your rotation request form indicates that information.

d. **OHSA and HIPAA Compliance**

Your certificates of completion are included in the CED documentation to sites. As with ACLS/BLS, you must keep originals or copies of these completion certificates with you at all times.

e. **Letter of Good Standing**

The CED prepares a standard Letter of Good Standing for each rotation that you perform until you graduate. Beyond your core rotations you may need to apply to a hospital or university for permission to perform a rotation, and this application may ask for such a letter. Please follow all instructions for Rotation Requests (above).
f. Background Check and Drug Screen

Background check and drug screening will be available on campus during the Introduction to Clinical Clerkship course at the end of the Year 2 (May of the Spring semester). All tests performed on campus at this time will be covered by the school. If you have any questions about Drug Screening and Background check, please contact Student Services.
CLINICAL ROTATION PROCEDURES AND EXPECTATIONS

1. REPORTING FOR SERVICE

Confirm your upcoming rotation with the specific site two weeks in advance. Unless otherwise arranged, on the first day of each rotation students should report to the DME or a designee by 8:00 a.m. Understand the importance of first impressions. Clinical services and physicians expect students to be on time. If you are traveling a new route into unknown traffic patterns, anticipate accordingly. Student-physicians are expected to be prepared and ready.

2. FIRST DAY

Represent yourself professionally in appropriate dress, and equipped with your credentials and evaluation forms. Preview and review the dates and expected hours of the rotation with the site coordinator or physician. Present the site coordinator or physician with your evaluation form. The top of the evaluation form must be filled out in its entirety. This point is absolutely critical. Do not expect the site coordinator or physician to complete this section on your behalf. Incomplete evaluations interrupt the CED’s ability to manage your academic progress. Keep blank copies of the evaluation on hand in case the site coordinator or physician have new information to include on it.

You are giving your complete effort at all times to each rotation, on each day. For this you should expect that physicians will step out of their busy routine to write a letter of recommendation or endorsement for you. Represent yourself to them on this first day with a one-page personal statement of your interests and a current resume/CV. Inform your physician of your desire to learn under their guidance. Make sure they know why you are there (i.e., is this a core third-year rotation, an elective of your interest, a sub-internship, etc). Communicate to them that you respect the time and effort necessary to teach clinical skills to medical students, and that you look forward to any opportunities that they have to meet with you for feedback during the rotation. Thank the site coordinator or physician for hosting you on this rotation and refer them to your CED deans (including specific contact information) with any questions or concerns they have regarding your participation.

3. LEARNING OBJECTIVES

Each core rotation includes specific learning objectives. Third-year core rotation objectives are assessed on post-rotation examinations (COMAT) and COMLEX Level 2 / USMLE Step 2 national exams. Your clinical rotation experience will enrich your understanding of these objectives according to the patients you see and the relationships you have with your preceptors. But you are responsible for mastering all of the objectives. And to do that you must study beyond the range of patients and procedures that you experience in rotation.

You may have reading assignments given to you by your attending or you may choose to read about a patient you treated. In addition, reading assignments are listed in Blackboard for each core rotation and some of the electives. Finally please carefully review the objectives – which match the reading assignments
– as there are materials to be read specific to each rotation as well as material that can be read during any rotation. As you have already experienced, there is always more to read and learn than there is time to do it in. The objectives are designed to help you appropriate your time and guide you in your studies for your career and your exams. You may find that carrying around electronic access to reading materials or a journal useful, as medical students invariably find themselves waiting for preceptors at some point in the course of most days.

4. **Last Day**

Before you leave your rotation please ask your preceptors to meet with you for an exit evaluation. Have an additional copy of a completed preceptor evaluation form at the ready in case they want to fill it out as part of the exit meeting. Some physicians will be too busy to commit to this meeting, but it is a professional expectation that you seek it. You are responsible for your preceptor’s evaluation of you, so having this meeting is one way to ensure that this is done in a timely manner, as well as ensuring that the last impression you leave is a positive one.

5. **Authority on Rotation**

When you are on clinical rotation you are considered, for all intents and purposes, an employee of the host site. Your host site sets the hours of expected service, regulations, dress and conduct codes. If you experience an interpersonal problem on rotation your recourse lies with the chain of command and human resources organization of the host site. You must report your concerns to the CED so that we can be aware of your experience, but, like any third party, we have no authority to resolve the dispute.

Be aware that many problems arise because of simple misunderstandings or miscommunications. For example, if you are unsure how to report that you will be absent from rotation, report it widely. If you are unsure whether or not you should pre-round on patients before morning round, ask widely. Each rotation will have its own standard of “how things work”. The more you communicate about what, how and why you are doing something, the less likely it is that you will experience a misunderstanding.

6. **Rotation Duration**

California state requirements are measured in calendar weeks, not in days served. You are required to perform four weeks of psychiatry in your third year, for example. A typical work week would be 5 days, and thus you would typically work 20 days as part of a four-week clinical rotation. You might experience a rotation in which you work more than 20 days over the four-week period, and thus seek to end the rotation early because you have worked the equivalent length of time. This is not allowed. Likewise, you might want to alter your forward schedule, or become aware of a great rotation opportunity that conflicts with the last week of your rotation. You might offer to work weekends in advance of that so that you can clear 20 days of service in three weeks of calendar time. This is not allowed.

All rotations must be two calendar weeks, or four calendar weeks, as reported on your CED schedule
and on the preceptor evaluation form. **There are no exceptions to this rule under any circumstances,** even as your graduation date becomes threatened because of a late fourth-year incident. If a site schedules only three-week rotations you will receive credit for a two week rotation only. If you complete one or three weeks of rotation but have to leave the rotation, you cannot resume it at a later date. You lose the odd week of time spent. The California requirements, and TUCOM graduation requirements, are met only through two-week, four-week, or six-week rotation durations.

7. **Attendance and Absences**

Under typical circumstances, students are expected to be present at their clinical rotation sites for the entirety of all scheduled shifts. 100% attendance is expected. Current California regulations allow for up to 60 hours of on-site clinical service time in a calendar week, averaged over four weeks, and up to 12 days of service in any 14 day period. Most rotations will expect you to perform 40 hours of service Monday - Friday not including call periods.

Students are allowed up to three days of excused absences per four weeks of rotation. If your site requires approval for such absences please contact the Assistant Dean of Clinical Education. In all cases of absence the host site may request that the student make up the missed time on alternate dates during the rotation. In keeping with the normative standards of a working environment, widely communicate your anticipation of, need for, or unexpected incident causing your absence. For the benefit of those who have not been in a workplace environment prior to now, be aware that most workplaces expect your attendance unless you are physically unable to attend or may communicate an infectious disease.

During the course of your third and fourth year you will need to be away from a scheduled rotation for other required events such as Callback, Convocation, national board exams, and residency interviews. Each of these events will be scheduled well in advance of your rotation schedule. Anticipate your need to be away and communicate these priority events on your first day of the rotation. Refer your site coordinators to the CED deans if they need more information, and DO NOT ask for excused absences at the last minute.

a. **School Holiday Procedures**

Students may obtain an excused absence for observance of official school holidays. Request an excused absence PRIOR to the start of the rotation so that you will have the excused absence document with you when you report on your first day. Host sites may require that students make up the missed time on alternate dates during the rotation. Be aware that while host institutions are expected to honor your excused absence, your preceptors are under no expectation to understand why you prioritize the holiday observance over their clinical service. That is, be aware that your preceptor evaluation form is an exercise in how your preceptor perceives you. Be ahead of any potential misunderstandings between you and your preceptor if you plan to be absent from your rotation in order to observe an official school holiday.
b. Excessive Absences

Your host site has discretion over the extent of absences, excused or not, that they will accept and still credit you for a rotation. This is a risk primarily during residency interview season, so when that time comes please plan your rotations accordingly and please communicate your interview schedule widely.

Unfortunately, unexpected life circumstances occur without regard to your rotation schedule. Most host sites will do everything they can to enable you to attend to these critical family circumstances and still complete the rotation, but others will not. If the site says that it cannot continue you in their rotation because you have missed or will miss too many days, you must replace that rotation with a different one at loss of time to your progress.

8. Rotation Schedule Changes

Any request for rotation change must have prior approval by Clinical Education. **Schedule changes are not possible for third-year core rotations.** On-site coordinators and physicians may “agree” to your request, but they are not responsible for our outside compliances and they cannot see the impact of such changes on other students. Do not ask site coordinators or physicians about their availabilities, and do not ask the CED for permission to change your core third-year rotations. If your personal circumstances are such that an upcoming rotation presents a significant challenge, cancel the rotation and re-schedule it for the end of your third year. TUCOM maintains a Leave of Absence policy for this purpose. The CED acknowledges that unexpected circumstances arise and that a Leave of Absence seems like a negative choice. At the same time, our affiliations with hospitals and preceptors preclude us from adding students to their services within 60 days of the start date of a rotation.

Elective and fourth-year rotations are also subject to the 60-day advance rule for both scheduling and changing. You have a better opportunity to control for upcoming personal conflicts in the scheduling of these rotations, however, because they are not reserved as far in advance.

9. Grade Remediation Issues

All components of each core course must be completed to receive a passing grade on your transcript. This includes the preceptor evaluation, one or two site evaluations, quizzes and all assignments. Please verify that you have completed the site evaluation. Any late component cannot be “remediated” but it must be completed. This means you will still receive decreased points once it is completed (0 for site evaluation, quizzes and assignments, 70% for the COMAT post rotation exam).

a. COMAT

The COMAT post-rotation examination must be passed in order to pass the rotation. Failure to pass COMAT will lead to the following scenarios:

i. If you fail one subject COMAT you will be allowed to take the examination a second time within 3 months of the failing score notice.
   - If you pass your second attempt your COMAT score will be entered in the
gradebook as a 70%.

- A second failed attempt will prompt the CED to determine the course of action. Options include a third attempt, a different examination, repeating all or some portion of the rotation, being removed from rotations until the situation is resolved, failing the rotation, and/or meeting with the Student Promotions Committee.

ii. If you fail more than one subject COMAT during your third year you will be referred to the Student Promotion Committee.

iii. All students who fail a subject COMAT with a score that is below 2 SD from the national mean will be contacted by the Student Promotion Committee.

b. Clinical Performance Evaluation

You must receive a Pass designation on each Clinical Performance Evaluation you receive in order to pass a rotation. A “DID NOT PASS” designation will prompt the CED to determine the course of action. Options include but are not limited to repeating all or some portion of the rotation, being removed from rotations until the situation is resolved, failing the rotation, and/or meeting with the Student Promotions Committee. In all cases successful remediation of a failed rotation results in an overall rotation grade of U/70.

A student who fails any two clinical rotations will be referred to the Student Promotions Committee and is a candidate for dismissal from the college. Please refer to the Student Handbook for details on dismissal.

10. Disputes Regarding the Preceptor Evaluation

If a student disagrees with the Preceptor Evaluation, he or she should first set up a meeting with the Preceptor to discuss the matter. Please note that this is more in the nature of requesting an explanation of the grading than a request for a grade change, and that attendings are under no obligation to change grades. If the disagreement persists, the student should provide to the Assistant Dean of Clinical Education a letter describing the area(s) of dispute along with a copy of the evaluation. The Assistant Dean will contact the attending and/or DME to discuss it, and will then respond to the student with a decision regarding the dispute.

11. COMLEX Policy

Please refer to the Student Handbook; all aspects of the COMLEX policy as detailed in the Student Handbook do apply.

a. COMLEX Level 1

You are required to take COMLEX Level 1 prior to commencing Year 3 rotations. If you fail COMLEX Level 1 you will be removed from rotations until a passing score is received. This implies
that you may have to take an official leave of absence unless you are using regular vacation time in order to prepare for a second attempt at the examination.

You will be removed from your core Year 3 clerkship program schedule and host facility(ies), and will be reassigned at the discretion of the Clinical Education Department. Rotations that you miss as a result of a COMLEX failure or other Leave of Absence must be re-scheduled at the end of your third year. Remember that all 700-series rotations must be completed before any 800-series credits can be taken. The CED will assign you to a rotation location based upon availability at the time that you finish your other 700-series rotations.

Note: If your passing score is received after September 1st of the Year 3 curriculum it will not be possible for you to complete the required eighty-eight (88) weeks of clinical rotations prior to the conferral deadline for the expected graduation date. Therefore, you will automatically become a member of the next graduation class. You will be re-assigned to a core Year 3 clinical rotation program. The starting date will depend on the programs schedules and availability.

Students with a history of poor academic performance, or who are determined by the CED to be in academic jeopardy, or approaching academic jeopardy, may be removed from their core rotation site assignment at any time at the discretion of the CED.

b. COMLEX Level 2 CE & PE

- COMLEX Level 2 CE is to be taken after completion of all Year 3 core rotations and no later than March 1st of the student’s 4th year.
- COMLEX Level 2 PE is to be taken after callbacks and completion of all Year 3 core rotations and no later than January 1st of the student’s 4th year.

In the event of a COMLEX Level 2 examination failure, you will be placed on academic probation and will be required to meet with the Student Promotions Committee. A remediation plan will be recommended in collaboration with the SPC.

12. CALL BACKS

Call Backs are required and if you miss them, for any reason, excused or not, you will be required to remediate, most likely by returning to campus at another time. Touro University recognizes that returning to campus can be difficult both to schedule and to finance. However, it has been determined that this part of your training is extremely important and as such it is mandatory for advancement.
THE PATH TO RESIDENCY

1. OVERVIEW OF YEAR 4

From July – November of your 4th year you will perform a series of critical clerkships at prestigious residency programs in the field of medicine you wish to practice. Starting in July (AOA) to September (ACGME) you will submit your applications to residency programs. You will need to research desirable programs prior to that time, write a moving personal statement, and garner a handful of powerful letters of recommendation from physicians of standing in the world of residency.

From November – January you will travel to numerous residency programs to interview for a possible match. You will submit a rank order list of your preferred residencies to the National Matching Service (DO) and/or the National Residency Matching Program (MD). At that point the result is out of your control. You will busy yourself with completing the rest of your required rotations and completing the steps for graduating on time.

ALONG THE WAY YOU WILL FIND THAT FORTUNE FAVORS THE READY. THIS SECTION IS ALL ABOUT BEING READY FOR YEAR 4.

STEP 1: Choose a direction for your career.

Much of the strategy involved in getting the most out of your fourth year and the residency match is driven by which type of medicine you seek to practice. While it is not essential that you know – right now – your career direction, it is also true that advanced and organized planning will boost your momentum toward residency. Planning Year 4 rotation schedules begins in February of your third year, so the sooner you can decide your career direction, the better.

STEP 2: Choose where you will develop your skills.

You will choose where you perform each of your fourth year clerkships. There is no requirement to perform core rotations in a particular place or in a particular sequence. Once you have identified a site for a given rotation you will submit the Rotation Request Form to the CED via FAX (707-638-5252) or email.

If you perform a clerkship in the subject of your residency discipline and at a facility where you hope to be a resident then such a clerkship could be described as an audition rotation. If you perform a clerkship in which you expect to be treated like an intern/first-year resident, with all of the attendant expectations and recognition for your performance, then you are performing a sub-internship. High marks in a sub-internship rotation carry more weight than do high marks in a regular rotation.

Plan to perform three to five clerkships of Year 4 in different residency program facilities that are high on your personal preference list for your own residency. There is no substitute for being on site for a month showing your skills to a potential future residency director. But you can only do this during the application season (fall of Year 4), and thus at far fewer than the ultimate number of programs to which you will apply.
STEP 3: Optimize the path to internship and residency.

Each of you is on your own, individual path. General advice is just that. The CED is committed to advising you specifically and individually. To be available to you for that level of service we need to be working with complete, timely and error-free files. Put yourself in the best position to be advised by following the policies and instructions closely. To provide the best service to students the CED will be enforcing all policies for your rotation assignments, deadlines, and graduation audit.

2. General Advice

Your end goal determines what will make your residency application strong. For patient-based careers (primary care), the emphasis will be on your interpersonal skills, passion for helping others, how well your MSPE (dean’s letter) aligns with your values, and what your mentors say about you. For procedural careers (sub-specialties), the emphasis will be on board scores, your MSPE and what your mentors say about you. For cognitive careers (one of the “-ologies”), the emphasis will be on evidence of your problem-solving skills, your MSPE and what your mentors say about you.

You can see that no matter which career direction you are pursuing, having a strong MSPE and strong letters of recommendation are relevant. Working with the CED (i.e., following procedures and timelines) will result in a strong MSPE. You control the inspiration you provide to clinicians for them to step out of the box and write a serious letter. Board scores are what they are. If yours are above-average let them lead the way. If yours are below average, bury them in the heap of brilliance that you display in everything else that you do.
1. **Timeline for Completing 4th Year**

   In your fourth year you are required to complete 40 weeks of clinical rotation. To be safe about it all, graduate on time and be available for a 1 July residency you should plan to end rotations on or before 1 June 2015. This is a conservative date but conservation is preferred to procrastination, obviously. Plus, it gives you some flexibility if a rotation gets cancelled unexpectedly.

   Count the 52 weeks of Year 4 from 1 June 2016, whether or not you have finished your third year rotations at that time. From 1 June 2014 you have 104 weeks to complete 88 weeks of clinical clerkships, and safely pass the graduation audit to receive a diploma on the first Sunday of June 2016.

   Although it seems that the unassigned time in Year 4 is a large chunk, in truth you will need it in order to:

   - Pay back the part of June 2015 (or more) in which you are still completing Year 3.
   - Fit between your 800-series rotations because they will not articulate back-to-back as did your core rotations in Year 3. From July - November you should be in a different teaching hospital for each 4-week rotation. Each hospital sets its rotation start and end dates, so you will find yourself with a few days here and a few days there between rotations. Those few days begin to add up.
   - Secure travel time to complete your residency interviews and COMLEX PE pilgrimage to Pennsylvania.

   Ensure that you have two or three weeks to spare so that you can go to Commencement, relax with your family, move to your residency and be fresh for a July 2015 start.

2. **Required Clerkships**

   A basic educational intent of Year 4 is to experience the medical environment of the acutely ill. You will satisfy California state requirements to perform the following:

   - 8 weeks of intensive inpatient medicine (808)
   - 4 weeks of a sub-specialty surgical practice (809)
   - 4 weeks of acute care / critical care medicine (810)
   - 4 weeks of emergency medicine (811)
   - 4 weeks of primary care (819)
   - 16 weeks of electives (813, 814)

   The Clinical Rotation Manual explains the types of rotations that qualify as your requirements (see above). If you have a question about whether or not what you want to do can be counted as one of the required rotations, please ask the Associate Dean directly. We support your curiosity for unique learning experiences, but we must remain within the California statute.
Be aware of subtle dynamics. You must get your entire 4th year scheduled as soon as possible once you have decided on a career path. If you have not decided on a career path until late in the spring, or early summer, you still need to have a complete schedule. And this is why:

Many facilities close their rotations to 4th year students after Match Day.

The logic of this is simple. Chances are you will schedule your 4th year such that the things you like to do are packed into the summer and fall, as auditions and sub-internships prior to residency interviews. That leaves the things you do not like to do for later in the spring. Couple that with the general euphoria and “coasting” mindset that students acquire after they have matched for a residency, and the result is that hospitals fear that if you come to rotate there during April and May that you will be distracted at best, and a liability at worst. Nobody likes to feel as though they are being used just to fill a requirement. Emergency medicine is the most restrictive. It tends to be the discipline that has the strongest “avoidance factor” among people for whom it is not a career direction. California statute prohibits most programs from offering EM in Year 3, so there are many students aiming for it at the same time. And the nature of the discipline is such that a strong ability to learn quickly with minimal guidance is required. EM program directors have been burned in the spring by disinterested clerks, and there is too much on the line.

Another reason to get your whole 4th year scheduled as soon as you can is because the ability of the CED to serve your best outcome depends upon our efficiency in getting you those key early-4th-year rotations. It is hard for us to do that if we have to prioritize the students in the class ahead of you who are at risk for not graduating. As a class you will submit >700 separate 4th-year rotation requests between January – May of 2014. Every Class of 2015 student who is out there unassigned and having trouble finding acute care or EM in that time period will displace your request, because in a crisis we have to graduate those students before we optimize your audition rotations.

3. Submitting Year 4 Rotation Requests

You will be seeking rotations at facilities that are exactly where you want to be a resident, and/or where many other students also seek training to gain the same expertise you seek. In response to this the facilities construct their own application service. Some will ask that you apply to them directly using their forms only. Others will require that you apply through the Visiting Student Application Service (VSAS). Each application will require proof on their custom forms that your immunizations are current. Please provide Student Health with current immunization information at every point in your progress.

The CED must complete all of your Year 4 applications, either through VSAS or through individual paper applications. The CED must process a very large number of these applications in a very short period of time. Please read below to understand how this happens.
4. **The Hospital Application**

According to 2010 data, 80% of university teaching hospitals use the centralized Visiting Student Application Service (VSAS) for all 4th year rotations. But some of these hospitals will ask that DO students submit applications through a separate, paper, route. All VSAS applications come with a fee, which varies by institution. Institutions also may charge a separate fee based on the clinical department.

VSAS ([https://www.aamc.org/students/medstudents/vsas/](https://www.aamc.org/students/medstudents/vsas/)) will be open to graduating students in February of Year 3. At the time VSAS opens the CED will upload your transcript and other credentials that are in your file. Once student information is uploaded, any missing information or other requirements must be uploaded by the student. Please ensure that your credential files (background check, immunizations, mask-fit, ACLS/BLS, HIPAA, OHSA, etc.) are complete and current as of 1 February 2015. Please be aware that the application may require that your immunizations and or drug screens / background checks are current to within a year of when you will perform the clerkship (not when you apply for the clerkship). We advise you to update your credentials ahead of their expiration dates accordingly, and preferably in January of Year 3.

VSAS will ask that you state the dates of your core Year 3 clerkships. Please complete only the information that is requested (do not include Year 4 rotations or electives).

Each hospital requires its own set of health information and immunization data. Be aware that your information must be complete, accurate, and verified by an appropriate health professional, and sometimes by you as well. The breadth and depth of personal health documentation that hospitals require increase each year. The CED does not have HIPAA clearance to help you with these steps. Please avoid delay in the processing of your VSAS application by reviewing each application in its entirety and by maintaining complete, accurate and current personal health information with Student Health and/or your primary care physician at all times. Incomplete personal health forms in VSAS applications are the main reason for application delays.

All hospital applications (whether they are through VSAS or not) ask for the same basic information. They want to know that you are insured, that you are not carrying a communicable disease, that you can save a life, have passed board exams, etc. The CED provides this documentation based on the information in your file, except for your COMLEX/USMLE transcript and personal health insurance.

If you are applying for a rotation at a hospital that does not use VSAS, you will need to submit a Rotation Request form with all information that the form requires. You need to submit the Rotation Request form at the same time as the application, and at least 60 days in advance of the application deadline or date on which you want the application to be submitted. Other items, such as a photograph, clerkship payment, and/or official transcript may be required. Because your application moves along as a single entity, all of these materials must be submitted at the same time.

Some hospitals will want to pre-approve you for a rotation based on your academic record, such as Kern Medical Center and UCSF – Fresno. This pre-approval, if required, takes place between you and the hospital clerkship coordinator. You will learn which facilities require pre-approval by researching clerkship programs on the Internet.
Important things to remember:

- The CED submits all official hospital applications. Students do not submit parts of or whole applications to a hospital.
- Submit the *fully completed* hospital applications and rotation request forms to the CED **60 days prior to the deadline for the application.** Not 60 days prior to the start date of the rotation.
- Complete the application in ALL SECTIONS that you can answer. **SIGN IT.** We fill in and sign the rest.
- The CED processes all applications in the order in which they are received. Because of the volume of applications and the requirements of the hospitals, the CED must prioritize complete and accurate applications over incomplete ones, regardless of position in the queue.
- You can obtain an official transcript at [www.getmytranscript.com](http://www.getmytranscript.com).

5. **GRADES**

Year 4 clerkship grades are 95% from your preceptor evaluation and 5% from your evaluation of the preceptor and site. Keeping your grades current will be difficult because you must rely on busy physicians to complete paperwork. Fortune favors the ready.

In mid-August medical schools upload official transcripts of graduating students to the Electronic Residency Application Service (ERAS). It is imperative that all of your 3rd year grades be complete at that time. Gaps in your official transcript are unappealing. So please make every effort to acquire preceptor evaluations as you go. Please do not query the Grade Coordinator about a missing evaluation until you have confirmed your proper enrollment for the clerkship and have allowed two weeks to elapse after the end of the clerkship.

Medical schools are obliged to report your rank in class as of the end of Year 3 to the Electronic Residency Application Service. We will benchmark that calculation in mid-August of 2014. Rank in class is calculated from your total number of units taken as a weighted average of all of your *existing* course grade percentages. It is not calculated from the GPA total that you will see on your transcripts. Your Year 3 grades cover 72 units, many more than a single year of pre-clinical curriculum. Your rank in class will move more than you might expect as a result of your third-year clinical rotation performance.

6. **THE MEDICAL STUDENT PERFORMANCE EVALUATION (MSPE AKA DEAN’S LETTER)**

**The MSPE**

The MSPE summarizes your medical school experience. **It is not a letter of recommendation.** It is prepared at the end of Year 3 by the deans and is submitted by the school to your electronic residency application. You will have full input in the narrative sections as described below.

The organization is determined by agreement of medical schools and the AAMC. These are the sections:

- Unique Characteristics
- Academic History
- Professional Performance

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Most of the content in these sections is pre-determined by your academic record and student file. The CED inputs all of that information and you check it for accuracy. The basic plan is:

- You respond to this email by answering the questions posed in the email.
- We produce the template and populate it with your individual data.
- We convert your answers into a narrative, add the narrative to the template, then send you the complete MSPE for revision.
- We exchange versions as time permits and finalize prior to 1 October.

Here is a brief description of what belongs in each section:

**Unique Characteristics**
An 800 – 1000 word narrative written by you and me that describes what you have done, what makes you interesting, and what a program director is likely to sense about you during an interview. We pore over this together to bring out the “essential” you. It follows a logical sequence (outlined in the email). It is too short to be a biography, but long enough to lose a reader’s interest in a hurry if it lacks verve. Your part is the (auto)biography, my part is the verve. Writing about your amazingness is a precious responsibility to me.

**Academic History**
A checklist of your enrollment dates. Please review it for accuracy (especially for dual-degree candidates or anyone with a leave of absence). You do not contribute to this part, but you do check it for accuracy.

**Professional Performance**
This is a blanket statement for all students, unless you have appeared before the Professionalism Committee. You do not contribute to this part.

**Academic Progress**
This is your Class Rank at the end of Year 3 and your overall course average. By convention we use the exact class rank, not “top third”, etc. The rank is determined by the CED based on your actual grades. We calculate this rank in mid-July.
Core Clerkships and Elective Rotations

Your rotations are listed by subject and location, along with all narrative commentary from the evaluation forms. The comments are transcribed verbatim as per the instructions on the evaluation form and the stipulation in Appendix E of the MSPE. As time allows we try to augment this section by using comments from your unused LORs. Our capacity to do that is a function of how the letter was submitted, when it was submitted, and how fast we can type. You can contribute to this section for your current rotations, because you may have a copy of your evaluation in hand at the time that you are revising your MSPE. We try to include as much commentary from unused LORs as possible, but finishing everyone’s MSPE on time takes priority, so the extent to which we can fulfill this will vary.

Summary Statement

We are required to write a summary statement of your qualifications for residency. The language is expected to position students on some kind of a scale. In the past we have used three designations – Recommended, Highly Recommended, and Highly Recommended with Distinction. No matter which spectrum we design, some students will receive the “lowest” or “weakest” of the three or four or five ratings. It is important to realize at this point that each of the categories is positive, and it is not realistic to presume that all students in a graduating class are Highly Recommended. This rating must be consistent with the other information in the MSPE. If your class rank, biography and clinical comments are all ‘unremarkable’, then your MSPE lacks credibility if your rating is ‘remarkable’. By contrast, it is expected that the majority of medical students are ‘remarkable’, so the distribution in the Summary Statement tends to be 10 – 20 Recommended, 75 – 90 Highly Recommended, and 25 – 40 Highly Recommended with Distinction.

We assert this part of the MSPE in terms of how we believe the material in the MSPE depicts you on a national comparison - because the reader of this statement is a program director who is reading MSPE’s from dozens of other schools. As such, the determination is based largely on the extent and sentiment of the narrative commentary in your clerkship evaluations. Remember, it is expected that the vast majority of graduates are “Highly Recommended”, and that graduates who are recommended with distinction have a combination of distinct academic and clinical performance indicators.

Appendix A: Clerkship Grades

Appendix B: PreClinical Grades

These are bar charts of how the class performed in each rotation and course. Your grade is mapped onto the bar chart with an arrow. We will depict your overall pre-clinical course grade, not the subdisciplines.

Appendix C: Performance in Professional Attributes

We will attempt to excerpt the Professionalism subdiscipline scores from your Doctoring
and OMM courses and produce a bar chart. This is our lowest priority on the MSPE, because historically this appendix has been a blanket statement. We will do our best to produce the bar chart if time allows, otherwise we will keep the blanket statement in place.

Appendix D: Overall Comparative Performance
This is a bar chart of your overall weighted course average, expressed as a z-score.

Appendix E: Descriptive School Information
This is fine print about the curriculum and the rules we follow to make the MSPE.
1. **INTRODUCTION**

You have completed your interview circuit and now must complete the final step of your residency application process - submitting a rank order list of programs. If you are participating in the DO match you will need to finalize your rank order list now (28 January). If you are participating in the MD match you will have approximately one more month. Please read below for some general information and advice. If you are seeking a residency in ophthalmology or in urology, please contact the CED directly.

The MD and DO matches are coordinated to the extent that you must decide whether or not to participate in the DO match before you make any other decisions. If you participate in the DO match by submitting a rank order list, you must accept the resulting match. You cannot participate in the later MD match. If you participate in the DO match but do not match, you still have time to participate in the MD match (provided you have applied to and been interviewed at MD programs). If you are seeking only an MD residency you should not submit a rank order list to the DO match. If you do not match an MD program you then can join the DO scramble (which is then 30 days elapsed) and/or the MD scramble.

2. **DEADLINES**

- DO Match Rank Order Lists are due in late January (refer to National Matching Service website).
- MD Match Rank Order Lists are due in late February (refer to National Residency Matching Program website).

**GOLDEN RULE OF RANK ORDER LISTS:**

Rank your programs by TRUE PREFERENCE only

The algorithm that matches you is driven by your list, not by program rankings. It will seek to match you to each program on your list in descending order. As soon as it links a program on your list to your name on that program’s list it will hold you in a “pending” or “temporary” match. This is because the algorithm assumes that your #1 program is where you would prefer to match. If your #1 program ranks you #1, the algorithm skips the “pending” assignment and creates a TRUE MATCH for you. If your #1 program does not list you, the algorithm will seek your #2 program, etc. It will settle on the best outcome FOR YOU. After it finds the best “pending” match for each APPLICANT, it then drives the program list. If more applicants with “pending” matches are above you on the program list, and your name is below the program’s quota line, the algorithm will cancel your “pending” match and seek another one at the next lower program on YOUR list. At the end of the algorithm your pending match becomes a TRUE match.
3. Match Rules

Match rules in their entirety are available on the National Matching Service and National Residency Matching Program websites, respectively. The fundamental principle of match rules and violation is that your actions do not affect the outcome of someone else. The easiest match violation to commit is if you enter the DO match, match to a program, then submit a rank order list to the NRMP. Your name will spin in the MD match algorithm and will affect how other applicants are matched. Your match is a binding legal agreement. So you cannot “test the waters” in the DO match, ignore your match result, and then see “how you fare” in the MD match.

If you are thinking about participating in both matches (on the logic that if you do not get a DO position then you can at least try for an MD position), then do not submit an MD rank order list until AFTER the DO match results are released on 14 February.

In the time preceding your rank order list deadline you should be careful about how you communicate to residency program directors. It is natural and instinctive to have conversations during and after your interviews. Information and feelings are shared in good faith and with no direct intent to commit a violation. The Match rules are designed in order to prevent programs from putting you in a leveraged position regarding your rank list, and to prevent you from manipulating programs in order for you to preview your likely match outcome. The official language of your limitations is copied below:

4. Restriction on Persuasion

One of the purposes of the Matching Program is to allow both applicants and programs to make selection decisions on a uniform schedule and without coercion or undue or unwarranted pressure. Both applicants and programs may express their interest in each other; however, they shall not solicit verbal or written statements implying a commitment. Applicants shall at all times be free to keep confidential the names or identities of programs to which they have or may apply. In addition, it is a breach of the applicable Match Participation Agreement for:

(a) a program to request applicants to reveal ranking preferences; or

(b) an applicant or program to suggest or inform the other that placement on a rank order list is contingent upon submission of a verbal or written statement indicating ranking preferences; or

(c) a program to require applicants to reveal the names or identities of programs to which they have or may apply; or

(d) a program and an applicant in the Matching Program to make any verbal or written contract for appointment to a concurrent year residency or fellowship position prior to the release of the List of Unfilled Programs.

The last part of the excerpt above refers to what happens in the time period between a program
knowing that it has an unfilled position and the time when that position is openly listed for all unmatched applicants.

5. **DO, MD, or Both? What Should I Do?**

   For some students this is an agonizing question. Your interests are well-served in both matches. You are uncertain of your prospects in the MD match, but aware that if you commit to the DO match that you will get a program and therefore never know how you would have fared in the MD match. You do not want to turn away from the programs you worked so hard to match, but you also do not want to be left with nothing and have to scramble. We have some general advice, and we encourage all students who are in this dilemma and who seek specific advice from the CED to call one or more of the deans.

   In general, consider the TRUE PREFERENCE of your interview experience. If your major concern is that you might not be competitive enough for the list of your MD programs, review the data with one of the deans. If your major concern is that you only had a few MD interviews, review those program websites for the presence of DO residents. If you do not see any, carefully consider whether or not you should stay in only the MD match. If your major concern is that your DO (or MD) programs are in better locations for you (and thus contribute to the non-academic aspect of your true preference), and given that you will match whatever you put at the top of your list, then you should follow your true preference.
Frequent Issues that Have Simple Answers

• The length of a four-week rotation is, actually, four weeks. Some hospitals, such as Harbor UCLA, provide three-week clerkship experiences. Because you must accrue four weeks in a core rotation, if you do a rotation for three weeks it will not count as a full core rotation. It will count as a two-week elective. We are audited by the state on this issue so there can be no exceptions.

• A four-week rotation must take place over four consecutive weeks. Aside from the rule, this is also good educational practice. You are not able to combine a two-week experience with a separate two-week experience and call it a four-week rotation. As per above, there can be no exceptions.

• Your CED includes competent staff who can facilitate your path to graduation and deans that are committed to your success. Use these resources efficiently, not dependently. If we have to pay attention to solving problems that could have been avoided, or re-informing a student about something in this document or on Blackboard, then we are not spending time advancing your mission.

• Give your preceptor a copy of the evaluation form on the first day of each rotation. Fill in the top portion completely (know your course numbers!). When we receive an evaluation from a physician and there are no dates and/or no course number, your grade posting is delayed.

• Include your cell phone number in your email signature line or in all emails to the CED. A phone conversation with one of the deans or staff can resolve a problem much more quickly than an email exchange, so by having your number on the screen you will expedite that opportunity.

• Fill out ALL ITEMS on the Rotation Request Form prior to submitting it. This form triggers paperwork on our part that must be submitted to your clerkship site, and establishes the record upon which your grade is based. Because Year 4 rotation requests will exceed several hundred each month, we must return incomplete requests to you.

• Keep your personal immunizations and other credentials (drug screen, background check, etc.) well ahead of their update schedules.

• Practice SITUATIONAL AWARENESS. For the CED, situational awareness means being cognizant of the information that has been provided to you. We are committed to your success, on nights, weekends, and holidays, too. We trust that you are aware of our policies and procedures, and our covenant with you is to champion your individual path to residency and beyond.
ALWAYS CARRY THESE ITEMS WITH YOU

This reflects how you represent yourself. You are entering a profession that cannot defer responsibility. You have earned credentials that enable you to do things that no one else can do. Own those credentials and have them as near to your person as you hold your driver’s license, credit cards, cell phone, ID badge and car keys:

- Immunization record
- ACLS/BLS cards or copies
- Drug Screen (current, 10-panel preferred)
- Background Check
- Clinical Rotation Manual
- Mask-Fit Test reading
- Access to your tu.edu email account
- CED contact information and FAX number (707-638-5252)
- Rotation Request Forms
- Preceptor Evaluation Forms
- ERAS LOR Cover Sheets
- AOA ID number
- AAMC ID number (if applying to MD residencies)
- Official Transcripts (current to end of 3rd year rotations)
- Passport-size pictures of yourself
Fourth Year Rotations Guide
From the Fourth Year Coordinator

Why are you implementing all of these new health and certification requirements?
The number one reason for applications and paperwork being held up is incomplete health information. Clerkship sites have increased your immunization/certification credential requirements significantly in the last few years. In order to ensure your audition rotation (also commonly referred to as Sub-I) applications are processed in a timely and efficient manner, we put together an exhaustive list of health and certification requirements that will ensure everybody meets the most stringent of site requirements. It is much easier to go through the motions and get everything up to date now, than finding out right before your application is due that you are missing a titer that may take over a week to receive the results.

What is this 60 Day Policy I keep hearing about?
The 60 day policy works in two ways. The first is that you must submit your application 60 days **BEFORE YOUR ANTICIPATED START DATE**. This means if the application is due no later than 11/01, you must have the application submitted to your fourth year coordinator by 09/01. If it is not turned in by 09/01, there is no guarantee that your paperwork will go out on time. The other is that you must have your schedule set out for at least 60 days. For example, if it is 12/01/2014, your E*Value schedule must have rotations scheduled through 02/01/2015. This should be the case for your entire year. At no point should you fall behind this deadline.

What do you need from me?
Please *email* in the following items to ensure the fastest processing times:

- **Official COMLEX level 1 score transcript** (you may send via email as .pdf attachment)
- **Official USMLE step 1 score transcript** (you may send via email as .pdf attachment)
- Health insurance card
- **Official transcript** (you must order this through getmytranscript.com)
- **Professional (or passport) photo of yourself** (only required by some sites, please ensure you read the sites’ requirements as some are extremely specific).

HIPAA/OSHA requirements are usually updated annually. Please also make sure all immunizations and titers are up to date, keep a copy of your results for your records, and send originals to Student Health.

What should my schedule look like?
Using the schedule below as a guide will help to ensure you have adequate time off for board study, interviews, and 2 weeks at the end of your schedule to ensure you have all of your loose ends tied up before graduation. Keep in mind that this schedule is not required, though it is recommended. **You should schedule your COMLEX II PE as early as possible**, as the timeslots will fill up quickly. The schedule below is a very broad example; your rotations are going to be 28 days, not a full month, so the schedule below is missing one rotation, but yours will be complete.
Please keep in mind that this is an example and that it is important to schedule your core rotations as soon as possible. A guideline to follow for your schedule is this:

June-July – 4 weeks of board study/vacation. You should take your boards during this time.
July-August – Emergency Medicine or ICU are great options as these are the most difficult to schedule.
August-September - Emergency Medicine or ICU/Audition
September-October- Audition
October-November- Audition
November-December- Audition
December-January- Vacation/Interviews (4 weeks)
January-February – Core/Elective rotation
February-March – Core/Elective rotation
March-April – Core/Elective rotation
April-May Core/Elective rotation
End of May to Graduation- Vacation

How do I account for my time off of rotations?
You should know that any time you take off during your fourth year must be accounted for by requesting “vacation” using a rotation request form. To request vacation on this form you need only fill out the name, date, dates requested, and rotation requested portion of the form, the rest you may leave blank. (There is no need to send in a vacation form for only a week gap.)

Can I do 2 week rotations instead of 4 week rotations?
Your fourth year will consist of two types of rotations, core and elective. Only your elective rotations can be broken up into 2-week blocks. All core rotations must be done in 4-week blocks. You may do up to 8 2-week elective rotations. All electives must total to 16 weeks in order to graduate.

Can I do International Rotations?
International rotations may be done for elective credit only, and there are absolutely no exceptions to this rule. If you do an Emergency Medicine rotation in Israel, you will receive credit for an elective. In order to set up international rotations, please contact Dr. Mahmoud and Student Coordinator Lesley Amor Gutierrez at least 60 days in advance of the requested clerkship dates. Please refer to the International Rotation Guidelines in the Clinical Education Resources organization folder in BlackBoard.

Can I do research rotations?
Research rotations must be submitted to your fourth year coordinator for approval just as any other rotation. In order to obtain approval, you must submit the preceptor’s CV, an abstract of the research (an outline of the research to be done), and a filled out research electives form. If the research involves patient contact in any way, shape, or form, the rotation must have IRB approval to move forward. Research rotations may only be done for elective credit and must be requested at least 60 days in advance of the requested dates.
**What is the “Do not call list” and how can I schedule a rotation with a site on this list?**
The “Do not call list” is comprised of several Bay Area sites that have specifically asked the CED to manage their schedules. These sites are:

**Doctor's Hospital Medical Center - San Pablo**

**NorthBay Medical Center**

**Tahoe Forest Hospital District**

**Kaiser Permanente Santa Rosa**

**The Mobil Doc of the Bay**

To schedule a rotation with any of these sites, please send your Student Coordinator a rotation request. **These sites fill up very quickly and are first come-first serve.** Again, please do not call any of these sites unless specifically instructed to do so by your Student Coordinator. If you do contact these sites, the request will be automatically denied due to violation of CED policy.

**What is the actual application process?**
Sites process applications in a variety of different ways. The best thing to do is to read the site’s requirements and suggestions on their website. Many sites have a pre-application process. Once they have approved you to move onto the next step in the process, then you submit the necessary materials to your Student Coordinator.

If there is no “Do Not Contact” policy for a site, give them a call or send them an email inquiring about their availability, and then request to be penciled in. This will save you a time slot while your application is in process on our end. Do not worry if they do not pencil you in, as some sites will not do this.

Once you have been penciled in please follow the instructions the site gives you. Some will have an application, some will direct you to VSAS, and some will send you an application that needs documents/signatures/information from Student Coordinator. Please turn in **ALL MATERIALS** to your Student Coordinator, along with a rotation request, then they will be processed in the order they are received.

**What is VSAS?**
There are two different types of applications, traditional paper applications and electronic VSAS applications. VSAS (Visiting Student Application Service) is an electronic application system that has been around for several years on the Allopathic side and was just opened to Osteopathic students last year. VSAS did help in streamlining the amount of paper that we had to send to sites; however, we ran into another obstacle - each site had very specific health requirements and they all had their specific form. VSAS will open for your use in late February 2014.
**Audition Rotation vs. Sub-Internship vs. Subspecialty - What is the difference?**

There is much confusion to be had about these three different rotations. A sub-internship is a rotation in which you are treated as though you are a first year resident (intern). You will have the same responsibilities as an intern, and you should request a letter of recommendation at the end of the rotation to take with you to your residency interviews.

An audition rotation is simply that, an audition. You are rotating at a site in which you would like to do your residency. That being said, all audition rotations should be sub-internships (if the hospital offers sub-internships, as a few sites do not). You are basically embarking on a four week-long job interview with a prospective employer. Most audition rotations will culminate in an interview at the site.

The final rotation type, a subspecialty (sometimes referred to as a selective), is a required rotation in either a surgical subspecialty or a medical subspecialty that you must do to satisfy your graduation requirements. Please note that there is no requirement for audition rotations or sub-internship rotations (though three auditions are recommended) and most students choose to do four. The words “audition” and “sub-internship” refer only to the kind of experience you have. Your fourth year schedule must include the 40 weeks of clerkships satisfying the subject requirements as outlined in the Clinical Rotations Manual.

**Institutional Applications - is there a limit to the number I can submit?**

With so many options, it can be tempting to apply to as many programs as possible. The simple truth is that there is no value in over-applying to sites and can actually harm you in the long run. There is a limit to the number of applications you can submit between February 01 and August 31. You can submit a maximum of 8 institutional applications during this time. This applies to both VSAS and the traditional paper applications (any combination must not exceed 8). There is no limit to the number of dates and/or rotations you can request at each of the 8 institutions, however.

**The limit of 8 applications refers only to clerkships that require an application.** Applications require additional forms to be filled out/signed off by somebody in the CED. However, a rotation request is submitted alone and does not require any additional forms to be filled out and/or signed.

For example, if you plan to satisfy some required rotations at a non-teaching hospital (such as those on the “Do Not Call List”) then you should submit rotation requests as soon as possible, and they will not count against your limit because non-teaching hospitals do not use applications. You are limited, however, to 13 applications & rotation requests. **After August 31, you are no longer limited in the number of applications you can submit.**

**How do I start setting up my fourth year audition rotations?**

Setting up your fourth year can seem like a daunting task, but it is broken up into several different facets. You have 24 weeks of required rotations (these rotations are found on the attachment to this guide) and there is also a spreadsheet that will help you plan out your year. You have 16 weeks of elective rotations; these can be in any specialty you would like. **First,** you must select your chosen specialty. You should have this locked down by the end of December in order to ensure you have the best opportunity to schedule audition rotations.
Second, research the sites in which you are interested. Some sites recommend that you DO NOT do an audition rotation there, and some require it. A good resource is the ACGME website https://www.acgme.org/ads/public or the AOA website http://opportunities.osteopathic.org/search/search.cfm?searchType=1&CFID=345087&CFTOKEN=a98b140ee45667b1-579D11DF-BEE4-D0F9-963BDFC208C1C8EF&jsessionid=e430a26119fa4355d50. Both of these websites will give you access to critical information about the residency you are looking into and will guide you to the site’s web address.

Third, rank the programs you prefer. Send in applications for your top three choices with at least two back-up rotations. A great way to do this is to apply for multiple timeframes for each site. If you have three sites in which you wish to do Surgery rotations, apply for three time frames (i.e. 1) 9/27-10/24, 2)10/25-11/23, 3)11/24-12/21) and then switch the order of priority for your second site (i.e. 1)10/25-11/23, 2)11/24-12/21, 3)09/27-10/24), and do the same for your third site. Depending on how competitive the programs are, you will want to have back-up rotations in place. When sending in your rotation requests, please note on the rotation request form that this will be an audition rotation.

Fourth, play the waiting game. You will have to wait for each of these sites to get back to you with a confirmation or denial. Once you see the rotation listed on your E*Value schedule, it means that the paperwork has been processed and the application has been sent out, it DOES NOT mean that the rotation has been confirmed by the site. The site will contact you with the confirmation or denial, and then YOU MUST LET ME KNOW; I keep your application status as pending until you inform me otherwise.

VSAS application process
When it comes to submitting applications through VSAS, you do not need to submit a rotation request for any institutions. You must ensure, however, that if the institution requires additional information, you attach the documentation.
Please be advised that VSAS is still under the 60 day policy outlined earlier. This means that the application is guaranteed to be released no later than 60 days after it is submitted, provided your health information is complete. By following the instructions in this document, you will help the CED to process your applications much faster than the 60 day policy. It is extremely important that after you receive the login information for VSAS that you read the user guide.

What else could delay my application?
We have 60 days to process your application from the day it is received. There are a few things you need to do before you send in the application.

First, ensure that you have submitted all of the required materials. We do have several of these on file (ACLS/BLS cards, malpractice insurance, evaluations, letters of recommendation, background checks, class rank, and health information). Then, please be sure to send in a rotation request form for each application you submit. If you want to complete three rotations at one site, then you send in three separate rotation request forms (i.e. separate form for cardiology, radiology, ob/gyn., etc.). If you are requesting three different time frames for one rotation and one site, please also send in three separate rotation request forms.
The clinical education department is committed to your experience and your outcome. These guidelines are intended to help you get the most out of your fourth year experience.
Part III

Clinical Curriculum
Overview of Core Courses

INTRODUCTION TO THE CORE THIRD YEAR COURSES

TUCOM Mission Statement
The Mission of Touro University Osteopathic Medicine Program is to prepare students to become outstanding osteopathic physicians who uphold the values, philosophy and practice of osteopathic medicine and who are committed to primary care and the holistic approach to the patient. The program advances the profession and serves its students and society through innovative pre-doctoral and post-doctoral education, research, community service, and multidisciplinary and osteopathic clinical services.

Alignment of Course Outcomes and Competences with TUCOM Mission
During the third year students will spend the majority of their time in Core rotations. During these rotations, in addition to clinical activities students have an online didactic curriculum. Ideally, the student will integrate the online curriculum, with clinical activities by careful planning of reading activities and other assignments. The purpose of the online curricular materials is to complement the variety of experiences that students will have and to ensure that they have a clear goals and learning outcomes for each course, regardless of the disparate rotation site clinical experiences. The curriculum provides a guide as to what material is important to learn during the third year, and the assignments help students to learn the appropriate level of detail and depth for each topic. Core rotations, and the didactic curriculum which serves as a container for the clinical experience, are designed to teach students, as osteopathic physicians, the critical components of being a general physician. In the pages that follow students will find guidelines, competencies, learning outcomes and assignments all of which are designed, aligned with Touro’s mission, to help them become outstanding physicians, committed to primary care, and a holistic approach to their patients.

The curricula for all of the core courses during the clinical years are aligned with the TUCOM Mission. Each course is subject focused, and, the curriculum will guide students in gaining a balance between subject specific specialty topics and the important concepts that outstanding osteopathic physicians, committed to primary care should understand. This curricula aims to allow students to maintain a holistic approach to patient care, and to concentrate medical knowledge supported by a foundation of osteopathic principles and practices. Students should understand that basic osteopathic tenets, such as understanding normal anatomy and all of its branches (embryology, physiology, biochemistry, etc.) and reasoning from normal, will guide them to be successful in clinical practice. Students are directed to focus on finding health throughout clinical reasoning and differential diagnoses. This curriculum encourages self-directed learning, and fosters students to seek their own best practices in lifelong learning and personal development.

COMPETENCIES
The seven competencies, summarized below, drive the development of learning outcomes and specific course assignments. Course learning outcomes, and the AOA competencies with which they are aligned are listed in each syllabus. The detail regarding what specifically is expected of students by the time they graduate can be found in the document “Osteopathic Core Competencies for Medical Students,” created by AACOM. The purpose of this document is to have performance indicators common to all osteopathic medical schools. These indicators guide the curriculum development process as well as the assessment process. The assessment tool for each competency during all the clerkships and by extension each specific course-learning outcome is listed after each competency.
Summary of AOA Competencies

1. Osteopathic Philosophy/Osteopathic Manipulative Medicine
   - Assessed by CPE, COMAT, OSCE, Logs
2. Medical Knowledge
   - Assessed by CPE, COMAT, OSCE, Med-U engagement metric, Logs
3. Patient Care
   - Assessed by CPE, COMAT, OSCE, Med-U engagement metric, Logs
4. Interpersonal and Communication Skills
   - Assessed by CPE, Med-U engagement metric, Logs
5. Professionalism
   - Assessed by CPE, Med-U engagement metric
6. Practice-based Learning and Improvement
   - Assessed by CPE, Med-U engagement metric
7. Systems Based Practice
   - Assessed by CPE

CORE COURSE OVERVIEW

Activities and Assessments
Each core course requires the following elements and assessments:

1. Clinical Activities – AOA competencies 1-7
   - Assessment:
     o Preceptor evaluation of student performance (CPE)
     o Student evaluation of each rotation block
     o COMAT - Post rotation examination
2. Med-u cases- AOA competencies 2-6
   - Assessment:
     o Engagement Metric Report
     o Student Evaluation
3. Logs - AOA competencies 1-4
   - Assessment:
     o Log Summary Report
     o Student Evaluation
4. Reading Assignments – AOA competencies 1-4, 6
   - Assessment:
     o COMAT
     o CPE
     o Student Evaluation

Documentation of Assessments
All Graded components of core courses are tracked in BB the student’s grade panel. Our goal is to have all grade components entered in BB by two weeks from the last day of each rotation block.*
1. Clinical Preceptor Evaluations are submitted directly to the Clinical Education Department by mail, fax or through E-Value. Students should retain a copy when possible. Until these forms are received, the CPE grade and other components of course grade will not be entered.
2. Site evaluations are completed by students in E-Value. Once the CPE is received faculty will check to confirm the site evaluation(s) was/were completed on time and enter the grade in blackboard.
3. Med-U cases are completed by students via the Med-U website. A grade for the completion of all cases on time is entered in Blackboard by the CED grade coordinator after checking the student’s engagement metric report. Students have access to check their reports at any time in Med-U. Incomplete cases can cause delay in entry of Med-U grade component.
4. Logs for all rotations are completed by student in E-value. They are checked by staff or faculty when the first and second clinical preceptor evaluations are received.
5. Post-Rotation Examinations are administered through COMAT, a national osteopathic board shelf exam service. The grade received is entered in Blackboard by the grade coordinator. We make every effort to enter this grade as quickly as possible after we receive it from the NBOME.
6. Other assignments and attendance at webinars are recorded in Blackboard by faculty or staff usually in the callback organization.

Students’ unofficial grades may be tracked in Blackboard in the organization corresponding to the core course. Electives are entered directly into TC-Web and are entered within two weeks of the CED’s receipt of student evaluations. Callback grades can also be tracked in Blackboard in the co2016 Callback organization. Once all components of each core course grade are entered into BB the final grade is calculated and entered into TC-Web.

A note about the grade recording process:
The process all the grade components go through to be wrapped and ready for the registrar and the official transcript on TC-Web is complex because the components of the rotation grade arrive at separate times and from unrelated sources.

i. Preceptor Evaluations are submitted directly to the Clinical Education Department. - Someone at each rotation site sends them to the grade coordinator who enters the grade into Black Board first.
ii. Site evaluations are completed in E-Value by the student on the last Friday of their rotation. They are checked and entered into BB by the grade coordinator.
iii. Med-U cases are completed via the Med-U website. Grades are checked by the Grade Coordinator and the score is entered into BB. If a student does not receive 100% their performance is reviewed by Dr. Weiss before being entered into BB.
iv. Logs grades are recorded in BB by the grade coordinator. Logs may need to be reviewed by Dr. Weiss or in the case of pediatrics by Drs. Hendriksz or Malouf before the grade can be entered into BB.
v. Post-Rotation Examinations are administered through COMAT, a national osteopathic board shelf exam service. Grades are entered in BB by the grade coordinator.
vi. Finally, attendance and participation in Webinars and Virtual grand Rounds are recorded by the facilitating physician and entered into BB in the Callback Course.

All graded components are recorded in Blackboard once they are completed or received. In some cases absent components can cause delay in entering other components. For example, the grade coordinator may wait to enter a site evaluation score until the completed preceptor form arrives. This does not mean the site evaluation score is missing.
The CED Grades Coordinator reviews each of the components of the rotation grade and enters a final grade in TU-Web. This final grade then appears on the student’s official transcript. This process may take a period of weeks following completion of all of the grade requirements. In the meantime students can follow the progress of their grade through each rotation’s Blackboard posting.

Approximately six times per calendar year, the Grade Coordinator will perform a Grade Audit for each class. Subsequently, students will receive an email from the Grades Coordinator if there is missing information in their file that should have arrived by the time of the current Grade Audit. This is another reason that students should prioritize meeting with their preceptor at the end of each rotation. It is the best way to secure a copy of the evaluation and thus not have to wonder whether or not it was submitted, nor whether or not it was positive or critical.

Once a student has a copy they may submit it to the grade coordinator via email or fax. For core rotations, many attendings and sites have systems for managing and submitting CPE forms and may not be interested in meeting with students individually. However it is worth asking for this meeting.

**CLIN Numbers Rotations and Core Courses**

The Core Courses are:

<table>
<thead>
<tr>
<th>Course</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>OB/GYN</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Surgery</td>
<td>8 weeks</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>8 weeks</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>8 weeks</td>
</tr>
</tbody>
</table>

It is important to understand that *courses* and *rotations* are different things. Core Courses that are more than 4 weeks are either in one block or two. 8 Week courses are always two 4 week rotation blocks. The 4 week rotation blocks may be back to back or separated in time. 6 Week courses are either one 6 week rotation block or two rotation blocks divided as a 4 week and 2 week rotation.

Each rotation is given a CLIN number by the registrar and appears on the student’s schedule and transcript as two *courses*. The registrar does not recognize the completion of two internal medicine rotations as the completion of one course but instead as two. The dean’s letter, Blackboard and student assignments are all predicated on the concept that the two rotations are one course. The following are the CLIN numbers for which students will be registered. Note that there is some variation in OB/Gyn and Pediatrics as to which CLIN numbers will appear on each student schedule.
The following are four week rotations:

<table>
<thead>
<tr>
<th>Code</th>
<th>Course</th>
</tr>
</thead>
<tbody>
<tr>
<td>700A</td>
<td>Internal Medicine 1</td>
</tr>
<tr>
<td>700B</td>
<td>Internal Medicine 2</td>
</tr>
<tr>
<td>701A</td>
<td>General Surgery 1</td>
</tr>
<tr>
<td>701B</td>
<td>General Surgery 2</td>
</tr>
<tr>
<td>702A</td>
<td>Family Medicine 1</td>
</tr>
<tr>
<td>702B</td>
<td>Family Medicine 2</td>
</tr>
<tr>
<td>705</td>
<td>Psychiatry</td>
</tr>
</tbody>
</table>

These are 6 week rotations:

<table>
<thead>
<tr>
<th>Code</th>
<th>Course</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>706</td>
<td>OB/GYN</td>
<td>6wks</td>
</tr>
<tr>
<td>707</td>
<td>Pediatrics</td>
<td>6wks</td>
</tr>
</tbody>
</table>

If a student rotates in a state that does not offer a 6-week option for obstetrics or pediatrics, the CLIN numbers and time increments for these rotations will be different.

The pertinent courses on the registration form are:

<table>
<thead>
<tr>
<th>Code</th>
<th>Course</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>703</td>
<td>OB/GYN</td>
<td>4 wks</td>
</tr>
<tr>
<td>704</td>
<td>Pediatrics</td>
<td>4 wks</td>
</tr>
<tr>
<td>712</td>
<td>Pediatrics</td>
<td>2 wks</td>
</tr>
<tr>
<td>714</td>
<td>OB/GYN</td>
<td>2 wks</td>
</tr>
</tbody>
</table>

This information, regarding the difference between a rotation associated with a CLIN number and a core course, is important because it affects due dates and assignments and as a result students’ final grades are impacted by the understanding and ability to follow through with appropriate assignments.

The critical piece of information is that a core course is often made up of up to two rotations. If it is made up of more than one rotation students have to complete two evaluations and the first one must be completed on the last day of the first rotation. If a student waits until the end of the course to complete the evaluation for both rotations they will not get credit for the evaluation of the first rotation.

Also, if a rotation is made up of more than one rotation and the time increments are separated by a different rotation or course, assignments for the Core course will be due at a different time. For example, if a student completes Internal Medicine Block I in June and Internal Medicine Block II in October, the COMAT exam and assignments will be in October. The first evaluation will be due in June.

**Communication with the CED**

Communications will be sent via the tu.edu email and students are responsible for receiving these communications. Please respond to all emails requiring a response within 5 business days. If a student will be out of the country or unable to respond for other reason, they should set up an automatic response indicating when they will be able to respond. Lack of response can result in action being taken that cannot be easily reversed. For example, a student could be scheduled for LOA or callbacks or given a failing grade on a rotation due to missed days. It is imperative that we be able to contact all students while on rotations.
Blackboard Organizations
All Core course information is posted to Blackboard in the following organizations:

- Class of 2016 Family Medicine Core Rotation
- Class of 2016 Internal Medicine Core Rotation
- Class of 2016 Mindfulness in Medicine Elective
- Class of 2016 OB/GYN Core Rotation
- Class of 2016 Pediatric Core Rotation
- Class of 2016 Psychiatry Core Rotation
- Class of 2016 Surgery Core Rotation

Additional information can be found on Blackboard in the organizations:

- Clinical Education Resources
- ER Core Rotation

COURSE COMPONENTS

Overview
The core courses are OB/GYN, Psychiatry and Surgery and Family Medicine, Pediatrics and Internal Medicine. Each core course consists of the following components:

1. The clinical activities, which are assessed by the clinical preceptor evaluation form (CPE) and the site evaluation(s).
2. Didactic Curricular Components:
   - Reading Assignments
   - PowerPoint Lectures on OMM principles and practice
   - Logs (10.0%)
   - Med-U cases (8.0%)
   - COMAT examination (35%)
   - Associated Callback assignments

Each component and assessment is explained in detail in the sections that follow. The curricular materials are located in the corresponding Blackboard organization as listed above.

For each Core course students must complete the Reading assignments, the OMM PowerPoint’s, logs, the appropriate Med U cases, and take a COMAT examination. Additionally for each Core course students must complete one or two site evaluations and receive a performance evaluation.

Reading Assignments and Web Links
Each Blackboard Organization has documents that contain self-directed assignments. These PowerPoint lectures, web links and reading assignments are a foundational part of the curricular experience. They should guide study time on rotations in the following ways:
They will introduce students to gold standard texts and accepted resources used by clinicians in practice. In some cases the readings will expose students to a critical resource – for example the JNC 8 Guidelines to HTN, ATPIV guidelines to Lipid management, USPSTF, and the ASCCP guidelines to management of Abnormal Pap Smears.

This is not only to give students information but also to help students begin to decide about their needs for lifelong learning by exposing them to a variety of sources of information.

It will further help students to be prepared during clinical activities to respond to questions posed by their attendings.

The chosen articles and readings demonstrate the appropriate level of depth of understanding for each topic. This helps students narrow down the extensive amount of materials from which to study on any given subject.

If given a topic, but not a specific assignment by a preceptor, the selected assignments give students an option that will allow them to integrate the clinical experience with the online curriculum.

After a clinical day, students can use the assignments to integrate the experience and frame the important learning components.

In most cases the textbooks chosen are also the texts chosen by the NBOME as resources for preparation for the COMAT examination.

Most but not all reading assignments are available online through the Blackboard Organization or the TU COM library. The exceptions to this are the required text for OB/Gyn “Obstetrics and Gynecology, Seventh Edition by Beckman et al. and Foundations for Osteopathic Medicine Third Edition. The Ob textbook, once purchased allows online access to an e-book. Foundations for Osteopathic Medicine can be purchased as a kindle edition and the syllabus references the kindle pages. It can also be purchased as a print book but will not be available online.

Please note, though many students find Harrison’s to be intimidating, each chapter has been carefully constructed to cover an appropriate but not extensive amount of each pertinent area, for example the physiology or pathophysiology, testing and physical findings, treatment options and so on. It is a large text because it covers so many diagnoses, not because it covers them in excessive detail. It will serve students to get comfortable with this resource.

A final note: The post rotation examination is a nationally standardized test. Students should consult a board review book in preparation for this examination. The curriculum is not designed to exclusively prepare students for taking board tests. It is designed to prepare students to be an outstanding osteopathic clinician.

OMM PowerPoints
In addition to reading assignments from Foundations for Osteopathic Medicine Third Edition, there are required PowerPoint lectures that cover OMM topics related to each core rotation posted in the corresponding Blackboard organizations. For all the Core Courses there are Core OMM Power-points. Students can view these only on their first scheduled Core rotation or on each of the core rotations and as such they are posted to each Core rotation Blackboard organization. In addition to each subject exam having an integrated osteopathic component, during Callbacks students will take the COMAT OMM shelf exam. As noted above, it is recommended that students use a board review book to prepare for the subject examinations and the OMM component is no exception to this. Many students neglect study of this important component of their examinations.
Med-U Cases (8.0%)  

**Introduction:** Med U Cases are an interactive self directed learning activity required for all core courses. Each course has a different number of required cases and all must be completed to pass the course. Med-U cases are accessible through the Med-U site. Students should the tu.edu email to create an account on the Med-U website. Although the Med-U site divides courses by subject, for example, FM cases are for Family Medicine and CLIPP Cases are for pediatrics, assigned cases for any core rotation may come from the entire bank of Med U cases. For example, CLIPP case 4 is required during psychiatry although it is a pediatrics case. Use the Med U Case list associated with each course as the guide to determine what is required.

**Learning Outcomes:** When using Med- U cases, students can refer to the course learning outcomes to guide their learning progress; however, Med-U case authors have also created objectives for each case. These objectives are posted in BB for optional use.

**Competencies:** Med-U cases are an excellent resource for improving clinical skills and knowledge. When used appropriately they will help students advance in the competencies of medical knowledge, patient care, interpersonal communication skills, clinical reasoning, professionalism, systems based practice and evidence based medicine. They are not designed to improve competence in osteopathic principles or practice. Additionally the focus in these cases is not board review and students should manage their time appropriately during rotations to allow time to study for exit examinations.

**Grading: Engagement Metric:** Students must fully complete all required cases for any given rotation to get any credit for the Med U cases. Any one incomplete case or case marked red will result in 0 for the entire Med-U grade for that rotation. Additionally, students must achieve a minimum of 80% green and 20% yellow cases. (To determine the number of green cases required, round to the nearest whole number, for example, if there are 14 cases, 11 must be green and 3 can be yellow to achieve full credit for Med-U).

If a student’s grade report in MED-U shows more than 20% of the cases are yellow or any cases are red, they must contact Dr. Weiss via email to have the cases reset. Specify which cases need to be reset in an email, as any reset case must be completely redone. Students must contact Dr. Weiss at least three days BEFORE the due date.

**The four components that make up the engagement score are:**

1. Time on spent on each card
2. Answers to multiple-choice questions
3. Use of the clinical reasoning toolbar
4. Summary statement

**Review the following pages on the Med-U website about the engagement score:**
http://www.med-u.org/student-community/2013/6/things-to-know-about-medu-cases
AND

**Med U reports the following about the engagement metric:**
“The student must get at least 50% (complete points for two of the four categories or partial credit for enough of the categories to total more than 50%) to get a green light. Above 30% yields yellow and below 30% is red.
The summary statement, where one is requested, is important, since that single answer is worth 25% of the grade. The student's summary statement is compared to thousands of other student summary statements through a sophisticated text analysis system that determines if the student's answer is sufficiently detailed and relevant to the case. Since the summary statement requires the broadest understanding of the case and the ability to synthesize the information and present it in a clear concise manner, it is probably the best indication of a student's engagement.”

Logs (10.0%)

Outcomes: Logs serve the multiple functions when completely appropriately and adequately:

They help students gauge their rotation experience and ensure that they are learning an adequate amount of clinical and didactic material.

They create a starting point for discourse with between the student and their attending on performance progress particular student goals for each rotation.

They introduce students to a required component of internship and residency.

They can be of a component of each student’s portfolio to demonstrate their educational achievement on rotations.

They inform the CED of the adequacy of each student’s clinical experience, to help guide future choices regarding rotations.

They are part of the students’ assessment learning while on core rotations.

Logs are accessible through E-Value. They are electronically entered either through a Smartphone, tablet or computer. Detailed directions for completing logs may be found in the technical support document.

Adequate Completion: For each core rotation students must adequately complete two separate but integrated logs, a procedure log and a diagnosis log. They should serve as an ongoing record of clinical activities and should not be completed in one sitting. 70% is set as the minimum number of items required on each log for full credit.

Logging must be done during every core rotation – whether it is the only rotation in a course, or the first rotation in a course is not a criterion for deciding to log or not to log.

For core courses with two rotations, 70% of the whole log must be done at the end of the second rotation however; each log will be checked for adequacy at the end of the first rotation. If nothing is logged at the end of the first rotation students will lose 50% of the credit for the log component of the course.

In the first rotation, of a core course with two rotations, students may choose not to do any “alternate experiences.” But students must log accurately what they are do during the rotation.

In the second rotation of a core course students should do alternate experiences if it appears they will not complete 70% of either log - the procedure or the diagnosis logs (both have to be at least 70% complete).
General Procedure: During rotations students will log into E-Value, enter the PXDX section and electronically enter items based on a pull down list of menu choices. Each procedure and diagnosis entered will require that students select from multiple descriptive pull down menus. After logging a procedure students will have entered information about that procedure that allows tracking of the rotation and date, some patient demographics, the type of experience they had and the specific procedure or diagnoses.

Minimum Requirement: Each item in the procedure and diagnosis log pull down menu has a minimum requirement of 1. This means each item should be logged at least once to register as completed. If students log the same item multiple times it is useful for many of the reasons listed above. However, logging one item 100 times does not move students closer to the 70% completion rate. Based on how students use logs they may choose whether to log experiences more than once.

Other: Both the diagnosis log and procedure log have an item called “other.” For all students one “other” item should be logged on both the procedure and diagnosis logs. For students who are using the logs to track their experience, prepare for residency, develop a portfolio, logging other procedures and diagnoses can be done multiple times.

Alternate Experience: While the log is primarily designed to track clinical activities, students will not have experience all procedures or diagnoses on all rotations. Due to this, each student must take responsibility for choosing alternate experiences to satisfy the 70% criterion. In most cases students can find a required assignment, such as a reading assignment or a med-U case that will cover material for logs. Once completed, the case or assignment can be logged it as an alternate experience. If students have a clinical experience and read the assignment about the same diagnosis, they do not have to log the reading assignment. It is adequate to log the clinical experience and to only log that diagnosis one time. Students may also choose other alternate experiences or use assignments dictated by the preceptor. When students log an alternate experience, they should give as much information as can fit in the allowed characters/space for notes. Include the name of the article, or chapter and book name, or name of the Med-U case etc. Logging alternate experience is easier and better suited to the diagnoses log than procedures log, but if needed can be done, for procedures, using videos or, med-u cases rather than reading assignments when possible.

Log Reports: Students should be trained in how to print reports from E-value during their orientation to clinical rotations. Log reports can be used to make notes during the day of what is seen or experienced. The log reports can also be used to initiate a conversation with preceptors about goals and progress during rotations. Additionally all logs items are listed in a word document which is both in this manual and on the appropriate Black board organization.

Post Rotation Examinations: NBOME’s COMAT Subject Examination (35%)
For all six core rotations students will complete and pass an exit examination. The COMAT examinations are designed as standardized assessments in core osteopathic medical disciplines. They assess achievement level on each subject, with an emphasis on clinical application.

Each examination in the series has osteopathic principles and practice integrated throughout. Additionally students will take an OMM subject examination during Callbacks. Exams will be scheduled for the last Friday of each core course and each exam takes 2.5 hours. If a student is taking a core course in two blocks or rotations separated by time, the exam will occur on the last Friday of the second block. The exam is worth 35% of the course grade and must be passed. Scores in the predicted top 10% for each subject are one of the requirements of achieving honors.
The exam is developed by the NBOME - the same national board who creates the osteopathic board examinations. Information about these exams can be found on the NBOME website. Regardless of the specific topics covered in each clinical rotation and by the syllabus, students are responsible for preparing for these examinations in the same way that they are expected to prepare for the step one and two medical boards. Students should review the material on the NBOME website before beginning each rotation.

**COMAT Grade:** COMAT scores are reported as percent scores. The scores entered in Blackboard are curved according to the national data reported by NBOME. The basis for the curve is to set the pass/fail line at 1.5 standard deviations (SD) below the national mean for each subject. This calculation is based on three complete years of COMAT data and the significant correlation between COMAT scores and COMLEX Level2 CE performance.

You have to pass COMAT in order to pass your rotation. Failure to pass COMAT will lead to the following scenarios:

1. If you fail one subject COMAT you will be allowed to take the examination a second time within 3 months of the failing score notice.
   a. If you pass your second attempt your COMAT score will be entered in the gradebook as a 70%.
   b. A second failed attempt will prompt the CED to determine the course of action. Options include a third attempt, a different examination, repeating all or some portion of the rotation, being removed from rotations until the situation is resolved, failing the rotation, and/or meeting with the Student Promotions Committee.

2. If you fail more than one subject COMAT during your third year you will be referred to the Student Promotion Committee.

3. All students who fail a subject COMAT with a score that is below 2 SD from the national mean will be contacted by the Student Promotion Committee.

**Clinical Performance Evaluation Form (45%)**

The CPE form is a major component of the final grade on all rotations worth 45% of each core course grade. The CPE assesses student progress in all of the osteopathic competencies. The comments on the CPE are written into the students’ deans letter for residency application. Concerns about student progress are also communicated to the CED through this form.

**Score Calculation:**

For Core rotations the form, while detailed with specific components associated with competencies and scores, is pass fail. This means that if a preceptor marks at or above 70% students will receive full credit for the evaluation component of their core grade. All CPE’s received are reviewed to determine that each student has passed and any one CPE that shows failure will be reviewed to determine passing or failure of the rotation. During core rotations if a student passes, 45% of the grade will be 100% as the CPE is considered pass-fail for core rotations.

For Elective Rotations It is important to note that during electives the grade received on the preceptor form is used to determine the course grade - for example, if a student is given 70%, 95% of the elective grade will be 70%. If multiple forms are received for an elective the scores are averaged.

The CPE form, if completed in a meeting with the student and attending mid way through the rotation, can guide student progress during the rotation and improve student success. Additionally we highly encourage
students to meet with preceptors to review the evaluations at the end of the rotation, and that each student, when it is possible, take a copy and either send it in or keep it for back up.

We recognize this is not always possible! Many preceptors don't have time on the last Friday to fill in the form, some sites have a system whereby the preceptors give the forms to the site coordinator to fax in. If a student can have the learning experience of meeting with their preceptor to go over the form, they should ask for a copy. If the preceptor doesn't fill it out that day, or the site admin doesn't send it in that day, students will still get credit for it.

**Access to the CPE form:**
Faculty can access it in E-Value by going to “on the Fly” in the evaluation section.

At most sites the form has been mailed prior to arrival of each student.

The CPE form can be downloaded from the CED resources organization on BB and given to the preceptor to fill out. To ensure the form is processed correctly, the top part of the form, including student name and rotation information, must be filled in accurately.

A mid rotation feedback encounter, initiated by the student is highly encouraged. This will allow the student to improve their performance before it is too late. Students should not rely on the preceptor to initiate this conversation. This is a good time to review logs as well so that students can be assured that they are completing them adequately.

**Site Evaluations (2.0%)**

**Function:** Site evaluations serve multiple functions:

- They serve as an indication of completed clinical activities
- They allow reports to be generated that are used to assess site adequacy in multiple areas.
- They are used for curricular improvements.
- They are used to give anonymous feedback to attendings.

**Requirements:** For all six core required courses students will need to complete at least one and usually two site evaluations. The number of site evaluations that must be completed is dependent on what rotations the student is registered for. Errors in registration do not change the number of site evaluations that must be completed and when there are administrative errors it is the students responsibility to complete the corrected site evaluations in a timely manner. Site evaluations must be completed on E-Value, **will be worth 2% of the course grade, and must be completed to pass the course.**

**Logistics:** Site evaluations have three levels, the first allowing students to evaluate the site, the second allowing students to evaluate the didactic experience – both online and at the site and the third will allow students to evaluate preceptors whom they list as having worked with during the rotation. If the preceptor is not in E-Value students will not be able to evaluate them. Students should email the third year coordinator names and emails of preceptors with whom they work if they are not in E-Value.

The first two levels of evaluation will be available on the Friday before the rotation ends. The third level will only be available once students input the names of the preceptors with whom they have worked in the a first level evaluation (There will be a prompt to do this during the evaluation process and it will generate evaluations for those preceptors)
Site evaluations are available one week before they are due. Students should receive reminders to fill these out one week before it is due and the day it is due and also after it is due. Once the last day of the rotation has passed it is too late to get credit for the evaluation, however it is still required. It is important for students to make it a habit of filling out evaluations on the last Friday of each rotation block.

If a student does not get a reminder, or evaluations do not become available, it is most likely that the student schedule in E-Value is not accurate. Students are responsible for contacting the third year coordinator to ensure their schedule is corrected! Students should check this first before contacting staff regarding missing evaluations. If the issue is the student schedule, please contact the third year coordinator as quickly as possible to get this corrected.

A word about anonymity: evaluations aren’t exactly anonymous, but they are confidential. The CED has full access to what students write. However, preceptors and rotation faculty will not be able to see student names associated with evaluations – even if they use e-value to pull reports. In general, most preceptors don’t use e-value, but they can and if they choose to they can see their own evaluations, but not who wrote them. Preceptors will given grouped student feedback with no student names. We value student input and use it to help our faculty and our department improve. Please be honest and professional in your assessments.

If a student needs an avenue to evaluate the CED that is more anonymous, one option is to use a class rep. Additionally students may request a special anonymous survey be set up if there are particular issues.
GRADES FOR THIRD YEAR CORE COURSES

Overview to the Grading System
The core courses have one grading system that applies to all of them. There are some assignments that vary from course to course, for example, in pediatrics, some of the med u cases, which are required, are selected by the student, while in other courses students must complete specific assigned cases. Also, some courses require that students attend webinars with Touro Faculty. These webinars and other assignments, while completed during the appropriate core courses, are graded with the Callback course, which has both an online, and on campus portion. In this way the grading system for the Core courses does not change from course to course.

Three criteria must be met to pass the rotation. A cumulative score of 70% on all elements of the rotation must be received. A Pass grade must be received on the CPE. Finally, all assignments must be completed to pass the rotation.

Weighted Percentages
The weighted percentages of all Core course components are as follows:

<table>
<thead>
<tr>
<th>Component</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Performance Evaluation</td>
<td>45%</td>
</tr>
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<td>Student Site Evaluation(s)</td>
<td>2.0%</td>
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<td>8.0%</td>
</tr>
<tr>
<td>Logs</td>
<td>10.0%</td>
</tr>
<tr>
<td>COMAT Post Rotation Examination</td>
<td>35%</td>
</tr>
<tr>
<td>Course total</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Students cannot pass the rotation without completing all components. This means that even an assignment is late, and will not be given points, the student still must complete it and all components in order to pass the rotation. There are steep grade deductions for late materials and any single incomplete component will prevent the student’s grade from being recorded.

Honors
To receive honors for a CORE course the following criteria must be met: 1. Recommended for Honors on received CPE. 2. All assignments completed on time. 3. COMAT score in the predicted top 10% received.

Honors does not appear on student transcripts. It will be noted on the Dean’s letter only.

Due dates
1. Site evaluations are due on the last Friday of each rotation block (not course) and must be completed in E-Value.
2. Logs should be worked on daily or weekly. Logs, which are inadequately completed at the end of rotation blocks, will be given half credit even if they are completed by the end of the course.
The following assignments are due on the last Friday of each Core Course:

1. **Med-U cases (8.0%)**
2. Logs*** Logs must be worked on during each rotation block and will be checked for adequacy at the end of each block. (10.0%)
3. Webinars (call back grade component)
4. **COMAT** is scheduled on the last Friday of each core course (35%)
5. Site evaluation number two (or one if there is only one rotation block) (2%)

**SOFTWARE**

**Overview**
To complete each core rotation most of the didactic curriculum and assessment process is completed through computers and the Internet. Details about how to use each program are available through their help sections and in the technical information document posted to Blackboard. General information about each software program and its function follows.

**E-Value: Logs, Schedule, Site Evaluations**
E-value is an online schedule, log and portfolio software suite.

Students should view their course schedule based on CLIN number as well as location and dates in E-Value.

Students will enter log data and print log reports through E-value.

Students will enter their evaluations of each rotation (site evaluation) – required for to receive credit for the evaluations portion of each core course.

Additionally, preceptors can access the CPE form through E-Value’s on the fly evaluation section.

The single most frequently lost credit item for core rotations is the first evaluation in a two-block core course. Students must fill out an evaluation in E-Value based on the rotation block or CLIN number listed in E-Value. IF A STUDENT WAITS UNTIL THE END OF THE COURSE THEY WILL NOT GET CREDIT FOR THE FIRST EVALUATION.

Even if the rotations are scheduled back to back at the same location students must fill out an evaluation at the end of the first four weeks. Students will need to complete a site evaluation for every rotation block – put another way for every CLIN number for which they are registered - whether it is 4 weeks, 2 weeks or 6 weeks, Even if the Core course is 8 weeks with one preceptor if it is listed as two CLIN numbers it will require two site evaluations. If the FP, IM or Surgery rotations are apart from each other in sequence students still must complete the site evaluation of each one on the last day of the rotation.

E-Value offers an app for completing logs on a smart phone or tablet. CED has purchased this for all students, however, it is possible that opening a browser window and entering logs through the e-value website is simpler.

E-Value has excellent online help explanations of all features that students will need to use.

**Blackboard**
On Blackboard, students will access all documentation for rotations and all curricular syllabi and assignments. Additionally students can track grade components and unofficial grades for core courses.
All of the information needed will be available on BB in the following organizations:

- Class of 2016 Family Medicine Core Rotation
- Class of 2016 Internal Medicine Core Rotation
- Class of 2016 Mindfulness in Medicine Elective
- Class of 2016 OB/GYN Core Rotation
- Class of 2016 Pediatric Core Rotation
- Class of 2016 Psychiatry Core Rotation
- Class of 2016 Surgery Core Rotation

Additional information can be found on Blackboard in the organizations:

- Clinical Education Resources
- ER Core Rotation

BB offers 24-hour chat help services and has an extensive online help section and forum. For additional BB technical support students can contact the Touro IT department.

**TC-Web**
Official grades for all rotations can be found on TC-Web.

**Blackboard Instant Messaging**
Blackboard Instant Messaging allows students to instant message with faculty from any computer on which the application has been downloaded. This will allow students to get questions answered sooner, if faculty are online. Some faculty will use this to offer online office hours. Students should create an account, upload their picture and add Dr. Weiss as a contact before starting rotations.

**Med-U**
This website is where students will find required interactive cases assigned during each core rotation. Additionally Med-U has resources for medical students created by physicians and students. Students can create an account using their tu.edu email. If faculty are interested in access they can have contact Dr. Weiss via email.

**NBOME/COMAT**
The website for NBOME offers information on the COMAT examinations. Some of this information is included on BB in the appropriate courses, however students will find the website a helpful orientation for subject examinations.

The following components are recommended for all courses but not required:

1. COMBANK test questions
2. Board review book
3. Accessing student advisors or TUCOM faculty for support
CALLBACKS

Callbacks Overview
Callbacks is a required course. That is part of the core learning experience during third year. It is not considered one of the core courses listed above and the requirements and grading for Callbacks is unique. However, the assignments for Callbacks are sometimes due during core rotations and the material helps integrate core learning experiences. Additionally, Callbacks serve a similar function to the core curriculum: they help ensure that students are obtaining a minimum competency during their training and they serve to assess student progress, both formatively and summatively.

Completing all the components of Callbacks successfully is required for graduation.

Components of Callbacks
Callbacks has three distinct components:

- On campus activities and assessments
- Online lectures and assignments
- Interactive webinars during core rotations

The major components of Callbacks upon students return to campus are:

- OSCE and OSCE feedback
- Time to meet with CED deans, CED faculty and advisors
- OMM lab and COMAT examination

Depending on Faculty availability other activities will be offered. These activities will either be required or optional.

Online components include:

- An Interactive online hour on getting a residency
- Fourth year Timeline
- Med-U cases
- Surveys and evaluations
- Other activities

More information about these components can be found in the Callbacks syllabus on Blackboard in the class of 2016 Callback Organization

Callback Grades
In order to pass Callbacks students must attend all of the required sessions and complete all the required assignments.

Most assignments and activities must simply be attended or completed to pass Callbacks. Each item is assigned a weighted value and can be tracked in BB as with the other core course. If these components are completed or attended full points are assigned. OSCE however is graded and must be passed. Points received will be reflected in Black board. Details regarding what is required to pass OSCE will be provided. The OMM COMAT similarly is awarded points received. Additionally students must pass the OSCE.
Fourth year Timeline and Residency Selection
Some of the materials received during Callbacks are time sensitive. Due to scheduling of on campus activities, for some students it will be much more critical that materials are accessed earlier than the scheduled Callback session. At any time during the year students should feel free to contact faculty and staff to get help with information about fourth year and residency selection process.

For those students scheduled for Callbacks later in the year, they may return to campus earlier for meetings with the Drs. Buller, Garcia-Russell, Troll and Hartwig. Students may also schedule meetings with the administrative assistants. The CED welcomes all of students back any time. Via phone, or in person, students are welcome to reach us for support. Students may also attend some of the callback events early – with prior approval.

Scheduling Callbacks
Scheduling of Callback activities is dependent on multiple factors. The primary factor is each student’s rotation schedule. Information about how to schedule, dates, information about how to “pass” Callbacks and information about the event schedule will be sent via email and posted on the Callback organization in BB. It is important that students respond to the emails regarding Callbacks in a timely manner. Only after completing a minimum of four months of specific Core Rotations (FM, IM, and Surgery) can each student be scheduled for their return to campus. This last requirement is to ensure students have enough core training to be successful in their Callback OSCE. Ideally students will have done all of IM and FM but that isn't going to be possible for all students.

A word about scheduling COMLEX PE: While it is a good idea for students to schedule the COMLEX PE examination early they may need to postpone it. Students must complete and pass the OSCE before taking the COMLEX PE.

Once the Callback schedule is released, students can schedule their COMLEX PE for after the latest Callback date. While there is a chance that they will need to return after the last Callback date for remediation, it is a very small chance. In this case, however students would need to reschedule their COMLEX PE.

Webinars And Case Conferences
Overview: During the Pediatric rotation students attend 5 Pediatric Case Conferences. Other Webinars may be required during other core rotations and students will be contacted prior to each rotation for any of these conferences.

Students should receive an email from the facilitators of the webinars reminding them to schedule or participate. If students don't see this email within a week of starting the Core Course in Pediatrics they should contact the appropriate Faculty Facilitator.

Due to faculty transition, at the time of publication the required webinars are 5 during the Pediatric Course. However, it is possible that there will be required webinars associated with and attended during other core courses and graded during Callbacks.

Pediatric Case Conferences: There will be five interactive case conferences. Students rotating within 50 miles of the Touro University campus will be expected to physically attend, while all others will participate via web-based interaction. Students will be selected at random to present a case seen on their clinical rotation. An interactive discussion will follow the case presentation. All students are
expected to come prepared with a case to present. Attendance and participation is mandatory. Students may be granted an excused absence if permission is obtained from the clerkship directors prior to the conference. Students who have an excused absence to miss the session will be expected to complete a make-up assignment. Those students who miss any of the didactic sessions without an excused absence will not receive a grade for the Pediatric Core Course until they have attended an additional didactic session (one that most likely takes place after they have competed the full 6 weeks of their Pediatric Core Course).

**OMM COMAT**
This exam will be scheduled on the Tuesday of each student’s Callbacks.
Students should study for it using an OMM board review book (there are only a few!)
Students should use it as a guide for what to study for the boards.

**ELECTIVES**

**Overview**
In addition to the core courses and Callbacks, students will have time on rotations on electives. These non-core courses have the following grade distribution and components, which differs from the Core rotations.

**Grading of Electives**

<table>
<thead>
<tr>
<th>Clinical Performance Evaluation</th>
<th>95%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Site Evaluation</td>
<td>5 %</td>
</tr>
<tr>
<td>Course total</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

It is important to note that for electives the CPE is not pass-fail. Instead whatever grade is recorded on the CPE, will be worth 95% of the course grade for the elective.
Family Medicine I and II

Core Rotations 702A and 702B
12 units
Spring 2014 and Fall 2015 and co2016
Touro University CA – College of Osteopathic Medicine

Course Coordinator:
Jennifer Weiss, DO
Course Director
Assistant professor CED
707 829 9788
Jennifer.weiss@tu.edu
Office Hours: Virtual through BB IM
Open door policy, and 9 am –12 pm Mondays except holidays

Administrative Coordinators:
Irina Jones
Department Manager
(707) 638-5278
(707) 638-5930 fax
irina.jones@tu.edu

Mon Saepharn
Grades Coordinator
(707) 638-5293
(707) 638-5252 fax
mon.saepharn@tu.edu

Miriam Atienza
Third Year Rotations Coordinator
(707) 638-5274
(707) 638-5252 fax
miriam.atienza@tu.edu

Principal Instructors:
Contact information available at tu.edu/faculty.php unless noted
Jennifer Weiss DO
CED

Guest Instructors
Adjunct Faculty
Core Rotation Sites
Contact site administrators
**COURSE DESCRIPTION**

Core clinical sites for the Family Medicine rotation offer a range of experiences. The overall goal of the didactic online portion of the rotation is to create a forum in which a consistent set of objectives can be learned. Students will rotate in assigned clinical settings in order to complete the required third year course. Family Medicine attendings will specify site requirements for the clerkship and will see that students are provided with an appropriate level of clinical and didactic experience. To ensure consistency among Family Medicine clerkship experiences, the standardized online curriculum is provided. In order to successfully complete the required third year rotation, all students must fulfill requirements specified by their preceptor **AND** complete the required elements of the online curriculum as outlined in the Clinical Education Handbook.

**TUCOM Mission Statement**

The Mission of Touro University Osteopathic Medicine Program is to prepare students to become outstanding osteopathic physicians who uphold the values, philosophy and practice of osteopathic medicine and who are committed to primary care and the holistic approach to the patient. The program advances the profession and serves its students and society through innovative pre-doctoral and post-doctoral education, research, community service, and multidisciplinary and osteopathic clinical services.

**Alignment of Course Outcomes and Competencies with TUCOM Mission**

The curricula for all of the core courses during the clinical years is aligned with the TUCOM Mission. Each course is subject focused, and, the curriculum will guide students in gaining a balance between subject specific specialty topics and the important concepts that outstanding osteopathic physicians, committed to primary care should understand. This curricula aims to allow students to maintain a holistic approach to patient care, and to concentrate medical knowledge supported by a foundation of osteopathic principles and practices. Students should understand that basic osteopathic tenets, such as understanding normal anatomy and all of its branches (embryology, physiology, biochemistry, etc.) and reasoning from normal, will guide them to be successful in clinical practice. Students are directed to focus on finding health throughout clinical reasoning and differential diagnoses. This curricula encourages self-directed learning, and fosters students to seek their own best practices in lifelong learning and personal development.

**COURSE LEARNING OUTCOMES**

At the end of the family medicine course, each student should be able to:

1. Discuss the principles of family medicine care. (AOA; 3)
2. Gather information, formulate differential diagnoses, and propose plans for the initial evaluation and management of patients with common presentations including those listed in the weekly topic list. (AOA; 3)
3. Manage follow-up visits with patients having one or more common chronic diseases. (AOA; 3)
4. Develop evidence-based health promotion/disease prevention plans for patients of any age or gender taking in to account primary secondary and tertiary prevention. (AOA; 1,3)
5. Demonstrate competency appropriate to a third year medical student, in elicitation of history, communication, physical examination, and critical thinking skills. (AOA; 1,3,4,6)
6. Discuss the critical role of family physicians within any health care system. (AOA; 7)
7. Use active listening skills and empathy for patients to elicit and attend to patients’ specific concerns. (AOA; 3,4)
8. Counsel and educate patients and set collaborative agendas to facilitate patient lifestyle changes and improved health outcomes. (AOA; 3,4)
9. Explain history, physical examination, and test results in a manner that the patient can understand. (AOA; 3,4)
10. Effectively incorporate psychological issues into patient discussions and care planning. (AOA; 1,3)
11. Use effective listening skills and empathy to improve patient adherence to medications and lifestyle changes. (AOA; 3,4)
12. Reflect on personal frustrations, and transform this response into a deeper understanding of the patient’s and one’s own situation, when patients do not adhere to offered recommendations or plans. (AOA; 5)
13. Formulate clinical questions important to patient management and conduct an appropriate literature search to answer clinical questions. (AOA; 3,6)
14. Assess and remediate one’s own learning needs. (AOA; 1,2,5)
15. Describe how to keep current with preventive services recommendations. (AOA; 4)
16. Discuss the roles of multiple members of a health care team (e.g., pharmacy, nursing, social work, and allied health and medical specialists). (AOA; 4,5)
17. Participate as an effective member of a clinical care team including professional behavior, written and oral communications. AOA; 4)
18. Apply best evidence, and resources such as group visits, public health resources, and patient education techniques to the management of chronic diseases from the weekly topic list. (AOA; 3,7)
19. Use osteopathic principles and techniques to integrate structural examination components into the diagnosis of common complaints seen in a primary care office. Be able to use OMM to treat common primary care diagnoses when appropriate. (AOA; 1)

*Adapted From the society of Teachers of Family Medicine “Family Medicine Clerkship Curriculum”*

**AOA Competencies Addressed**

The following competencies are addressed in this course:

1. Osteopathic Philosophy/Osteopathic Manipulative Medicine
2. Medical Knowledge
3. Patient Care
4. Interpersonal and Communication Skills
5. Professionalism
6. Practice-based Learning and Improvement
7. Systems Based Practice

**TEACHING METHODS**

Through completion of the clerkship activities, and the online assignments and readings, students will achieve mastery of the CLO's and competencies at a level appropriate to a third year medical student.

The categories of learning activities are as follows:

1. Clinical rotations and associated didactic activities
2. Online interactive cases - Med-U
3. Reading Assignments
4. Self-directed PowerPoint presentation and web site links
5. Callback assignments**

**Required Assignments**
Required Assignments are associated with course learning outcomes, which serve as guidelines to mastery over the information in each assignment. Assignments, if completed adequately will allow students to achieve an appropriate level of mastery over the CLO’s. By completing the clerkship clinical activities and all assignments, students should achieve mastery of the competencies at a level of achievement appropriate for a third year medical student.

For details on requirements, review the “Overview of Core Courses Document.” Each of the required assignments also is detailed in accompanying curricular documents.

1. Reading Assignments
2. PowerPoint Lectures on OMM principles and practice
3. Logs
4. Med-U cases
5. COMAT examination
6. Associated Callback assignments**

** Certain Assignments associated with the Callback grade should be completed during your family medicine rotation or prior to it. For example, if available, family medicine webinars will be graded as part of your Callbacks course but must be completed during your family medicine rotation.

For each Core course students must complete the Reading assignments, the OMM PowerPoint’s, logs, the appropriate Med U cases, and take a COMAT examination. For each Core course students must complete one or two site evaluations and receive a performance evaluation.

**Textbooks and Supplemental Materials**

**Reading Resources - all available through online library access or BB**

1. Up-to-Date
2. *Harrison's Principles of Internal Medicine, 18e*  
   Dan L. Longo, Editor, Anthony S. Fauci, Editor, Dennis L. Kasper, Editor, Stephen L. Hauser, Editor, J. Larry Jameson, Editor, Joseph Loscalzo, Editor  
   DL Kasper, E Braunwald, S Hauser, D Longo, JL Jameson and AS Fauci  
   McGraw-Hill Professional  
   (Online version is available free through the Touro Library webpage.)
   (available online through the Touro Library).
   Available in print or Kindle edition  
   Chila, Anthony; American Osteopathic Association (2012-07-12).
5. Board review book recommended.
Online Resources
   1. Osteopathic Principles PowerPoint Presentations - See BB organization for specific required assignments.  
      All assigned lectures are based on the text: Somatic Dysfunction in Osteopathic Family Medicine.  
      Nelson KE, Glonek T, eds. Baltimore, MD: Lippincott, Williams & Wilkins; 2007 Edited and sponsored by the ACOFP  
   2. Monogram from NHLBI on Obesity  
   3. National Heart Lung and Blood institute and JAMA  
      See specific links in the folder on the BB site in the didactic materials section  
      http://www.nhlbi.nih.gov/health/indexpro.htm  
   4. PDF’s JNC 8 And ATP IV updates

Other Resources
   1. BB and links  
   2. E-Value  
   3. Med-U  
   4. BB Collaborate IM

OTHER COURSE SPECIFIC REQUIREMENTS

   1. Attendance - see Clinical Rotations Manual. No more than three days absence is allowed.  
   2. Participation - full participation as directed by Adjunct Faculty and completion of required assignments on time.  
   3. Clothing- Professional attire, white coats.  
   4. Equipment - Stethoscope, reflex hammer, Computer and internet access

ASSESSMENT AND GRADING

Three criteria must be met to pass the rotation. A cumulative score of 70% on all elements of the rotation must be received. A Pass grade must be received on the CPE. Finally, all assignments must be completed to pass the rotation.

Weighted Percentages
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**CLASS OF 2016 FAMILY MEDICINE TOPICS LIST**

**Weeks 1 and 2: HPDP**
1. Well Adult Care
2. Addiction and Abuse
3. Tobacco, alcohol, domestic violence, prescription and non-prescription drug abuse
4. Cancer screening
5. Obesity

**Weeks 3 and 4: Chronic disease and CV**
1. CAD Risk Assessment and Management
2. Diabetes
3. Hyperlipidemia/Dysmetabolic Syndrome
4. Hypertension

**Week 5 Symptom Based Primary Care**
1. Cough
2. Insomnia, fatigue and other sleep disturbances
3. Neuropathic pain
4. Syncope

**Week 6 Topics: Other Chronic Disease**
1. Atopic disease: Asthma, Eczema and Allergies
2. Osteoarthritis
3. Osteoporosis

**Week 7 Topics: Primary Care Neurology and Musculoskeletal:**
1. Alzheimer’s
2. Bells Palsy
3. Headache
4. Multiple Sclerosis
5. Parkinson’s
6. Sports Medicine for the primary care doctor
7. Low Back Pain

**Week 8 Topics Primary Care Gastro-Intestinal/Genitourinary:**
1. BPH
2. Incontinence
3. Prostatitis and Prostate CA
4. Pyelonephritis
5. UTI, bacteruria

* Topics are divided by week for simplicity. You should not necessarily use this as a determining factor of when to read about each topic. Learning is most effective when you choose reading, or assignments such as Med-U cases, to reinforce your clinical experience as you progress through your rotation. Do try to cover all
these topics well, and consult a board review book for an overview of all topics to study to prepare for the COMAT and your Boards.
CLASS OF 2016 FAMILY MEDICINE LOGS: PROCEDURES AND DIAGNOSES

FM Procedures
FM: Clean catch urine
FM: Describe skin lesion
FM: Determine Cholesterol Goals based on current guidelines
FM: Diabetic Diet patient counseling
FM: Diabetic foot examination
FM: Elicit a focused History and Physical
FM: Evidence based depression Screening
FM: Evidence Based Domestic Violence Screening
FM: Evidence based Substance abuse screening
FM: Focused Physical exam for Back pain
FM: Give a complete presentation of a patient
FM: Give an exercise prescription
FM: Injection, Subcutaneous
FM: Injection, intramuscular
FM: Insulin therapy, patient counseling
FM: Interpret CBC
FM: Interpret chemistry panel
FM: Interpret Lipid lab test
FM: interpret PPD test
FM: Interpret Thyroid tests
FM: Interpret UA
FM: Joint aspiration
FM: Joint fluid examination
FM: Joint injection
FM: Lifestyle counseling
FM: Lifestyle health risk Assessment
FM: Oral inhaler technique
FM: Other
FM: Patient Counseling: Overweight, Nutrition, Diet
FM: Peak airflow measurement
FM: Perform Finger stick glucose/glucometer testing
FM: Present a patient in 2 minutes
FM: Present a patient in 5 minutes
FM: Read and interpret Abdominal X-Ray
FM: Read and interpret Chest X-Ray
FM: Smoking cessation counseling
FM: SOAP note: Acute or urgent care visit
FM: SOAP note: Chronic disease
FM: Spirometry interpretation
FM: Stool guaiac testing
FM: Stress management counseling
FM: Throat culture
FM: weight loss counseling
FM: Write H&P complete
FM: Write prescription

**FM Diagnoses**
FM: Addiction and Abuse: alcohol
FM: Addiction and Abuse: domestic violence
FM: Addiction and Abuse: non-prescription drug abuse
FM: Addiction and Abuse: prescription drugs abuse
FM: Addiction and Abuse: Tobacco
FM: Alzheimer’s
FM: Atopic disease: Asthma, Eczema and Allergies
FM: Bells Palsy
FM: BPH
FM: CAD, Risk Assessment & Management
FM: Cancer Screening Female: all age ranges
FM: Cancer screening: Male, all age ranges
FM: Cough
FM: Diabetes
FM: Headache
FM: Hyperlipidemia/Dysmetabolic Syndrome
FM: Hypertension
FM: Incontinence
FM: Insomnia, fatigue and other sleep disturbances
FM: Multiple Sclerosis
FM: Neuropathic pain
FM: Obesity
FM: Osteoarthritis
FM: Osteoporosis
FM: Other
FM: Parkinson’s
FM: Prostate CA
FM: Prostatitis
FM: Pyelonephritis
FM: Syncope
FM: UTI, bacteruria
FM: Well Adult Care: Female
FM: Well Adult Care: Male
Reading Resources

1. UpToDate
2. Harrison's Principles of Internal Medicine, 18e
   Dan L. Longo, Editor, Anthony S. Fauci, Editor, Dennis L. Kasper, Editor, Stephen L. Hauser, Editor, J. Larry Jameson, Editor, Joseph Loscalzo, Editor
3. Current Medical Diagnosis & Treatment - 53rd Ed.
5. Board review book recommended.

Online Resources

1. Osteopathic Principles PowerPoint Presentations - See BB organization for specific required assignments.
   All assigned lectures are based on the text: Somatic Dysfunction in Osteopathic Family Medicine. Nelson KE, Glonek T, eds. Baltimore, MD: Lippincott, Williams & Wilkins; 2007 Edited and sponsored by the ACOFP
2. 2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults - pdf posted in BB organization
   Report From the Panel Members Appointed to the Eighth Joint National Committee (JNC 8)
3. 2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults
4. BMI calculator; CDC website
5. American College of Physicians Internal Medicine Essentials for Students
6. Med U Interactive Cases
7. National Heart Lung and Blood institute
   Monogram from NHLBI on Obesity
   Executive Summary of ATP III guidelines
   JNC 7 (7th report of the Joint National Commission)
   Framingham Risk Calculator
CLASS OF 2016 FAMILY MEDICINE READING ASSIGNMENTS

Textbooks
The following texts may be accessed online through the Touro Library website.

1. Harrison's Principles of Internal Medicine, 18e
   Dan L. Longo, Editor, Anthony S. Fauci, Editor, Dennis L. Kasper, Editor, Stephen L. Hauser, Editor, J. Larry Jameson, Editor, Joseph Loscalzo, Editor
   (Online version is available free through the Touro Library webpage.)

2. Current Medical Diagnosis & Treatment - 53rd Ed.
   All other materials are accessible online through the corresponding Blackboard site.

Preparation for COMAT
It is required that students pass COMAT. In order to ensure they are prepared we highly recommend that students select a board review book and study from it throughout the rotation. It is also recommended that students do practice questions using COMBANK or some other reputable resource.

Clinical Resources
The Boards and the COMAT examination are just one aspect of medical training and assessment. While a board review system is appropriate and important for these examinations, it is not sufficient to ensure students are becoming a well trained physicians.

Selected Resources
The curricular resources are selected to ensure students have an understanding of the depth and breadth of the materials with which they should become competent. Med-U cases are required and if incomplete will result in loss of points towards the final grade. Reading assignments are required but not graded. Other links are delineated as either required or highly recommended but also not graded.

The reading assignments and links have been carefully chosen to give coverage of critical family medicine topics at a depth appropriate to a third year medical student. They have been carefully chosen to give exposure to important texts books and articles with which attendings will expect students to be familiar with. Every student should read every day, at least one chapter and one article. Read about the patients seen that day and if weak in certain areas, those should be covered them on days students have not had new clinical encounters. Students should not use a board review book for their primary reading source. Board review books should be used it for board prep and COMAT preparation source. Students should not rely exclusively on one reading resource such as UptoDate but rather should try Harrison’s, Current Medical Diagnosis & Treatment and other online resources from MD Consult or Access Medicine. Again, the selection chosen is designed to guide students in appropriate reading choices, not to limit them. If students are assigned reading on a topic by preceptors, but not given a specific chapter or article, they should use the resource listed here. If students see a patient with a diagnosis listed below, they should use the reading assignment to review the topic. The order in which students read the assignments is not important - it should be tailored to align with individual learning styles, clinical experience and student schedules.
Assignments
This document lists the required reading assignments. In addition to the reading assignments, students are required to complete Med-U cases. The required med-U cases are listed in the med-U case list document. In addition students are required to view the online OMM power points, which can be found on the BB organization for this course. Finally other requirements, which include logs, clinical activities and evaluations are referenced in the syllabus and the overview to clinical activities. This document only lists reading assignments.

Week 1 and 2 Topics: HPDP
1. Well Adult Care
2. Addiction and Abuse
Tobacco, alcohol, domestic violence, prescription and non-prescription drug abuse
3. Cancer screening
4. Obesity

Week 1 and 2 Reading Assignments
I. Harrison's Principles of Internal Medicine, 18e
   a. Chapter 4 Screening and Prevention of Disease
   b. Chapter 82 Prevention and Early Detection of Cancer
II. UptoDate articles
   a. Alcohol use disorder: Epidemiology, pathogenesis, clinical manifestations, adverse consequences, and diagnosis
   b. Screening for unhealthy use of alcohol and other drugs
   c. Psychosocial treatment of alcohol use disorder
   d. Pharmacotherapy for alcohol use disorder
III. Monogram from NHLBI on Obesity
IV. CURRENT Medical Diagnosis & Treatment 2014
   a. Chapter 1 Disease Prevention & Health Promotion - Michael Pignone, MD, MPH, & Rene Salazar, MD

Week 3 and 4 Topics: Metabolic, Endocrine and Cardiovascular
1. CAD, Risk Assessment & Management
2. Diabetes
3. Hyperlipidemia/Dysmetabolic Syndrome
4. Hypertension

Week 3 and 4 Assignment
a. Harrison's Principles of Internal Medicine, 18e
b. Chapter 235 The Pathogenesis, Prevention, and Treatment of Atherosclerosis
c. Chapter 242, The Metabolic Syndrome
d. Chapter 243, Ischemic Heart Disease
II. CURRENT Medical Diagnosis & Treatment 2014
a. Chapter 27, Diabetes Mellitus & Hypoglycemia
III. National Heart Lung and Blood Institute and JAMA
   a. See specific links in the folder on the BB site in the didactic materials section
IV. 2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults - pdf posted in BB organization
Week 5 Symptom Based Primary Care
1. Cough
2. Insomnia, fatigue and other sleep disturbances
3. Neuropathic pain
4. Syncope

Week 6 Topics: Other Chronic Disease
1. Atopic disease: Asthma, Eczema and Allergies
2. Osteoarthritis
3. Osteoporosis

Week 5 and 6 Reading Assignments
I. Harrison's Principles of Internal Medicine, 18e
   Appropriate Sections from the following chapters
   a. Chapter 11 Pain: Pathophysiology and Management
   b. Chapter 20 Syncope
   c. Chapter 27 Sleep Disorders
   d. Chapter 34 Cough and Hemoptysis
   e. Chapter 52 Eczema, Psoriasis, Cutaneous Infections, Acne, and Other Common Skin Disorders
   f. Chapter 254 Asthma
   g. Chapter 332 Osteoarthritis
   h. Chapter 354 Osteoporosis
I. Up-to-date
   a. Evaluation of Sub-acute and Chronic Cough in Adults
   b. An overview of asthma management
II. Foundations of Osteopathic Medicine
   a. Chapter 54 Uncontrolled Asthma (Kindle Location 1057).

Week 7 Topics: Primary Care Neurology and Musculoskeletal:
1. Alzheimer’s
2. Bells Palsy
3. Headache
4. Multiple Sclerosis
5. Parkinson’s
6. Sports Medicine for the primary care doctor
7. Low Back Pain

Week 8 Topics Gastro-Intestinal/Genitourinary:
1. BPH
2. Incontinence
3. Prostatitis and Prostate CA
4. Pyelonephritis
5. UTI, bacteruria
Week 7 and 8 Reading Assignments:

I. **Harrison's Principles of Internal Medicine, 18e**
   
   Appropriate Sections from
   
   a. Chapter 14 *Headache*
   b. Chapter 371 *Dementia*
   c. Chapter 372 *Parkinson's Disease and Other Movement Disorders*
   d. Chapter 376 *Trigeminal Neuralgia, Bell's Palsy, and Other Cranial Nerve Disorders*
   e. Chapter 95 *Benign and Malignant Diseases of the Prostate*
   f. Chapter 288 *Urinary Tract Infections, Pyelonephritis, and Prostatitis*

II. **Up-to-date**
   
   a. *Screening for prostate cancer*
   b. *Treatment and prevention of urinary incontinence in women*

II. **CURRENT Medical Diagnosis & Treatment 2014**
   
   a. Chapter 41 *Sports Medicine & Outpatient Orthopedics*

III. **Foundations of Osteopathic Medicine**
   
   a. Chapter 53 Elderly Patient with Dementia (Kindle Location 1050).
   b. Chapter 60 Cervicogenic Headache (Kindle Locations 1102-1103).
CLASS OF 2016 FAMILY MEDICINE MED-U CASE LIST

Family Medicine Required Med-U Cases

Week 1 and 2
1. FM Case 2
   a. 55-year-old male annual exam - Mr. Reynolds
2. Simple Case 16*** OBESITY MODULE
   a. 45-year-old man who is overweight – Mr. James
3. Simple Case 13
   a. 65-year-old woman seen for annual physical – Mrs. Thompson

Week 3 and 4
1. FM Case 8
   a. 54-year-old male with elevated blood pressure - Mr. Martin
2. Simple Case 6
   a. 45-year-old man with hypertension – Mr. Hicks
3. Simple Case 8
   a. 55-year-old man with chronic disease management - Mr. Morales

Week 5 and 6
1. FM Case 13
   a. 40-year-old male with a persistent cough - Mr. Dennison
2. Fm Case 26
   a. 55-year-old male with fatigue - Mr. Cunha

Week 7 and 8
1. Fm Case 11
   a. 74-year-old female with knee pain - Ms. Roman
2. Fm Case 4
   a. 19-year-old female with sports injury - Christina Martinez
3. FM Case 10
   a. 45-year-old male presenting with low back pain - Mr. Payne
4. FM Case 18
   a. 24-year-old female with headaches - Ms. Payne
5. Simple Case 18**** GERIATRICS MODULE
   a. 75-year-old man with memory problems – Mr. Caldwell
6. Simple Case 34
   a. 55-year-old man with acute low back pain - Mr. Farber

* This list indicates which week topics the cases correspond to. There are more cases in the last two weeks than any other section of the course. Students should not use this as an indication of which cases to cover in which weeks, but rather, choose cases which correlate with patients you have seen when you see them to reinforce the material, or move through the cases at a rate of 2 cases per week in order to complete the cases and leave time to study more intensively for the COMAT towards the end of the rotation.

** The obesity and geriatrics module are part of planned elective tracks. All students must complete the cases for the core courses but if you are part of the electives they will
also count towards the elective requirements. Contact Dr. Weiss for more information.
The examinee will be required to demonstrate the ability to apply:

1. Foundational content knowledge to situations and patient presentations encountered in clinical settings and important to Family Medicine.
2. Foundational content knowledge and clinical problem-solving ability as related to particular physician tasks critical to Family Medicine.
3. Knowledge and clinical problem-solving as related to the Fundamental Osteopathic Medical Competency Domains, including osteopathic principles and practice and OMT, osteopathic medical knowledge, interpersonal and communication skills, practice-based learning and improvement, systems-based practice, professionalism and patient care.
5. Demonstrate the ability to diagnose and manage selected patient presentations and clinical situations involving, but not limited to:
   a. Asymptomatic/General/Fever/Hypothermia: genetic screening, vaccination recommendations, ethical and legal issues in clinical practice, population health and systems-based practice issues, health maintenance examinations for all ages, evidence-based cancer and other disease screening and prevention, anticipatory guidance, geriatric functional assessment and end-of-life issues
   b. Digestive/Metabolic: diabetes, gastroesophageal reflux disease, gastrointestinal tract cancer, hyperlipidemia, obesity, osteoporosis, thyroid disorders, liver disease and inflammatory bowel disease
   c. Cognitive/Consciousness/Fatigue/Sensory/ Substance Abuse: neuropathies, dementia, common psychiatric disorders, abuse, addiction, chronic pain, insomnia, headache and transient ischemic attack/stroke
   d. Musculoskeletal: sprains/strains/fractures, osteopathic manipulative treatment techniques, somatic dysfunction, visceral-somatic relationships, arthritis and rheumatic diseases
   e. Genitourinary/Pregnancy/Neonatal: incontinence, erectile dysfunction, pelvic pain, menstrual abnormalities, urinary tract infections, hematuria, preconception care, antepartum/intrapartum/postpartum care, third trimester bleeding, abnormal labor, spontaneous abortion, ectopic pregnancy, pelvic inflammatory disease, and conditions of newborn and infant care
   f. Bleeding/Respiratory/Circulation/HEENT: hematuria, common forms of anemia, common eye and ear complaints, respiratory infections, common cardiac conditions, asthma and chronic obstructive pulmonary disease
   g. Discharge/Masses/Skin/Trauma: acne, other common skin lesions, lymphoma, tumors, vaginal discharge and sexually transmitted infections

These objectives are from the NBOME website and do not reflect any changes on the part of TUCOM faculty.
Internal Medicine I and II

Core Rotations 700A and 700B
6 Units Credits
Spring 2014 and Fall 2015 and co 2016
Touro University CA – College of Osteopathic Medicine

Course Coordinator:
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Principal Instructors:
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Jennifer Weiss DO
CED

Guest Instructors
Adjunct Faculty
Core Rotation Sites
Contact site administrator
**COURSE DESCRIPTION**

Core clinical sites for the Internal Medicine rotation offer a range of experiences. The overall goal of the didactic portion of the rotation is to create a framework through which a consistent set of objectives can be learned. Students will rotate in assigned clinical settings in order to complete the required third year course. Internal Medicine attendings will specify site requirements for the clerkship and will see that students are provided with an appropriate level of clinical and didactic experience. To ensure consistency among Internal Medicine clerkship experiences, the standardized online curriculum is provided. In order to successfully complete the required third year rotation, all students must fulfill requirements specified by their preceptor **AND** complete the required elements of the standardized curriculum as outlined in the Clinical Education Handbook and this syllabus.

**TUCOM Mission Statement**

The Mission of Touro University Osteopathic Medicine Program is to prepare students to become outstanding osteopathic physicians who uphold the values, philosophy and practice of osteopathic medicine and who are committed to primary care and the holistic approach to the patient. The program advances the profession and serves its students and society through innovative pre-doctoral and post-doctoral education, research, community service, and multidisciplinary and osteopathic clinical services.

**Alignment of Course Outcomes and Competencies with TUCOM Mission**

The curricula for all of the core courses during the clinical years are aligned with the TUCOM Mission. Each course is subject focused, and, the curriculum will guide students in gaining a balance between subject specific specialty topics and the important concepts that outstanding osteopathic physicians, committed to primary care should understand. This curricula aims to allow students to maintain a holistic approach to patient care, and to concentrate medical knowledge supported by a foundation of osteopathic principles and practices. Students should understand that basic osteopathic tenets, such as understanding normal anatomy and all of its branches (embryology, physiology, biochemistry, etc) and reasoning from normal, will guide them to be successful in clinical practice. Students are directed to focus on finding health throughout clinical reasoning and differential diagnoses. This curriculum encourages self-directed learning, and fosters students to seek their own best practices in lifelong learning and personal development.

**COURSE LEARNING OUTCOMES**

At the end of the Internal Medicine course, each student should be able to:

1. Demonstrate the ability to determine and monitor the nature of a patient’s concern or problem using a patient-centered approach that is appropriate to the age of the patient and that is culturally sensitive. (AOA; 3)

2. Provide patient care that incorporates a strong fund of applied osteopathic medical knowledge and best medical evidence, osteopathic principles and practices, sound clinical judgment, and patient and family preferences. (AOA; 1,3)

3. Demonstrate the ability to effectively perform a medical interview, gather data from patients, family members, and other sources, while establishing, maintaining, and concluding the therapeutic relationship and in doing so, show effective interpersonal and communication skills, empathy for the patient, awareness of biopsychosocial issues, and scrupulous protection of patient privacy. (AOA; 3,4)
4. Demonstrate the ability to perform a physical examination, including osteopathic structural and palpatory components, as well as the ability to perform basic clinical procedures important for generalist practice. (AOA; 1,3)

5. Demonstrate analytical thinking in clinical situations and the ability to formulate a differential diagnosis based on the patient evaluation and epidemiological data, to prioritize diagnoses appropriately, and to determine the nature of the concern or problem, in the context of the life cycle and the widest variability of clinical environments. (AOA; 3)

6. Demonstrate the ability to develop and initiate an appropriate evidence-based, cost-effective, patient-centered management plan including monitoring of the problem, which takes into account the motivation, willingness, and ability of the patient to provide diagnostic information and relief of the patient’s physical and psychological distress. Include patient counseling and education. Management should be consistent with osteopathic principles and practices including an emphasis on preventive medicine and health promotion that is based on best medical evidence. (AOA; 1,3)

7. Demonstrate the ability to work effectively with other members of the health care team in providing patient-centered care, including synthesizing and documenting clinical findings, impressions, and plans, and using information technology to support diagnostic and therapeutic decisions. This should include interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams by applying related osteopathic principles and practices. (AOA; 1,3,4)

8. Demonstrate the ability to describe and apply fundamental epidemiological concepts, clinical decision-making skills, evidence-based medicine principles and practices, fundamental information mastery skills, methods to evaluate relevance and validity of research information, and the clinical significance of research evidence. (AOA; 2,6)

9. Demonstrate effective written and electronic communication in dealing with patients and other health care professionals. Maintain accurate, comprehensive, timely, and legible medical records. (AOA; 3,4)

10. Demonstrate milestones that indicate a commitment to excellence with ongoing professional development and evidence of a commitment to continuous learning behaviors. (AOA; 3,4)

11. Demonstrate an understanding of the important physician interventions required to evaluate, manage, and treat the clinical presentations that will or may be experienced in the course of practicing osteopathic medicine by properly applying competencies and physician tasks, incorporating applied medical sciences, osteopathic principles, and best available medical evidence. This would also include, but not be limited to, incorporating the following physician tasks: (AOA; 1,3,6)
   a. Health promotion and disease prevention
   b. History and physical examination
   c. Appropriate use and prioritization of diagnostic technologies
   d. An understanding of the mechanisms of disease and the normal processes of health
   e. Health care delivery
   f. Osteopathic principles, practices and manipulative treatment as related to the appropriate clinical encounters

12. Using all of the outcomes listed above as a framework for gathering and integrating knowledge, demonstrate competency in the area of medical knowledge in the disease states listed in the course topics. (AOA; 2)

13. Systems-based practice is an awareness of and responsiveness to the larger context and systems of health care, and it is the ability to effectively identify and integrate system resources to provide osteopathic medical care that is of optimal value to individuals and society at large. Students are expected to obtain a beginning understanding and awareness of the larger context and systems of health care, and effectively identify systems’ resources to maximize the health of the individual and the community at large. (AOA; 7)
1. Osteopathic Philosophy/Osteopathic Manipulative Medicine
2. Medical Knowledge
3. Patient Care
4. Interpersonal and Communication Skills
5. Professionalism
6. Practice-based Learning and Improvement
7. Systems Based Practice

TEACHING METHODS

1. Clinical rotations and associated didactic activities
2. Online interactive cases - Med-U
3. Reading Assignments
4. Self-Directed PowerPoint presentation and web site links

Required Assignments

1. Reading Assignments
2. PowerPoint Lectures on OMM principles and practice
3. Logs
4. Med-U cases
5. COMAT examination
6. Associated Callback assignments**

** Certain Assignments associated with the Callback grade should be completed during the family medicine rotation or prior to it.

TEXTBOOKS AND SUPPLEMENTAL MATERIALS

Reading Resources - all available through online library access or BB

1. UpToDate
2. Harrison's Principles of Internal Medicine, 18e
3. Dan L. Longo, Editor, Anthony S. Fauci, Editor, Dennis L. Kasper, Editor, Stephen L. Hauser, Editor, J. Larry Jameson, Editor, Joseph Loscalzo, Editor
4. Current Medical Diagnosis & Treatment - 53rd Ed.
5. Foundations for Osteopathic Medicine AOA 3rd Edition
6. Available in print or Kindle edition
Online Resources
1. Osteopathic Principles PowerPoint Presentations - See BB organization for specific required assignments.
2. All assigned lectures are based on the text: Somatic Dysfunction in Osteopathic Family Medicine. Nelson KE, Glonek T, eds. Baltimore, MD: Lippincott, Williams & Wilkins; 2007 Edited and sponsored by the ACOFP
3. Primer to the Internal Medicine Clerkship Second Edition A GUIDE PRODUCED BY THE CLERKSHIP DIRECTORS IN INTERNAL MEDICINE
4. American College of Physicians Internal Medicine Essentials for Students
5. Med U Interactive Cases
6. Case Files® Author(s): Eugene C. Toy, MD

Other Resources
1. BB and links
2. E-Value
3. Med-U

OTHER COURSE SPECIFIC REQUIREMENTS
1. Attendance - see Clinical Rotations Manual. No more than three days absence is allowed.
2. Participation - full participation as directed by Adjunct Faculty and completion of required assignments on time.
3. Clothing- Professional attire, white coats.
4. Equipment - Stethoscope, reflex hammer, Computer and internet access

ASSESSMENT AND GRADING
Three criteria must be met to pass the rotation. A cumulative score of 70% on all elements of the rotation must be received. A Pass grade must be received on the CPE. Finally, all assignments must be completed to pass the rotation.

Weighted Percentages
The weighted percentages of all Core course components are as follows:

<table>
<thead>
<tr>
<th>Component</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Performance Evaluation</td>
<td>45%</td>
</tr>
<tr>
<td>Student Site Evaluation(s)</td>
<td>2.0%</td>
</tr>
<tr>
<td>Med U cases</td>
<td>8.0%</td>
</tr>
<tr>
<td>Logs</td>
<td>10.0%</td>
</tr>
<tr>
<td>COMAT Post Rotation Examination</td>
<td>35%</td>
</tr>
<tr>
<td>Course total</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Students cannot pass the rotation without completing all components. This means that even an assignment is late, and will not be given points, the student still must complete it and all components in order to pass the rotation. There are steep grade deductions for late materials and any single incomplete component will prevent the student’s grade from being recorded.
CLASS OF 2016 INTERNAL MEDICINE TOPICS LIST

Week 1 AND 2: Cough and Shortness of Breath: Cardiovascular and Respiratory
1. CHF
2. Atrial Fibrillation
3. Endocarditis
4. Myocarditis
5. CAD/Acute Coronary Syndrome
6. COPD/Emphysema
7. Pulmonary Embolism
8. Bronchitis
9. Interstitial Lung Disease
10. Lung Cancer
11. Pneumonia (PNA)

Week 3 AND 4: Common Inpatient issues and Other Infectious disease
1. Medical Consequences of Chronic Alcohol Abuse (liver covered in different week)
2. DKA
3. Guillan Barre
4. AMS: Delirium, dementia, confusion, and disorientation
5. HIV/ AIDS
6. Cellulitis
7. Osteomyelitis
8. Tuberculosis

Week 5 AND 6: Thyroid, Autoimmune and Rheumatic
1. Hypo/Hyper thyroid
2. Grave’s Disease
3. Thyroiditis and subclinical Thyroiditis
4. Thyroid Cancer
5. SLE
6. RA
7. Osteoarthritis
8. Systemic Sclerosis
9. Spondyloarthritis
10. Vasculitis Syndromes
11. Sarcoidosis

Week 7 AND 8: Renal and Gastrointestinal
1. Hepatitis
2. Cirrhosis
3. Alcoholic Liver Disease and systemic complications
4. Non Alcoholic Fatty Liver
5. Cholangitis and cholecystitis
6. Pancreatitis
7. Diverticulosis, and diverticulitis
8. Inflammatory Bowel Disease and Irritable Bowel Disease
9. Fluid and Electrolyte imbalances and management
10. CKD: Chronic Kidney Disease
11. ARD: Acute Renal disease
12. Anemia
13. Glomerular Disease: Nephritis, Nephrosis, and Proteinuria

*Topics are divided by week for simplicity. You should not necessarily use this as a determining factor of when to read about each topic. Learning is most effective when you choose reading, or assignments such as Med-U cases, to reinforce your clinical experience as you progress through your rotation. Do try to cover all these topics well, and consult a board review book for an overview of all topics to study to prepare for the COMAT and your Boards.
CLASS OF 2016 INTERNAL MEDICINE LOGS: PROCEDURES AND DIAGNOSES

Procedures

IM: Admission note
IM: Arterial Blood gas collection
IM: Arterial blood gas interpretation
IM: basic airway management
IM: Basic ventilator management
IM: Bladder catheter placement
IM: Calculate IV fluid maintenance and replacement
IM: Calculate IV fluid, maintenance, based on weight or body surface area
IM: Central Venous Catheter Placement
IM: Confirmation of Death
IM: CSF fluid interpretation
IM: Describe a cardiac murmur
IM: Describe skin lesion
IM: Develop a differential diagnosis
IM: discharge note
IM: Evidence based Substance abuse screening
IM: Focused Neurologic examination
IM: Give a complete presentation of a patient
IM: Identify Signs of respiratory distress
IM: Initial management chest pain
IM: Initial management GI bleeding
IM: initial management shock
IM: Interpret CBC
IM: Interpret chemistry panel
IM: Interpret ECG
IM: Interpret LFT test
IM: interpret Renal Function Test
IM: Interpret Urinalysis
IM: Lead Placement for EKG
IM: Lumbar puncture
IM: measure pulsus paradoxicus
IM: Mini Mental Status Examination
IM: Nasogastric tube placement
IM: Obtain advance directive
IM: Order and interpret Cardiac Enzymes
IM: Order Blood toxicology Screening
IM: Orthostatic Vital Signs
IM: Other
IM: Paracentesis
IM: Perform ECG
IM: Perform Venipuncture
IM: Place IV
IM: Placement of oral airway
IM: Present a patient in 2 minutes
IM: Present a patient in 5 minutes
IM: progress note
IM: Read and interpret Abdominal X-Ray
IM: Read and interpret Chest X-Ray
IM: Systematically read and Interpret abdominal X-ray
IM: Systematically read and Interpret Chest X-ray
IM: Thoracentesis
IM: Write H&P complete
IM: Write prescription

**Diagnoses**
IM: Acute Renal disease
IM: Alcoholic Liver Disease and systemic complications
IM: AMS: Delirium, dementia, confusion, and disorientation
IM: Anemia
IM: Atrial Fibrillation
IM: Bronchitis
IM: CAD/Acute Coronary Syndrome
IM: Cellulitis
IM: Cholangitis and cholecystitis
IM: Chronic Kidney Disease
IM: Cirrhosis
IM: Congestive Heart Failure
IM: COPD/Emphysema
IM: Diverticulosis, and diverticulitis
IM: DKA
IM: Endocarditis
IM: Fluid and Electrolyte imbalances and management
IM: Glomerular Disease: Nephritis
IM: Glomerular Disease: Nephrosis
IM: Glomerular Disease: Proteinuria
IM: Grave’s Disease
IM: Guillan Barre
IM: Hepatitis
IM: HIV/ AIDS
IM: Hyperthyroid
IM: Hypothyroid
IM: Inflammatory Bowel Disease
IM: Interstitial Lung Disease
IM: Irritable Bowel Disease
IM: Irritable Bowel Disease
IM: Lung Cancer
IM: Medical Consequences of Chronic Alcohol Abuse
IM: Myocarditis
IM: Non Alcoholic Fatty Liver
IM: Osteoarthritis
IM: Osteomyelitis
IM: Other
IM: Pancreatitis
IM: Pneumonia
IM: Pulmonary Embolism
IM: RA
IM: Sarcoidosis
IM: SLE
IM: Spondyloarthritides
IM: Systemic Sclerosis
IM: Thyroid Cancer
IM: Thyroiditis and subclinical Thyroiditis
IM: Tuberculosis
IM: Vasculitis Syndromes
CLASS OF 2016 INTERNAL MEDICINE BOOK AND RESOURCE LIST

Reading Resources
1. UpToDate
2. Harrison's Principles of Internal Medicine, 18e
   Dan L. Longo, Editor, Anthony S. Fauci, Editor, Dennis L. Kasper, Editor, Stephen L. Hauser, Editor, J. Larry Jameson, Editor, Joseph Loscalzo, Editor
3. Current Medical Diagnosis & Treatment - 53rd Ed.
5. Board review book recommended.

Online Resources
1. Osteopathic Principles PowerPoint Presentations - See BB organization for specific required assignments.
   All assigned lectures are based on the text: Somatic Dysfunction in Osteopathic Family Medicine. Nelson KE, Glonek T, eds. Baltimore, MD: Lippincott, Williams & Wilkins; 2007 Edited and sponsored by the ACOFP
2. Primer to the Internal Medicine Clerkship Second Edition A GUIDE PRODUCED BY THE CLERKSHIP DIRECTORS IN INTERNAL MEDICINE
3. American College of Physicians Internal Medicine Essentials for Students
4. Med U Interactive Cases
5. Case Files® Author(s): Eugene C. Toy, MD
6. Internal Medicine Essentials for Students
CLASS OF 2016 INTERNAL MEDICINE READING ASSIGNMENTS

Textbooks
The following texts may be accessed online through the Touro Library website.

1. Harrison's Principles of Internal Medicine, 18e
   Dan L. Longo, Editor, Anthony S. Fauci, Editor, Dennis L. Kasper, Editor, Stephen L. Hauser, Editor, J. Larry Jameson, Editor, Joseph Loscalzo, Editor
2. Current Medical Diagnosis & Treatment - 53rd Ed.
3. Case Files®
4. Author(s): Eugene C. Toy, MD

Other Resources
1. Internal Medicine Essentials for Students
2. Primer to the Internal Medicine Clerkship

Second Edition A Guide Produced By The Clerkship Directors In Internal Medicine

All other materials are accessible online through the corresponding Blackboard site.

Preparation for COMAT
It is required that students pass COMAT. In order to ensure they are prepared we highly recommend that students select a board review book and study from it throughout the rotation. It is also recommended that students do practice questions using COMBANK or some other reputable resource.

Clinical Resources
The Boards and the COMAT examination are just one aspect of medical training and assessment. While a board review system is appropriate and important for these examinations, it is not sufficient to ensure students are becoming a well trained physicians.

Selected Resources
The curricular resources are selected to ensure students have an understanding of the depth and breadth of the materials with which they should become competent. Med-U cases are required and if incomplete will result in loss of points towards the final grade. Reading assignments are required but not graded. Other links are delineated as either required or highly recommended but also not graded.

The reading assignments and links have been carefully chosen to give coverage of critical family medicine topics at a depth appropriate to a third year medical student. They have been carefully chosen to give exposure to important texts books and articles with which attendings will expect students to be familiar with. Every student should read every day, at least one chapter and one article. Read about the patients seen that day and if weak in certain areas, those should be covered them on days students have not had new clinical encounters. Students should not use a board review book for their primary reading source. Board review books should be used it for board prep and COMAT preparation source. Students should not rely exclusively on one reading resource such as UptoDate but rather should try Harrison’s, Current Medical Diagnosis & Treatment and other online resources from MD Consult or Access Medicine. Again, the selection chosen is designed to guide students in appropriate reading choices, not to limit them. If students are assigned reading on a topic by preceptors, but not given a specific chapter or article, they should use the resource listed here. If students see a patient with a diagnosis listed below, they should use
the reading assignment to review the topic. The order in which students read the assignments is not important - it should be tailored to align with individual learning styles, clinical experience and student schedules.

Assignments
This document lists the required reading assignments. In addition to the reading assignments, students are required to complete Med-U cases. The required med-U cases are listed in the med-U case list document. In addition students are required to view the online OMM power points, which can be found on the BB organization for this course. Finally other requirements, which include logs, clinical activities and evaluations, are referenced in the syllabus and the overview to clinical activities. This document only lists reading assignments.

Unless listed otherwise, all readings are from the Current Diagnosis and Treatment or Harrison Online and all articles are from UptoDate.

Week 1 and 2: Cough and Shortness of Breath, Cardiovascular and Respiratory
1. CHF
2. Atrial Fibrillation
3. Endocarditis
4. Myocarditis
5. CAD/Acute Coronary Syndrome
6. COPD/Emphysema
7. Pulmonary Embolism
8. Bronchitis
9. Interstitial Lung Disease
10. Lung Cancer
11. Pneumonia (PNA)

Week 1 and 2 Reading Assignments

I. Current Medical Diagnosis & Treatment - 53rd Ed.
   1. CHAPTER 2: sections on Cough, Dyspnea and Chest Pain
   2. Chapter 9: Pulmonary Disorders
   3. Chapter 10: Heart Disease

II. UptoDate
   a. Diagnostic approach to chest pain in adults
   b. Differential diagnosis of chest pain in adults
   c. Evaluation of chest pain in the emergency department
   d. Patient information: Chest pain”
   e. Management of infection in acute exacerbations of chronic obstructive pulmonary disease
   f. Management of acute exacerbations of chronic obstructive pulmonary disease
   g. Acute bronchitis in adults
   h. Community-acquired pneumonia in adults: Risk stratification and the decision to admit
   i. Treatment of community-acquired pneumonia in adults who require hospitalization
   j. Treatment of community-acquired pneumonia in adults in the outpatient setting

III. Foundations of Osteopathic Medicine
   a. Chapter 55 Adult with Chronic Cardiovascular Disease (Kindle Location 1065).

IV. Primer to the Internal Medicine Clerkship
a. Second Edition A Guide Produced By The Clerkship Directors In Internal Medicine

**Week 3 and 4: Common Inpatient issues and Other Infectious disease**
1. Medical Consequences of Chronic Alcohol Abuse (liver covered in different week)
2. DKA
3. Guillan Barre
4. AMS: Delirium, dementia, confusion, and disorientation
5. HIV/ AIDS
6. Cellulitis
7. Osteomyelitis
8. Tuberculosis

**Week 3 and 4 Assignment**

I. **Harrison’s Principles of Internal Medicine, 18e**
   a. Chapter 344 *Diabetes Mellitus*
   b. Chapter 375 *Disorders of the Autonomic Nervous System*
   c. Chapter 25 *Confusion and Delirium*
   d. Chapter 189 *Human Immunodeficiency Virus Disease: AIDS and Related Disorders*
   e. Chapter 126 *Osteomyelitis*
   f. Chapter, 165 *Tuberculosis*

II. **Case Files, Access Medicine, Number 99 Neurology**

III. **Uptodate**
   a. Overview of the chronic neurologic complications of alcohol
   b. Alcohol abuse and hematologic disorders
   c. Management of moderate and severe alcohol withdrawal syndromes
   d. Clinical features and diagnosis of diabetic ketoacidosis and hyperosmolar hyperglycemic state in adults
   e. Treatment of diabetic ketoacidosis and hyperosmolar hyperglycemic state in adults
   f. Prevention and treatment of delirium and Confusional states
   g. Diagnosis of delirium and confusional states
   h. Cellulitis and Erysipelas
   i. Treatment of skin and soft tissue infections due to methicillin-resistant *Staphylococcus aureus* in adults
   j. Preseptal Cellulitis
   k. Orbital Cellulitis

IV. **Internal Medicine Essentials for Students**
   a. Endocrinology Section: Diabetes (Chapter 9)

**Week 5 and 6: Thyroid, Autoimmune and Rheumatic**
1. Hypo/Hyper thyroid
2. Grave’s Disease
3. Thyroiditis and subclinical Thyroiditis
4. Thyroid Cancer
5. SLE
6. RA
7. Osteoarthritis
8. Systemic Sclerosis
9. Spondyloarthritides  
10. Vasculitis Syndromes  
11. Sarcoidosis

**Week 5 and 6 Reading Assignments**

I. *Current Medical Diagnosis & Treatment - 53rd Ed.*  
   a. Chapter 20 Rheumatologic & Immunologic Disorders  
   b. Chapter 26 Diseases of the Thyroid Gland  
II. *Harrison’s Principles of Internal Medicine, 18e*  
   a. Chapter 318 Autoimmunity and Autoimmune Diseases  
   b. Chapter 326 Vasculitis Syndromes  
III. *Case Files > Toy Case Files >*  
   a. 135 physiology (good thyroid case)  
   b. 48 biochemistry (good thyroid case)
IV. Uptodate  
   a. Clinical manifestations and diagnosis of pulmonary sarcoidosis  
   b. Extra pulmonary manifestations of sarcoidosis

**Week 7 AND 8: Renal and Gastrointestinal**

1. Hepatitis  
2. Cirrhosis  
3. Alcoholic Liver Disease and systemic complications  
4. Non-Alcoholic Fatty Liver  
5. Cholangitis and cholecystitis  
6. Pancreatitis  
7. Diverticulosis, and diverticulitis  
8. Inflammatory Bowel Disease and Irritable Bowel Disease  
9. Fluid and Electrolyte imbalances and management  
10. CKD: Chronic Kidney Disease  
11. ARD: Acute Renal disease  
12. Anemia  
13. Glomerular Disease: Nephritis, Nephrosis, and Proteinuria

**Week 7 and 8 Reading Assignments:**

I. *Harrison’s Principles of Internal Medicine, 18e*  
   a. chapter 301 Approach to the Patient with Liver Disease  
II. *Current Medical Diagnosis & Treatment - 53rd Ed.*  
   a. Chapter 16: Liver, Biliary Tract, & Pancreas Disorders  
   b. Chapter 22: Kidney Disease  
III. Uptodate  
   a. Clinical manifestations and diagnosis of alcoholic fatty liver disease and alcoholic cirrhosis  
   b. Prognosis and management of alcoholic fatty liver disease and alcoholic cirrhosis  
   c. Predicting the Severity of Acute Pancreatitis  
   d. Treatment of Acute Pancreatitis  
   e. Clinical manifestations and diagnosis of irritable bowel syndrome in adults
f. Treatment of irritable bowel syndrome in adults
Required Internal Medicine Med-U Cases

**Weeks 1 and 2**
1. FM Case 28  
   a. 58-year-old male with shortness of breath - Mr. Barley
2. FM Case 31  
   a. 66-year-old female with shortness of breath
3. Simple Case 1  
   a. 49-year-old man with acute onset of chest pain - Mr. Monson
4. Simple Case 2  
   a. 60-year-old woman with chest pain on exertion - Ms. Johnston
5. Simple Case 4  
   a. 67-year-old woman with shortness of breath and leg swelling - Ms. Rivers

**Weeks 3 and 4**
1. Simple Case 7  
   a. 28-year-old woman with lightheadedness - Ms. Williams
2. Simple Case 20  
   a. 48-year-old woman with HIV – Ms. Hunt

**Weeks 5 and 6**
1. Simple Case 31  
   a. 40-year-old man with knee pain - Mr. Nelson
2. Simple Case 32  
   a. 39-year-old woman with joint pain - Ms. Dickerson

**Weeks 7 and 8**
1. Simple Case 11  
   a. 45-year-old man with abnormal LFTs - Mr. Chapman
2. Simple Case 19  
   a. 42-year-old African-American woman with anemia – Ms. Winters
3. Simple Case 23  
   a. 54-year-old Hispanic woman with fatigue – Ms. Torres
4. Simple Case 33  
   a. 49-year-old woman with confusion - Mrs. Baxter
5. Fm Case 5  
   a. 30-year-old female with palpitations - Ms. Waters
CLASS OF 2016 INTERNAL MEDICINE COMAT OBJECTIVES

The COMAT-Internal Medicine examination is designed for end-of-course assessment or end-of-clinical rotation/clerkship assessment for students enrolled at a college of osteopathic medicine. The examinee will be required to demonstrate the ability to apply:

1. Foundational content knowledge to situations and patient presentations encountered in clinical settings and important to Internal Medicine.
2. Foundational content knowledge and clinical problem-solving ability as related to particular physician tasks critical to Internal Medicine.
3. Knowledge and clinical problem-solving as related to the Fundamental Osteopathic Medical Competency Domains, including osteopathic principles and practice and OMT, osteopathic medical knowledge, interpersonal and communication skills, practice-based learning and improvement, systems-based practice, professionalism and patient care. (http://www.nbome.org/docs/NBOME Fundamental Osteopathic Medical Competencies.pdf)

Diagnose and manage selected patient presentations and clinical situations involving, but not limited to:

1) Infectious diseases: commonly encountered infectious and immunological diseases and host responses, HIV infections, bioterrorism, and infectious disease treatment and prevention/prophylaxis

2) Gastrointestinal: diseases of the upper and lower gastrointestinal tract, liver, gallbladder and pancreas; gastrointestinal disease prevention, gastrointestinal tract cancer and other gastroesophageal issues

3) Respiratory: respiratory tract cancer, asthma, chronic obstructive pulmonary disease, pneumonia, pulmonary embolism, critical care medicine and respiratory failure

4) Cardiovascular: acute coronary syndromes, arrhythmias, chronic ischemic disease of the heart, congenital heart disease, hyperlipidemia, peripheral vascular disease, congestive heart failure, aortic dissection, valvular heart disease, pericarditis and endocarditis

5) Renal/Hypertension: fluid and electrolyte disorders, acute renal injury, chronic kidney disease, renal calculi, glomerular and tubulointerstitial disorders, obstructive uropathy and arterial hypertension

6) Endocrine: weight gain/loss, adrenal disorders, diabetes mellitus, parathyroid and thyroid disturbances, pituitary disorders, disorders of the testes and women’s health

7) Musculoskeletal: osteoporosis, somatic dysfunction, viscerosomatic relationships, inflammatory and non-inflammatory rheumatic diseases, vasculitis, and disorders of bone and muscle

8) Neurology: brain anatomy/function, stroke, disorders of the spinal cord and peripheral nerves, disorders of cerebral function and central nervous system neoplasms
General Surgery I and II

CLIN 701A CLIN 701B 12 Credits
Spring 2014 and Fall 2015 and co2016
Touro University CA – College of Osteopathic Medicine

Course Coordinator:
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Assistant professor CED
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Course Director
Assistant professor CED
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Office Hours: Virtual through BB IM
Open door policy, and 9 am –12 pm Mondays except holidays
**COURSE DESCRIPTION**

Core clinical sites for the General Surgery rotation offer a range of experiences. In one four week block you will be rotating with a general surgery service. In your second four-week block your experience will depend on your site and may be more specialized. The topics you will cover for the online portion of this 8-week rotation are all general surgery topics. The overall goal of the didactic portion of the rotation is to create a forum in which a consistent set of objectives can be learned. Students will rotate in assigned clinical settings in order to complete the required third year course. Surgery attendings will specify site requirements for the clerkship and will see that students are provided with an appropriate level of clinical and didactic experience. To ensure consistency among surgery clerkship experiences, the standardized online curriculum is provided. In order to successfully complete the required third year rotation, all students must fulfill requirements specified by their preceptor AND complete the required elements of the standardized curriculum as outlined in the Clinical Education Handbook and this syllabus.

**TUCOM Mission Statement**

The Mission of Touro University Osteopathic Medicine Program is to prepare students to become outstanding osteopathic physicians who uphold the values, philosophy and practice of osteopathic medicine and who are committed to primary care and the holistic approach to the patient. The program advances the profession and serves its students and society through innovative pre-doctoral and post-doctoral education, research, community service, and multidisciplinary and osteopathic clinical services.

**Alignment of Course Outcomes and Competencies with TUCOM Mission**

The curricula for all of the core courses during the clinical years are aligned with the TUCOM Mission. Each course is subject focused, and, the curriculum will guide students in gaining a balance between subject specific specialty topics and the important concepts that outstanding osteopathic physicians, committed to primary care should understand. This curricula aims to allow students to maintain a holistic approach to patient care, and to concentrate medical knowledge supported by a foundation of osteopathic principles and practices. Students should understand that basic osteopathic tenets, such as understanding normal anatomy and all of its branches (embryology, physiology, biochemistry, etc) and reasoning from normal, will guide them to be successful in clinical practice. Students are directed to focus on finding health throughout clinical reasoning and differential diagnoses. This curriculum encourages self-directed learning, and fosters students to seek their own best practices in lifelong learning and personal development.

**COURSE LEARNING OUTCOMES**

On completion of this course students will:

1. Develop basic knowledge of, and participate in providing pre operative care including risk stratification, inpatient and outpatient work up for surgical readiness, diagnosis and initial management
of common preoperative issues, including initiating osteopathic treatments, lifestyle, and medical management, to help a patient be ready for surgery. (AOA; 1,3)

2. Be able to diagnose and initiate management of common surgical illnesses and differentiate acute surgical illnesses from those that can be managed conservatively. (AOA; 3)

3. Have developed communication skills that will facilitate the clinical interaction with patients who may require surgery, including risk benefit counseling and describing basic surgical procedures and post-operative self-care. (AOA; 3,4)

4. Be able to differentiate an acute from a non acute abdomen, have a thorough knowledge of the differential diagnosis of abdominal pain including epidemiological risk factors and be able to take appropriate steps to arrive at the most likely diagnoses. (AOA; 3,6)

5. Be able to work up a breast mass and manage the patient with a breast mass from discovery to diagnosis. Include team collaboration, communication and professional behavior. Use evidence based medicine to make choices about appropriate diagnostic tools. (AOA; 3,4)

6. Develop basic clinical problem-solving and clinical reasoning skills pertinent to providing surgical care for patients with acute abdomen, breast mass, biliary tract disease, hernia, abdominal mass, colorectal disease, scrotal swelling, and thyroid nodules. (AOA; 3)

7. Communicate through traditional oral and written methods with colleagues, attendings and staff regarding patient evaluation and management. (AOA; 3,4)

8. Obtain knowledge of presentation, work up and management of general surgical conditions such as GI bleeding, biliary tract disease, hernia, abdominal masses, colorectal disease and scrotal swelling and thyroid nodules. (AOA; 2,3)

9. Begin to develop an approach to management of trauma and differentiating surgical vs. non-surgical traumatic situations. (AOA; 3)

10. Demonstrate professionalism by empathetic listening, appropriate comportment, and showing respect for patient wishes and dignity during surgical procedures empathic listening. (AOA; 5)

11. Based on data gathered from history examination and appropriate testing be able to explain the options for surgical procedures and or lifestyle or medical changes necessary for a successful procedure in the case of the surgeries on the topic list. (AOA; 3)

12. Be able to explain to your patients what the risks of surgeries are based on the common procedures and the patients current state of health. (AOA; 3,4)

13. Explain the osteopathic perspective on the importance of normal anatomy in relation to common surgical issues; this includes nutrition, wound healing, and normal structure and function. (AOA; 1)

14. Develop a basic knowledge of wound healing, wound care, physiology of wound healing, and how osteopathic principles of finding normal and circulation apply to diagnosis and management of wound healing. Know how wound healing can be complicated by common factors such as toxin exposures (alcohol tobacco, drugs,) obesity, and pre-existing health issues. (AOA; 1,2,3)

15. Describe the assessment and management of common post operative complications including fever, chest pain, disorientation and coma, urinary problems, ileus, mechanical obstruction wound dehiscence, evisceration and infection, shock and acute pulmonary failure. (AOA; 2,3)

16. Provide brief didactic instruction to a non-D.O. audience including other physicians, patients and mid-levels to explain the basic osteopathic principles and techniques to manage common post operative complications. (AOA; 1,4)

17. Describe the normal physiology of fluid volume control, body fluid distribution ph and electrolytes. (AOA; 2)

18. Differentiate the types and uses of parenteral solutions and be able to calculate the appropriate amount of fluid for a surgical patients, be able to prescribe fluids. (AOA; 3)

19. Diagnoses and correct electrolyte abnormalities in the surgical patient. (AOA; 2,3)

20. Evaluate the quality and applicability of available evidence to determine if a surgical procedure is appropriate for your patient. (AOA; 6)
21. Work collaboratively with members of the surgical team during procedures. (AOA; 4)
22. Describe ethical consideration and care access issues that arise in assessment of possible surgical patients presenting to the emergency room. (AOA; 7)

AOA Competencies Addressed
The following competencies are addressed in this course:

1. Osteopathic Philosophy/Osteopathic Manipulative Medicine
2. Medical Knowledge
3. Patient Care
4. Interpersonal and Communication Skills
5. Professionalism
6. Practice-based Learning and Improvement
7. Systems Based Practice

TEACHING METHODS

1. Clinical rotations and associated didactic activities
2. Online interactive cases - Med-U
3. Reading Assignments
4. Self-Directed PowerPoint presentation and web site links

Required Assignments

1. Reading Assignments
2. PowerPoint Lectures on OMM principles and practice
3. Logs
4. Med-U cases
5. COMAT examination
6. Associated Callback assignments**

** Certain Assignments associated with the Callback grade should be completed during the Surgery rotation or prior to it.

TEXTBOOKS AND SUPPLEMENTAL MATERIALS

Reading Resources
3. Townsend: Sabiston, 18th Edition – Access via MD Consult
4. Up-to-Date
5. Foundations for Osteopathic Medicine AOA 3rd Edition

Available in print or Kindle edition
Chila, Anthony; American Osteopathic Association (2012-07-12).
Online Resources
1. Osteopathic Principles PowerPoint Presentations - See BB organization for specific required assignments.
   All assigned lectures are based on the text: Somatic Dysfunction in Osteopathic Family Medicine. Nelson KE, Glonek T, eds. Baltimore, MD: Lippincott, Williams & Wilkins; 2007 Edited and sponsored by the ACOFP
2. Med-U Lecture and Case Presentations*

Other Resources
   1. BB and links
   2. E-Value
   3. Med-U

OTHER COURSE SPECIFIC REQUIREMENTS

1. Attendance - see Clinical Rotations Manual. No more than three days absence is allowed.
2. Participation - full participation as directed by Adjunct Faculty and completion of required assignments on time.
3. Clothing- Professional attire, white coats.
4. Equipment - Stethoscope, reflex hammer, Computer and internet access

ASSESSMENT AND GRADING

Three criteria must be met to pass the rotation. A cumulative score of 70% on all elements of the rotation must be received. A Pass grade must be received on the CPE. Finally, all assignments must be completed to pass the rotation.

Weighted Percentages
The weighted percentages of all Core course components are as follows:

<table>
<thead>
<tr>
<th>Component</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Performance Evaluation</td>
<td>45%</td>
</tr>
<tr>
<td>Student Site Evaluation(s)</td>
<td>2.0%</td>
</tr>
<tr>
<td>Med U cases</td>
<td>8.0%</td>
</tr>
<tr>
<td>Logs</td>
<td>10.0%</td>
</tr>
<tr>
<td>COMAT Post Rotation Examination</td>
<td>35%</td>
</tr>
<tr>
<td>Course total</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Students cannot pass the rotation without completing all components. This means that even an assignment is late, and will not be given points, the student still must complete it and all components in order to pass the rotation. There are steep grade deductions for late materials and any single incomplete component will prevent the student’s grade from being recorded.
CLASS OF 2016 SURGERY TOPICS LIST

Week 1
Clinical Skills
1. History and physical examination of the surgical patient
2. Labs, imaging and special tests
3. Suturing and knot tying

Clinical Knowledge
1. Pre- and peri-operative care and assessment of surgical patients, including anesthesia Risk, and Goldman’s index
2. Wound healing
3. Body fluids and fluid and electrolyte therapy
4. Post-operative complications:
   - Fever
   - Chest pain
   - Disorientation and coma
   - Urinary problems
   - Ileus
   - Mechanical obstruction
   - Wound: dehiscence, evisceration and infection
   - Shock and Acute Pulmonary Failure

Week 2: GI/GU
1. Bleeding (include hematemesis, hematochezia, melena)
2. Acute abdominal pain
3. Abdominal mass

Week 3: GI/GU
1. Hernia
2. Intestinal obstruction
3. Biliary tract disease
4. Appendicitis

Week 4
1. Breast masses and breast cancer (benign and malignant findings)
2. Rectum and colon diseases, including neoplasia
3. Scrotal swelling
4. Thyroid nodule
5. Trauma

Topics are divided by week for simplicity. You should not necessarily use this as a determining factor of when to read about each topic. Learning is most effective when you choose reading, or assignments such as Med-U cases, to reinforce your clinical experience as you progress through your rotation. Do try to cover all these topics well, and consult a board review book for an overview of all topics to study to prepare for the COMAT and your Boards.
CLASS OF 2016 SURGERY LOGS: PROCEDURES AND DIAGNOSES

Surgery Procedures
SURG: Anesthesia administration
SURG: Appendectomy
SURG: Aseptic/sterile technique
SURG: Assess general Status of a patient and perform a complete set of vital signs including BP
SURG: Blood Draw, Femoral Vein
SURG: Breast Procedure (FNA, Biopsy, lumpectomy)
SURG: Calculate daily dietary requirements
SURG: Calculate IV fluid, maintenance, based on weight or body surface area
SURG: Describe skin lesion
SURG: Develop a differential diagnosis
SURG: Drain Abscess
SURG: Focused Neurologic examination
SURG: gown scrub glove
SURG: Hernia repair
SURG: I&D
SURG: Inpatient Post Operative patient encounter
SURG: Insert Foley Catheter Female
SURG: Insert Foley Catheter Male
SURG: Interpret CBC
SURG: Interpret chemistry panel
SURG: Interpret Urinalysis
SURG: knot tying
SURG: Laparoscopic surgery
SURG: Manage Post Operative Pain
SURG: obtain informed consent
SURG: Other
SURG: Patient education, Incentive Spirometry
SURG: Perform Vital Signs
SURG: Place IV Catheter
SURG: Place Steri Strips
SURG: Placement of Drain
SURG: Place Nasogastric Tube
SURG: Pre-operative risk assessment
SURG: Removal of Drain
SURG: Remove Epidermal or Sebaceous cyst
SURG: Remove staples
SURG: Remove sutures
SURG: Skin biopsy
SURG: Suture technique
SURG: Systematically read and Interpret Chest X-ray
SURG: Wound debridement
SURG: Written Note: Operative Note
SURG: Written Note: Postoperative Progress Note
SURG: Written Note: Preoperative Note
SURG: Written Note: Progress or SOAP note
**Surgery Diagnoses**

SURG: Abdominal Mass
SURG: Acute Abdominal Pain
SURG: Appendicitis
SURG: Biliary Tract Disease
SURG: Breast Mass and Breast Cancer
SURG: GI Bleeding
SURG: Hernia
SURG: Intestinal Obstruction
SURG: Other
SURG: Pneumothorax
SURG: Post-Op Complications: Fever
SURG: Post-Op Complications: Altered Mental Status
SURG: Post-Op Complications: Chest Pain
SURG: Post-Op Complications: Electrolyte Imbalance
SURG: Post-Op Complications: Fever
SURG: Post-Op Complications: In a post operative patient
SURG: Post-Op Complications: Wound issues
SURG: Rectal and Colon surgical disease
SURG: Scrotal Swelling
SURG: Shock
SURG: Thyroid Nodule
SURG: Trauma
CLASS OF 2016 SURGERY BOOK AND RESOURCE LIST

Reading Resources
1. UpToDate
4. Schwartz's Principles of Surgery, 9e
F. Charles Brunicardi, Dana K. Andersen, Timothy R. Billiar, David L. Dunn, John G. Hunter, Jeffrey B. Matthews, Raphael E. Pollock
5. Foundations for Osteopathic Medicine AOA 3rd Edition
6. Med U: WISE MD; surgery modules, Family medicine (FM CASES and Internal Medicine cases (SIMPLE)

Online Resources
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2. Ethicon Wound Closure Manual
3. Underground Med U Surgical short videos
4. Suturing Video
5. Med U Interactive Cases and Wise MD Surgery Lecture Modules
6. Wise MD Skills Modules
7. Underground Med U Surgical short videos
**CLASS OF 2016 SURGERY READING ASSIGNMENTS**

**Reading Resources**

1. UpToDate
5. Foundations for Osteopathic Medicine AOA 3rd Edition

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**Selected Resources**

The curricular resources are selected to ensure students have an understanding of the depth and breadth of the materials with which they should become competent. Med-U cases are required and if incomplete will result in loss of points towards the final grade. Reading assignments are required but not graded. Other links are delineated as either required or highly recommended but also not graded.

The reading assignments and links have been carefully chosen to give coverage of critical family medicine topics at a depth appropriate to a third year medical student. They have been carefully chosen to give exposure to important texts books and articles with which attendings will expect students to be familiar with. Every student should read every day, at least one chapter and one article. Read about the patients seen that day and if weak in certain areas, those should be covered on days students have not had new clinical encounters. Students should not use a board review book for their primary reading source. Board review books should be used it for board prep and COMAT preparation source. Students should not rely exclusively on one reading resource such as UptoDate but rather should try Harrison’s, *Current Medical Diagnosis & Treatment* and other online resources from MD Consult or Access Medicine. Again, the selection chosen is designed to guide students in appropriate reading choices, not to limit them. If students are assigned reading on a topic by preceptors, but not given a specific chapter or article, they should use the resource listed here. If students see a patient with a diagnosis listed below, they should use the reading assignment to review the topic. The order in which students read the assignments is not important - it should be tailored to align with individual learning styles, clinical experience and student schedules.
Assignments

This document lists the required reading assignments. In addition to the reading assignments, students are required to complete Med-U cases. The required med-U cases are listed in the med-U case list document. In addition students are required to view the online OMM power points, which can be found on the BB organization for this course. Finally other requirements, which include logs, clinical activities and evaluations are referenced in the syllabus and the overview to clinical activities. This document only lists reading assignments.

Week 1 Topics
Clinical Skills
1. History and physical examination of the surgical patient
2. Labs, imaging and special tests
3. Suturing and knot tying

Clinical Knowledge
1. Pre- and peri-operative care and assessment of surgical patients, including anesthesia Risk, and Goldman’s index
2. Wound healing
3. Body fluids and fluid and electrolyte therapy
4. Post-operative complications:
   - Fever
   - Chest pain
   - Disorientation and coma
   - Urinary problems
   - Ileus
   - Mechanical obstruction
   - Wound: dehiscence, evisceration and infection
   - Shock and Acute Pulmonary Failure

Week 1 Reading Assignments
I. Current Diagnosis and Treatment Surgery
   a. Chapter 1. Approach to the Surgical Patient
   b. Chapter 2. Training, Communication, Professionalism, and Systems-based Practice
   c. Chapter 3. Preoperative Care
   d. Chapter 4. Postoperative Care
   e. Chapter 5. Postoperative Complications
   f. Chapter 6. Wound Healing
   g. Chapter 8. Inflammation, Infection, & Antimicrobial Therapy
   h. Chapter 9. Fluid & Electrolyte Management
   i. Chapter 11. Anesthesia
   j. Chapter 12. Shock & Acute Pulmonary Failure in Surgical Patients
II. Ethicon Wound Healing and suture manual Link: Suturing
III. Wise MD Skills Modules
   a. Suturing and instrument tie
   b. Two handed knot tie
IV. UptoDate
a. Estimation of cardiac risk prior to non-cardiac surgery
b. Preoperative medical evaluation of the healthy patient
c. Maintenance and replacement fluid therapy in adults

V. Underground Med U Surgical short videos
   a. Maintenance Fluids
   b. Maintenance Fluids Calculation Derivations
   c. OR Etiquette
   d. Two handed Surgical Square Knot with explanations!

* There are a lot more useful videos here that are optional for all core courses!

Week 2 Topics: GI/GU
1. Bleeding (include hematemesis, hematochezia, melena)
2. Acute abdominal pain
3. Abdominal mass

Week 2 Assignments
I. Current Diagnosis and Treatment Surgery
   a. Chapter 21 The Acute Abdomen
II. UptoDate
   a. Approach to acute upper gastrointestinal bleeding in adults
   b. Major causes of upper gastrointestinal bleeding in adult
   c. Approach to acute lower gastrointestinal bleeding in adults
   d. Etiology of lower gastrointestinal bleeding in adults
   e. Evaluation of occult gastrointestinal bleeding
   f. History and physical examination in adults with abdominal pain
   g. Diagnostic approach to abdominal pain in adults
   h. Differential diagnosis of abdominal pain in adults
III. Med-U surgery modules - Wise MD
   a. Abdominal Aortic Aneurysm
   b. Colon Cancer
IV. Foundations of Osteopathic Medicine
   a. Chapter 68 Abdominal Pain (Kindle Location 1196)

Week 3 Topics: GI/GU
1. Hernia
2. Intestinal obstruction
3. Biliary tract disease
4. Appendicitis

Week 3 Reading Assignments
I. Current Diagnosis and Treatment Surgery
   a. Chapter 28, Appendix
   b. Chapter 29, Small Intestine
   c. Chapter 30, Large Intestine
   d. Chapter 31, Anorectum
II. Townsend: Sabiston's Textbook of Surgery, Section X 46 Hernias
III. Med-U surgery modules - Wise MD
   a. Appendicitis
   b. Diverticulitis
c. Cholecystitis
d. Inguinal Hernia

**Week 4 Topics**
1. Breast masses and breast cancer (benign and malignant findings)
2. Rectum and colon diseases, including neoplasia
3. Scrotal swelling
4. Thyroid nodule
5. Trauma

**Week 4 Reading Assignments**

I. *Current Diagnosis and Treatment Surgery*
   b. Chapter 14. Burns & Other Thermal Injuries
   c. Chapter 16. Thyroid & Parathyroid
   d. Chapter 17. Breast Disorders
   e. Chapter 30. Large Intestine
   f. Chapter 31. Anorectum

II. UptoDate
   a. Screening for breast cancer evidence of effectiveness
   b. Screening for breast cancer: Strategies and recommendations
   c. Diagnostic evaluation of women with suspected breast cancer
   d. Patient information: Breast cancer guide to diagnosis and treatment (Beyond the Basics)
   e. Clinical manifestations and diagnosis of irritable bowel syndrome
   f. Tests for screening for colorectal cancer: Stool tests, radiologic imaging and endoscopy
   g. Evaluation of the acute scrotum in adults
   h. Causes of scrotal pain in children and adolescents

III. Med-U surgery modules - Wise MD
   a. Bowel obstruction
   b. Breast Cancer
   c. Colon cancer
   d. Thyroid nodule
   e. Trauma Resuscitation
CLASS OF 2016 SURGERY MED-U CASE LIST

Required Surgery Med-U Cases

Week 1
1. FM Case 26
   a. 55-year-old male with fatigue - Mr. Cunha

Week 2
1. Simple Case 9
   a. 55-year-old woman with upper abdominal pain and vomiting - Mrs. Turner
2. Simple Case 10
   a. 48-year-old woman with diarrhea and dizziness - Ms. Blake
3. Simple Case 12
   a. 55-year-old male with lower abdominal pain - Mr. Wilson

Week 3
1. FM Case 15
   a. 42-year-old male with right upper quadrant pain - Mr. Keenan

Week 4
3. FM Case 27
   a. 17-year-old male with groin pain - Andrew Hailey

*** Wise MD modules, which are required, are listed as part of the reading assignment. These modules are located on the Med-U website but are recorded lectures rather than interactive cases. They are required and will be spot checked for completion.
CLASS OF 2016 SURGERY COMAT OBJECTIVES

The examinee will be required to demonstrate the ability to apply:

1. Foundational content knowledge to situations and patient presentations encountered in clinical settings and important in Surgery.
2. Foundational content knowledge and clinical problem-solving ability as related to particular physician tasks critical to Surgery.
3. Knowledge and clinical problem-solving as related to the Fundamental Osteopathic Medical Competency Domains, including osteopathic principles and practice and OMT, osteopathic medical knowledge, interpersonal and communication skills, practice-based learning and improvement, systems-based practice, professionalism and patient care. ([http://www.nbome.org/docs/NBOME Fundamental Osteopathic Medical Competencies.pdf](http://www.nbome.org/docs/NBOME Fundamental Osteopathic Medical Competencies.pdf))

For COMAT-Surgery, the examinee will be required to demonstrate the ability to diagnose and manage selected patient presentations and clinical situations involving, but not limited to:

a. Fluids: shock, fluid and electrolytes, surgical nutrition, coagulation and blood
b. Wounds and infections: skin and subcutaneous tissues, immunology and transplantation
c. Gastrointestinal and related issues: esophagus, diaphragm, stomach, duodenum, small intestine, large intestine, rectum, appendix, hernias
d. Hepatobiliary and related issues: pancreas, biliary tract, liver and spleen
e. Trauma: chest tubes and other issues in general trauma care
f. General surgical issues in urology, gynecology, and pediatrics
g. Endocrine and breast and related issues: thyroid, parathyroid, adrenal, pancreas, pituitary and other glands; surgical issues of the breasts
h. Surgical oncology and surgical pathology
i. Osteopathic principles and practice in surgical care: somatic dysfunction, viscerosomatic relationships and osteopathic manipulative treatment techniques

These objectives are from the NBOME website and do not reflect any changes on the part of TUCOM faculty.
Obstetrics and Gynecology

CLIN 706 - CLIN 714 and CLIN 703
9 Credits
Spring 2014 and Fall 2015 and co2016
Touro University CA – College of Osteopathic Medicine

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**Guest Instructors**
Adjunct Faculty
Core Rotation Sites
Contact site administrators

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**Course Description**

Core clinical sites for the obstetrics and gynecology rotation offer a range of experiences. The overall goal of the didactic portion of the rotation is to create a forum in which a consistent set of objectives can be learned. Students will rotate in assigned clinical settings in order to complete the required third year clerkship. Obstetrics and gynecology attendings will specify site requirements for the clerkship and will see that students are provided with an appropriate level of clinical and didactic experience. To ensure consistency among obstetric/gynecologic clerkship experiences, this standardized curriculum is provided. In order to successfully complete the required third year rotation, all students must fulfill requirements specified by their preceptor AND complete the required elements of the standardized curriculum as outlined in the Clinical Education Handbook and this syllabus.

**TUCOM Mission Statement**

The Mission of Touro University Osteopathic Medicine Program is to prepare students to become outstanding osteopathic physicians who uphold the values, philosophy and practice of osteopathic medicine and who are committed to primary care and the holistic approach to the patient. The program advances the profession and serves its students and society through innovative pre-doctoral and post-doctoral education, research, community service, and multidisciplinary and osteopathic clinical services.

**Alignment of Course Outcomes and Competencies with TUCOM Mission**

The curricula for all of the core courses during the clinical years are aligned with the TUCOM Mission. Each course is subject focused, and, the curriculum will guide students in gaining a balance between subject specific specialty topics and the important concepts that outstanding osteopathic physicians, committed to primary care should understand. This curricula aims to allow students to maintain a holistic approach to patient care, and to concentrate medical knowledge supported by a foundation of osteopathic principles and practices. Students should understand that basic osteopathic tenets, such as understanding normal anatomy and all of its branches (embryology, physiology, biochemistry, etc) and reasoning from normal, will guide them to be successful in clinical practice. Students are directed to focus on finding health throughout clinical reasoning and differential diagnoses. This curriculum encourages self-directed learning, and fosters students to seek their own best practices in lifelong learning and personal development.

**Course Learning Outcomes**

1. Have a basic knowledge of normal female reproductive physiology and endocrinology including the menstrual cycle, changes in pregnancy and puberty and menopause. (AOA; 2)
2. Demonstrate the ability to communicate with colleagues and support staff through traditional oral presentations, and standard formatted notes, such as SOAP, H&P, pre and post operative, admit and so on. (AOA; 4)
3. Develop professional attitudes and behaviors appropriate for the practice of obstetrics and gynecology including empathy and respect for patients with common obstetrical and gynecologic presentations. (AOA; 5)

4. Recognize one’s role as a leader and advocate for women by demonstrating beginning understanding of legal issues such as informed consent, confidentiality, care of minors and adolescents, and public issues such as right to care and abortion legal and ethical issues related to abortion. (AOA; 7)

5. Provide patient care that incorporates a strong fund of applied osteopathic medical knowledge and best medical evidence, osteopathic principles and practices, sound clinical judgment, and patient and family preferences. (AOA; 3)

6. Describe the normal anatomy of the pelvis; somatic dysfunction of the pelvis and how to perform an osteopathic evaluation and develop an initial osteopathic treatment plan for pelvic pain. Be able to formulate a differential diagnosis for chronic and acute pelvic pain. (AOA; 1, 2, 3)

7. Develop competence in obtaining a history and physical examination of women, including a sexual history, incorporating social, ethical, and culturally diverse perspectives. (AOA; 3)

8. Be able to diagnose and initiate management of common gynecologic concerns, specifically those in the topic list and diagnosis log. (AOA; 3)

9. Be able to diagnose, communicate about and initiate management of STI’s including HPV. (AOA; 3)

10. Demonstrate knowledge of contraception options, including sterilization and abortion and the ability to counsel patients regarding these options. (AOA; 2, 3)

11. Describe the etiology and evaluation of infertility. (AOA; 2)

12. Demonstrate knowledge of prenatal and preconception counseling and care. Demonstrate knowledge of the impact of genetics, medical conditions and environmental factors on maternal health and fetal development. (AOA; 2)

13. Develop communication skills that facilitate the clinical interaction with patients in potentially sensitive situations such as dealing with sexually transmitted infections, infertility and other issues pertaining to women’s health. (AOA; 4)

14. Explain the normal physiologic changes of pregnancy, including interpretation of common diagnostic studies, and the viscerosomatic, skeletal, and biomechanical changes in each trimester. (AOA; 1)

15. Demonstrate knowledge of normal intrapartum and delivery care. (AOA; 1, 3)

16. Demonstrate knowledge of common complications of pregnancy and intrapartum care and how to initiate management of them. (AOA; 2, 3)

17. Demonstrate knowledge of perioperative care and familiarity with common obstetric and gynecologic procedures. (AOA; 3)

18. Demonstrate knowledge of postpartum care of the mother and newborn. Be able to offer prenatal, and post partum counseling and care, and breast feeding counseling and support. (AOA; 3)

19. Use osteopathic terminology to describe and explain indications and contraindications for osteopathic treatment during pregnancy. Diagnose and initiate appropriate osteopathic treatment of somatic dysfunction common in pregnancy. (AOA; 1, 2, 3)

20. Use osteopathic principles and treatments in the postpartum period. (AOA; 1)

21. Use osteopathic terminology to describe and explain indications and contraindications for osteopathic treatments for newborns. (AOA; 1)

22. Evaluate existing literature regarding use of osteopathy in pregnancy. Use information gathered to explain to other health care providers the clinical significance and evidence for integrating osteopathy into clinical care. (AOA; 1, 7)

23. Describe gynecological malignancies including risk factors, signs and symptoms and initial evaluation. (AOA; 2, 3)
AOA Competencies Addressed
The following competencies are addressed in this course:

1. Osteopathic Philosophy/Osteopathic Manipulative Medicine
2. Medical Knowledge
3. Patient Care
4. Interpersonal and Communication Skills
5. Professionalism
6. Practice-based Learning and Improvement
7. Systems Based Practice

TEACHING METHODS

1. Clinical rotations and associated didactic activities
2. Online interactive cases - Med-U
3. Reading Assignments
4. Self-Directed PowerPoint presentation and web site links

Required Assignments

1. Reading Assignments
2. PowerPoint Lectures on OMM principles and practice
3. Logs
4. Med-U cases
5. COMAT examination
6. Associated Callback assignments**

** Some Assignments associated with the Callback grade may need to be completed during the OB/Gyn rotation or prior to it. This will be announced and clearly posted on the OB BB site.

TEXTBOOKS AND SUPPLEMENTAL MATERIALS

Reading Resources

3. “Current Obstetric and Gynecologic Diagnosis and Treatment” by DeCherney, Alan H. (Author) Nathan, Lauren (Author).”
4. Up-to-Date
5. Osteopathic Principles PowerPoint Presentations - See BB organization

All assigned lectures are based on the text: Somatic Dysfunction in Osteopathic Family Medicine. Nelson KE, Glonek T, eds. Baltimore, MD: Lippincott, Williams & Wilkins; 2007 Edited and sponsored by the ACOFP
Other Resources
1. BB and links
2. E-Value
3. Med-U

Other Course Specific Requirements
1. Attendance - see Clinical Rotations Manual. No more than three days absence is allowed.
2. Participation - full participation as directed by Adjunct Faculty and completion of required assignments on time.
3. Clothing- Professional attire, white coats.
4. Equipment - Stethoscope, reflex hammer, Computer and internet access

Assessment and Grading
Three criteria must be met to pass the rotation. A cumulative score of 70% on all elements of the rotation must be received. A Pass grade must be received on the CPE. Finally, all assignments must be completed to pass the rotation.

Weighted Percentages
The weighted percentages of all Core course components are as follows:

<table>
<thead>
<tr>
<th>Component</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Performance Evaluation</td>
<td>45%</td>
</tr>
<tr>
<td>Student Site Evaluation(s)</td>
<td>2.0%</td>
</tr>
<tr>
<td>Med U cases</td>
<td>8.0%</td>
</tr>
<tr>
<td>Logs</td>
<td>10.0%</td>
</tr>
<tr>
<td>COMAT Post Rotation Examination</td>
<td>35%</td>
</tr>
<tr>
<td>Course total</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Students cannot pass the rotation without completing all components. This means that even an assignment is late, and will not be given points, the student still must complete it and all components in order to pass the rotation. There are steep grade deductions for late materials and any single incomplete component will prevent the student’s grade from being recorded.
CLASS OF 2016 OBSTETRICS AND GYNECOLOGY TOPICS LIST

Week 1
1. Women’s health examination and women’s health care management
2. Ethics liability and patient safety in Obstetrics and Gynecology
3. Normal embryology and Anatomy, Normal Menses
4. Oligomenorrhea
5. Amenorrhea
6. Dysmenorrhea
7. Abnormal Uterine Bleeding
8. Premenstrual Syndrome and PMDD
9. Hirsutism and Virilization
10. Infertility
11. Menopause

Week 2
1. Vulvovaginitis
2. STI’s
3. PID
4. Cervical Cancer
5. Contraception

Week 3
1. Endometriosis and Chronic Pelvic Pain
2. Human sexuality, sexual assault and domestic violence
3. Induced Abortion
4. Spontaneous Abortion
5. Ectopic pregnancy

Week 4
1. Normal Maternal- Fetal Physiology
2. Preconception and Antepartum Care
3. Genetics and Genetic disorders in OB/Gyn
4. Intrapartum Care
2. Common pregnancy complications including Hyperemesis, UTI, cholestasis, pica
3. Abnormal Labor and Intraparutm fetal Surveillance including Fetal monitoring
4. Fetal Growth Abnormalities: IUGR and Macrosomia

Week 5
1. Pain management in labor and delivery
2. Complications of early onset labor or contractions
3. Failure to progress
4. Puerperal Fever and infection
5. Induction – indications and methods, risks, benefits
6. Surgical Vaginal Deliveries: forceps and vacuum and C-Sections
7. Dystocia – define and describe management, know management options
8. Third trimester bleeding and postpartum hemorrhage

**Week 6**
1. Preeclampsia and HTN in pregnancy
2. Gestational Diabetes
3. Preterm labor
4. Post term pregnancy
4. Perinatal Psychiatric issues – including postpartum blues, depression and psychosis,
5. Normal Postpartum Care and Immediate care of the newborn

Topics are divided by week for simplicity. You should not necessarily use this as a determining factor of when to read about each topic. Learning is most effective when you choose reading, or assignments such as Med-U cases, to reinforce your clinical experience as you progress through your rotation. Do try to cover all these topics well, and consult a board review book for an overview of all topics to study to prepare for the COMAT and your Boards.
**OB/Gyn Procedures**

| OB/GYN: Calculate and interpret amniotic fluid index using ultrasound |
| OB/GYN: Calculate Bishops Score |
| OB/GYN: Cesareaan Delivery |
| OB/GYN: Clinical Breast Examination |
| OB/GYN: Colposcopy |
| OB/GYN: Conduct appropriate tests to rule out Rupture of membranes (Pooling, nitrazine and ferning) |
| OB/GYN: Contraction Stress Test |
| OB/GYN: Determine EGA using wheel and LMP (nagle's rule) |
| OB/GYN: Determine fetal position using ultrasound |
| OB/GYN: Distinguish Preterm Labor from Braxton Hicks contractions |
| OB/GYN: Episiotomy |
| OB/GYN: Evidence Based Domestic Violence Screening |
| OB/GYN: Hysterectomy |
| OB/GYN: IUD insertion and string check |
| OB/GYN: Labor Check |
| OB/GYN: Leopold's maneuvers |
| OB/GYN: Non Stress test |
| OB/GYN: Normal Vaginal Delivery |
| OB/GYN: Order and interpret labs for a 28 week prenatal visit |
| OB/GYN: Order and interpret labs for a 28 week prenatal visit |
| OB/GYN: Order and interpret labs for initial prenatal visit |
| OB/GYN: Other |
| OB/GYN: Pap Smear |
| OB/GYN: Patient Counseling: Post partum issues |
| OB/GYN: Patient counseling regarding common postpartum issues: UTI, lochia, perineal care |
| OB/GYN: Patient Counseling, Birth Control |
| OB/GYN: Patient Counseling, Breastfeeding |
| OB/GYN: Patient Counseling, STD's |
| OB/GYN: Patient Counseling: abnormal Pap smear |
| OB/GYN: Patient Counseling: Conception |
| OB/GYN: Patient Counseling: Intrapartum expectations including stages of labor, pain control options, fetal monitoring, decisions regarding mode timing and location of delivery |
| OB/GYN: Patient Counseling: Labor, Pre term Labor, Braxton Hicks |
| OB/GYN: Patient Counseling: Pain management in labor and delivery |
| OB/GYN: Patient Counseling: Post partum use of Iron, Prenatal vitamins and Vitamin D, and pain medication |
| OB/GYN: Patient Counseling: Postpartum contraception options |
| OB/GYN: Patient Counseling: Prenatal Care |
| OB/GYN: Patient Counseling: Preterm labor |
| OB/GYN: Pelvic Examination, including speculum and bimanual examination |
| OB/GYN: Pelvimetry |
| OB/GYN: Perform First Prenatal Visit, history and physical |
| OB/GYN: Perform Wet mount interpret for STI's and vaginitis |
| OB/GYN: Prenatal Care routine visit |
| OB/GYN: Present First Prenatal Visit, history and physical |
OB/GYN: Presentation: Pregnant patient include G and P status and summary
OB/GYN: Read and Interpret fetal monitor strip
OB/GYN: Record appropriate note for First Prenatal Visit, history and physical
OB/GYN: Specimen collection for STI's
OB/GYN: Strep B screen, prenatal
OB/GYN: Take a sexual History
OB/GYN: Tubal Ligation
OB/GYN: Ultrasound for EDC
OB/GYN: Ultrasound for Fetal Position
OB/GYN: Vacuum delivery
OB/GYN: Vaginal Laceration 2nd degree
OB/GYN: Vaginal Laceration 3rd degree
OB/GYN: Vaginal laceration repair first degree
OB/GYN: Wet Mount, perform and interpret
OB/GYN: Written Note OB/Gyn: Operative Note
OB/GYN: Written Note OB/Gyn: Postoperative Progress Note
OB/GYN: Written Note OB/Gyn: Preoperative Note
OB/GYN: Written Note: Delivery note
OB/GYN: Written Note: labor admission note
OB/GYN: Written Note: Labor check
OB/GYN: Written Note: Post Partum Discharge
OB/GYN: Written Note: Post partum progress note
OB/GYN: Written Note: Prenatal follow up visit

**OB/Gyn Diagnoses**

OB/GYN: Abnormal Uterine Bleeding, post menopause
OB/GYN: Abnormal Uterine Bleeding, pre menopause
OB/GYN: Abortion
OB/GYN: Amenorrhea
OB/GYN: Cervical Cancer
OB/GYN: Cholestasis of pregnancy
OB/GYN: Complications of labor: dystocia
OB/GYN: Complications of labor: failure to progress
OB/GYN: Complications of labor: puerpel Fever, infection
OB/GYN: Dysmenorrhea
OB/GYN: Eclampsia
OB/GYN: Ectopic Pregnancy
OB/GYN: Endometriosis
OB/GYN: Endometritis
OB/GYN: Fibroids
OB/GYN: First Trimester Bleeding
OB/GYN: Gestational diabetes
OB/GYN: Gestational Hypertension
OB/GYN: Hyperemesis and Gravidarum
OB/GYN: Infertility
OB/GYN: Labor Dystocia
OB/GYN: Menopause/peri-menopause
OB/GYN: Normal Menstrual Cycle
OB/GYN: Normal Pregnancy
OB/GYN: Oligomenorrhea
OB/GYN: Other
OB/GYN: Pelvic Pain
OB/GYN: Physiology of Pregnancy, Labor and Delivery
OB/GYN: PICA
OB/GYN: PID
OB/GYN: Post Partum Pulmonary Embolism
OB/GYN: Postpartum blues, depression and psychosis
OB/GYN: Preeclampsia
OB/GYN: Premature rupture of membranes (PROM)
OB/GYN: Premenstrual Syndrome and PMDD
OB/GYN: Preterm Labor
OB/GYN: Spontaneous Abortion
OB/GYN: STI
OB/GYN: Third trimester bleeding
OB/GYN: UTI in pregnancy
OB/GYN: Vaginitis
CLASS OF 2016 OBSTETRICS AND GYNECOLOGY BOOK AND RESOURCE LIST

Reading Resources
1. Obstetrics and Gynecology, Seventh edition by Beckman et al **** Print edition MUST BE PURCHASED
2. CURRENT Diagnosis & Treatment: Obstetrics & Gynecology, 11e
   Alan H. DeCherney, Lauren Nathan, Neri Laufer, Ashley S. Roman
3. Williams Gynecology, 2e Barbara L. Hoffman, John O. Schorge, Joseph I. Schaffer, Lisa M. Halvorson,
   Karen D. Bradshaw, F. Gary Cunningham, Lewis E. Calver
4. UpToDate
5. Board review book recommended.

Online Resources
1. Osteopathic Principles PowerPoint Presentations - See BB organization
   All assigned lectures are based on the text: Somatic Dysfunction in Osteopathic Family Medicine.
   Nelson KE, Glonek T, eds. Baltimore, MD: Lippincott, Williams & Wilkins; 2007 Edited and sponsored by
   the ACOFP
2. ASCCP Consensus guidelines on colposcopy
3. AAFP: Dysfunctional Uterine Bleeding
4. JAOA: Original Contribution Osteopathic Manipulative Treatment in Prenatal Care: A Retrospective
   Case Control Design Study Hollis H. King, DO, PhD; Melicien A. Tettambel, DO; et al.
5. Med U Interactive Cases
CLASS OF 2016 OBSTETRICS AND GYNECOLOGY READING ASSIGNMENTS

Reading Resources
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2. CURRENT Diagnosis & Treatment: Obstetrics & Gynecology, 11e
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   the ACOFP
2. ASCCP Consensus guidelines on colposcopy
3. AAFP: Dysfunctional Uterine Bleeding
4. JAOA: Original Contribution Osteopathic Manipulative Treatment in Prenatal Care: A Retrospective
   Case Control Design Study Hollis H. King, DO, PhD; Melicien A. Tettambel, DO; et al.
5. Med U Interactive Cases
6. Underground Med U Surgical short videos

**** Obstetrics and Gynecology, Seventh edition by Beckman et al is required.
When you purchase this book and you will have access to an online eBook as well as sample test questions.
The book is a cross between a text and a review book. If you read about 50 pages a week you will have
covered all the critical topics for the 6 week rotation and COMAT exam. The book is highlighted and
outlined in an easy to use format. Finally it is published in collaboration with ACOG AND is based on the
guidelines for medical students developed by APGO which were used both for COMAT development and
development of this course objectives. Go to Amazon or your favorite online book seller and order and
receive soon!

Preparation for COMAT
It is required that students pass COMAT. In order to ensure they are prepared we highly recommend that
students select a board review book and study from it throughout the rotation. It is also recommended that
students do practice questions using COMBANK or some other reputable resource.

Clinical Resources
The Boards and the COMAT examination are just one aspect of medical training and assessment. While a
board review system is appropriate and important for these examinations, it is not sufficient to ensure
students are becoming a well trained physicians.

Selected Resources
The curricular resources are selected to ensure students have an understanding of the depth and breadth of
the materials with which they should become competent. Med- U cases are required and if incomplete will
result in loss of points towards the final grade. Reading assignments are required but not graded. Other
links are delineated as either required or highly recommended but also not graded.
The reading assignments and links have been carefully chosen to give coverage of critical family medicine topics at a depth appropriate to a third year medical student. They have been carefully chosen to give exposure to important textbooks and articles with which attendings will expect students to be familiar with. Every student should read every day, at least one chapter and one article. Read about the patients seen that day and if weak in certain areas, those should be covered them on days students have not had new clinical encounters. Students should not use a board review book for their primary reading source. Board review books should be used it for board prep and COMAT preparation source. Students should not rely exclusively on one reading resource such as UptoDate but rather should try Harrison’s, Current Medical Diagnosis & Treatment and other online resources from MD Consult or Access Medicine. Again, the selection chosen is designed to guide students in appropriate reading choices, not to limit them. If students are assigned reading on a topic by preceptors, but not given a specific chapter or article, they should use the resource listed here. If students see a patient with a diagnosis listed below, they should use the reading assignment to review the topic. The order in which students read the assignments is not important - it should be tailored to align with individual learning styles, clinical experience and student schedules.

Assignments
This document lists the required reading assignments. In addition to the reading assignments, students are required to complete Med-U cases. The required Med-U cases are listed in the Med-U case list document. In addition students are required to view the online OMM power points, which can be found on the BB organization for this course. Finally other requirements, which include logs, clinical activities and evaluations, are referenced in the syllabus and the overview to clinical activities. This document only lists reading assignments.

Week 1 Topics
1. Women’s health examination and women’s health care management
2. Ethics liability and patient safety in Obstetrics and Gynecology
3. Normal embryology and Anatomy, Normal Menses
4. Oligomenorrhea
5. Amenorrhea
6. Dysmenorrhea
7. Abnormal Uterine Bleeding
8. Premenstrual Syndrome and PMDD
9. Hirsutism and Virilization
10. Infertility
11. Menopause

Week 1 Reading Assignments
I. Williams Gynecology, 2e
   Chapter 1. Well Woman Care
II. Obstetrics and Gynecology Beckman et al
    a. Section I General Obstetrics and Gynecology
       Chapters 1, 3 and 4
    b. Section V
       Chapters 37-43
III. UptoDate
    “Physiology of the normal menstrual cycle”
IV. AAFP: Dysfunctional Uterine Bleeding
Week 2 Topics
1. Vulvovaginitis
2. STI’s
3. PID
4. Cervical Cancer
5. Contraception

Week 2 Reading Assignments
I. Obstetrics and Gynecology Beckman et al
   a. Section IV
      Chapters 26, 28, 29
   b. Section V
      Chapter 47
II. American Society for Colposcopy and Cervical Pathology: Colposcopy management: The updated algorithms in PDF.
III. Uptodate
   a. Approach to women with symptoms of vaginitis
IV. CURRENT Diagnosis & Treatment: Obstetrics & Gynecology, 11e>
   a. Chapter 43. Sexually Transmitted Diseases & Pelvic Infections
V. Underground Med U Surgical short videos
   a. Vaginitis Differential

Week 3 Topics
1. Endometriosis and Chronic Pelvic Pain
2. Human sexuality, sexual assault and domestic violence
3. Induced Abortion
4. Spontaneous Abortion
5. Ectopic pregnancy

Week 3 Reading Assignments
I. Obstetrics and Gynecology Beckman et al
   a. Section IV
      Chapters 31 and 32, 35 36
   b. Section II
      Chapter 19
II. Uptodate
   a. Evaluation of chronic pelvic pain in women
   b. Treatment of chronic pelvic pain in women

Week 4 Topics
1. Normal Maternal- Fetal Physiology
2. Preconception and Antepartum Care
3. Genetics and Genetic disorders in OB/Gyn
4. Intrapartum Care
2. Common pregnancy complications including Hyperemesis, UTI, cholestasis, pica
3. Abnormal Labor and Intrapartum fetal Surveillance including Fetal monitoring
4. Fetal Growth Abnormalities: IUGR and Macrosomia
Week 5 Topics
1. Pain management in labor and delivery
2. Complications of early onset labor or contractions
3. Failure to progress
4. Puerpel Fever and infection
5. Induction – indications and methods, risks, benefits
6. Surgical Vaginal Deliveries: forceps and vacuum and C-Sections
7. Dystocia – define and describe management, know management options
8. Third trimester bleeding and postpartum hemorrhage

Week 6 Topics
1. Preeclampsia and HTN in pregnancy
2. Gestational Diabetes
3. Preterm labor
4. Post term pregnancy
4. Perinatal Psychiatric issues – including postpartum blues, depression and psychosis,
5. Normal Postpartum Care and Immediate care of the newborn

Weeks 4-6 Reading Assignments
I. Beckman et al
   a. Section II
      Chapters 5-18 (9 is covered in previous week)
   b. * Optional reading -
      Section III
      Section VI

II. UpToDate
   a. Clinical features and evaluation of nausea and vomiting of pregnancy
   b. Treatment and outcome of nausea and vomiting of pregnancy
   c. Exercise during pregnancy and the postpartum period: Practical recommendations
   d. Fish consumption during pregnancy
   e. Clinical manifestations and diagnosis of early pregnancy
   f. Calculator: Estimated date of delivery (EDD) pregnancy calculator
   g. Calculator: Gestational age from estimated date of delivery (EDD)

III. Foundations of Osteopathic Medicine
   a. Chapter 63 Lower Extremity Swelling in Pregnancy (Kindle Locations 1141-1142)
   b. Chapter 64 Low Back Pain in Pregnancy (Kindle Location 1153)

IV. JAOA: Original Contribution Osteopathic Manipulative Treatment in Prenatal Care: A Retrospective
Case Control Design Study Hollis H. King, DO, PhD; Melicien A. Tettambel, DO; et al. Link on BB
organization.

V. Underground Med U Surgical short videos
   a. Prenatal Visits
   b. Stages of Labor
   c. Postpartum Checks
OB-GYN Required Med-U Cases

1. FM Case 32
   33-year-old female with painful periods – Ms. Tomlin
   Corresponds to topics from Week 1

2. Simple Case 14
   Pre-college physical for 18-year-old female – Ms. Pham
   Corresponds to topics from Week 2

3. FM Case 17
   55-year-old, post-menopausal female with vaginal bleeding - Mrs. Parker
   Corresponds to topics from Week 3

4. FM Case 2
   45-year-old female annual exam - Mrs. Payne
   Corresponds to topics from Week 1,2,3

5. FM Case 12
   16-year-old female with vaginal bleeding and UCG
   Corresponds to topics from Week 2,3,4

6. FM Case 14
   35-year-old female with missed period - Ms. Rios
   Corresponds to topics from Week 4,5,6

7. FM Case 30
   Labor and delivery - Mrs. Gold
   Corresponds to topics from Week 4,5,6

8. FM Case 24
   4-week-old female with fussiness - Amelia Arlington
   Corresponds to topics from Week 6

*Note that there are a total of 8 cases for this 6 week rotation. While some cases correspond to topics from a single week, other cases overlap with topics from multiple weeks. You may choose to work on cases based on patient seen during the week for maximum correlation. Alternately you can simply work through the cases at a rate of 1.5 cases per week.
CLASS OF 2016 OBSTETRICS AND GYNECOLOGY COMAT OBJECTIVES
The examinee will be required to demonstrate the ability to apply:

1) Foundational content knowledge to situations and patient presentations encountered in clinical settings and important to Obstetrics and Gynecology.
2) Foundational content knowledge and clinical problem-solving ability as related to particular physician tasks critical to Obstetrics and Gynecology.
3) Knowledge and clinical problem-solving as related to the Fundamental Osteopathic Medical Competency Domains, including osteopathic principles and practice and OMT, osteopathic medical knowledge, interpersonal and communication skills, practice-based learning and improvement, systems-based practice, professionalism and patient care.
(http://www.nbome.org/docs/NBOME Fundamental Osteopathic Medical Competencies.pdf)
4) Osteopathic principles and practice in commonly encountered patient care scenarios.

For COMAT-Obstetrics and Gynecology, the examinee will be required to demonstrate the ability to diagnose and manage selected patient presentations and clinical situations involving, but not limited to:

a. Normal Obstetrics: preconception, antepartum, intrapartum, and postpartum care; history and physical examination; maternal-fetal physiology; preventive care, nutrition and lactation
d. General Gynecology: normal gynecology, family planning, adolescent issues and development,
e. issues of domestic violence and sexual assault, breast diseases, vulvar/vaginal diseases, sexually transmitted infections, urinary tract disorders, screening and preventive care, menstrual cycle and premenstrual syndrome, somatic dysfunction and viscerosomatic relationships
f. Reproductive Endocrinology: menopause, normal/abnormal uterine bleeding, and infertility
g. Gynecologic Oncology: cervical, uterine and ovarian disease and neoplasm and gestational h. trophoblastic neoplasia

These objectives are from the NBOME website and do not reflect any changes on the part of TUCOM faculty.
Psychiatry

CLIN 705
6.00 units
Spring 2014 and Fall 2015 and co2016
Touro University CA – College of Osteopathic Medicine

Course Coordinator:
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Assistant professor CED
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Office Hours: Virtual through BB IM
Open door policy, and 9 am –12 pm Mondays except holidays
Guest Instructors:
Adjunct Faculty
Core Rotation Sites
Contact site administrators

COURSE DESCRIPTION

Core clinical sites for the psychiatry rotation offer a range of experiences. The overall goal of the didactic portion of the rotation is to create a forum in which a consistent set of objectives can be learned. Students will rotate in assigned clinical settings in order to complete the required third year psychiatry clerkship. Psychiatry preceptors will specify site requirements for the clerkship and will see that students are provided with an appropriate level of clinical and didactic experience. To ensure consistency among psychiatry clerkship experiences, this standardized curriculum is provided. In order to successfully complete the required third year Psychiatry rotation, all students must fulfill requirements specified by their preceptor and complete the required elements of the standardized curriculum as outlined below.

TUCOM Mission Statement
The Mission of Touro University Osteopathic Medicine Program is to prepare students to become outstanding osteopathic physicians who uphold the values, philosophy and practice of osteopathic medicine and who are committed to primary care and the holistic approach to the patient. The program advances the profession and serves its students and society through innovative pre-doctoral and post-doctoral education, research, community service, and multidisciplinary and osteopathic clinical services.

Alignment of Course Outcomes and Competencies with TUCOM Mission
The curricula for all of the core courses during the clinical years are aligned with the TUCOM Mission. Each course is subject focused, and, the curriculum will guide students in gaining a balance between subject specific specialty topics and the important concepts that outstanding osteopathic physicians, committed to primary care should understand. This curricula aims to allow students to maintain a holistic approach to patient care, and to concentrate medical knowledge supported by a foundation of osteopathic principles and practices. Students should understand that basic osteopathic tenets, such as understanding normal anatomy and all of its branches (embryology, physiology, biochemistry, etc) and reasoning from normal, will guide them to be successful in clinical practice. Students are directed to focus on finding health throughout clinical reasoning and differential diagnoses. This curriculum encourages self-directed learning, and fosters students to seek their own best practices in lifelong learning and personal development.

COURSE LEARNING OUTCOMES

By the end of the course in Psychiatry the student will:

1. Obtain a complete psychiatric history in a manner that facilitates formation of a therapeutic alliance. Recognize relevant physical findings, and perform a complete mental status examination. (AOA; 3)
2. Use osteopathic medical knowledge, best medical evidence, and osteopathic principles and practices in the diagnosis and management of mood and anxiety disorders and of childhood developmental disorders. Use osteopathic practices as an additional management tool for patients with psychiatric complaints. (AOA; 1,3)
3. Identify psychopathology, formulate differential diagnoses, and develop assessment and treatment plans for psychiatric patients. Explain the importance of Osteopathic principles and philosophy in diagnosis and treatment plan development. (AOA; 1,2,3)

4. Use laboratory testing, imaging tests, psychological tests, and consultation to assist in the diagnosis of persons with neuropsychiatric symptoms. (AOA; 3)

5. Assess and begin emergency management and referral of a person with neuropsychiatric symptoms. (AOA; 3)

6. Recognize the psychiatric manifestations of brain disease of known etiology or pathophysiology, and state the evaluation and initial management of these neuropsychiatric disorders. (AOA; 2,3)

7. Identify, clinically evaluate, and treat the neuropsychiatric consequences of substance abuse and dependence. (AOA; 3)

8. Recognize, evaluate, and discuss management options for persons with psychosis associated with schizophrenic, affective, general medical, and other psychotic disorders. (AOA; 2,3)

9. Recognize, evaluate, and state the treatments for patients with mood disorders and anxiety disorders. (AOA; 2,3)

10. Diagnose somatoform disorders and explain appropriate principles of management. (AOA; 2,3)

11. Define dissociation, state its psychological defensive role, and discuss the clinical syndromes with which it is associated. (AOA; 2)

12. Summarize the distinguishing clinical features, evaluation, and treatment of patients with eating disorders. (AOA; 2,3)

13. Recognize maladaptive traits and interpersonal patterns that typify personality disorders, and discuss strategies for caring for patients with personality disorders. (AOA; 2,3)

14. Summarize the unique factors essential to the evaluation of children and adolescents, and diagnose the common childhood psychiatric disorders. (AOA; 3)

15. Discuss the structure of the mental health system and legal issues important in the care of psychiatric patients. (AOA; 7)

16. Summarize the indications, basic mechanisms of action, common side effects, and drug interactions of each class of psychotropic medications and explain how to select and use these agents to treat mental disorders. (AOA; 2,3)

17. Explain the principles and techniques of the psychosocial therapies to patients. Make a referral when indicated. (AOA; 3)

18. Work effectively with other health professionals in settings including group therapy, inpatient psychiatric wards. Collaborate with other inpatient teams and clinics to offer psychiatric consultation on patients with organic diagnoses. (AOA; 3,4)

19. Experience maturation in clinical and personal development through working with patients with psychiatric conditions. Use self-reflection and the support of attendings and other mentors on the psychiatric rotation to address personal biases towards psychiatric illness. (AOA; 5)

20. Apply evidence-based medicine to determine whether it is appropriate to use psychotherapy, pharmaceuticals or osteopathic treatments in various clinical encounters with patients who have psychiatric disorders. (AOA, 6)

Adapted from objectives by ADMSEP (http://www.admsep.org/appendix.html)

**AOA Competencies Addressed**
The following competencies are addressed in this course:

1. Osteopathic Philosophy/Osteopathic Manipulative Medicine
2. Medical Knowledge
3. Patient Care  
4. Interpersonal and Communication Skills  
5. Professionalism  
6. Practice-based Learning and Improvement  
7. Systems Based Practice  

TEACHING METHODS  

1. Clinical rotations and associated didactic activities  
2. Online interactive cases - Med-U  
3. Reading Assignments  
4. Self-Directed PowerPoint presentation and web site links  

Required Assignments  
1. Reading Assignments  
2. PowerPoint Lectures on OMM principles and practice  
3. Logs  
4. Med-U cases  
5. COMAT examination  
6. Associated Callback assignments**  

** Certain Assignments associated with the Callback grade should be completed during your family medicine rotation or prior to it.  

TEXTBOOKS AND SUPPLEMENTAL MATERIALS  

1. Diagnostic and Statistical Manual of Mental Disorders 5th Edition (Text Revision) (DSM-V-TR)  
2. Introductory Textbook of Psychiatry Andreasen & Black & 6th  
3. UpToDate Inc Version 18.3 2011  
5. Board review book recommended.  

Online Resources  
Other Resources
1. BB and links
2. E-Value
3. Med-U

Other Course Specific Requirements
1. Attendance - see Clinical Rotations Manual. No more than three days absence is allowed.
2. Participation - full participation as directed by Adjunct Faculty and completion of required assignments on time.
3. Clothing - Professional attire, white coats.
4. Equipment - Stethoscope, reflex hammer, Computer and internet access

Assessment and Grading
Three criteria must be met to pass the rotation. A cumulative score of 70% on all elements of the rotation must be received. A Pass grade must be received on the CPE. Finally, all assignments must be completed to pass the rotation.

Weighted Percentages
The weighted percentages of all Core course components are as follows:

<table>
<thead>
<tr>
<th>Component</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Performance Evaluation</td>
<td>45%</td>
</tr>
<tr>
<td>Student Site Evaluation(s)</td>
<td>2.0%</td>
</tr>
<tr>
<td>Med U cases</td>
<td>8.0%</td>
</tr>
<tr>
<td>Logs</td>
<td>10.0%</td>
</tr>
<tr>
<td>COMAT Post Rotation Examination</td>
<td>35%</td>
</tr>
<tr>
<td>Course total</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

You cannot pass the rotation without completing all components. This means that even if you are late, and will get 0 points, you have to complete each component in order to pass the rotation. There are steep grade deductions for late materials and any single incomplete component will prevent your grade from being recorded.
CLASS OF 2016 PSYCHIATRY TOPICS LIST

Week 1
1. Interviewing skills
2. Psychiatric history, physical, and the mental status examination
3. Diagnosis, classification, and treatment planning
4. Diagnostic testing
5. Community and forensic psychiatry
6. Psychopharmacology
7. Psychotherapies
8. Osteopathic approach to Psychiatry
9. Osteopathic primary care approach to stress management

Week 2
1. Psychiatric emergencies
2. Delirium, dementia, and amnestic and other cognitive disorders
3. Substance-related disorders
4. Schizophrenia and other psychotic disorders
5. Mood disorders
6. Anxiety disorders

Week 3
1. Somatoform and factitious disorders
2. Dissociative and amnestic disorders
3. Eating disorders
4. Personality disorders

Week 4
1. Child and adolescent psychiatry
2. Sexual dysfunctions and paraphilias

Topics are divided by week for simplicity. You should not necessarily use this as a determining factor of when to read about each topic. Learning is most effective when you choose reading, or assignments such as Med-U cases, to reinforce your clinical experience as you progress through your rotation. Do try to cover all these topics well, and consult a board review book for an overview of all topics to study to prepare for the COMAT and your Boards.
CLASS OF 2016 PSYCHIATRY LOGS: PROCEDURES AND DIAGNOSES

Psychiatry Procedures
Psych: Written Note: Progress or SOAP note
Psych: ADD assessment
Psych: ADHD Assessment
Psych: Assessment of Patient's decision-making capacity
Psych: Complete History
Psych: Comprehensive Mental Status Examination
Psych: Develop a differential diagnosis
Psych: Evidence based depression Screening
Psych: Evidence based Substance abuse screening
Psych: Focused Neurologic examination
Psych: Group therapy session
Psych: Individual counseling or therapy session
Psych: Lifestyle health risk Assessment
Psych: Mini Mental Status Examination
Psych: Other
Psych: Patient Counseling: Lifestyle changes to promote mental health
Psych: Screen for physical abuse
Psych: Screen for suicidal ideation
Psych: Use CAGE for alcohol screen
Psych: Written Note: MSE

Psychiatry Diagnoses
Psych: ADHD
Psych: Adjustment Disorder
Psych: Alcohol Abuse
Psych: Amnestic Disorders
Psych: Asperger’s
Psych: Autism
Psych: Bipolar Disorder
Psych: Child Abuse
Psych: Delirium
Psych: Dementia
Psych: Dissociative disorders
Psych: Dysthymia
Psych: eating disorder
Psych: Factitious Disorders
Psych: GAD
Psych: Grief reaction
Psych: Major Depression
Psych: Other
Psych: Panic Attacks
Psych: personality disorder
Psych: Postpartum depression
Psych: SAD
Psych: Schizophrenia
Psych: Somatoform disorder
Psych: Substance Abuse
Psych: Suicide
Reading Resources
1. Diagnostic and Statistical Manual of Mental Disorders 5th Edition (Text Revision) (DSM-V-TR)
2. CURRENT Diagnosis & Treatment: Psychiatry, 2e
   Michael H. Ebert, Peter T. Loosen, Barry Nurcombe, James F. Leckman
4. UpToDate
5. Foundations for Osteopathic Medicine AOA 3rd Edition

Online Resources
1. Osteopathic Principles PowerPoint Presentations - See BB organization
   All assigned lectures are based on the text: Somatic Dysfunction in Osteopathic Family Medicine. Nelson KE, Glonek T, eds. Baltimore, MD: Lippincott, Williams & Wilkins; 2007 Edited and sponsored by the ACOFP
2. Article Collection on multiple psychiatry topics - see Black Board
   * These articles are currently only required at Fairfield and Vallejo rotation sites.
CLINICAL ROTATION MANUAL FOR FACULTY AND STUDENTS

CLASS OF 2016 PSYCHIATRY SUGGESTED RESOURCES AND READING ASSIGNMENTS

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Preparation for COMAT
It is required that students pass COMAT. In order to ensure they are prepared we highly recommend that students select a board review book and study from it throughout the rotation. It is also recommended that students do practice questions using COMBANK or some other reputable resource.

Clinical Resources
The Boards and the COMAT examination are just one aspect of medical training and assessment. While a board review system is appropriate and important for these examinations, it is not sufficient to ensure students are becoming a well-trained physicians.

Selected Resources
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6. Psychopharmacology
7. Psychotherapies
8. Osteopathic approach to Psychiatry
9. Osteopathic primary care approach to stress management

Week 1 Reading Assignments
I. CURRENT Diagnosis & Treatment: Psychiatry, 2e
   a. Chapter 4. The Psychiatric Interview
   b. Chapter 9. Psychopharmacologic Interventions
   d. Chapter 11. Psychodynamic and Social Interventions
II. DSM-V TR® Handbook of Differential Diagnosis
   a. Chapter 1. Differential Diagnosis Step by Step
   b. Chapter 2. Section 29 Decision Tree for Etiological Medical Conditions
   c. 2.11 Decision Tree for Suicidal Ideation or Behavior
   a. Chapter 1. The Psychiatric Interview and Mental Status Examination
   b. Chapter 2. DSM-5 as a Framework for Psychiatric Diagnosis
   c. Chapter 3. Psychological Assessment
   d. Chapter 4. Laboratory Testing and Imaging Studies in Psychiatry
   e. Chapter 6. Clinical Issues in Psychiatry and the Law
   f. Chapter 7. Ethical Aspects of Clinical Psychiatry
   g. Chapter 36. Treatment of Culturally Diverse Populations
IV. Foundations of Osteopathic Medicine
   a. Chapter 17 Psychoneuroimmunology — Basic Mechanisms (Kindle Locations 378-379)
Week 2 Topics
1. Psychiatric emergencies
2. Delirium, dementia, and amnestic and other cognitive disorders
3. Substance-related disorders
4. Schizophrenia and other psychotic disorders
5. Mood disorders
6. Anxiety disorders

Week 2 Reading Assignments
I. CURRENT Diagnosis & Treatment: Psychiatry, 2e
   a. Chapter 48. Emergency Psychiatry
   b. Chapter 14. Delirium, Dementia, and Amnestic Syndromes
II. DSM-V-TR® Handbook of Differential Diagnosis
   a. Chapter 2
      1. 2.3 Decision Tree for Speech Disturbance
      2. 2.5 Decision Tree for Delusions
      3. 2.7 Decision Tree for Catatonic Symptoms
      4. 2.8 Decision Tree for Elevated or Expansive Mood
      5. 2.9 Decision Tree for Irritable Mood
      6. 2.10 Decision Tree for Depressed Mood
      7. 2.13 Decision Tree for Anxiety
      8. 2.14 Decision Tree for Panic Attacks
      9. 2.15 Decision Tree for Avoidance Behavior
     10. 2.19 Decision Tree for Insomnia
     11. 2.23 Decision Tree for Aggressive Behavior
     12. 2.24 Decision Tree for Impulsivity or Impulse-Control Problems
   b. Chapter 3 Differential Diagnosis by the Tables
      1. Bipolar and Related Disorders
      2. Depressive Disorders
      3. Anxiety Disorders
      4. Schizophrenia Spectrum and Other Psychotic Disorders
   a. Chapter 23. Substance-Related And Addictive Disorders
   b. Chapter 24. Neurocognitive Disorders
   c. Chapter 9. Schizophrenia Spectrum and Other Psychotic Disorders
   d. Chapter 10. Bipolar and Related Disorders
   e. Chapter 11. Depressive Disorders
   f. Chapter 12. Anxiety Disorders
IV. UptoDate Articles
   a. Postpartum Blues and Depression
   b. Seasonal Affective Disorder
   c. Grief and Bereavement

Week 3 Topics
1. Somatoform and factitious disorders
2. Dissociative and amnestic disorders
3. Eating disorders
4. Personality disorders

**Week 3 Reading Assignments**

   a. Chapter 15. Dissociative Disorders
   b. Chapter 16. Somatic Symptom and Related Disorders
   c. Chapter 17. Feeding and Eating Disorders
   d. Chapter 25. Personality Disorders

II. *DSM-V-TR® Handbook of Differential Diagnosis*
   A. Chapter 3 Differential Diagnosis by the Tables
      1. Somatic Symptom and Related Disorders
      2. Personality Disorders

**Week 4 Topics**
1. Child and adolescent psychiatry
2. Sexual dysfunctions and paraphilias

**Week 4 Reading Assignments**

   a. Chapter 5. Normal Child and Adolescent Development
   b. Chapter 8. Neurodevelopmental Disorders
   c. Chapter 20. Sexual Dysfunctions
   d. Chapter 22. Disruptive, Impulse-Control, and Conduct Disorders
   e. Chapter 34. Treatment of Children and Adolescents

II. Up-to-date
   a. Diagnosis of autism spectrum disorders
   b. Attention deficit hyperactivity disorder in children and adolescents: Overview of treatment and prognosis
   c. Asperger syndrome (a specific autism spectrum disorder): Management and prognosis in children and adolescents
   d. Autism spectrum disorders in children and adolescents: Overview of management

III. *CURRENT Diagnosis & Treatment: Psychiatry, 2e*
   a. Chapter 34. Autism and the Pervasive Developmental Disorders
   b. Chapter 35. Attention-Deficit/Hyperactivity Disorder
Required Psychiatry Med-U Cases

**Week 1**
1. FM Case 29
   72-year-old male with dementia - Mr. Marshall

**Week 2**
1. Simple Case 5
   55-year-old man with fatigue - Mr. Kish
2. FM Case 3
   65-year-old female with insomnia - Mrs. Gomez

**Week 3**
No cases

**Week 4**
1. CLIPP Case 28
   18-month-old with developmental delay - Anton
2. CLIPP Case 4
   8-year-old well-child check - Jimmy
CLASS OF 2016 PSYCHIATRY COMAT OBJECTIVES

Based on general learner-centered objectives, as outlined in the COMAT-Psychiatry Examination Blueprint (http://www.nbome.org/docs/COMAT-Psychiatry.pdf), the examinee will be required to demonstrate the ability to apply:

1. Foundational content knowledge to situations and patient presentations encountered in clinical settings and important in Psychiatry.
2. Foundational content knowledge and clinical problem-solving ability as related to particular physician tasks critical in Psychiatry.
3. Knowledge and clinical problem-solving as related to the Fundamental Osteopathic Medical Competency Domains, including osteopathic principles and practice and OMT, osteopathic medical knowledge, interpersonal and communication skills, practice-based learning and improvement, systems-based practice, professionalism and patient care. (http://www.nbome.org/docs/NBOME Fundamental Osteopathic Medical Competencies.pdf)

For COMAT-Psychiatry, the examinee will be required to demonstrate the ability to diagnose and manage selected patient presentations and clinical situations involving, but not limited to:

   a. Health Promotion Disease Prevention/Health Care Delivery: assessment of dangerousness, genetic counseling, cross-cultural issues, physician-patient relationship, health care financing and cost effectiveness, and medical ethics
   b. History and Physical Examination: assessment methods (laboratory, neuroimaging, neurophysiologic, and psychological testing), interviewing, rating scales, assessment of physical findings and historical information, mental status examination, structural examination and DSM diagnosis
   c. Management: evidence-based decision-making, psychosocial interventions, clinical psychopharmacology, treatment complications, osteopathic manipulative treatment and treatment guidelines/best practices
   d. Scientific Understanding of Mechanisms: mental health epidemiology, psychosocial foundations, neurobiological foundations, epigenetics, viscerosomatic relationships and other osteopathic principles
   e. Common Psychiatric Conditions: disorders presenting in the pediatric age group; delirium, dementia, amnestic and related disorders; psychiatric illness due to a general medical condition, somatic dysfunction in psychiatric conditions, substance-related disorders, eating disorders, sexual disorders, mood disorders, anxiety disorders, somatoform disorders, adjustment disorders and personality disorders

These objectives are from the NBOME website and do not reflect any changes on the part of TUCOM faculty.
Pediatrics

CLIN 707 - CLIN 712 and CLIN 704
9 Credits
Spring and Fall, 2014/2015 and co2016
Touro University CA – College of Osteopathic Medicine

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**COURSE DESCRIPTION**

The Pediatric Course offers a range of clinical experiences, didactic sessions, reading, and exercises covering core pediatric topics. Students will rotate in assigned clinical settings in order to complete the required third year clerkship. Preceptors will specify site requirements for the clerkship and provide students with an appropriate level of clinical experiences. The standardized curriculum is provided to ensure consistency among pediatric clerkship experiences. In order to successfully complete the required third year rotation, all students must fulfill requirements specified by their preceptor AND complete the required elements of the standardized curriculum as outlined in this syllabus.

**TUCOM Mission Statement**

The Mission of Touro University Osteopathic Medicine Program is to prepare students to become outstanding osteopathic physicians who uphold the values, philosophy and practice of osteopathic medicine and who are committed to primary care and the holistic approach to the patient. The program advances the profession and serves its students and society through innovative pre-doctoral and post-doctoral education, research, community service, and multidisciplinary and osteopathic clinical services.

**Alignment of Course Outcomes and Competencies with TUCOM Mission**

The curricula for all of the core courses during the clinical years are aligned with the TUCOM Mission. Each course is subject focused, and, the curriculum will guide students in gaining a balance between subject specific specialty topics and the important concepts that outstanding osteopathic physicians, committed to primary care should understand. This curricula aims to allow students to maintain a holistic approach to patient care, and to concentrate medical knowledge supported by a foundation of osteopathic principles and practices. Students should understand that basic osteopathic tenets, such as understanding normal anatomy and all of its branches (embryology, physiology, biochemistry, etc) and reasoning from normal, will guide them to be successful in clinical practice. Students are directed to focus on finding health throughout clinical reasoning and differential diagnoses. This curriculum encourages self-directed learning, and fosters students to seek their own best practices in lifelong learning and personal development.

**COURSE LEARNING OUTCOMES**

The learning outcomes of the Pediatric Course are based on the seven core competencies of the AOA. The clerkship learning outcomes are listed with the corresponding core competencies noted in parentheses. Upon completion of this course, the third year osteopathic medical student will be able to:

1. Identify normal and abnormal growth and development (physical, physiologic and psychosocial) from birth through adolescence. (AOA; 2)
2. Diagnose and initiate management of common acute and chronic pediatric illnesses, recognizing age-specific epidemiological differences in the care of infants, children, and adolescents. (AOA; 3)
3. Explain the influence of family, community, and society on the child in health and disease. (AOA; 1,3)
4. Demonstrate development of communication skills that will facilitate clinical interaction with children, adolescents, and their families with a focus on obtaining complete and accurate data. (AOA; 4)

5. Perform and document a complete age-appropriate history and physical examination of infants, children, and adolescents. (AOA; 1,3)

6. Use clinical findings and interpretation of laboratory and radiologic testing to generate an appropriate diagnostic and management plan. (AOA; 1,3)

7. Give verbal patient presentations and write encounter notes demonstrating how pertinent findings inform diagnostic reasoning. (AOA; 3,4)

8. Describe high yield pediatric health promotion and disease prevention strategies. (AOA; 3)

9. Behave professionally towards colleagues, staff, and patients and display attitudes appropriate for clinical practice in the care of children. (AOA; 5)

10. Access the primary medical literature and apply principles of evidence-based medicine to the care of children. (AOA; 6)

More specific Pediatric Course objectives are described in the Clinical Pediatrics Objectives Map.

AOA Competencies Addressed

The following competencies are addressed in this course:

1. Osteopathic Philosophy/Osteopathic Manipulative Medicine
2. Medical Knowledge
3. Patient Care
4. Interpersonal and Communication Skills
5. Professionalism
6. Practice-based Learning and Improvement
7. Systems Based Practice

TEACHING METHODS

1. Clinical rotations and associated didactic activities
2. Online interactive cases – Med –U Computer-assisted Learning in Pediatrics Program (CLIPP) cases
3. Reading Assignments
4. Self-Directed PowerPoint presentation and web site links

Required Assignments

1. Reading Assignments
2. PowerPoint Lectures on OMM principles and practice
3. Logs
4. Med-U CLIPP cases
5. COMAT examination
6. Associated Callback assignments**

** Case Conference Webinars are associated with the Callback grade and should be completed during the student’s Pediatric Clerkship. There will be five interactive case conferences. Students rotating within
50 miles of the Touro University campus will be expected to physically attend, while all others will participate via web-based interaction. Students will be selected at random to present a case seen on their clinical rotation. An interactive discussion will follow the case presentation. All students are expected to come prepared with a case to present. Attendance and participation is mandatory. Students may be granted an excused absence if permission is obtained from the clerkship directors prior to the conference. Students who have an excused absence to miss the session will be expected to complete a make-up assignment. Those students who miss any of the didactic sessions without an excused absence will not receive a grade for the Pediatric Core Course until they have attended an additional didactic session (one that most likely takes place after they have competed the full 6 weeks of their Pediatric Core Clerkship).

**TEXTBOOKS AND SUPPLEMENTAL MATERIALS**

The following resources are recommended for use on the Pediatric Clerkship. *Nelson Essentials of Pediatrics* is considered the core text and the student is expected to be familiar with material in that text. The supplemental resources are suggested as either unabridged compendia of information on pediatric disease (C), concise reviews of key topics (R), validated education/self-assessment tools (T), or essential pediatric resources that all osteopathic physicians should be familiar with (E). Recommended reading assignments can be found on the Clerkship Curriculum Map.

**Reading Resources**

3. [UpToDate](#) (R)

**Online Resources**

1. [Computer-assisted Learning in Pediatrics Program](#) (CLIPP) Cases (T)
2. PowerPoint presentations (R) created by Touro University and adjunct faculty and made available for medical student review (on Blackboard)
4. [Pediatrics in Review](#) (R) – Excellent review articles on a variety of Pediatric topics. Dr. Malouf used this to study for his third year pediatric shelf exam.
5. [Pediatric Care Online](#) – An excellent rapid resource for information on a variety of pediatric topics. Has an associated mobile app.

**OTHER COURSE SPECIFIC REQUIREMENTS**

1. Attendance - see Clinical Rotations Manual. No more than three days absence is allowed.
2. Participation - full participation as directed by Adjunct Faculty and completion of required assignments on time.
3. Clothing - Professional attire, white coats, and name tags.
4. Equipment - Stethoscope, reflex hammer, computer and internet access
ASSessment and Grading

Three criteria must be met to pass the rotation. A cumulative score of 70% on all elements of the rotation must be received. The CPE must designate a grade of “Pass”. Finally, all assignments must be completed to pass the rotation.

Weighted Percentages

The weighted percentages of all Core course components are as follows:

<table>
<thead>
<tr>
<th>Component</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Performance Evaluation</td>
<td>45%</td>
</tr>
<tr>
<td>Student Site Evaluation(s)</td>
<td>2.0%</td>
</tr>
<tr>
<td>Med U cases</td>
<td>8.0%</td>
</tr>
<tr>
<td>Logs</td>
<td>10.0%</td>
</tr>
<tr>
<td>COMAT Post Rotation Examination</td>
<td>35%</td>
</tr>
<tr>
<td><strong>Course total</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

Students cannot pass the rotation without completing all components. This means that even an assignment is late, and will not be given points, the student still must complete it and all components in order to pass the rotation. There are steep grade deductions for late materials and any single incomplete component will prevent the student’s grade from being recorded.

Distinguished Student Award:
The Division of Pediatrics offers the Pediatric Distinguished Student Award. This award is designed to honor a senior medical student who intends to enter a pediatric residency and has demonstrated superior performance in his or her activities as a medical student. Pediatrics evolved as a specialty because children have unique physiologic, biochemical, and psychosocial needs which reflect dynamics of change during growth and development. The recipient of the Pediatric Distinguished Student Award should demonstrate a sound grasp of these concepts as well as skill in applying them to the care of children. Awardees should have completed their pediatric core clerkship and demonstrated exceptional ability and potential for future contributions to the specialty of pediatrics.
CLASS OF 2016 PEDIATRICS: PROCEDURES AND DIAGNOSES

PEDS: Perform a developmental *surveillance* screen.
PEDS: Graph and interpret a child’s height, weight, and head circumference or BMI.
PEDS: Evaluate the results of a screening test for one of the following: Anemia, Lead, Vision, Hearing
PEDS: Perform an adolescent HEADSS exam, including a discussion of confidentiality - *At the discretion of your pediatric preceptor.*
PEDS: Using gender, age, and height percentile, determine if a child’s blood pressure is elevated.
PEDS: Describe a cardiac murmur.
PEDS: Identify signs of respiratory distress.
PEDS: Calculate the daily caloric intake of an infant.
PEDS: Perform healthy lifestyle counseling for an obese or overweight child - *At the discretion of your pediatric preceptor.*
PEDS: Use clinical factors to assess the degree of dehydration in a child.
PEDS: Using the appropriate nomogram, determine if a child needs phototherapy based on their bilirubin level.
PEDS: Assess the following primitive reflexes: moro, grasp, suck, rooting.
PEDS: Perform an infant hip exam including Ortolani and Barlow maneuvers.
PEDS: Assess a child for the presence of strabismus using the corneal light reflex and cover test.
PEDS: Calculate a child’s mean parental height.
PEDS: Determine an adolescent’s sexual maturity rating (Tanner) stage.
PEDS: Assess an Infant’s Red Reflex
PEDS: Perform a neonatal history including pertinent details of pregnancy, labor, and delivery and problems in the newborn period.
PEDS: Counsel a patient on home safety, car seat or seatbelt use, bicycle safety, smoking risks, or breastfeeding benefits - *At the discretion of your pediatric preceptor.*
PEDS: Incorporate family and community resources when generating a plan of care for a patient.
PEDS: Present a complete, well-organized verbal summary of the patient's history and physical examination findings, including an assessment and plan.
PEDS: Write a history, physical examination, and assessment and plan using a format appropriate to the clinical situation (e.g., inpatient admission, progress note, well child, etc.).
PEDS: Complete a journal article analysis write-up (see syllabus for guidelines).
PEDS: Use the results of a scientific literature search in determining the best diagnostic or therapeutic management for a patient.
PEDS: Obtain a complete history and perform a comprehensive physical exam on an infant.
PEDS: Obtain a complete history and perform a comprehensive physical exam on a child.
PEDS: Obtain a complete history and perform a comprehensive physical exam on an adolescent.
PEDS: Interpret the results of one or more of the following diagnostic tests: CBC, urinalysis, chemistry panel, chest x-ray, abdominal x-ray.
PEDS: Create a differential diagnosis list of at least three items length and explain what clinical factors go for or against the diagnosis.
PEDS: Formulate a *therapeutic* plan appropriate to the working diagnosis.
PEDS: Write admission and daily orders for a hospitalized patient.
PEDS: Write a prescription specific for a child’s weight.
PEDS: Calculate a maintenance IV fluid rate based on a child’s weight or body surface area.
PEDS: Perform OMT in an infant/toddler – *At the discretion of your pediatric preceptor.*
PEDS: Perform OMT in a school-aged child/adolescent – *At the discretion of your pediatric preceptor.*
**PEDIATRIC DIAGNOSES**

PEDS: Acute illness requiring emergency stabilization or intensive care (e.g. shock, ALTE, status asthmaticus)
PEDS: Chronic illness (e.g. congenital heart disease, diabetes, cystic fibrosis, leukemia, sickle cell disease)
PEDS: CNS (e.g. seizures, meningitis, headache)
PEDS: Behavior (e.g. ADHD, autism, enuresis)
PEDS: Dermatologic (e.g. eczema, contact dermatitis)
PEDS: GI (e.g. abdominal pain, gastroenteritis)
PEDS: Growth (e.g. failure to thrive, obesity, short stature)
PEDS: Musculoskeletal (e.g. sprain, fracture)
PEDS: Respiratory (e.g. bronchiolitis, pneumonia)
PEDS: Asthma
PEDS: Fever without a focus
PEDS: Neonatal jaundice
PEDS: Non-accidental trauma
PEDS: Somatic dysfunction
PEDS: Well child check – newborn
PEDS: Well child check – infant or toddler
PEDS: Well child check – school age child
PEDS: Well child check - adolescent
TEXTBOOKS AND/OR SUPPLEMENTAL MATERIALS

The following resources are recommended for use on the Pediatric Clerkship. Nelson Essentials of Pediatrics is considered the core text and the student is expected to be familiar with material in that text. The supplemental resources are suggested as either unabridged compendia of information on pediatric disease (C), concise reviews of key topics (R), validated education/self-assessment tools (T), or essential pediatric resources that all osteopathic physicians should be familiar with (E). Recommended reading assignments can be found on the Clerkship Curriculum Map.

- UpToDate (R)
- Computer-assisted Learning in Pediatrics Program (CLIPP) Cases (T)
- PowerPoint presentations (R) created by Touro University and adjunct faculty and made available for medical student review (on Blackboard)
- Pediatrics in Review (R) – Excellent review articles on a variety of Pediatric topics. Dr. Malouf used this to study for his third year pediatric shelf exam.
- Pediatric Care Online – An excellent rapid resource for information on a variety of pediatric topics. Has an associated mobile app.
### Required Reading for the Pediatric Core Course

<table>
<thead>
<tr>
<th>Topics</th>
<th>Reading</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal Growth</td>
<td>Nelson’s Essentials, Chapter 5: Normal Growth</td>
</tr>
<tr>
<td>Normal Puberty</td>
<td>Nelson’s Essentials, Chapter 67: Overview and Assessment of Adolescents Section: Physical Growth and Development of Adolescents</td>
</tr>
<tr>
<td>Immunizations</td>
<td>Nelson’s Essentials, Chapter 94: Immunization and Prophylaxis</td>
</tr>
<tr>
<td>Pyloric Stenosis</td>
<td>Nelson’s Essentials, Chapter 128: Esophagus and Stomach, Section: Pyloric Stenosis</td>
</tr>
<tr>
<td>Intussusception</td>
<td>Nelson’s Essentials, Chapter 129: Intestinal Tract, Section: Intussusception</td>
</tr>
<tr>
<td>Failure To Thrive</td>
<td>Overweight and Obesity in Children and Adolescents. Prim Care Clin Office Pract (2009); 36: 319-33</td>
</tr>
<tr>
<td>Neonatal Jaundice</td>
<td>Nelson’s Essentials, Chapter 33: Dehydration and Replacement Therapy, Section: Dehydration Nelson’s Essentials, Chapter 62: Anemia and Hyperbilirubinemia, Section: Hyperbilirubinemia</td>
</tr>
<tr>
<td>Atopic Dermatitis</td>
<td>Nelson’s Essentials, Chapter 190: Atopic Dermatitis</td>
</tr>
<tr>
<td>Acne Vulgaris</td>
<td>Nelson’s Essentials, Chapter 189: Acne</td>
</tr>
<tr>
<td>ADHD ( also covered in Psychiatry)</td>
<td>Nelson’s Essentials, Chapter 13: Attention-Deficit/Hyperactivity Disorder</td>
</tr>
<tr>
<td>Autism And Pervasive Development Disorders (including Screening) (also covered in Psychiatry)</td>
<td>Nelson’s Essentials, Chapter 20: Pervasive Developmental Disorders and Psychoses, Section: Autism</td>
</tr>
<tr>
<td>Toxic Ingestion (Acetaminophen, Lead)</td>
<td>Nelson’s Essentials, Chapter 45: Poisoning</td>
</tr>
<tr>
<td>Iron Deficiency Anemia</td>
<td>Diagnosis and Prevention of Iron Deficiency and Iron-Deficiency Anemia in Infants and Young Children (0-3 years of age). Pediatrics (2010); 126(5): 1040-50.</td>
</tr>
<tr>
<td>Condition</td>
<td>Reference</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Hemolytic Uremic Syndrome</td>
<td>Nelson’s Essentials, Chapter 164: Hemolytic Uremic Syndrome</td>
</tr>
<tr>
<td>Nephrotic Syndrome in Children</td>
<td>Nelson’s Essentials, Chapter 162: Nephrotic Syndrome and Proteinuria</td>
</tr>
<tr>
<td>Neuroblastoma</td>
<td>Nelson’s Essentials, Chapter 158: Neuroblastoma</td>
</tr>
<tr>
<td>Renal Neoplasms (Wilm’s Tumor)</td>
<td>Nelson’s Essentials, Chapter 159: Wilm’s Tumor</td>
</tr>
<tr>
<td>Acute Lymphocytic Leukemia</td>
<td>Nelson’s Essentials, Chapter 155: Leukemia</td>
</tr>
<tr>
<td>Brain Tumor</td>
<td>Nelson’s Essentials, Chapter 157: CNS Tumors</td>
</tr>
<tr>
<td>Retinoblastoma</td>
<td>First Aid Cases For the USMLE Step 1: Hematology and Oncology Case 32: Retinoblastoma</td>
</tr>
<tr>
<td>Conjunctivitis</td>
<td>Nelson’s Essentials, Chapter 119: Ocular Infections</td>
</tr>
<tr>
<td>Acute Otitis Media/Otitis Media With Effusion</td>
<td>Nelson’s Essentials, Chapter 105: Otitis Media</td>
</tr>
<tr>
<td>Sepsis in the Neonate</td>
<td>Nelson’s Essentials, Chapter 65: Sepsis and Meningitis</td>
</tr>
<tr>
<td>Croup/ Epiglottitis</td>
<td>Nelson’s Essentials, 107: Croup</td>
</tr>
<tr>
<td>Bronchiolitis</td>
<td>Nelson’s Essentials, 109: Bronchiolitis</td>
</tr>
<tr>
<td>Pertussis</td>
<td>Nelson’s Essentials, 108: Pertussis Syndrome</td>
</tr>
<tr>
<td>Viral Exanthems (Roseola Infantum, Parvovirus, Varicella, Measles, Molluscum Contagiosum)</td>
<td>Nelson’s Essentials, 97: Infections Characterized by Fever and Rash</td>
</tr>
<tr>
<td>TORCH Infections</td>
<td>Nelson’s Essentials, Chapter 66: Congenital Infections</td>
</tr>
<tr>
<td>Septic Arthritis and Osteomyelitis</td>
<td>Nelson’s Essentials, Chapter 117: Osteomyelitis &amp; Nelson’s Essentials, Chapter 118: Infectious Arthritis</td>
</tr>
</tbody>
</table>

* Please see course map on BB for suggested readings on other topics.
Required CLIPP cases

1. Case 2: Infant well child (2, 6, and 9 months) — Asia
2. Case 3: 3-year-old well child check — Benjamin
3. Case 4: 8-year-old well child check — Jimmy
4. Case 5: 16-year-old girl’s health maintenance visit — Betsy
5. Case 6: 16-year-old boy’s pre-sport physical — Mike

Each student must complete a minimum of 10 CLIPP cases during the course of the 6-week course. The five cases listed above must be completed. Additionally, five more cases of the student’s choosing are to be completed.

If less than 10 CLIPP cases are completed during the pediatric rotation, the student will not get credit for the CLIPP cases portion of his or her grade. If any of the required cases are not completed during the pediatric rotation, the student will not get credit for the CLIPP cases portion of his or her grade.
The examinee will be required to demonstrate the ability to apply:
1) Foundational content knowledge to situations and patient presentations encountered in clinical settings and important in Pediatrics.
2) Foundational content knowledge and clinical problem-solving ability as related to particular physician tasks critical to Pediatrics.
3) Knowledge and clinical problem-solving as related to the Fundamental Osteopathic Medical Competency Domains, including osteopathic principles and practice and OMT, osteopathic medical knowledge, interpersonal and communication skills, practice-based learning and improvement, systems-based practice, professionalism and patient care. (http://www.nbome.org/docs/NBOME Fundamental Osteopathic Medical Competencies.pdf)
4) Osteopathic principles and practice in commonly encountered patient care scenarios.

Selected Specific Objectives for COMAT-Pediatrics
For COMAT-Pediatrics, the examinee will be required to demonstrate the ability to diagnose and manage selected patient presentations and clinical situations involving, but not limited to:

1) Normal Growth and Development: developmental milestones (e.g., Denver Developmental examination), puberty and the sequence of physical changes in development (e.g., Tanner scale), health promotion, variants of normal growth in healthy children, screening and disease and injury prevention, and anticipatory guidance and immunizations for newborns, infants, toddlers, school-aged children and adolescents
2) Integument: rashes, lesions and neonatal skin conditions
3) CNS-Behavior/Psychiatry: common behavioral problems, including sleep and colic in infants; tantrums, feeding issues, and potty training in toddlers; attention deficit disorder, encopresis, and oppositional defiant disorder in school-aged children; eating disorders, substance use/abuse, and conduct disorders in adolescents; pervasive developmental disorders, mood and anxiety disorders and headache
4) HEENT: allergies, dental health, congenital anomalies, and ophthalmic and otorhinolaryngologic disorders
5) Cardiology/Respiratory: congenital disorders, neonatal respiratory distress, vascular diseases, and infectious diseases and other inflammatory conditions affecting the respiratory and cardiovascular systems
6) Gastrointestinal: nutrition, obesity, failure to thrive, digestive difficulties, abdominal pain and infectious diseases affecting the gastrointestinal system
7) Renal/Urinary: congenital abnormalities, urinary tract infections, laboratory abnormalities, nephropathy and neoplasms affecting the renal system

These objectives are from the NBOME website and do not reflect any changes on the part of TUCOM faculty.
Callbacks

TUCA-Med 770 (1.5 units)
2014-2015 Academic Year
Materials for TUCOM Class of 2016

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Mitch Hiserote, D.O.
Melissa Pearce D.O.
Tami Hendrikz D.O.
Philip Malouf, M.D.
Eiman Mahmoud M.D.
Teresita Mennini M.D.
Patricia Rehfield, D.O.
Cathy West, M.D. Dr.P.H.
Eduardo Velaques, MD, PhD, MPH
I. **Description**
Callbacks is organized throughout the third year during the student’s core clerkship assignments with distance learning in the form of Webinars in both pediatric and adult medicine and structured physical return to campus by each student over a 2 day period. Callbacks is a 1.5-unit course. The on campus portion of the course consists of didactic sessions, opportunities to socialize, and assessments that both summarize learning to date, and provide feedback for future performance. Each student is required to participate and pass Callbacks in order to graduate. Successful completion of the course is represented on the student’s transcript by the letter grade of P. All students must participate and satisfactorily complete each component including OSCE and OSCE feedback, OMM lab, OMM COMAT Shelf Exam, didactics, Webinars and Post-Calls Evaluations.

II. **Specific Course Components:**

1. **Callbacks Objective Structured Clinical Examination (OSCE) and OSCE Feedback**
The students will have one mandatory OSCE as part of Callbacks. This OSCE will simulate the COMLEX PE, and will help to prepare them for both ongoing clinical rotations and the COMLEX Step 2 PE Exam. Each student will have the opportunity to review their OSCE performance on video review, as well as to get peer review feedback and a grade on their SOAP notes, or other post station, and their performance on the SP checklist. This will give the students an idea of how they may perform during their clinical rotations and on the COMLEX Step 2 PE Exam. Additionally it will allow students a chance at self-reflection and improvement. The OSCE must be taken and passed in order to pass Callbacks. The Call backs are graded by a combination of the following components: 1. Video Review by faculty 2. Rubric designed to flag any student at risk of failing COMLEX PE and to improve performance clinically 3. SP checklist 4. Post station notes 5. Additional video review by select faculty in the event any flags are noted on performance. If the student’s performance on the video review checklist demonstrates red flags noted by at least 3 faculty the student will be required to remediate the OSCE portion of call backs. In the event that they are unable to pass the remediation they will be sent to student promotions to determine what actions are necessary. Students must pass Callbacks in order to graduate.

2. **Osteopathic Manipulative Medicine (OMM) Lab**
The OMM Department develops a lab each year for callbacks that gives the students an opportunity to brush up on their OMM skills, rediscover ways in which they can incorporate more OMM into their clinical rotations and reconnect with our OMM faculty. The students are required to attend an OMM lab during Callback week.

3. **Faculty Advising Sessions**
The faculty and staff of the CED will be available to meet with 3rd year students during the on campus Callbacks experience for advising purposes. There will be sign-up sheets available on the first day, and students are expected to sign-up to meet with a faculty member to discuss their rotations, boards, residency selection, etc. Additionally, the students are encouraged to arrange special meeting times to reconnect with their faculty advisors. To this end, the CED has arranged a formal lunch, on either day one or two, for the students to dine with members of the preclinical faculty.

4. **Group Callback Presentations**
There will be several presentations that will be offered to the entire class. Attendance from the entire class is expected at all of these sessions as important information and relevant material will be delivered that all students should be familiar with. These presentations include: Breakfast with the deans on day one and two of callbacks, meeting with the CED deans presenting strategy and logistics of 4th year planning and residency applications, box lunch session with the CED administrative coordinators and the director of student health, and preparation for part two of the COMLEX by Dr. Hendrickz.

5. **Callback Evaluations**
The students are required to complete an evaluation for Callbacks. This helps with ongoing improvement and focus for the Callbacks course.
6. Online Component of Call Backs
There are a series of required assignments to be completed independently. These are required. They can be found in the Blackboard Organization.

III. Course Learning Outcomes (CLOs)
Individuals successfully completing this course will:

1. Have reviewed the foundational concepts involved in being an outstanding osteopathic physician which include expanding their medical knowledge, clinical reasoning and clinical skills, improving practice based learning and improvement as it relates to primary care, continuing to refine their professionalism and interpersonal communication skills, and reviewing both osteopathic philosophy and practice and OMM.
2. Be able to deliver an assessment of their level of mastery of clinical knowledge and skills as demonstrated by their performance on the OSCE.
3. Have had the opportunity to begin planning and preparing for their future including securing the knowledge to be successful in continued 3rd and 4th year rotations, success on board examinations, and to meet all medical school graduation requirements, and be able to successfully navigate the residency interview and match process.

IV. AOA Competencies Addressed in this Course
- Medical knowledge
- Practice based Learning and improvement
- Patient Care
- Professionalism
- Interpersonal & Communication Skills
- Osteopathic Philosophy and Practice, Osteopathic Manipulative Medicine

V. Teaching Methods
- Interactive large and small group experiences
- Skills labs
- Objective structured clinical examination (OSCE)
- Webinars and online assignments.
- Shelf Examinations

VI. Textbooks and Materials
No textbooks are required.
Workbooks may be provided
Materials and evaluations will be online on Black Board or other websites.

VII. Assessment and Grades
Call backs is Pass Fail however each component must be satisfactorily completed to pass the course. The following are the requirements

1. OSCE – attendance and adequate passing performance as determined by video review rubric and associated materials.
2. Webinars – attendance
3. OMM lab – attendance and adequate professional behavior and OMM skills as determined by faculty.
4. Meetings with faculty and Deans – attendance
5. OMM Shelf exam – passing score of 70%
6. Live lectures – attendance
7. Online assignments – must be completed.
8. Evaluations – completion
VIII. Remediation

Attendance at Callbacks is mandatory. The distance learning program/webinars will be given longitudinally throughout the third year, and the on-campus component will be given on 5-6 different dates during the second half of the OMS III year. In the event that a student has an excused absence, an alternative date will be made available. If a student misses portions of Callbacks without an excused absence, they will be required to remediate through completion of that portion at another time and they will also be required to meet with the TUCOM Professionalism Committee and may receive a negative professional comment on their Dean’s Letter. If they do not pass OSCE or the OMM COMAT they will be required to remediate. If a student fails to satisfactorily complete the OSCE component of Callbacks or the OMM standardized shelf exam, an alternative experience will be made available that will allow them to remediate an OSCE (this may take place at a completely different time period and involve different cases) and retake the national, standardized OMM shelf exam (which will be similar, but not necessarily be the same as the exams given during Callbacks). Furthermore, failure to satisfactorily complete the requirements of Callbacks will jeopardize a student’s progression toward graduation, since the Callbacks course is a requirement of graduation from the college.

IX. Academic Assistance

In addition to course coordinators and faculty, who are the most important contacts for consultation on course-related concerns, other resources are available to students for both academic and non-academic assistance. Students may wish to speak with their assigned faculty advisor or with the Associate Dean of Student Services, Dr. Jim Binkerd (james.binkerd@tu.edu, or call 638-5935 to make an appointment).

Other available resources on campus include:

- The university learning specialist, Mr. Edward Stern (edward.stern@tu.edu, 638-5961)
- The university tutoring program supervisor, Dr. Irene Favreau (irene.favreau@tu.edu, 638-5254)
- The university counselor, Mr. Drew Walther (drew.walther@tu.edu, 638-5822)

X. Textbooks/Supplemental Materials

Students are required to bring their laptops. Their computers will be used for the standardized shelf exams, callback evaluations and possibly attendance at the didactic sessions.

XI. Assessment and Grading

The course is a Pass/Fail course. Each student is required to attend the OSCE, OSCE Feedback, OMM Lab, and to take the OMM shelf exam. It is expected that the students will all of the didactic sessions. All components of Callbacks are considered to be Pass/Fail. Successful completion of the course is represented on the student’s transcript by the letter grade of A.
## Course Map

<table>
<thead>
<tr>
<th>Callback Components</th>
<th>Callback Assessments</th>
<th>Medical Knowledge</th>
<th>Practice Based Learning and Improvement</th>
<th>Professionalism</th>
<th>Interpersonal and Communication Skills</th>
<th>OPP and OMM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Callbacks OSCE</td>
<td>Standardized Patient checklist</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
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<td></td>
<td>Standardized Preceptor checklist</td>
<td>X</td>
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<td>SOAP Note</td>
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<td>X</td>
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<tr>
<td></td>
<td>OSCE Video Review attendance</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Group Callback</td>
<td>Attendance</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Presentations</td>
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<tr>
<td>Shelf Exam</td>
<td>Shelf exam score</td>
<td>X</td>
<td>X</td>
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<tr>
<td>OMM COMAT</td>
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<tr>
<td>OMM Lab</td>
<td>OMM Lab Attendance</td>
<td>X</td>
<td>X</td>
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</tr>
</tbody>
</table>
Appendix A

Osteopathic Medical Student Clinical Performance Evaluation 2014 – 2015

Student: ____________________________ Preceptor: ____________________________ Course #: ____________________________

Site: ____________________________ Clerkship Dates: ____________________________ Specialty: ____________________________

Dean’s Letter Summary (Please note all comments included in this box or the reverse page, unless otherwise labeled, will be put into the students Dean’s Letter verbatim)

*Any additional comments not to be included in the Dean’s Letter, please use reverse side of this form or a separate correspondence and label as such.

- Overall do you feel the student passed the rotation? Yes □ No □ Comments: ____________________________
- Would you recommend that this student receive honors for this clerkship? Yes □ No □ Comments: ____________________________
- Did student miss any dates or call shifts on this rotation? Yes □ No □ Comments: ____________________________

<table>
<thead>
<tr>
<th>Student’s performance by the rotation’s end.</th>
<th>Falls Expectation</th>
<th>Misses Expectation</th>
<th>Meets Expectation</th>
<th>Exceeds Expectation</th>
<th>Master’s Expectation</th>
<th>Honors</th>
<th>No Basis for Opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td>The student participates and performs in didactic sessions.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>The student is able to perform or explain procedures as expected for current level of training.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>The student demonstrates appropriate use of osteopathic manipulative medicine.</td>
<td>☐</td>
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<td>☐</td>
<td>☐</td>
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<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The student applies osteopathic principles to diagnosis and treatment of patients.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The student displays evidence of ongoing awareness of the patient’s condition and progress.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>The student is diligent at carrying out plans and communicating changes with the patient.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The student is knowledgeable about the patient’s condition and differential diagnosis.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>The student shows signs of independent learning.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>The student shows signs of significant learning taking place during the rotation.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>The student displays understanding of the use of evidence in clinical decision making.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>The student refers to bibliographic resources while discussing clinical topics.</td>
<td>☐</td>
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<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>The student has a good work ethic.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>The student comported him/herself in a professional and appropriate manner.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The student is respectful toward peers, co-workers, attending and resident physicians, patients and families.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>The student is able to communicate clearly and effectively to patients, families and co-workers.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>The student is able to perform case presentations in a lucid and focused manner.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>The student understands and behaves appropriately in their role in the system of medical care.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>The student is able to figure out how to accomplish tasks in patient care, at a level commensurate with their degree of advancement.</td>
<td>☐</td>
<td>☐</td>
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</tr>
</tbody>
</table>

Preceptor’s Signature: ____________________________ Date: ____________________________

Evaluation Reviewed with Student? Yes □ No □ Student’s Signature: ____________________________

*Please provide a copy of this evaluation to the student after review.

Mail form to: Office of Clinical Education Touro University-CA College of Osteopathic Medicine, 1310 Club Drive, Vallejo, CA 94592;
Or Email to: mon.skepham@tu.edu; Fax Not Recommended.

If you have any questions, please contact Mon Skepham (Grades Coordinator) phone: 707-638-5293

Clinical Rotation Manual for Faculty and Students

Touro University California 213
Appendix B

Touro University California College of Osteopathic Medicine
Rotation Request Form

*Student Name: Click here to enter text.* ID #: Click here to enter text.* Date Submitted: 5/7/2014

THIS FORM IS DUE NO LESS THAN SIXTY (60) DAYS PRIOR TO THE APPLICATION DEADLINE FOR YOUR VISITING CLERKSHIP OR YOUR 3RD OR 4TH YEAR ROTATION START DATE.

*Rotation (Specialty) Requested: Click here to enter text.* Requested Dates: Click here to enter text.

Course #: Click here to enter text.

Site Name: Click here to enter text.

Address: Click here to enter text.

City: Click here to enter text. State: Click here to enter text. Zip: Click here to enter text.

Phone: Click here to enter text. Fax: Click here to enter text.

Preceptor Full Name & Degree: Click here to enter text.

Preceptor Email Address: Click here to enter text.

Address to send paperwork to

Name: Click here to enter text.

Contact/Coordinator Name: Click here to enter text. Email: Click here to enter text.

Address: Click here to enter text.

City: Click here to enter text. State: Click here to enter text. Zip: Click here to enter text.

Phone: Click here to enter text. Fax: Click here to enter text.

Note: Student may be given some responsibility to assist in paperwork necessary for credentialing of preceptor. Preceptor must be properly credentialed no less than thirty (30) days prior to the anticipated rotation start date or rotation may be cancelled.

______________________________________________________________

Student’s Signature (* required if Rotation Request is submitted not via email): ________________

Approved

Denied

Reason for Denial:

Clinical Education Associate Dean Signature: _______________________________ Date: __________

Submission of this request does not constitute approval.
Research Elective Rotation Application

Clinical Education Department

Research Elective Rotation Overview

Research rotations are an option for elective rotations available to students at Touro University California, College of Osteopathic Medicine. Requirements for approved, supervised research elective rotations, apply to DO students in their third or fourth year.

A. Objectives

During the research elective the student is expected to learn to critically appraise sources of medical information in order to (1) appropriately integrate new information into clinical practice, and (2) to be able to contribute to or collaborate in the development of new knowledge in their respective fields.

Specifically, the student should learn about the

- development
- execution
- data analysis
- interpretation
- and presentation of a research project

by active participation in at least one research project during the Elective Research Rotation training.

Role and Responsibilities

Role of the sponsoring research facility and the preceptor

The sponsoring research facility agrees to provide a preceptor to oversee the student’s research rotation. The preceptor should have expertise in assigned areas, experience and status within the research facility, and an interest in supervising and mentoring.
Research activity selected by the student should meet the facility’s needs as well as the student’s learning objectives. The preceptor will assist the student by providing access to the resources needed for completion of the research project.

At the end of the rotation, the preceptor will evaluate the student by filling the Rotation Evaluation form that should be return to the CED.

Student’s role and responsibilities

The student is expected to:
Assist the preceptor with management of the rotation experience
Provide professional quality work
Abide by the policies and procedures of the research facility

**Research Project**

In addition to this application form, the student must submit a proposal describing the research project.

This proposal should address each of the following:
Introduction and background
Research hypothesis and rationale
Specific methods
Daily schedule of activity during the elective period
Faculty supervisor expertise in the field
Outcomes expected from the research elective (publications, presentation, patent...)

The proposal must be submitted to the Assistant Dean of Clinical Education for review and approval.

**Student Information**

Please provide the following information.

Student Name: ..............................................................................................................

Class of: ...........................................................................................................................

Dates of the research rotation: ...........................................................................................

Site where you will perform your research: ........................................................................
RESEARCH FACILITY AND PRINCIPAL INVESTIGATOR INFORMATION

Principal Investigator / Preceptor:

Name / Title: ..................................................................................................................

Institution: ......................................................................................................................

Department: .................................................................................................................

Address: ......................................................................................................................

.................................................................................................................................

Phone: .........................................................................................................................

Email: ...........................................................................................................................

The curriculum vitae of the Principal Investigator should be presented with this application.

Your supervisor must sign the following statement:

I have review the research elective application request and I agree with the information provided in particular with respect to the nature and degree of participation of the student in this study.

Preceptor name

Signature

Date

For student: documents that have to be submitted to the CED

☐ Rotation request form
☐ Research Elective Application form
☐ Research Proposal
☐ Principal Investigator/Preceptor Curriculum Vitae
Appendix D

TUCOM Abroad Student Handbook
TUCOM Abroad

Student Handbook

A Resource for TUCOM Student International Rotations, Internships and Field Work

Touro University
College of osteopathic Medicine
Global Health Program
About This Handbook
This orientation handbook is published by the TUCOM Global Health Program Office and distributed to all students participating in GHP-administered rotations, field work and internships abroad. TUCOM Global Health Abroad policies and procedures apply to all students participating in international rotations, field work and summer internships abroad on programs administered by TUCOM University. Both students and their faculty supervisors should be familiar with these policies.

The information in this handbook applies to the academic years beginning 2013-2014 and is accurate and current, to the extent possible, as of May 2014.

Comments or suggestions for the TUCOM Abroad Handbook should be sent to Eiman.mahmoud@tu.edu or Athena.lin@tu.edu
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27. Appendix B: Pre-Departure Checklist
28. Appendix C: TUCOM Contacts
1. The Global Health Program

Global Health Program Office
Admin & Faculty 1 (H83), 2nd Floor Room 213
Phone: 707 638 5464
Fax: 707 638 5255
E-mail: Eiman.mahmoud@tu.edu, Athena.Lin@tu.edu
Web-site: http://com.tu.edu/globalhealth/index.html

The Global Health program coordinates International clinical elective rotations, Certificate of Global Health Pathway Field work and Global health summer internships.

The Faculty and Staff of TUCOM Global Health Program

Eiman Mahmoud MD. MPH
Athena Lin PhD
Tamira Elul PhD
Teresita Menini MD MSc
Patricia Rehfield DO MPH
Richard Kahn MD Yassmin
Nibbe MD
H. Eduardo Velasco MD. PhD
Jennifer Castro

TUCOM-Administered Global Health Student Programs:
- Taiwan
- Israel
- Ethiopia
- Tanzania
- Bolivia
- Mexico

2. TUCOM Abroad Online Application

All TUCOM students wishing to participate in international rotations, field work and summer internships abroad for academic credit at TUCOM must complete the TUCOM Abroad online application. Different program options and terms require individual applications, all of which can be found in the Global Health Program website. The TUCOM online application site encompasses requirements and checklists applicable to students before, during, and after the international experience. Please note that when a TUCOM student submits a “general application” questionnaire for program, the GHP is authorized to request checks on the student’s academic and disciplinary eligibility for international rotations, field work and summer internships abroad from the relevant offices at TUCOM.
3. Academic Eligibility

Academic eligibility for international rotations, field work and summer internships
While acknowledging that all international programs have their own criteria for acceptance, TUCOM students wishing to participate in any international activities administered by the GHP are held to an institutional standard before being allowed to study abroad. The minimum academic requirement is a pass score in all academic discipline of 75 or higher.

4. Students under Academic or Disciplinary Sanctions

A student who is on academic or disciplinary probation or does not meet academic continuation requirements will not be permitted to participate in any GHP related activity abroad during the period the sanction is in effect, regardless of the student’s acceptance in a program.

5. TUCOM Abroad Final Forms

TUCOM students wishing to participate in any international activity administered by the GHP must complete final forms (Forms A-C as appropriate) for study abroad prior to departure, according to deadlines established by the GHP. Students who fail to submit properly completed forms by the published deadlines may not be placed on any international site.

6. Insurance Requirements and Suggestions

Health insurance: TUCOM requires that all TUCOM students participating in any international activity administered by the GHP must be covered by appropriate sickness and accident insurance for the duration of the program and that they be financially responsible for all medical expenses. Each student will be asked to provide the name of their insurance carrier, along with the number and date of expiration of the policy under which they are insured, on the application forms or prior to travel date.

Travel insurance: If you feel the need to insure your travel arrangements against unexpected illnesses and disruptions, you may consider purchasing travel insurance from your airline or travel agent. Be sure to read and feel comfortable with the exceptions to coverage before purchasing any policy.

Motor vehicle insurance: TUCOM discourages students from operating motor vehicles abroad, but recommends that those students who plan to operate a motor vehicle obtain liability and collision insurance that will cover them in the applicable foreign countries.

Property insurance: TUCOM also recommends that students insure their property from loss or theft while abroad, since out-of-pocket replacement expenses for laptops, iPods, digital cameras, etc. can be quite costly.

7. Medical Evacuation and Repatriation of Remains Insurance: International SOS

TUCOM puts the health and safety of its students traveling on study abroad programs as a top priority. It may be challenging to contact a staff member while traveling abroad should something unexpected occur. It is for these reasons that we strongly recommend that the students contact International SOS (SOS) for travel assistance and medical evacuation services.

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Clinical Rotation Manual for Faculty and Students
Touro University California
The services provided by International SOS range from telephone advice and referrals to full-scale evacuation by private air ambulance. The SOS network of multilingual specialists operates 24 hours a day, 365 days a year, from SOS Alarm Centers around the world. Whenever you are traveling you can access up-to-date reports on more than 170 countries worldwide on health issues, medical care and vaccination requirements via the International SOS website. While you are abroad, your first contact should always be the coordinator of your international site, as instructed during your orientation. TUCOM will provide student groups at each site with a satellite phone for emergency calls during summer internship program.

8. TUCOM International Travel Registry

In order to maximize TUCOM ability to assist you in an emergency situation, all students studying on TUCOM GHP-administered study abroad programs are required to register their travel plans with the GHP.

9. Behavior and Program Participation

As a participant in a TUCOM-approved international program, each student is a representative of TUCOM and the United States, and should comport him or herself in a manner that reflects favorably on all.

10. Foreign Language Requirement in Non-English-speaking Countries

TUCOM students on GHP-administered in non-English-speaking countries (e.g., Bolivia and Mexico) are required to be proficient in Spanish.

11. Travel Resources

There is an abundance of travel information available to you in books, magazines, and through Internet resources. We encourage you to read and study about the countries where you will live and travel. Some of the most practical information is available for free from the U.S. Government in the form of publications and web services. Another resource would be to contact the students who have returned from any of TUCOM international sites. For students participating in summer internship the GHP offers a semester long spring elective during which site coordinators offer many resources for each site in preparation for your travel.

12. Passports

U.S. citizens will find all they need to know about obtaining passports at the U.S. State Department web site, http://travel.state.gov/passport/passport_1738.html. A valid, signed passport is necessary to travel from one country to another. Your passport serves as official identification and proof of citizenship. The U.S. State Department issues U.S. passports to U.S. citizens and nationals only. Passports issued after the holder’s 16th birthday are valid for 10 years. Please make sure your passport will be valid for the duration of your stay abroad. If it is due to expire, you should begin the renewal process immediately. Some countries require that your U.S. passport be valid at least SIX months or longer beyond the dates of your trip. If your passport will expire before the program end date, you will have to apply for a new one. Please check with the embassy or nearest consulate of the country that you plan to visit for their requirements.

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Your passport is your most important legal document while overseas, so guard it with care. It is recommended that you make at least three photocopies of the photo and information pages of your passport before you leave to give to family and your program director for safekeeping, and that you keep one copy for yourself. Some countries require foreign nationals to carry their passport with them at all times. Consult your site coordinator about the requirements and expectations in your country. Always carry your passport when traveling from one country to another.

**Lost or stolen passport.**
If your passport is lost or stolen abroad, you should report the loss immediately to the nearest U.S. embassy or consulate. The embassy or consulate will give you replacement instructions. Having a copy of your passport will facilitate the replacement process. Theft of a passport should always be reported to the local police. For a listing of overseas U.S. consulate offices and embassies, please visit [http://www.usembassy.gov](http://www.usembassy.gov).

**13. Visas**

To check the visa requirements for U.S. citizens for your international destination(s), please see the entry and exit sections of each country’s Consular Information Sheet at [http://travel.state.gov/travel/travel_1744.html](http://travel.state.gov/travel/travel_1744.html).

For some GHP sites the students will have their visa application submitted collectively and for others, students have to submit it on their own. Please note that students have had difficulty obtaining their visas because they delayed collecting and submitting the materials necessary for the visa application. Do not underestimate the time and effort that will be necessary to complete the visa process. Students will receive basic information about visa requirements from their site coordinators. Keep in mind, though, that it is absolutely and 100% your responsibility to know and comply with your host country’s immigration laws.

**14. Arranging International Transportation**

TUCOM administered programs do not offer group travel packages. Therefore, you are required to arrange international transportation on your own. The coordinator of each site will let you know the time, date, and location of your expected arrival. You will also be informed of the end date of your program so that you can make return flight plans.

**15. Luggage and Shipping**

It is important to note when packing that airlines have limits on the number and weight of your pieces of luggage. Before you begin packing, find out your airline’s baggage limit.

**16. Packing Your Bags**

Our most important packing advice is a resounding, “PACK LIGHTLY!” Heavy bags are burdensome and you will be surprised at how easily you can get by with only the bare essentials. Carry medications with you; pack sharp items with checked luggage. A suggested packing list can be found in Appendix C, along with other packing tips.

**17. Immigration and Customs Inspections**

Upon entry to any country, you must show your passport, any required visas, and proof of required Immunizations e.g., for the Africa summer internship program, Kenya (Nairobi) requires yellow fever vaccination. You may be required to show additional documents, depending on the country. At an airport, this usually occurs just after you deplane, but before you recover your

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luggage, so be sure to have the necessary documents with you in your carry-on luggage. Remember that admission to the country is entirely at the discretion of the immigration officer. It is wise to be polite and to dress neatly. The immigration officer, who determines the length of stay to be authorized and stamped into your passport, will normally ask you about the purpose of your visit, how long you plan to remain in the country, and where you will be staying. After your passport has been stamped and you have collected your luggage, you must pass through a customs inspection. You will probably receive a customs declaration form to be filled out on your plane (or train), and customs officials will examine it when they look at your luggage. We suggest you check customs information for your host country prior to departure to learn more about what is allowed and what is prohibited at points of entry and as you exit (Ethiopia prohibits a large amount of coffee which exceeds individual use to be taken out of country without paying necessary fees).

18. International Communications

You will be able to keep in contact with friends, family, and advisors using email, instant messaging (IM), calling cards, Facebook, blogs, Skype, and cell phones while abroad, depending on the conditions and availability of technology in your host setting. Be sensitive to host country when you post your blog. Offensive and insensitive remarks to the host country must be avoided. Our site coordinators will cover these topics in predeparture information, as well as during on-site orientation. You will need to choose the communication method(s) that best fit(s) your budget and needs. Please be aware that you may not have the same access to the internet and computers abroad as you have on Touro campus. Inquiries about whether or not to take your laptop with you abroad should be directed to your site coordinator.


Immunizations

Because of specific health concerns and conditions in various countries, proof that you have received certain immunizations may be required. In such cases, you must carry an official record of your immunizations and present it upon entry to the country, at the same time that you show your passport and any required visa. The GHP will advise you on what is required for entry into the country of your specific rotation or internship. Students participating in the summer internship program will have a special session for information on immunization requirements of their site arranged by Student clinic. Immunization requirement information can be found at the Center for Disease Control (CDC) web site at http://www.cdc.gov/travel/.

b. HIV and AIDS abroad

In your hospital activities setting take all the possible precautions to avoid coming in contact with blood or body fluids of patients. If you are accidently injured in the hospital ward or during performing any procedure please contact your site advisor IMMEDIATELY. If you are injured or ill while abroad, avoid or postpone any blood transfusion unless it is absolutely necessary. If you do need blood, try to ensure that screened blood is used. Injections Abroad. Be advised that in some foreign countries health care workers will reuse even disposable equipment such as needles and syringes. If injection is required, you can buy needles and syringes and bring them to the hospital for your own use. Avoid injections unless absolutely necessary. If injections are required, make sure the needles and syringes come straight from a package or have been sterilized with chemicals or by boiling for twenty minutes. When in doubt, ask to see how the equipment has been sterilized. The GHP will request a small supply of sterile needles for emergency use abroad. For further information, contact the CDC (http://www.cdc.gov/travel/) or the World Health Organization (http://www.who.int/).
c. Medical Care Abroad

Your site coordinator should indicate during the spring preparation meetings what arrangements exist locally for routine and emergency health care. You should know what to do when medical attention is required. Your coordinator should be able to help you contact the appropriate physician or other medical authority. Each site coordinator will provide the emergency telephone card and steps on what to do in case of emergency.

d. U.S. Government Travel Advisories.

The U.S. Department of State routinely publishes travel advisories and public announcements to warn U.S. citizens about areas of danger or unrest. Travel advisories, public announcements, or descriptions of general conditions for every country can be found at http://travel.state.gov/.

The following practical advice is offered to students in hopes that problems abroad will be avoided:

Try to fit in. Don’t stand out. While “safety in numbers” is a good rule to follow, traveling as an identifiable American group of students will attract attention and possibly cause problems. Try to fit in with the surroundings and be “invisible.” Whenever possible, speak in the local language. In large cities and other popular tourist destinations, avoid possible target areas, especially places frequented by Americans (e.g. American-style eating places). Avoid using American logos on your belongings or clothing, especially athletic wear.

Be cautious. Report suspicious events immediately. Contact your site coordinator or host coordinator if you observe suspicious persons within the premises of your accommodation. Do not be free with information about other students. Be wary of strangers. Do not give your own or anyone else’s your US or local address or telephone numbers to strangers.

Watch your valuables. Keep all valuables on your person in a discreet place, preferably stowed way in a money belt or a pouch that hangs around your neck and under clothing. Don’t carry more money than you need for your daily expenses. Deposit excess cash in a hotel safe or deposit box. Take good care of bank, credit, and calling cards. If the item has a shoulder strap, wear it crossing the strap over your body. Do not put valuable items in the exterior pockets of book bags, backpacks, or bags that are open at the top.

Be a wise traveler. Try to avoid arriving late at night. Follow your host advices and it’s preferable to travel with another person. Remain alert in all public places. Let your on site coordinator, host family, or friends know your whereabouts all the time.

Note to female students: Female students may be more likely to encounter harassment. Uncomfortable situations can usually be avoided by taking certain precautions. Please consider the following suggestions:
Dress conservatively; while short skirts and tank tops may be comfortable, they may encourage unwanted attention.
Avoid walking alone late at night.
Do not agree to meet a person whom you do not know in a non-public place.
Be aware that some men from other countries tend to mistake the friendliness of American women for romantic interest.

20. Culture

The following is very general information regarding cultural differences abroad.

Culture Shock

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Living and studying abroad is an exciting and enriching opportunity. However, the ways in which you view the world and the views, values, and customs of people of other cultures may be vastly different. Culture shock is the stress of the psychological disorientation experienced living in a culture different than your own. Symptoms of culture shock may include the following: discomfort, irritability, homesickness, hostility towards the host culture, frustration, and other physical symptoms of stress.

Richard Slimbach (2011) identifies five phases of cultural adaptation, stating, “Cultural quakes happen. Our foundations suddenly shift, and nothing – not family, not friends, not language, not customs – seems fixed anymore.” He goes on to state that, “deep intercultural learning depends on this kind of dissonance, but it need not debilitate us... Although the path of transformation rarely follows a predictable and linear course, it requires that we keep walking.”

Slimbach lists five phases of cultural adaptation as follows:

**Phase 1 – Anticipation:** In this phase, you’re excited and anxious, all at the same time. You are open to something new.

**Phase 2 – Contact:** You arrive and confront differences. You are still open and accepting to new experiences. There’s a sense of wonder and euphoria. For some, this “honeymoon” period lasts a while. For others, it is short-lived, particularly if the program or location proves more culturally or physically challenging.

**Phase 3 – Disintegration:** The newness of the place and experience wear off and you begin to notice differences more than similarities. Perhaps you are tested by language, food, customs, and transportation methods and distances that are far from the familiar. Most students are tempted to “escape” during this phase, preferring to hang out with American friends, speak in English, or perhaps frequent bars, restaurants, and stores that offer familiar foods or products. They may find themselves chatting online with friends and family from home, listening to music, or sleeping too much – anything to avoid spending time with the host culture. Others may react by trying to become one with the host culture, without regard for self or personal history.

**Phase 4 – Recovery:** Now you begin to analyze what is bothering you about the new culture and why you are reacting in certain ways. You may also begin to understand the myriad forces shaping local customs and practices. During this phase, Slimbach encourages us to seek out opportunities to reflect critically on our experiences. He observes, “The only way over culture stress is through it.” Blogging or journaling experiences can be a thoughtful way to explore and integrate ideas and impressions. Hopefully this analysis leads us to see not only ourselves, but those around us, in a different way, and we begin to accept the host culture, rather than reject it.

**Phase 5 – Integration:** In this phase, you begin to feel at ease in the new culture. That doesn’t mean that you have been consumed by it, but rather you have become self aware enough to realize that understanding and acceptance of the host culture doesn’t negate your own values and beliefs. You learn to view the world with multiple lenses and accept that differences aren’t necessarily better or worse, just different.

Students will react to culture stress in many different ways. Some may have very severe cases, becoming depressed and anxious in the new environment. Others will have very mild experiences.

Here are some strategies to help you cope with culture shock:

- Know the culture prior to living there. Find out all you can. Talk with people from that culture if possible. Talk with returned students.
- Be curious. Explore the values and traditions behind the cultural behaviors. Bring familiar items from home -- things that make you feel most comfortable.
- Have a sense of humor! You will be making lots of mistakes and that’s okay!
Fitting In
Social customs differ greatly from one country to another. It is therefore impossible to give guidelines that will be applicable in every culture. Generally speaking, you can be yourself as long as you remain friendly, courteous, and dignified.

Politeness. In keeping with the relatively formal manner of social customs abroad, you should place much more emphasis on the simple niceties of polite social intercourse than you might at home. Be prepared to offer a formal word of greeting to whomever you meet in your day-to-day activities.

Speaking the language. When it comes to language, most people will be extremely flattered rather than amused at your efforts to communicate in their native language. Do not be intimidated or inhibited when practicing your own limited command of the language.

Drinking and drunkenness. Be extremely sensitive of others’ attitudes and feelings when it comes to drinking. You will probably find that your hosts enjoy social drinking as much as any American, but they might not look upon drunkenness as either amusing or indeed tolerable.

Talking politics. Expect people abroad to be very articulate and well informed when it comes to matters of politics and international relations. Do not be at all surprised if your counterparts try to engage you in political debate. There is certainly no reason for you to modify your own convictions, but you should be discreet and rational in your defense of those convictions. Here again you may very well find yourself butting heads with another of those unfortunate stereotypes, such as the arrogant American who thinks everyone must fall in line with the United States.

Photography etiquette. You may want to record many of your memories on film or in digital form, and it is often convenient to include some of the local populace in your photographs. However, remember that the people of whom you take photos are human beings and not curiosity objects. Be tactful and discreet in how you approach photographing strangers; it is always courteous and wise to ask permission before taking someone’s picture.

Avoid taking pictures in the hospital without permission. Ask your local preceptor before attempting to take any photos while you are rotating.

21. Special Note to female students
Some female students, in certain overseas sites (e.g. South America, Africa) have a hard time adjusting to attitudes they encounter abroad, in both public and private interactions between men and women. Some (but not all) men in such countries openly demonstrate their appraisal of women in ways that many U.S. women find offensive.

Eye contact between strangers or a smile at someone passing in the street, which is not uncommon in the States, may result in totally unexpected invitations. Some women feel they are forced to stare intently at the ground while they walk down the street.

U.S. women are seen as "liberated" in many ways, and sometimes the cultural misunderstandings that come out of this image can lead to difficult and unpleasant experiences.

Needless to say, this special and surprising status may make male-female friendships more difficult to develop. Be careful about the messages you may be unintentionally communicating. Prepare yourself by trying to understand in advance not only the gender roles and assumptions which may prevail elsewhere, but also the uniqueness of U.S. gender politics, which may or may not be understood, much less prevail, in other countries.

Being Gay, Lesbian or Bisexual Abroad
While some countries are more supportive of lesbian, gay, bisexual, and transgender rights than the United States, others stipulate punishments for same-sex acts and transgender behavior. These can range from fines and beatings to lengthy jail sentences, and, in some countries, even death.

It is important to be aware of the laws pertaining to sexual orientations and behaviors and gender identity and expression in other countries, as well as the general attitudes of the populace toward gay, lesbian, and bisexual members of their community.

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22. In case of emergency

In case of emergency, students should notify the following:
1. On-site coordinator
2. His/her family

The on-site coordinator will notify Global Health Program Office about the emergency. If parents need to contact the GHP, please call Jennifer Castro at 707 638 5200 during business hours (8 a.m.to 5 p.m., PST).

The U.S. Government is often in the position to offer assistance to citizens experiencing difficulties overseas. Crisis management information can be found at the State Department web site at http://travel.state.gov/.

All students are required to register with the US Embassy at their respective sites prior departure. If a family has an emergency and needs to contact the student, the family should get in touch with the on-site coordinator or ask the GHP for assistance in reaching the student. Students will be provided with emergency numbers prior departure.

23. Program Evaluations

Upon completion of your program, you will be asked by the GHP to submit an electronic evaluation of your program. These evaluations are extremely useful for future participants and are consulted frequently by the GHP. Please complete the evaluation as soon as possible after you receive the survey link.

24. Promoting GHP international activities

All returning students who participated in summer internship are urged to participate in the Fall campus presentation to share their experiences with OMSI students and the campus community. Your participation is invaluable to interested students and your help is very much appreciated. Students participating in elective rotations are asked to complete the evaluation on the site, preceptor and the clinical experience upon their return.

25. Student Code of Conduct

Responsibility of the Student

To be honest, act fairly towards others, take group and individual responsibility for honorable and ethical behavior and know what constitutes ethics violations and academic dishonesty as set forth in the Code of Conduct/Professional Promise, Academic Integrity Policy and Institutional Policies.

Code of Conduct/Professional Promise

Students are expected to emulate the legal, moral and ethical standards expected of professionals in their respective areas and display behavior which is consistent with these qualities. Professionalism and professional ethics are terms that signify certain scholastic, interpersonal and behavioral expectations. Among the characteristics included in this context are the knowledge, competence, demeanor, attitude, appearance, mannerisms, integrity, morals, etc. displayed by the students to teachers, peers, patients and colleagues in all health care and educational settings.

During their academic program, student must model their behaviors to comply with the Code of Ethics of the American Osteopathic Association:
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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.

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.

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 disability. In emergencies, a physician should make her/his services available.

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.

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.

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.

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.

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 or she 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 AOA.

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

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.

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.

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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.

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.

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

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.

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.

17. From time to time, industry may provide some physicians 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.

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

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, and 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.

26. Appendix A: Packing Your Luggage

**Essential Items:**
Passport Tickets
Money
ATM and credit cards
Photocopies of all travel documents, prescriptions, etc. (leave copies at home, too) GHP emergency cards
A copy of official invitations sent to Touro (will be provided by site coordinator when applicable) Prescription medicines (a supply for your entire stay, along with prescriptions and explanation why drug is required)
Pocket medicine book
Stethoscope
Gloves

**Clothing:**
Hospital scrubs
3 pair pants – 2 casual, 1 a bit nicer than casual
1 or 2 dresses or skirts (for women)
5 casual shirts
1 pair pajamas
sweatshirt and sweatpants
1 or 2 sweaters
socks and underwear (no need to skimp on these, they don’t take up that much
room so pack as many as you can)
pair of walking shoes (tennis, running, walkers) pair of
very comfortable casual to nice shoes pair of rubber
thongs for the shower
swimsuit
jacket (type greatly depends on where you will be)

**Toiletries:**
toothbrush, toothpaste, dental floss, shampoo, soap, deodorant comb,
brush
lip balm towel
hand sanitizer
non-prescription medications that you cannot live without
cosmetics
contact lens solution
insect repellent (if applicable)

**Accessories (items to consider):**
Laptop computer (if appropriate)
Laptop cable lock or other securing device
International Student Identity Card (ISIC) sewing kit,
safety pins, sunglasses
Camera, memory cards, shoulder-strap camera case
Travel guides, phrasebooks
Foreign language dictionary (if appropriate)
Converter and/or converter plugs (needed to use an American appliance in Africa sites, changes
the voltage power; many appliances have a built-in converter, so check first)
Money belt or neck passport pouch
Shoulder bag or day pack for short day trips
Gift items for host families
Photos of your home, family, and friends to share

**Packing tips.** You will be able to buy many of the things you need in your host country. However, for the
items you choose to bring from home, you would be wise to consider the following tips:
Do not pack valuables in your checked luggage!
Put address labels and contact information inside and outside each piece of luggage.
Pack medications in your carry-on luggage; pack all sharp objects in your checked luggage! Bring
items that are lightweight, drip dry, and wrinkle-proof such as knits, permanent press, and cotton.
Easy care items are essential.
Dark colors are more practical than light colors, as they do not show dirt as easily.
Do not take any clothing that you would hate to ruin or leave behind. Do not
take clothes that you may wear only once or twice.
Carry all liquids in plastic bags in case leakage or spillage occurs in route. Consider the current airline liquid restrictions for carry-on luggage when packing.

By rolling your clothing instead of folding, you will be able to fit more in your bag, everything can be seen at a glance, and there are fewer wrinkles.

You should also pack according to the probability of use, especially if you will be “living out of a suitcase” for several days before settling in.

Carry your camera in your carry-on, not your checked luggage.

Have TSA-approved locks on all your baggage pieces (be prepared to take them off during security inspections).

27. Appendix B Pre-departure checklist

Before departure you should have done ALL the following:

- Apply for your passport. If you already have a passport, make sure that it is valid for at least six months past the date of your anticipated return; if it is not, renew it ASAP.
- Collect documents required for your visa (if the country you are going to requires a visa for entry). Apply for and obtain the visa.
- Collect any other entry documents you are required to take with you (e.g. entry documents, immunization records, etc.).
- Attend ALL prep sessions offered during the spring.
- Make flight arrangements, on your own.
- Complete and submit the GHP forms A-C.
- Consider getting an International Student Identity Card (ISIC).
- Bring all medication, prescriptions, saline solutions, extra glasses or contacts, etc. (Put daily prescription medication in carryon bag, not checked luggage.)
- Make sure you understand how your health insurance plan covers you. Get additional insurance for additional coverage, as needed.
- BRING YOUR INSURANCE CARDS.
- Bring several extra passport-size photographs for miscellaneous use. Forms A-C
  1. Health insurance forms
  2. Student information form
  3. Student waiver form signed

28. Appendix C TUCOM CONTACTS Ms. Jennifer Castro

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Please print and sign your name below.

I acknowledge I received this document, read the document and had all my questions answered.

Name of student
Signature
Date