Clinical Rotation Manual
For Faculty & Students
2018 – 2019

Touro University California
College of Osteopathic Medicine

Clinical Education Department

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Clinical Rotation Manual for Faculty & Students

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This Clinical Rotation Manual
is dedicated to

The Osteopathic Student Physicians of
Touro University California

We are so proud of all that you do, and rest assured that the future of our profession, community, and world lies in your very capable and skilled hands.
The Clinical Rotation Manual (CRM)

The Clinical Rotation Manual is revised every year before the new 3rd year class begins rotations. It is available online as a link in the Clinical Education Department (CED) section within the www.tu.edu website. This manual is given to all students prior to entering their 3rd year, and sent to all clinical faculty during the credentialing process and all clinical core-site administration pertaining to student rotations. Bound copies are available upon request to the Clinical Education Department.

I. Section I, for our clinical faculty, affiliated core-site/institution administration including Directors of Medical Education (DME)

- This section contains important information describing the history and administrative structure of the University and the Medical School. It is here where one can find the specific reporting structure and contacts in the event of student rotation questions, difficulties, and emergencies. This section includes important responsibilities for the student educational environment; federal laws and university regulations regarding discrimination, harassment, and disabilities; as well as ethical codes. Important information regarding the process of faculty credentialing and recredentialing, adjunct clinical faculty benefits, and rank promotions can also be found in Section I.

II. Section II, for our clinical faculty preceptors and core-site rotation coordinators

- This section 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, this section should serve as a fairly comprehensive resource. Faculty and rotation site coordinators may find it useful to also review the third and fourth sections, which contain learning objectives and requirements for our students.

III. Section III, for our students

- This section contains important clinical education policies and procedures governing the student experience during the third and fourth years of medical school. This section is equally important for second year students to review in anticipation of their third year as it also contains information and policies governing the rotation core-site assignments and the lottery process.

IV. Section IV, for our students and faculty

- This section pertains to the clinical curriculum and contains a detailed description of all of the clinical courses. All curricular material for the core clerkships, selective rotations, and clinical distinction is included in this section.

V. Section V, for our students and faculty

- This section contains the syllabi and assignments for each of the clinical year three and four courses.
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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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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.
The Touro College and University System Overview

I. Founder: Bernard Lander
II. Four Osteopathic Medical Schools
   a. Mare Island, Vallejo, California
   b. Henderson, Nevada
   c. Harlem, New York
   d. Middletown, New York

III. 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. 25,000+ students on Campuses in
      a. United States
      b. Germany
      c. Russia
      d. Israel

Touro College (TC) is a Jewish-sponsored independent institution of higher and professional education founded by Bernard Lander, PHD, LHD. The institution derives its name from Judah and Isaac Touro, leaders of colonial America who represented the ideal upon which we base our mission.

TC was chartered by the State of New York in 1970. The first students enrolled in 1971; the class consisted of 35 liberal arts and science students. Since those early days, the Touro system has experienced substantial growth and enrolls well over 25,000 students. The Touro system today includes the following: General Studies (1974); the Graduate School of Jewish Studies (1970); the Jacob D. Fuchsberg Law Center (1980); the School for Lifelong Education (1989); the New York School of Career and Applied Science (1995); the Graduate School of Education and Psychology (1995); Touro University California (TUC) founded in 1997 as the San Francisco College of Osteopathic Medicine and relocated to Vallejo, CA in 1999; the Lander College for Men in Kew Garden Hills (2001) created through a merger of two previously separate divisions, the School of General Studies (founded in 1974) and the School of Career and Applied Studies (created in 1995); Touro University – Nevada (TUN, 2004); Touro College South in Florida (2006), and Touro University College of Osteopathic Medicine – New York (2007).

In addition to campuses in the United States, Touro has a significant international presence. Touro opened a branch in Moscow in Spring 1991 and its operations now include the Institute of Jewish Studies (branch campus) and a business program with Moscow University Touro (an independent entity) operated through an inter-institutional agreement. The branch campus in Jerusalem comprises the Graduate School of Jewish Studies, an undergraduate business program and the Touro Israel Option (year abroad program). In October 2003, Touro opened a small branch campus in Berlin.

Touro University California History

Touro University California was founded in 1997 in San Francisco. In 1999, the University moved to Mare Island on the site of the original Naval Hospital. The professional programs include osteopathic medicine,
pharmacy, physician assistant studies, public health, and education. Faculty, staff and students have a powerful commitment to academic excellence, evidence-based professional practice, interdisciplinary (interprofessional) collaboration, and active engagement with a global community. The university also has a research agenda funded by the National Institutes for Health (NIH), Gates Foundation, and other extramural sources.

**Touro University College of Osteopathic Medicine**

In April of 1995, the Bureau of Private Post-Secondary Vocational Education (BPPVE) authorized Touro University College of Osteopathic Medicine (TUCOM) to confer the Doctor of Osteopathic Medicine degree. After obtaining both pre-accreditation and provisional accreditation from the Bureau of Professional Education of the American Osteopathic Association (AOA), TUCOM was authorized to open its doors to students during the 1997-1998 academic year. The Middle States Commission on Higher Education (MSCHE) acted to include TUCOM within the scope of Touro College’s accreditation in November, 1997. In 2008, the Commission on Osteopathic College Accreditation (COCA) of the AOA awarded a 7-year accreditation status to TUCOM, with the next onsite evaluation scheduled in spring, 2015.

**Touro University Global Health**

In 2014, the Global Health Program celebrated its 10-year anniversary. Students rotate at sites around the globe. Touro University California has Global Health sites located in:
- Bolivia
- Taiwan
- Ethiopia
- Mexico
- Israel
- Tanzania

**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 6000 applications for 135 available positions in 2014 - 2015.

For more information about Osteopathic Medicine and its components, please see page 64.
Clinical Education Department and Responsibilities

1. Coordination & Management of the 3rd and 4th Year Medical Students’ Educational Experiences, and Grades
2. Development of Curriculum for the Clinical Clerkships and Student Educational Resources
3. Clinical Faculty Development
4. Recruitment & Development of Clinical Core Sites
5. Maintenance of Affiliation Contracts and Credentialing of Clinical Core Site and Faculty
6. 3rd and 4th Year Student Educational and Specialty Selection Counseling
7. Residency and Match Preparation and Counseling

Clinical Education Department:

Tami Hendriksz, D.O., Associate Dean

Nathalie Garcia-Russell, Ph.D., Assistant Dean

Teresita Menini, M.D., Assistant Dean of Clinical Faculty Development

Jennifer Weiss, D.O., Director of Clinical Courses and Curriculum

Howard Feinberg, D.O., Regional Director of Medical Ed. & Clerkship Performance

Nicole Peña, D.O., Director of Distance Learning and OMM Clinical Integration

Irina Jones, B.S., Department Manager

Kimberly Black, B.A., Transitional Coordinator

Paulette Castro, B.A., Third Year Coordinator

Laura Cox, B.A., Fourth Year Coordinator

David DiGiovanni, B.A., Site Liaison Coordinator

Ashley Klopstock, B.S., Grades Coordinator

Roman LoBianco, M.S., Institutional Affiliations and Credentialing Coordinator

Mon Saepharn, B.S., Curriculum Program Coordinator
Administrative Structure of Touro College and Touro University California

Board of Trustees
As specified in the Charter granted by the Board of Regents of the University of the State of New York, the Board of Trustees exercises authority in the governance of Touro College.

President
The administration of the College is the responsibility of the President and his staff. The President is the chief administrative officer and serves as the liaison between the faculty, administrative staff, the students, and the Board of Trustees. The President directly supervises the activities of the Executive and Senior Vice Presidents, including the Chief Financial Officer, Vice President of Administration and Operations, the Vice President of Planning and Assessment, the Vice President for National Programs, the Vice President for Resource Development, the Vice President of Medical Affairs, the Deans of all medical schools and other staff officers of the College.

Senior Vice President of Finance
The Senior Vice President of Finance is the Chief Financial Officer of the College and has the responsibility for safeguarding the assets of the College and making the maximum efficient use thereof. Among the officers reporting directly to the Vice President are the Controller (Chief Accounting Officer) and the Director of Budgets.

Senior Vice President of Administration and Operations
The Senior Vice President of Administration and Chief Administrative Officer reports to the President. The role of the Vice President is to administer and coordinate the administrative activities of the College in accordance with the policies, goals and objectives established by the President. The Senior Vice President supervises the following College departments: Purchasing and Facilities, Human Resources, Office of Information Technology Office, Security and Campus Planning.

Vice President for National Programs
The Vice President for National Programs has responsibility for the oversight of the development of new programs within Touro College and its branch campuses throughout the Nation. This individual works closely with the CEO of Touro Western Division.

Vice President of Medical Affairs
The Vice President of Osteopathic Medical Affairs functions to oversee the development of new schools of Osteopathic Medicine for Touro College. This position works closely with the CEOs of Touro University Colleges of Osteopathic Medicine in California and Nevada and TOUROCOM Harlem.

Senior Provost/Chief Executive Officer
The Senior Provost/CEO of the Touro Western Division is responsible to the President of Touro College. He/she supervises the Provost/COO at TUC and represents Touro University California’s financial and strategic needs to the President.

Provost/Chief Operating Officer
The Provost/COO of Touro University California reports to the Senior Provost/CEO and supervises the Associate VP for Administration, Associate VP for Advancement, three academic deans, dean of students and directors of Fiscal Affairs and Accounting, Human Resources, Information Technology, Institutional Research, Library and Office of Sponsored Programs. The Provost/COO is responsible for the day to day Clinical Rotation Manual for Faculty and Students
management of Touro University California, including direct oversight of all academic programs, finance, planning, budget development, facilities, accreditation, and community relations.

**Director of Fiscal Affairs and Accounting**

The Director of Fiscal Affairs and Accounting reports to the campus Provost/COO and Senior Vice President of Finance for the Touro College System. The Director is responsible for all aspects of the University’s financial activities, including budgeting, purchasing, preparation of all financial reports, and oversight of investments, contracts and grants.

**Associate Vice President of Administration**

The Associate Vice President of Administration reports directly to the Provost/COO of the University and is responsible for the Facilities, Landscaping, Food Service and Public Safety.

**Associate Vice President for Institutional Advancement**

The Associate Vice President for Institutional Advancement oversees relations with alumni, parents, corporations, foundations, government officials, media, and friends, and the marketing programs designed to serve them. This position serves as the Chief Development Officer for the campus.

**Dean of Student Services**

The Dean directly oversees the enrollment management function of the University which includes Admissions, Registration, Financial Aid, Registrar and Bursar Office. He/she engages in budgeting and strategic planning that enhances the overall quality of the student experience.

**Associate Dean of Student Services**

The Associate Dean supervises Student Health Services, Student Life, Counseling Services, Master Calendar, Student Government Association, and Academic Support. He/she facilitates and coordinates student medical insurance, background checks and implementation of health screening, immunization, and drug screening policies.

**Director of Institutional Research & Assessment**

The Director of Institutional Research & Assessment reports directly to the Provost/COO of the University. The Director is responsible for collection, analysis, and reporting data for institutional assessment, strategic planning, institutional decision making, and accreditation requirements; developing a framework for University-wide assessment and providing essential support to programmatic assessment efforts.

**Director of Information Technology (IT)**

The Director of IT is responsible to the COO/Provost of the University. The Director is responsible for providing operational and strategic leadership for the University in the area of information, communication and audio-visual systems.

**Director of Human Resources**

The Director of Human Resources reports to the COO/Provost and is responsible for managing, directing and evaluating the organization’s programs for recruitment, development and retention of faculty and staff. The Director contributes to the development of defined practices and policies and consults on issues of organizational development.

**Director of the Library**

The Director of Library reports to the COO/Provost and is responsible for all library services and activities at the University. The functions of the Director relate to such activities as collections, electronic resources,
reference services, technical services, instructional programs, operations, budget and program development to support the academic, clinical, research and future community services mission of the University.

**Director of Research Development and Sponsored Projects**

The Director of Research Development and Sponsored Programs is an advisor to the Provost/COO on faculty research and grant management. He/she provides oversight to the university Office of Sponsored Programs, as well as campus research laboratories.

**Dean of the College of Osteopathic Medicine**

The Dean of the COM is the chief academic officer and reports directly to the Provost/COO of Touro University California. The Dean is responsible for all academic, fiscal, planning, and accreditation programming affiliated with the College.

**Senior Associate Dean**

The Senior Associate Dean reports to the Dean of the COM and substitutes for the Dean when not available. The Senior Associate Dean has direct oversight of all the external programs of the COM including sustaining and developing core clinical rotation sites as well as graduate medical education.

**Associate Dean for Academic Affairs**

The Associate Dean for Academic Affairs reports to the Dean of the COM and is responsible for oversight of the four-year COM curriculum to ensure a seamless transition from the pre-clinical to clinical program.

**Associate Dean for Clinical Education**

The Associate Dean for Clinical Education reports to the Dean of the COM and is responsible for the direct management of student clinical rotations. The Associate Dean for Clinical Education negotiates and monitors all affiliation agreements with hospital sites. The Associate Dean for Clinical Education is responsible for monitoring and credentialing all adjunct faculty.

**Associate Dean for Preclinical Education**

The Associate Dean for Preclinical Education reports to the Dean of the COM and is responsible for the administrative coordination of the first two years of the osteopathic medical program. Associate Dean for Preclinical Education works closely with Academic Affairs and Clinical Education departments to develop academic and administrative policies and procedures for departments, faculty and students.

**Assistant Dean for Clinical Education**

The Assistant Dean for Clinical Education reports to the Associate Dean for Clinical Education of the COM and is responsible for administrative oversight, program assessment and development of clinical rotations.

**Associate Dean for Research**

The Associate Dean for Research reports to the Dean of the COM and is responsible for research development, administration and external research relations.
The Faculty

The Touro University California (TU California) faculty shall consist of all individuals who have been appointed to the rank of instructor, assistant professor, associate professor or professor, and whose appointment process has been vetted through the appropriate faculty committee and approved by either the Dean of the respective College or, for library faculty, the Director of the Library and submitted to the President by the COO for final approval. These faculty members assume the responsibility of developing, recommending and executing all approved policies of instruction. Regular faculty may be full-time or part-time. TU California is not a tenure granting institution.

Full-time regular faculty is defined as individuals who are employed with the University, hold a 12-month appointment, hold faculty rank and have primary appointments with Touro University. Faculty hired after July 1 of the fiscal year will be considered full-time for the purpose of benefit eligibility. Rank assignment will be at the level of instructor, assistant professor, associate professor or professor.

Part-time regular faculty are defined as individuals who have appropriate terminal degrees and substantial teaching responsibilities (such as acting as Course Coordinator) but who are not full-time faculty as defined above. Rank assignment will be at the level of instructor, assistant professor, associate professor, or professor.

Non-regular faculty are non-salaried and do not have the rights and privileges of regular faculty. Non-regular faculty includes adjunct clinical, adjunct basic science, research, and emeritus faculty and non-salaried instructors.

Academic Department Chairpersons

An Academic Department Chairperson is the immediate supervisor and administrative leader of the faculty in a department. The Chairperson derives responsibility and authority as delegated by the COO, through the Dean and the applicable Associate Dean. Through his/her authority over the Department, the Chairperson is responsible for the day to day operation of the Department and the long-term development of the Department. The Chairperson is responsible for the judicious use of all resources allocated to the Department. The Chairperson has authority over the expenditure of the Department budget, distribution of Departmental space and use of Departmental capital equipment.

As supervisor and academic and administrative leader of the Department, the Chairperson works closely with the applicable Associate Deans and Dean. By this mechanism, the Chairperson is responsible for:

- Reporting to the applicable Associate Dean or Dean the academic progress of the Department
- Evaluating the needs of the Department and reporting those to the Dean through the applicable Associate Dean
- Assuring that programs within the Department are commensurate with the overall goals of the institution.
- In the development and implementation of academic programs within the institution the Chairperson works closely with the Chairpersons of other academic departments.
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 are able, they may share didactic and informal instruction with the student. They are expected to fill out an evaluation for students doing clerkship rotations with them. This evaluation will reflect the student’s progress and serve as an evaluation of their strengths and weaknesses in their evolution as a medical student. They also often mentor students on career choices.

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 on-campus teaching, giving input on curriculum, involvement in faculty development, serving on school committees, or other means, they are encouraged to contact either the Associate Dean or the Assistant Dean of the Clinical Education Department.

Adjunct clinical faculty members are entitled to all of the rights and privileges of that rank including access to 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 with literary inquiries.

Academic Track

This broadly defined track includes all faculty members, except librarians, and those faculty members whose academic service will be a significant part of their application for initial rank or promotion. This includes, but is not limited to, scientists, public health professionals, educators, and higher education professionals for whom faculty rank is appropriate.

Regular Academic Faculty

Regular Academic Faculty members are appointed full-time or part-time in the capacities of teaching, scholarly activity, and/or research and institutional service. Non-clinician employees for whom regular faculty rank is appropriate are assigned to the Academic Track even if their involvement in services, such as curricular design and evaluation, does not match the standard capacities of teaching, scholarship, and service. Appointments are at the level of Assistant Professor, Associate Professor, and Professor.

Adjunct Academic Faculty

Adjunct Academic Faculty members are appointed to the rank of adjunct (non-regular) faculty. Members are appointed to teaching positions if they provide instructional service to TUC classes on an irregular basis. They are generally non-salaried. Adjunct faculty in the academic track includes those individuals who provide special topic lectures or seminars, for example, but who do not staff a course for its duration. Adjunct professors are ranked at the Adjunct Assistant Professor, Adjunct Associate Professor, and Adjunct Professor levels. Ranking in an Adjunct appointment is not transferable to a Regular Academic Faculty track. Continued appointment is reassessed on a regular basis.
Clinical Track

Regular Clinical Faculty

Regular clinical faculty members are employed full-time or part-time in the capacities of teaching, University service, scholarly activity, and/or clinical patient care responsibilities. Assignment of rank is at the level of Assistant Professor, Associate Professor, and Professor.

Adjunct Clinical Faculty

Adjunct (non-regular) clinical faculty members are appointed to teaching positions if they provide instructional service to TUC students on an irregular basis at affiliated hospitals, clinics, and other training institutions, based on academic need. They are generally non-salaried. In some cases a stipend may be provided. They function in clinical roles at off campus (non-University operated) sites and may also become involved in on campus instruction. Assignment of rank in this track is at the Adjunct Assistant Clinical Professor, Adjunct Associate Clinical Professor, and Adjunct Clinical Professor level. Ranking in an Adjunct appointment is not transferable to a Regular Clinical Faculty track. Continued appointment is reassessed on a regular basis.

Further detailed information about these positions can be found in the Rank and Promotion Section of this Manual, pages 43-46.
Credentialing and Approval of Faculty

Policy on Affiliation Agreements and Appointment Process For The Facilitation of Clinical Rotations

Reason for this Policy

This policy is established to define the process for academic credentialing and appointment or approval of Faculty involved in the teaching, supervision, and evaluation of Touro University College of Osteopathic Medicine (TUCOM) students on clinical rotations. This process is designed to ensure that a) students’ clinical experiences take place under the guidance of appropriately trained and qualified physician preceptors and b) TUCOM maintains compliance with the requirements set forth in Accreditation of Colleges of Osteopathic Medicine: COM Accreditation Standards and Procedures, published by the American Osteopathic Association Commission on Osteopathic College Accreditation (AOA-COCA).

Who Should Read This Policy

- Dean, Associate and Assistant Deans
- Directors of Medical Education
- Prospective and Active Adjunct Faculty
- Faculty
- Students

POLICY STATEMENT

All students on clinical rotations must train under the supervision of personnel appropriately trained and qualified, and approved by the institution. These supervisors, known as clinical preceptors, must agree to the expectations of all parties (e.g., Faculty, TUCOM, and student) as delineated by TUCOM. Only by adhering to such processes can TUCOM ensure the consistent high quality of experiences for its students. Requirements for this process are rooted in the AOA-COCA standards 4.1.2, 6.10, and 6.12 (See citations below).

Prior to the commencement of any clinical rotation, the supervising physician for the rotation must be academically credentialed or approved. Any supervising physician may be appointed to the Adjunct Faculty through the process described below. Only those clinical preceptors supervising and evaluating students on rotations within educational programs accredited by the American Osteopathic Association (AOA), the Liaison Committee on Medical Education (LCME), and/or the Accreditation Council on Graduate Medical Education (ACGME) are eligible to be approved to the Adjunct Faculty.

Appointment to the Adjunct Faculty may be initiated by the Department of Clinical Education in the process of ongoing recruitment, by a current Adjunct Faculty member (e.g., upon hiring a new associate or partner in practice), by a hospital with which TUCOM has an affiliation (e.g., upon appointment of a new staff member), or by the prospective Adjunct Faculty member himself/herself.

Process of Appointment to the Adjunct Faculty

1) An Adjunct Faculty Appointment Packet is issued to the prospective Adjunct Faculty member. This packet includes a cover letter describing the contents and instructions for the recipient, a Faculty Information Sheet, an Affiliation Agreement (attached), and a copy of the Clinical Rotation Manual. The Affiliation Agreement may not be included if an Affiliation Agreement is already in place that
covers all practice sites of the prospective Adjunct Faculty member, either with a practice group or with a hospital.

2) The prospective Adjunct Faculty member returns a current Curriculum Vita (CV), completed Information Sheet, and signed Affiliation Agreement (if applicable).

3) The returned packet is reviewed by the Associate Dean for Clinical Education, or his/her designee. If the documents are satisfactory, the CV will be noted "Acceptable" and signed and dated by the reviewer.

4) All reported professional licenses are verified by the Department of Clinical Education. Any notations that may call into question the applicant's fitness to serve as a preceptor (e.g., restrictions, disciplinary actions) must be brought to the attention of the Associate Dean for Clinical Education and/or the Dean for review, and possible rejection of the application.

5) If no prohibiting issues are identified, an academic rank commensurate with the applicant's qualifications is assigned by the Associate Dean for clinical education or their designee.

6) The new Adjunct Faculty member is added to the official roster, a welcome letter and appointment certificate are issued, and any pending assignments of students to that Preceptor may be finalized.

7) If either the Associate Dean for Clinical Education or the Dean objects to the appointment, the application is rejected, and a notation is made in the file to that effect.

Adjunct Faculty appointments are valid for five years, though an appointment may be withdrawn by the Adjunct Faculty member, or rescinded by the Dean, prior to its expiration. In order to apply for reappointment at the end of the 5 year period, an adjunct faculty member must contact the Clinical Education Department.

Process of Reappointment to the Adjunct Faculty:

1) Adjunct faculty member applications are presented to the Rank and Promotions Committee for consideration of reappointment. Potential reasons not to reappoint may include, but are not limited to, a low level of participation (i.e., no students precepted in the preceding year), consistently negative student reviews, or a correlation of poor performance on objective evaluations by students having rotated with the Adjunct Faculty member.

2) The license verification and evaluation process is repeated as described for initial appointments in step 4 above.

3) The Adjunct Faculty member applying for reappointment has an option to verify that the information contained in the Faculty Information Sheet and Curriculum Vitae is still current. The Adjunct Faculty member will attest to this by checking a box on the Affiliation Agreement that states, “All of the information provided in my prior credentialing documents is current, and I permit reuse of the information for this adjunct faculty renewal.” The Adjunct will sign and date below this statement. If updates are needed for any of the credentialing documents listed above, the preceptor will be required to submit all document updates to the Credentialing Coordinator.

4) Upon receipt of all updated re-credentialing information, the reappointment is completed, a renewal certificate is issued to the Adjunct Faculty member, and the new appointment expiration date is noted in the official roster.

**Credentialing of the Preceptors at AOA and ACGME accredited residency programs not participating in The Visiting Student Application Service (VSAS) and Military Sites**

1. One or more individuals must be specifically identified as ultimately responsible for supervision and evaluation of the student on rotation, and designated as the clinical preceptor(s). This (these) name(s) must be submitted to the Department of Clinical Education with the initial request for the Clinical Rotation Manual for Faculty and Students Table of Contents Touro University California 27
student for the rotation, utilizing either an Away Rotation Request Form or, if the rotation is local, a Schedule Change Request Form.

2. The Department of Clinical Education will verify that the clinical preceptor(s) has (have) a valid license(s), without restriction, to practice medicine in the jurisdiction in which the rotation will take place. Any notations that may call into question the potential preceptor's fitness to serve in this role (e.g., restrictions, disciplinary actions) must be brought to the attention of the Associate Dean for Clinical Education and/or the Dean for review, and possible denial of the rotation request.

3. If no prohibiting issues are identified, the Associate Dean for Clinical Education will note an approval for this preceptor on the printed verification of license.

4. This approval is valid only for the single rotation requested, and is not transferable to additional rotations for the student, or to other students' requests.

5. Either a signed affiliation agreement, or submission of the Delineation of Responsibilities (attached) along with printed confirmation of acceptance (see below), is required for final approval of a rotation.

The Delineation of Responsibilities contains the same description of expectations found in the standard Affiliation Agreement, and is designed to be used as part of a formal application process for a rotation. This document is specific to a single student applying to a single rotation, and agreement to its terms applies only to that rotation. This format may be used to meet the requirements of AOA-COCA Standard 6.9 only when both of the following conditions are met:

- The clinical preceptor is approved to the Adjunct Faculty as described above. The rotation must meet the qualifications noted above for this process.
- The student must submit a written (or electronic) application for the rotation, and will receive written (or electronic) confirmation of acceptance.

The Delineation of Responsibilities must be submitted to the rotation site prior to a decision being made on the student’s application, ideally at the same time as the initial application. A copy of the written (or electronic) confirmation of acceptance into the rotation must be submitted to the Department of Clinical Education prior to the rotation.

If a signed institutional or individual Affiliation Agreement is in place with the rotation site, a Delineation of Responsibilities is not needed.

**Credentialing of the Preceptors at AOA and ACGME accredited residency programs participating in The Visiting Student Application Service (VSAS)**

All VSAS system participating programs are accredited by AOA, ACGME and therefore all preceptors supervising Touro students at those institutions are already credentialed by the host sites and do not need to be credentialed by the Department of Clinical Education.

**Credentialing of the Preceptors at the Core Sites with accredited AOA and ACGME Residency programs**

All Preceptors at AOA and ACGME accredited programs must be credentialed by the sites and do not need to be credentialed by Touro.

The Director of Medical Education and/or supervisory preceptor must be credentialed by the Department of Clinical Education.
Requirement for Execution and Maintenance of Affiliation Agreements with Core Clinical Rotation Sites

REASON FOR POLICY: The College must establish formal affiliation agreements with all sites that supervise students on core clinical rotations. This is to establish the parameters of the relationship, including each party’s rights, responsibilities and obligations. This is necessary for the protection of both parties and, most importantly, to ensure the best possible experience for the students.

WHO SHOULD READ THIS POLICY:
• Dean, Associate and Assistant Deans
• Clinical Education Administrative Staff
• Administrations of Clinical Rotation Sites
• Directors of Medical Education
• Students

POLICY STATEMENT
The College will establish, regularly review, and renew in a timely manner affiliation agreements with all core clinical rotation sites and all institutions where our students rotate that are not AOA, LCME or ACGME-accredited postgraduate training sites (see also Policy 3.1). A standard university template will be used for each agreement, except in the case of some institutions which may have a preferred format. In this case, we will utilize the latter, as long as it contains the same basic information and protections. All agreements will be reviewed annually to ensure that they are current.

When a potential new core site affiliation is brought to the attention of the Clinical Education Department, the Department will pursue the documentation required by both Touro University and the new core site institution until a signed affiliation is accepted and recorded by both parties.

Delineation of Responsibilities for Clinical Rotations

This document is intended to define the responsibilities of Touro University College of Osteopathic Medicine (“TUCOM”); the Clinical Preceptor at Site (“Preceptor”); and TUCOM student Student’s Name receiving clinical training under Preceptor’s supervision (“Student”), and will serve the purpose of Commission on Osteopathic College Accreditation’s Standard 6.9. The TUCOM Clinical Rotation Manual provides the philosophic framework for clinical rotations as well as further detail regarding duties of all parties and is considered part of this document. By accepting Student’s Name for rotation Site to the following:

Preceptor will
• Maintain all necessary licensure, certifications, privileges, and professional liability insurance, and notify TUCOM immediately of any material change.
• At all times maintain oversight, and supervision of students for any patient care, including student-patient interactions, physical exams, and procedures.
• Ensure an appropriate physical environment for Students.
• Offer constructive feedback to Students, including completion and submission of Clinical Performance Evaluations in a timely manner.
• Preceptors will provide learning opportunities consistent with Touro University’s curriculum (see Clinical Rotations Manual).
TUCOM will
- Maintain responsibility for scheduling Students’ rotations and publishing this information in a timely manner.
- Provide the Clinical Rotation Manual to Preceptor and Students, and notify all parties of any material changes in this document.
- Ensure that Students have completed all curricular and administrative requirements prior to entering into this clinical training, including, but not limited to, satisfactory completion of the preclinical course of study, maintenance of current immunizations, and passage of criminal background check and drug test.
- Maintain professional liability insurance for Students.
- Offer educational support to Preceptor, including access to Touro University California’s electronic library resources.

Students will
- Provide patient care only under supervision of Preceptor.
- Behave and communicate in a professional and respectful manner that represents TUCCOM well.
- Offer constructive feedback to TUCCOM on their clinical experiences which will be made available to Preceptor only in a summary, anonymous form, including completion and submission of Evaluations of Clinical Assignments in a timely manner.
Unlawful Harassment

Touro University California abides by federal and state laws, including the California Fair Employment and Housing Act, as found in California Government State Code Section 12940.

Touro University California is committed to providing a work environment free of unlawful harassment. Faculty are required to complete an on-line training course every two years detailing unlawful harassment and appropriate actions if unlawful harassment is observed or reported.

Touro University California policy prohibits sexual harassment and harassment based on pregnancy, childbirth or related medical conditions, race, religious creed, color, national origin or ancestry, physical or mental disability, medical condition, marital status, age, sexual orientation, or any other basis protected by federal, state, or local law or ordinance or regulation. All such harassment is unlawful. Touro University California’s anti-harassment policy applies to all persons involved in the operation of Touro University California and prohibits unlawful harassment by any employee of Touro University California, including supervisors and coworkers. It also prohibits unlawful harassment based on the perception that anyone has any of those characteristics, or is associated with a person who has or is perceived as having any of those characteristics.

Unlawful harassment is a form of discrimination that violates Title VII of the Civil Rights Act of 1964 and other federal authority. Unwelcome verbal or physical conduct based on race, color, religion, sex (whether or not of a sexual nature and including same-gender harassment and gender identity harassment), national origin, age (40 and over), disability (mental or physical), sexual orientation, or retaliation (sometimes collectively referred to as “legally protected characteristics”) constitutes harassment when:

1. The conduct is sufficiently severe or pervasive to create a hostile work environment, or
2. A supervisor’s harassing conduct results in a tangible change in an employee’s employment status of benefits (for example, demotion, termination, failure to promote, etc.)

Hostile work environment harassment occurs when unwelcome comments or conduct based on sex, race or other legally protected characteristics unreasonably interferes with an employee’s work performance or creates an intimidating, hostile or offensive work environment. Anyone in the workplace might commit this type of harassment – a management official, co-worker, or non-employee, such as a contractor, vendor or guest. The victim can be anyone affected by the conduct, not just the individual at whom the offensive conduct is directed.

Examples of actions that may create sexual hostile environment harassment include:

- Leering, i.e., staring in a sexually suggestive manner
- Making offensive remarks about looks, clothing, body parts
- Touching in a way that may make an employee feel uncomfortable, such as patting, pinching or intentional brushing against another’s body
- Telling sexual or lewd jokes, hanging sexual posters, making sexual gestures, etc.
- Sending, forwarding or soliciting sexually suggestive letters, notes, emails, or images.
Other actions which may result in hostile environment harassment, but are non-sexual in nature include:

- Use of racially derogatory words, phrases, epithets
- Demonstrations of a facial or ethnic nature such as a use of gestures, pictures or drawings which would offend a particular racial or ethnic group
- Comments about an individuals’ skin color or other racial/ethnic characteristics. Making disparaging remarks about an individual’s gender that are not sexual in nature. Negative comments about an employee’s religious beliefs or lack of religious beliefs.
- Expressing negative stereotypes regarding an employee’s birthplace or ancestry
- Negative comments regarding an employee’s age when referring to employees 40 and over.
- Derogatory or intimidating references to an employee’s mental or physical impairment

Harassment that results in a tangible employment action occurs when a management official’s harassing conduct results in some significant change in an employee’s employment status, (e.g., hiring, firing, promotion, failure to promote, demotion, formal discipline, such as suspension, undesirable reassignment, a significant change in benefits, a compensation, decision, or a work assignment). Only individuals with supervisory or managerial responsibility can commit this type of harassment.

A claim of harassment generally requires several elements including:

1. The complaining party must be a member of a statutorily protected class;
2. The complaining party was subjected to unwelcome verbal or physical conduct related to his or her membership in that protected class.
3. The unwelcome conduct complained of was based on his or her membership in that protected class;
4. The unwelcome conduct affected a term or condition of employment and/or had the purpose or effect of unreasonably interfering with his or her work performance and/or creating an intimidating hostile or offensive work environment.

An employee, who believes that he or she has been unlawfully harassed, should submit a written complaint to their supervisor or the Director of Human Resources as soon as possible after the incident. The complaint should include details of the incident or incidents, names of the individuals involved, and names of any witnesses. Supervisors will refer all harassment complaints to the Director of Human Resources. The Human Resources Department will immediately undertake an effective, thorough, and objective investigation of the harassment allegations.

If Touro University California determines that unlawful harassment has occurred, effective remedial action will be taken in accordance with the circumstances involved. Any employee determined by Touro University California to be responsible for unlawful harassment will be subject to appropriate disciplinary action, up to, and including termination. The Human Resources Department will advise all parties.
concerned of the results of the investigation. Touro University California will not retaliate against an employee for filing a complaint and will not tolerate or permit retaliation by management, employees or co-workers.

Touro University California encourages all employees to report any incidents of harassment forbidden by this policy immediately so that complaints can be quickly and fairly resolved. Any employee wishing to initiate an EEO (Equal Employment Opportunity) complaint arising out of the alleged incident of harassment must contact an FCC (Federal Communications Commission) EEO Counselor or other EEO official within 45 calendar days of the date of the incident. For information on how to contact an EEO Counselor, visit [http://www.fcc.gov/owd/counselors.html](http://www.fcc.gov/owd/counselors.html). Employees who believe that they have been retaliated against for resisting or complaining, may file a complaint with the appropriate agency.

### Retaliation Prohibited

Employees who feel that they are being discriminated against or harassed for any reason should immediately report such conduct to their immediate supervisor or to any member of management or the Director of Human Resources Department.

Touro University California values an atmosphere of open communication for all employees; employees who report harassment and/or discrimination will not be retaliated against by management or any fellow employee. Making a report of harassment or discrimination will never, under any circumstances, be considered in any decision regarding hiring, firing, promotion, or any other term or condition of employment. Any employee who takes adverse action or otherwise retaliates against a subordinate or coworker because that person lodged a harassment or discrimination complaint will be subject to appropriate discipline, up to and including termination.

### Bullying Prohibited

In addition to harassment based on a protected characteristic, Touro University California prohibits acts of bullying. A safe and civil environment is necessary for employees to achieve the high standards we expect. Demonstration of appropriate behavior, treating others with civility and respect, and refusing to tolerate harassment and bullying are expected of all employees.

Bullying is defined as repeated, health-harming mistreatment of another employee. Examples of prohibited bullying include, but are not limited to: screaming; swearing; name calling; stealing; using threatening, intimidating, or cruel behaviors; deliberately humiliating a person; and denying advancement.

Generally, bullying:

- Is committed by written, verbal, graphic, or physical acts (including electronically transmitted acts—e.g., using the Internet, a cell phone, a personal digital assistant (PDA), or a wireless handheld device).
- Substantially interferes with work, opportunities, and benefits of one or more employees, sometimes through actual sabotaging of work.
- Adversely affects an employee’s ability to function at work by placing the employee in reasonable fear of physical harm or by causing emotional distress.

Because bystander support can encourage bullying, Touro University California also prohibits both active and passive support for acts of bullying. Employees should either walk away from these acts when they see
them or attempt to stop them. In either case, employees should report incidents to a supervisor, management, or the Director of Human Resources. Reprisal or retaliation against any person who reports an act of bullying is prohibited.

Employees who engage in bullying will be subject to appropriate discipline, up to and including termination.

Employees who believe that they have been retaliated against for resisting or complaining, may file a complaint with the appropriate agency.

Academic Freedom

Touro University California is committed to the pursuit of truth and to its transmission. The integrity of the University as an institution of higher learning requires proper autonomy and freedom. This freedom is the freedom to examine data, to question assumptions, to be guided by evidence, to be a learner, and to be a scholar. Such freedom implies that any faculty member whose teaching is questioned should be subject to the judgment of one’s peers only in accordance with the accepted rules of academic due process. It also implies the active, defined and recognized role of the faculty in those policy-making decisions, which affect the educational program.

The obligation of the faculty is to distinguish in their teaching between personal and partisan opinion and convictions grounded in sources and methods appropriate to their respective disciplines. The faculty member should, to the best of his/her ability, present materials in a manner that respects the cultures and sensitivities of the students. The obligation of the student is to be a responsible participant in the academic activities of Touro University California.

The University further endorses the 1940 Statement of Principles of Academic Freedom of the American Association of University Professors. Each faculty member is expected to uphold the goals, aims and mission of Touro University California.

Grievance Committee, Policy and Procedure

If any faculty member believes that his/her rights have been violated in such matters as academic freedom, suspension or dismissal for cause, assignment of teaching duties, issues relating to propriety of conduct and sexual harassment, disciplinary actions taken or other matters, he/she may petition the TU California Grievance Committee in writing for consideration. Disciplinary actions or suspension will remain in force until the appeal process is completed. Before filing a petition with the Grievance Committee, a faculty member shall exhaust all administrative avenues (department chair, dean, HR). If the issue is not properly resolved, the faculty member has the right to petition the Grievance Committee.

The Grievance Committee shall function according to the policies and procedures described in the Touro University California Faculty Handbook, and shall not contravene any article therein. Approved changes to the Faculty Handbook will automatically be adopted by the Touro University California Faculty Grievance Committee (FGC) and will take precedence over the FGC bylaws.

The TU California Grievance Committee shall be a standing committee of at least five members of the faculty, appointed by the Faculty Senate in agreement with their college dean and Provost/Chief Operating Officer.
Officer (COO). The composition of the committee shall be reflective of the faculty. The Director of Human Resources shall be an ex officio (non-voting) member of the Committee. The Chair shall be selected by the Committee from among its approved committee members. Members shall be appointed to staggered terms of two years. The Grievance Committee shall function in a confidential manner and report directly to the COO. If a member of the Committee has a conflict of interest regarding the matter presented for review or if the membership of the Committee is challenged by the petitioner for cause, the Committee member may be replaced by an ad hoc substitute chosen by the Faculty Senate with the concurrence of the college deans and Provost/Chief Operating Officer (COO).

Filing a Grievance:

Faculty who want to file a grievance must submit a written, signed petition to the Chair of the Touro University California Faculty Grievance Committee within 28 days of the date that the grievant has exhausted administrative procedures.

The grievance must include the following information:

1. The specific policy or established practice that has allegedly been violated.
2. The date of the alleged violation and the date on which the grievant became aware of the alleged violation.
3. The facts relevant to the alleged violation
4. The person(s) against whom the grievance is filed
5. The good faith and reasonable steps that the grievant has taken to resolve the matter prior to taking it to the Grievance Committee and the outcome of those steps
6. List of witnesses (if applicable)
7. Redress being sought

In the event that the grievance is with the Chair of the Grievance Committee, the petition may be submitted to the Vice Chair who will keep the petition in confidence until the Committee is convened.

Upon receipt of the petition, the FGC will, within 7 days after receiving the grievance petition, meet and determine whether the filing requirements have been met. The person(s) against whom the grievance was filed (respondent(s)) will be notified in writing at this time. The respondent(s) has the right to submit a list of witnesses to the FGC. Submission of a petition will not automatically entail investigation or detailed consideration thereof, as the Committee has the option of seeking resolution/settlement by informal methods. If in the opinion of the FGC, such settlement is not possible or is not appropriate the Committee shall hold a grievance hearing within fourteen (14) working days after the receipt of the grievance petition by the FGC. The Committee will determine who will be interviewed during the grievance hearing. The Committee will report its findings and make written recommendations to the petitioner, to the respondent(s), and to the Provost/Chief Operating within five (5) working days after the hearing.

In summary, the functions of the Touro University California Grievance Committee in the grievance process are as follows:

a. To determine whether or not the matter merits consideration by the Committee;
b. To seek to settle the matter by informal methods;
c If the matter is unresolved, to hold a grievance hearing. The faculty member may invite a non-legal advisor to be present;
d To provide copies of its report and recommendation to the faculty member who petitions the Committee, to the COO, and to the person(s) against whom the grievance is directed.

All matters brought before the Grievance Committee will be confidential. Tape recorders will not be allowed.
Appeals Committee, Policy and Procedure

If a faculty member wishes to pursue his/her grievance after action of the Grievance Committee, he/she may appeal to the COO. The CEO may appoint an Appeals Committee or may choose to respond based on the findings of the Grievance Committee. If an Appeals Committee to hear the petition is appointed, it shall be composed of three (3) individuals chosen by the COO or the COO’s designee, in consultation with the Deans. The COO will review the action of the Grievance Committee and/or the recommendation of the Appeals Committee and forward a decision to the faculty member. The faculty member will have the right of further appeal to the CEO/Senior Provost, and then the President. The decision of the President is final.

All appeals shall be processed as follows:

a. The faculty member shall submit his/her appeal in writing to the COO within ten (10) working days after receipt of the determination of the Grievance Committee.

b. If an Appeals Committee is appointed to hear the petition, the Committee shall hold a hearing within ten (10) working days after its receipt of the petition.

c. The Appeals Committee will invite all concerned parties to the hearing. The faculty member may invite a non-legal advisor to be present.

d. The Appeals Committee must render a written recommendation to the COO within five (5) working days after the hearing, and the recommendation will be distributed to all concerned parties.

e. The COO may take into consideration the recommendation of the Appeals Committee and will make a decision which will be forwarded to the faculty member. The faculty member will have the right to appeal this decision to the President. The President’s decision is final.

All matters brought before the Appeals Committee will be confidential. Tape recorders will not be allowed.

Disability Accommodation for Students

Clinical faculty and Core-site administrators should be aware that Touro University California provides equal educational opportunities to, and does not discriminate against, applicants or students with physical or mental disabilities.

If an applicant or student has a known qualifying disability which may result in one or more educational limitations, the applicant or student is encouraged to discuss the limitations with the department of student affairs. The University will engage in a good-faith interactive process with the applicant or student to determine whether he or she can perform the essential functions, with or without reasonable accommodation. The University will provide reasonable accommodation for known disabilities, unless (1) to do so would impose undue hardship on the University, or (2) it is determined that the applicant or student could not perform his or her essential duties as a medical student in a manner that would not endanger his or her health or safety, or the health or safety of others, even with reasonable accommodation. Touro University will request that your treating medical provider verify any and all limitations you may have, and that with accommodation, you are medically cleared to perform your essential duties.

If more than one reasonable accommodation is available, the University will determine in its discretion which accommodation will be granted.
Conflict of Interest

As a general principle, all trustees, officers and administrators, faculty, and other employees should avoid any actions or situations that might result in or create the appearance of using their association with the University or Touro College for private gain, giving unwarranted preferential treatment to any outside individual or organization, or losing their independence or impartiality of judgment in the discharge of duties and responsibilities on behalf of the college.

The purpose of the Conflict of Interest Policy is to continue to protect and enhance Touro College and University California’s (TUC) reputation by ensuring that all officers, faculty, and employees of Touro and its affiliates everywhere, understand how Touro seeks to avoid even the appearance of impropriety. A conflict of interest exists when an individual has an external interest that affects or provides an incentive to affect the individual’s conduct of his or her employment activities. Conflicts of interest can arise naturally from an individual’s engagement with the world outside TUC and the mere existence of a conflict of interest does not necessarily imply wrongdoing on anyone’s part. When conflicts of interest do arise, however, they must be recognized, disclosed and either eliminated or properly managed.

A conflict of commitment occurs when the commitment to external activities of a faculty or staff member adversely affects his or her capacity to meet College responsibilities. This form of conflict is easily defined and recognized since it involves a perceptible reduction of the individual’s time and energy devoted to College activities.

The consequences of not complying with this Conflict of Interest Policy can be severe -- ranging from ruining your reputation and your career to possible criminal prosecution and incarceration. Illegal and unethical conduct will also result in disciplinary action, which may include termination. It is not an excuse that an individual’s questionable conduct was intended to “benefit” the College or was done with good intentions.

If an individual becomes aware of a possible violation of this Conflict of Interest Policy or behavior that could be incompatible with its spirit or that looks improper, they are expected to report it to their supervisor, the Office of the General Counsel, or other appropriate members of TUC’s management team.
Rank and Promotion Guidelines

Clinical Track (CT)

The CT is divided into three separate and non-sequential tracks consisting of Instructor, Professorial and Adjunct tracks. Placement into the specific track is done prior to review by the Rank and Promotion (RP) committee. The RP committee is responsible for recommendations to the advancement within each track listed below.

1. Regular Instructor Track – CT

Instructors may teach students in lecture or laboratory settings in clinical science courses. Instructors are required to have the appropriate degree for the teaching assignment. This category applies to faculty members without significant curricular responsibility and who deliver lectures or assist in the instructional laboratory. Instructors are not expected to conduct research but are expected to participate in university service if they are employed full-time.

2. Regular Professorial Track - CT

Assistant Professor – CT

Appointment to the rank of Assistant Professor, Regular Clinical Faculty, will be based upon meeting the following criteria:

- The highest degree, appropriate to the position and educational field, from a regionally accredited college or university or its international equivalent.
- Applicable Board Eligibility, Board Certification, or Certification (where applicable).
- Demonstrated commitment to quality teaching, student enrichment, and a spirit of scholarship necessary to ensure that his/her teaching continues to develop towards excellence.
- Willingness to participate in institutional service, clinical and/or scholarly activity.

References: A minimum of two (2) reference letters from a professional colleague or supervisor qualified to evaluate the candidate’s academic/clinical competency is required. In addition, a nominating letter from the appropriate Department Chair or Dean/Associate Dean/Program Director must accompany RP application materials.

Associate Professor – CT

Appointment or promotion to the rank of Associate Professor, Regular Clinical Faculty, will be based upon meeting the following criteria:

1. All requirements for Assistant Professor must be met.
2. Candidates should have a minimum of five (5) years at the rank of Assistant Professor or the equivalent before being considered for this rank is required. Equivalent experience will be defined by the RP committee.

3. Applicable Board Certification or Certification (where applicable).

4. Substantial clinical experience.

5. A sustained record of academic achievements in teaching, service, and scholarship as outlined in the following:

i. **Teaching**
   Faculty will be evaluated on quantity and quality of teaching efforts. Evidence may be demonstrated by recognition of peers and students for their merit in teaching in clinical and/or didactic endeavors as well as leadership in the development and delivery of innovative programs, courses, curriculum, and/or methodology.

ii. **Service**
   Significant achievements in the area of service to the University are expected for promotion to the rank of Associate Professor. Faculty should demonstrate evidence of increasing leadership roles in his/her department, the University, the local community, and or professional organizations. Service may include leadership in the department, chairing committees, involvement in curricular management, mentoring of junior faculty and students, or involvement in university activities.

iii. **Scholarship or Clinical Productivity**
   Satisfaction of this requirement can be accomplished by any combination of scholarship and clinical activity. Evidence of scholarly activity can be demonstrated by published materials in journals, unpublished manuscripts accepted for publication, pending or accepted patent applications, abstracts as well as participation in local, state, regional or national policy initiatives and/or research or clinical conferences. In addition, evidence of current and continued grant funding and/or major contributions to graduate education that significantly improve the method or quality of instruction at Touro University or affiliated institutions, will aid in advancement to this rank. Clinical productivity may be demonstrated by the quality and quantity of involvement in a University sponsored practice plan, University affiliated clinics, or other noteworthy clinical accomplishments.

References: A minimum of three (3) reference letters from a professional colleague or supervisor qualified to evaluate the candidate’s academic/clinical competency is required. For internal promotions at least one of the references must be from a Touro University California faculty senate member. In addition, a nominating letter from the appropriate Department Chair or Dean/Associate Dean/Program Director must accompany RP application materials.

**Professor - CT**

The attainment of full professorship is a mark of exceptional academic achievement and merit. Candidate must possess national and/or international reputation and be recognized by his or her peers as a significant contributor in his or her field.

The minimum requirements for advancement to the rank of Professor are:
1. All requirements of an Associate Professor or equivalent must be met.

2. Candidate should possess at least five (5) years’ experience at the associate level

In addition to the minimum requirements the candidate should have demonstrated excellence in teaching, service, and scholarship and/or research as outlined in the following:

i. **Teaching**
   Faculty will be evaluated on quantity and quality of teaching efforts. Evidence of excellence must be provided. This evidence may be demonstrated by recognition of peers and students for their outstanding work with regards to teaching in clinical and/or didactic endeavors as well as leadership in the development and delivery of innovative programs courses, curriculum, and/or methodology. Where appropriate, training of graduate students and post-doctoral candidates will aid in the promotion to this rank. In addition, evidence of teaching excellence on a national level should be demonstrated.

ii. **Service**
   The candidate for appointment or promotion to Professor is expected to have made significant contributions to further the goals and mission of their respective program/department, the University and the profession. The candidate should have assumed a leadership role in institutional activities evidenced by chairing or showing major impact on institutional committees and community activities. He or she must have gained national reputation within his/her field as evidenced by memberships in study sections, officer/director positions on advisory or editorial boards, prestigious professional societies, and chairing symposia. Other notable academic achievements considered include the organization of national/international conferences or meeting.

iii. **Scholarship/Clinical Productivity**
   Candidates for the rank of Professor must demonstrate significant contributions to the profession at the national and/or international levels and be recognized by peers as an expert in their area of specialization. Candidates for rank of Professor must show evidence of scholarship through publication in peer-reviewed journals or commercially published books/chapters/articles, participation in state, national, and/or international educational policy initiatives, invited presentations, receipt of major awards or honors, or other scholar/practitioner activities. The candidate should have demonstrated a sustained pattern of educational and/or research productivity as well as grant funding. Serving as a resource to junior faculty within the institution, and initiating formal cooperative research ventures with colleagues inside or outside the University may also be considered in promotion to the rank of Professor. A continuous and exemplary record of clinical practice in a University sponsored practice plan, University affiliated clinic, or other noteworthy clinical accomplishments may also be considered.

References: The candidate should provide a minimum of three (3) letters of recommendation. For the case of internal promotion, at least 1 of them must come from peers outside the University. The external references must provide evidence of outstanding academic attributes of the candidate. The references must be from senior faculty or individuals of similar established credentials in the candidate’s own area of expertise. In addition, a nominating letter from the appropriate Department Chair or Dean/Associate Dean/Program Director must accompany RP application materials.
3. Adjunct Clinical Track - CT

Adjunct (non-regular) faculty are individuals appointed by the appropriate department/program who provide instructional service to TU California students in the classroom, affiliated hospitals, clinics and other training institutions, based on academic need. The Adjunct Track is comprised of four contiguous ranks:

Adjunct Clinical Instructor
Adjunct Clinical Assistant Professor
Adjunct Clinical Associate Professor
Adjunct Clinical Professor

The requirements for ranking and initial appointments are similar to the Regular Clinical Track requirements, with more emphasis on the clinical setting. Adjunct faculty are ranked by the appropriate Dean; recommendation from the Rank & Promotion Committee is not required. Ranking in an Adjunct appointment is not transferable to a Regular Clinical Faculty track. Continued appointment is reassessed on a regular basis.
Faculty Code of Professional Ethics

Faculty members are expected to act at all times in a manner befitting members of the teaching profession. Faculty members are expected to maintain and exhibit the highest level of integrity in all of their behaviors. They should conduct themselves with respect for others and should serve as models of the teaching profession to their students and their community.

Dress and deportment often characterize the person, and interpersonal relationships mark the nature and effectiveness of institutions. Therefore, appropriate attire, courtesy and cooperation at all times, with students, staff and colleagues, are considered essential to the well-being of the University. Professionalism of a high order should be Touro University California’s hallmark.

Providing the best climate within which a student can learn and grow intellectually is a major professional contribution that the faculty member can make to the development of students. This includes frequent and active presence on campus, student counseling and advising, and participation in the activities that promote interaction between student life and the academic environment.

TU California promotes adherence to the American Association of University Professors, “Statement on Professional Ethics”, revised 2009. The codes of professional ethics stipulated here do not constitute a comprehensive policy of faculty behavior. These codes elaborate on the standards of acceptable and unacceptable conduct in the course of fulfilling faculty duties and are independent of other guidelines for activity of individuals while on campus, such as university policies on drug use, etc. with the understanding that TU California seeks to provide and sustain an environment conducive to education, scholarly exchange and faculty and student development, the Faculty Senate further stipulates the following codes of faculty conduct:

A. The primary responsibility of faculty conduct is to promote respect for knowledge, inquiry and education. Faculty is free to execute their teaching responsibilities in a manner that they determine to be appropriate. Faculty conduct must not, however, diminish or interfere with their responsibility to maintain proficiency and competency in the discipline(s) that they teach. Faculty conduct must ensure that classes are held as scheduled and that students are not denied opportunities to learn in the normal course of the academic term. Faculty must never exercise their professional position as a means to coerce or intimidate students to accept unethical or incompetent behavior.

B. Faculty must not discriminate among their colleagues or students on the basis of age, sex, religion, nationality, ethnicity, advocacies, political preferences, or any other individual personal attribute that is independent of professional interaction. Faculty objectivity in evaluation of student competence is an essential standard of faculty conduct.

C. Faculty must abide by the conduct standards for sexual harassment specified in this document.

D. Faculty should promote academic honesty through teaching and example. Faculty must neither facilitate nor ignore instances of dishonesty.

E. Faculty should respect the confidentiality of individual faculty–student interactions. Faculty should exercise foresight and maturity in conversation and activities with students.
F. Dating or engaging in sexual relationships with students is forbidden and may constitute grounds for dismissal.

G. In the exercise of scholarship faculty must conduct themselves honestly and must not intentionally misappropriate the work of others. Faculty is obligated to adhere to all established copyright and ownership guidelines.

H. Faculty conduct must demonstrate respect and fairness in the use of university resources and facilities. Faculty should use university property only in the pursuit of their faculty responsibilities.

I. Faculty must maintain strict confidentiality when requested with respect to colleague evaluation and personnel matters. Anonymity in peer-review for the purposes of promotion and advancement is an essential standard of ethical conduct.

J. Faculty must not exercise professional seniority as a means to coerce or intimidate the behavior or activity of university staff or junior colleagues.

K. Ethics in research and scholarly activities, intellectual honesty and ethical behavior while performing scholarly activities is of paramount importance. To this end, TU California adopts the U.S. Department of Health and Human Services Office of Research Integrity definition of research misconduct:

“Research misconduct means fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results. Fabrication is making up data or results and recording or reporting them. Falsification is manipulating research materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the research records. Plagiarism is the appropriation of another person’s ideas, processes, results, or words without giving appropriate credit. Research misconduct does not include honest error or differences of opinion.

In addition, research efforts should minimize restrictions on publications or dissemination of information and use university resources and facilities for academic and not commercial purposes.”

College of Osteopathic Medicine Faculty are additionally expected to comply with the American Osteopathic Association code of ethics which guides its member physicians in their professional lives. The standards address the osteopathic physician's ethical and professional responsibilities to patients, to society, to the AOA, to others involved in health care and to self. Further, the American Osteopathic Association has adopted the position that physicians should play a major role in the development and instruction of medical ethics.

Section 1. The physician shall keep in confidence whatever she/he may learn about a patient in the discharge of professional duties. The physician shall divulge information only when required by law or when authorized by the patient.
Section 2. The physician shall give a candid account of the patient's condition to the patient or to those responsible for the patient's care.

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

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

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

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

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

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

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

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

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

Section 12. Any fee charged by a physician shall compensate the physician for services actually rendered. There shall be no division of professional fees for referrals of patients.
Section 13. A physician shall respect the law. When necessary a physician shall attempt to help to formulate the law by all proper means in order to improve patient care and public health.

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

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

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

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

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

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

Faculty Development Part One: The Basics

Introduction To The Preclinical Curriculum: What Your Student Should Know

In addition to organ system oriented Basic Science coursework, during the preclinical 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, Osteopathic Practices and Principles and the basic sciences. They are new to the clinical environment and clinical language (abbreviations etc.)

Grades, Student Evaluations, and 3rd/4th Year Schedules

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

Each of the 14 clinical competencies is evaluated on the performance assessment 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 student receives 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. The 3rd and 4th year requirements are as follows:

3rd Year Rotations
1. Internal Medicine—8 weeks
2. General Surgery—8 weeks
3. Pediatrics—4 weeks
4. Family Medicine—8 weeks
5. Ob/Gyn—4 weeks
6. Psychiatry—4 weeks
7. Selectives – 4 weeks
8. Clinical Distinction I -4 weeks
9. Clinical Distinction II-4 weeks
10. Callbacks 2-4 days during other rotations

4th Year Rotations
1. Critical Care
2. Emergency Medicine
3. Primary Care
4. Medicine Subspecialties
5. Surgery Subspecialties
6. Pediatrics – 2 weeks
7. Ob/Gyn – 2 weeks
8. Selectives – 12 weeks

The Clinical Curriculum

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

The clinical clerkship program provides students with education and training in the 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.

The clinical clerkship curriculum is oriented around the American Osteopathic Association’s Core Competencies. The curriculum includes learning outcomes, didactic assignments and nationally benchmarked subject exams (the COMAT). This enables the students to follow the didactic complementary material while serving in patient care rotations. The clerkship curriculum also includes online Aquifer cases, reading assignments, tracking procedures through logging software, and attending eConferences for reinforcement.
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, students who embrace this primary care focused training will have an excellent foundation for further specialty training, if that is what they choose. 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. Deepen their understanding of Osteopathic Principles and their application to enriching the health of their patients.
3. Foster analytic and problem-solving skills necessary for physicians involved in disease prevention, diagnosis, and treatment of individual patients, families, and communities.
4. Demonstrate the ability to integrate behavioral, emotional, social and environmental factors of families in promoting health and managing disease.
5. Cultivate compassionate, ethical, and respectful, physician-patient relationships.
6. Appreciate the differences in patient and physician backgrounds, ethnicity, beliefs and expectations.
7. Critically evaluate current and relevant research and apply the results to medical practice.
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

Students are expected to participate in all aspects of the clinical rotation, including attending meetings and conferences and any assignments supplied by their preceptor. However, the students are also required to complete a robust curriculum which they access online. This curriculum includes a learning outcomes, a topic list, reading assignments, interactive Aquifer cases, integration of osteopathic principles through assignments, logging of procedures, and attendance of eConferences. This curriculum is sufficient to carry the student through each core rotation augmenting the clinical activities of the rotation. However, students should expect that supplemental assignments may be given by preceptors including:

1. Additional reading assignments
2. Case based literature search
3. Presentations
4. Didactics (i.e. tumor board, grand rounds, morning report, etc.)
Learning and Working Environment Principles

Clinical education should be learner-focused, fostering the acquisition of excellent clinical skills and encouraging individual well-being. Clinical education should be patient-centered, promoting best principles of compassionate care, diagnostic reasoning, clinical examination, patient safety, evidence-based care, and cost-effectiveness. Within the limits of duty hours, clinical education should involve as much direct patient care as possible, to ensure that learners understand the disease course, with a focus on continuity of patient care experiences and bedside teaching. Patient care should be conducted at the patient bedside (equivalent) whenever possible. When care is delivered outside of the direct patient encounter, learners should have the opportunity within that care session to see patients directly with an Attending Physician or Resident. Direct patient care experiences should be emphasized and maximized. This principle should guide the balance between direct patient care and didactic and other enriching educational experiences that provide perspective and skills for understanding seminal issues in patient care. Accomplishment of the core clinical objectives should be reasonable within the designated time frame of the rotation. Rotations must ensure that qualified (certified in needed application) residents staff and faculty provide appropriate supervision of medical students.

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)
Supervision of Osteopathic Medical Students in Clinical Learning Environments

The Clinical Education Department (CED) at Touro University California College of Osteopathic Medicine (TUCOM) ensures that its medical students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure patient and student safety, that the level of responsibility delegated to the student is appropriate to his or her level of training, and that the activities supervised are within the scope of practice of the supervising health professional.

DEFINITIONS

- **Supervising Physician**: An attending physician with a TUCOM faculty appointment; a resident or fellow physician training in a graduate medical education program
- **Healthcare Provider**: Including but not limited to: anesthesia assistants, dieticians, emergency medical technicians, medical sonographers, medical technologists, nurse practitioners, nurses, occupational therapists, paramedics, pharmacologists, physical therapists, physician assistants, psychologists, radiographers, respiratory therapists, social workers, speech language pathologists, and surgical technicians.

**Supervision Levels**

- **Direct Supervision**: the supervising physician is physically present with the medical student and patient.
- **Indirect Supervision With Direct Supervision Immediately Available**: the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide direct supervision.

For hospital-based practice institutions, it is the institution’s responsibility to ensure that all physicians and healthcare providers are appropriately credentialed and privileged by the hospital, institution, or agency and capable of medical student supervision within the scope of their practice.

For private practice settings in which healthcare providers are present, it is the responsibility of the supervising physician to ensure that healthcare providers are appropriately credentialed and privileged and capable of medical student supervision within the scope of their practice.

**SCOPE & APPLICABILITY**

This policy applies to required courses where students interact with patients, and all required clerkships taught as part of the undergraduate medical education program.

Course/clerkship directors are responsible for orienting students, supervising physicians, and healthcare providers who supervise medical students to the provisions of this policy; setting and communicating course/clerkship-specific expectations regarding appropriate levels of supervision; and ensuring that supervising physicians and healthcare providers adhere to the provisions of this policy.

**POLICY**

- Medical students are not licensed and cannot provide unsupervised patient care. Clinical decisions and orders are never created or enacted by medical students without a supervising physician’s input and approval. A supervising physician has the medical and legal responsibility for patient care at all times.
• A supervising physician is required to supervise medical students in clinical learning environments at a supervision level of “indirect supervision with direct supervision immediately available” or higher.

• The supervising physician will determine the appropriate level of supervision by taking into account the clinical site policies; complexity of the situation or procedure; risk for adverse events; and the medical student’s level of training, demonstrated competence, maturity, and responsibility.

• The course/clerkship director will determine the patient encounters and procedures for which medical student supervision may be provided by fellows, residents, and/or appropriately credentialed healthcare providers.

• Individuals who have experienced or witnessed a lapse in medical student supervision must report the incident to the course/clerkship director or directly to the CED. Students may also anonymously report lapses in medical student supervision in the course evaluation or directly to the CED.

• Medical students will identify their signatures with OMS (Osteopathic Medical Student), just as licensed physicians identify their signatures with DO or MD.

• Medical students will wear badges identifying them as medical students.

Clinical Skills Performance and Entrustable Professional Activities.

For each specialty, Family Medicine, Internal Medicine, Pediatrics, OB/Gyn, Psychiatry, Surgery and ER there is a list of procedures students should be familiar with. A list of procedures which students are expected to log during each rotation can be found in Section V of this manual, in the syllabus for each core course. Students may observe, assist or perform procedures. Additionally, students should be working towards entrustability in the 14 Entrustable Professional Activities. More details about Entrustable Professional Activities can be found on the Clinical Distinction Website. These 14 EPAs, described by AAMC, AACOM and TUCOM, describe essential skills needed for residency readiness:

1: Gather a history and perform a physical examination
2: Prioritize a differential diagnosis following a clinical encounter
3: Recommend and interpret common diagnostic and screening tests
4: Enter and discuss orders and prescriptions
5: Document a clinical encounter in the patient record
6: Provide an oral presentation of a clinical encounter
7: Form clinical questions and retrieve evidence to advance patient care
8: Give or receive a patient handover to transition care responsibility
9: Collaborate as a member of an interprofessional team
10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management
11: Obtain informed consent for tests and/or procedures
12: Perform general procedures of a physician
13: Identify system failures and contribute to a culture of safety and improvement
14: Integrate Osteopathic Principles and Practice into clinical practice
Faculty Development Part Two: Preceptorship

This part of Chapter II addresses some of the more frequent issues a preceptor may encounter during a rotation. Here you will also find some helpful tips on how to efficiently precept learners in your practice.

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
9. Time of arrival
10. Night calls and weekend expectations
11. Dress code

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 pre-empted 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, topic presentations etc.

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.

### 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.

### Structuring the Medical Learning Experience in Your Practice

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.

### 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 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.

**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.
Allowing Osteopathic Students to Practice Osteopathic Manipulative Medicine

TUC Osteopathic Medical Students have been carefully instructed and assessed with over 200 hours of study in the use of Osteopathic Manipulative Medicine (OMM). This includes performing an Osteopathic Structural Examination (OSE), in which students examine the patient to assess for Somatic Dysfunction and possible viscerosomatic reflexes that may help to aid in the patient’s underlying diagnosis. The umbrella term OMM encompasses the skillful hands-on treatment approaches that are taught in Osteopathic Medical Schools. The terms OMM and Osteopathic Manipulative Treatment (OMT) are often used interchangeably to refer to both osteopathic diagnosis and treatment.

TUC Osteopathic Medical Students are capable of providing OMM to patients as an adjunct to the preceptors’ traditional medical care, the goal being to enhance patients’ clinical outcomes. No student may apply OMM (or any treatment) without their preceptor’s permission. Students should be encouraged to perform osteopathic structural examinations on each patient, render OMT when appropriate and approved by their preceptors, and document their findings and treatment in their SOAP Note, and Procedure Note. OMM is generally well tolerated and appreciated by patients. It is reliably safe, and effective in a broad variety of clinical conditions. TUCOM students are 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 or patients with COPD, 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: All preceptors and TUCOM students are encouraged, if the need arises, to consult with TUCOM faculty regarding the use of OMM in various clinical settings. The 3rd year OMM Course Coordinators may be contacted at any time: Dr. Stacey Pierce-Talsma (stacey.piercetalsma@tu.edu) and Dr. Nicole Peña (nicole.pena@tu.edu).

OMM Procedure: Preceptors are encouraged to ask their osteopathic medical students: “How would you utilize OMM in this case?” Preceptors should expect a rational answer that describes how the application of OMM might effect a positive physiologic & clinical change in that particular patient. As mentioned above, osteopathic medical students should write a Procedure Note that describes the OMM modality that was recommended & utilized. OMM treatment time will vary, depending on the complexity of the case, the severity of the illness, and the experience of the student. Effective OMM can be as quick as a few seconds, and shouldn’t be seen as a factor prolonging patient appointment times.

### Definitions

**Osteopathic Principles and Practices (OPP):** The integration of osteopathic philosophy into health care practices, specifically: the concept of body unity, the reciprocal nature of structure (anatomy) and function (physiology), and the use of OMM and other interventions to promote the body’s self-healing and self-regulatory mechanisms

**Osteopathic Manipulative Medicine (OMM) and Osteopathic Manipulative Treatment (OMT):** Two terms used interchangeably to describe hands-on care in which DOs and DO Students use their hands to diagnose, treat, and prevent illness or injury

**Somatic dysfunction:** The impaired or altered function of related components of the somatic (bodywork) system including: the skeletal, arthrodial, and myofascial structures, and their related vascular, lymphatic, and neural elements

**Viscerosomatic reflex:** The interrelationship between any organ (viscera) and a closely related part of the body’s structure (soma)
The One (or Five) Minute Preceptor

This is a widely used, easily learned, educator driven and 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 diagnosis and treatment. This model was first described by Neher et al in 1992. *J Am Board Fam Pract.* 1992 Jul-Aug;5(4):419-424

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. 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.
Giving Effective Feedback

Students learn best when they receive feedback on their performance in a way that helps them identify how they can improve. When giving feedback, 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. Giving feedback is also an excellent way of avoiding difficulties during the rotation.

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 that prevent us from giving feedback more often
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. Expectation is 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 1 - 2 areas of improvement each time.

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 areas
   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>Orients learner to skill; explains rationale for learning skill, objective, and performance outcome; demonstrates skill (“see one”); gives motivational feedback</td>
</tr>
<tr>
<td>Conscious incompetence</td>
<td>Cannot perform the skill but knows what it is that cannot be done</td>
<td>Guides initial attempts of learner to perform the skills; observes learner practice (“do one”) and gives frequent and ongoing informational feedback</td>
</tr>
<tr>
<td>Conscious competence</td>
<td>Can perform the skill but has to work (hard) to get through the skill (because of demands of “cognitive processing”)</td>
<td>Allows more independent practice (“do many more”) and decreases learner’s reliance on teacher feedback</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 important</td>
<td>Easily discerns important features and patterns (“pattern recognition”)</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 application</td>
</tr>
<tr>
<td><strong>Exerts efforts to retrieve details</strong></td>
<td><strong>Effortlessly retrieves detailed knowledge</strong></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 synthesis and ignoring key data</td>
<td>Avoids snap judgments and is willing to change mind; pays attention 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

A difficult learner is “a learner whose academic performance is significantly below performance potential because of specific affective, cognitive, structural or interpersonal difficulty”

The Problem Learner, Vaughn et al. 1998.
The main principles of managing difficult learner situations are: prevention of a problem to appear; rapidly identify a difficulty, accurately diagnose the nature of the problem and finally develop an adequate remediation plan intended to correct the underlying deficit.

Principles of Dealing with the Troubled Learner:

Primary Prevention: Prevent the problem before it occurs.
1. Know the school expectations for the rotation.
2. Provide extensive orientation.
3. Set clear expectations and goals.
4. Determine the learner’s goals and expectations.
5. Reassess mid-course

Secondary Prevention: Early Detection
1. Pay attention to your hunches/clues.
2. Don’t wait for the problem to evolve and get larger.
3. Ask other members of the team for comments.
4. Provide early feedback – in most cases, it will solve the problem.
5. Assess the learner performance after feedback.

Tertiary Prevention: 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
1. Subjective - What made you think that there is a problem?
2. Objective - What are the specific behaviors that are observed? Write down your observations.
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:
Here is one model to assess the problem:
1. Cognitive: Knowledge base/Clinical skills less than expected.
2. Learning Disability:
   • Dyslexia
   • Spatial Perception Difficulties
   • Communication difficulties
3. Lack of effort/interest
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.

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.”
The competency of Patient Care could be further divided into:

- Clinical Skills – Involves the acquisition of clinical examination and procedural skills. In some cases learners have difficulty organizing the findings of the H&P and understanding the clinical significance.
- Clinical Reasoning and Judgement – Involves the interpretation of the findings and formulation of appropriate differential diagnosis.
- Time Management and Organization – Involves organization in thought process, presentations, documentation, preparation for the clinical encounter, task completion and efficient use of time.

Interpersonal communication skills:
Students need to able to develop positive and appropriate interaction with peers, staff and the health care team. Furthermore, they should be 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. Learners should be able to formulate and ask questions to patients and preceptors as well as to answer questions.

**Professionalism:**
Learners should manifest as diligence, timeliness, respectful in the interactions with preceptor, staff, patients, and the rest of the health care team. They should dress appropriately, have excellent work ethic, honesty and perceived trustworthiness. Learners should also take responsibility for duties and mistakes. This is discussed further in the section on modeling professionalism

**Practice Based Learning and Improvement:**
This involves self-assessment and response to feedback. Also 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.

**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?

**Plan**
1. Gather more information
2. Consider the importance of the behavior
3. Discuss with student
4. Detailed target behavior for specific feedback
5. Draft strategies to address the specific behavior to be changed
6. Use appreciative inquiry – focus on strengths to approach the weaknesses
7. Get the learner to help design the intervention
8. Set interval for reevaluation
9. Contact School to intervene
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.
The Anatomy of a Recommendation Letter

General Principles for LORs:
1. Provide a good support for the residency application. According to the National Residency Matching Program, LORs are the second most important item used by Residency Program Directors to select applicants for interview.
2. 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.
   d. If you cannot write a positive letter, let the learner know, give her/him the option of asking a different person.
3. 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. Set up a meeting with the learner if possible.
4. Discuss whether the student waives the right to see it, and whether you will copy them on it.
5. Most Residency Program Directors complain about LORs because they feel that most of the students are qualified as outstanding providing not clear discrimination between learners. They view the information provided as frequently incomplete or misleading and furthermore, LORs have significant limitations in predicting future performance.
6. Keep the letter short and clear.
7. Anatomy of a good LOR:
   a. Paragraph #1: The greeting and purpose of the letter. Introduce the learner and yourself.
   b. Paragraph #2: 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: Here is where you evaluate the student’s abilities and performance while under your supervision. Try to give illustrative examples of the learner’s behavior and attitudes compared with other students you have worked with. Describe the aspects of the learner’s personal qualities such as integrity and motivation. Address professionalism, communication skills and interrelations with other members of the team, medical knowledge and clinical judgement.
   d. Paragraph #4: 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: This is the summary and concluding statement and strength 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. Offer the recipient to call you for clarification.
8. 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.
January 20, 2015

Dear LoR Author,

Effective ERAS 2016, all letters of recommendation must be uploaded by you or your designee using the ERAS Letter of Recommendation Portal (LoRP). Medical schools will no longer be able to upload letters on your behalf.

We realize this is a change in how things have historically been done and we would like to provide you with the following information as you prepare to write letters on behalf of applicants for the upcoming season.

- Letters can only be uploaded once the ERAS system opens in May 2015 for the upcoming application cycle.
- At that time, applicants will provide you with a Letter Request Form that includes instructions for the LoRP as well as a unique identifier for each LoR you are asked to upload.
- If you do not already have an account, you will be asked to create one in order to gain access to the LoRP.
- Account creation is simple and only requires your name and email address.
- All the technical specifications for letters can be found on our website [https://www.aamc.org/eras/lorp](https://www.aamc.org/eras/lorp).
- Please do not send letters to the AAMC/ERAS; they will be returned.

More information will be available on our website [https://www.aamc.org/eras/lorp](https://www.aamc.org/eras/lorp) as we get closer to the opening in May. If you have additional questions in the meantime, please contact the ERAS HelpDesk by email [ERASLoRP@aamc.org](mailto:ERASLoRP@aamc.org) or by phone 202-862-6249.

Best regards,

Amy Mathis
Director, ERAS Medical School,
Applicant and Business Partner Relations
Faculty Development 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.

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.
Clinical faculty should feel free to contact Drs. Hendriksz, Feinberg or Menini, 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.

Helping Students Develop and Maintain Their Clinical Skills

Osteopathic Medical Students take a standardized board examination during their 4th year, the COMLEX PE, which assesses their clinical skills. All students have to pass this examination in order to graduate. The COMLEX Performance Evaluation exam (PE) is a one-day examination of clinical skills. During the 7-hour exam day, the students perform 12 standardized patient encounters. They are given 14-minutes for a comprehensive patient encounter (history, physical, possible OMT, patient education, and plan discussion) and 9-minutes to complete a SOAP note.

Patient presentations include symptoms or complaints common to primary care settings and also reflect the COMLEX – USA examination blueprint.

The clinical skills evaluated in this exam are divided into 2 domains:

- The Humanistic domain – assesses:
  - Physician-Patient communication
  - Interpersonal skills
  - Professionalism

- The Biomedical/Biomechanical domain – assesses:
  - Osteopathic Principles and/or OMM
  - H&P
  - DDx and clinical problem-solving
  - SOAP note

More information about this exam can be found here.

TUCOM Assessment of Clinical Skills prior to COMLEX PE

At the end of the third-year clerkships, the students come back to campus for a 2-day Callbacks course. Callbacks is a required course and successfully completing all the components is needed for graduation. Among the components of Callbacks is the assessment of the student’s clinical skills through 4 Objective Structured Clinical Examinations (OSCE) encounters. Four different cases are presented to the students in a format similar to the one they will encounter during the COMLEX PE exam. OSCEs take place in our Clinical Skills Laboratory and they are recorded for later review.

After OSCEs, students are divided in groups of 4. Each group meet with one faculty member to review one of their 4 encounters and SOAP notes each. The faculty member uses a video rubric, the standardized patient check list and the SOAP note to evaluate the student’s performance. Lists of observable behaviors that are considered red flags are also considered. Students that perform below 70% in their encounter or are red-flagged will be re-evaluated and eventually remediated.

How preceptors could help
Preceptors should observe the students perform H&Ps at least once or twice during the rotation. Observing the students at the beginning of the rotation and giving them timely feedback has the advantage of allowing them to correct mistakes and improve their skills by the end of the rotation.

**The New Clinical Performance Evaluation Form**

The Clinical Performance Evaluation Forms are available online, in New Innovations. Information about New Innovations and that evaluation is provided here as a guide for our clinical preceptors.

We appreciate the time that is required to evaluate the student competencies. We ask that preceptors allot a brief amount of time to meet with the students at the middle, and at the end of the rotation in order to apprise them of their progress and performance. Please contact the Clinical Education Department with any concerns regarding individual student progress.

**Clinical Education Department Contact Information:**
Ashley Klopstock, Grade Coordinator, (707) 638-5293, ashley.klopstock@tu.edu
Nathalie Garcia-Russell, Assistant Dean, (707) 638-5917, nathalie.garcia-russell@tu.edu

**Login Instruction for New Preceptors – To Complete an Online Evaluation on New Innovations**
If this is your first time logging in, your username **AND** password is the first letter of your first name and your last name. Ex: John Smith = jsmith. If this does not work, please try the first and second letter of your first name with your last name. Ex: josmith. The system adds the second letter of your first name when there are multiple users with the same first and last name.

You will be asked to change your password when you login for the first time.

If you have not been credentialed or do not need to be credentialed by Touro California and have not previously completed an online evaluation, your information may not be in our system. In this case, please email any of our staff members for more information about setting you up in our database.

*Note: A copy of the completed evaluation will be given to the student.*

New Innovations Login website: [https://www.new-innov.com/Login/](https://www.new-innov.com/Login/)
The link above will take you to a page that looks similar to the image below. The first field is the organization field, enter “tu”. Enter your username and password in the 2nd and 3rd fields, then click, Log In.
In this next screen, select “Clinical Education,” from the drop down if it’s not already selected, then click Continue.

You will be taken to your Home Page. In the My Favorites navigation box located on your left-hand side of the screen or the Notifications box in the upper right-hand corner of the screen, select the link “Complete Evaluations” or “evaluation to complete” as shown below.

You will be taken to the next page where you can select the evaluation to complete. Move your cursor over the words “Clinical Performance Evaluation” located under the student’s name and you should be able to select the evaluation by clicking once. If you have more than one evaluation to complete, you can come back to this page later.
After completing all the questionnaires and comments, please finish by submitting the evaluation.

If you make a mistake on the evaluation, it can be returned to you for correction. For evaluation help, please contact someone in the Clinical Education Department.

If you do not see an evaluation listed, we can manually generate one for you; Please let us know or have your student inform us. Once the online evaluation is generated, you will receive an auto-notification to complete the evaluation.

To View and/or Print Your Evaluation
Back at your Home page, In the My Favorites navigation box located on your left-hand side of the screen, select the link, Completed Evaluations.
In the next page, View Completed Evaluations, select the check box of the evaluation you wish to print or view then click the link “Print Selected UME evaluations to PDF”.

A pdf document will appear and you can print/view/save.
Osteopathic Medical Student Clinical Performance Evaluation

[Subject Name]
[Subject Class]
[Evaluation Dates]
[Rotation: Location]

Evaluator
[Evaluator Name]
[Evaluator Class]

Specialty

Remaining Characters: 5,000

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

Remaining Characters: 5,000

*Any additional comments not to be included in the Dean's Letter.

Remaining Characters: 5,000

Overall do you feel the student passed the rotation?
Yes ☐
No ☐

Comments

Remaining Characters: 5,000

Would you recommend that this student receive Honors for this clerkship?
Yes ☐
No ☐

Comments

Remaining Characters: 5,000

Did student miss any dates or call shifts on this rotation?

Section III
Students

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.
Overview of Clinical Training

A note to our osteopathic medical students, from Dr. Walter Hartwig:

“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. During your clinical training, 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 or department, 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, and take on this vast body of knowledge – it is yours alone to conquer. The syllabi and assignments which accompany your core courses will guide you. 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, and what service you will offer in this world.”

Important note regarding Policies & Procedures

The standards that dictate the rotation guidelines are enforced by independent agents such as licensing boards, the AOA, and our regional accreditors. Consequently, they are not subject to change or interpretation. The policies and procedures described in this manual ensure that you will meet both California state requirements for satisfactory academic progress and 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.

To make your progress as timely as possible please remember these IMPORTANT POINTS as you read this manual and prepare for clinical rotations:

1. Read the manual and refer to it before you query the CED.

2. Read all emails from the CED to you individually or to the class. We respect your time and attention and will only contact you with actionable, binding, or useful opportunity information. Check your tu.edu email daily and 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. Include your contact phone number in every email or voicemail message to helps us respond rapidly to your query.
3. For any change in name or contact information you must notify the Registrar and update your electronic record immediately.

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. 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.

4. 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.

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.

Preparation for Year 3 – A message for second year students

To prepare the students for the clinical years, the Clinical Education Department will meet on several occasions with 2nd year students to provide information on core rotations sites, the core site assignment process and the Year 3 experience and expectations.

Core Site Assignment

During the fall semester of Year 2, the CED will present the core rotation sites to the class. By December, all site presentations will be completed, and students will have the information they need to make their selection and enter the lottery. 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) send the students to a site of their choice, and (2) fill all rotation sites.

Timeline

- At the beginning of January of Year 2, students will receive a ballot on which to list their top five rotation sites in order of preference. Students will be asked to select no more than three rotation sites in the same geographic area, as described in the ballot.
- The ballot has to be returned to the CED by mid-January.
- The CED will generate an optimal assignment outcome based on the preference list and consistent with each rotation site specifications. Results will be issued to students toward the end of January.
- After all students are assigned to a 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.
• During the following months and as soon as the schedules are make available by the sites, from February to as late as April or early May depending on the site, students will be assigned a full schedule for 3rd year. A one-time-only switch of schedule between students of a same site will be allowed. Students who have specific request regarding scheduling that is not related to academic performance (SPC request) or specific accommodations (Student Services approval) should send their request to the Assistant or Associate Dean for Clinical Education for approval.

Limitation on Rotation Site Assignments

The CED may assign rotation sites to specific students upon Student Promotions Committee (SPC) request because of academic or professionalism issues reported during the pre-clinical or clinical years. These students will most likely be assigned to the North East Bay core 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 and these students will not enter the general lottery.

Similar limitations to the above will apply to off-track students returning from leave of absence (LOA). Only students who took a LOA before the lottery process or before the beginning of 3rd year will be eligible to enter the rotation lottery upon their return from LOA. The CED will work diligently to place LOA students at appropriate rotation sites as they become available, assuring optimal learning environment for the returning student.

Note: Students with a history of poor academic performance, or who are determined by the CED and/or SPC 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. This is to ensure that all students are placed in the learning environment that is best suited to their needs as a learner.

Student Liaison

In order to improve communication between 3rd year students and the Clinical Education Department, one or two Core Site Representatives 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. 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.

Student Liaison’s Duties:

• Be a representative of the class 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 communications 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 determinate by the CED as needed.

• Be willing to commit to this position for the entire Year 3.
Orientation to Clinical Clerkship

At the end of Year 2, all 2nd year medical students will attend the Orientation to Clinical Clerkship, a full day of orientation with the Clinical Education Department faculty, administration, and staff, designed to enable a successful final step in the transition from the primarily pre-clinical to primarily clinical components of the curriculum. Tools and resources that students will need for success during their clinical years will be presented as lecture presentations and small groups activities. The Orientation to Clinical Clerkship is mandatory for all students before entering the 3rd year and starting rotations.

COMLEX Level 1 requirement for entering Year 3

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. You will not be authorized to do any rotation while studying for the retake of COMLEX Level 1 and a passing score must be received prior to resumption of clinical rotations. 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.

Depending on the time you need to prepare for the retake, you may be removed from your core Year 3 clerkship program schedule and host facility(ies), and, based upon availabilities, be reassigned at the discretion of the Clinical Education Department once a passing score is received. 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.

Note: If you want to petition for the possibility to do a selective rotation after the retake of COMLEX Level 1 while waiting for the new score, you must submit a rotation request directly to the Assistant Dean for Clinical Education. The rotation request will have to be supplemented by a clear description of the rotation. Only selective rotations that do not involve patient contact, such as anatomy, radiology, or research, might be approved by the CED.

Accommodations and Leave of Absence

Accommodated Student

The Clinical Education Department is committed to provide reasonable accommodations to students with documented disabilities to ensure that students with a disability will have equal access to all core activities during the clinical years. Students who are granted reasonable accommodations must successfully satisfy all program requirements.

If granted, the accommodation is given only for the academic year in which it is requested. In case of changed circumstances, with respect to any disability, subsequent applications must follow for each academic year the student is requesting accommodations. Students must complete the application process and submit disability documentation before they may receive accommodations. Therefore, it is strongly advised that if you are seeking accommodations for clinical rotations, you submit your application and all required documentation well in advance. Application for accommodation of a disability must be made by the student and submitted to Student Services. Information regarding Request for Accommodation is available on Touro Website at http://studentservices.tu.edu/learningresources/accomodations.html.

Testing providers and licensing and certification agencies, boards and organizations have their own reasonable accommodation requirements. Reasonable accommodations, if any, received by the student at Clinical Rotation Manual for Faculty and Students Table of Contents Touro University California 82
Touro University are not binding on those providers, agencies, boards or organizations. Therefore, the student is solely responsible to investigate, apply for and acquire accommodations with any necessary providers, agencies, boards or organizations.

**Leave of Absence**

A leave of absence is a pre-approved leave from TUC that suspends a student's course of academic and/or clinical study for a defined period of time. The amount of leave time granted depends largely on the personal needs of the student and usually does not exceed nine (9) months. In addition to personal needs, circumstances necessitating a leave of absence may include academic reasons requiring interruption of the normal course of study in order to complete remedial work.

Any extended interruption of clinical rotations that exceeds four (4) weeks and/or is exclusive of the allotted unassigned time in the calendar year (four weeks for Year 3 and twelve weeks for Year 4) will require an official leave of absence. During the clinical years all leave of absences have to be approved by the Associate or Assistant Dean for Clinical Education. No leave of absence is official until appropriate paperwork has been completed and filed with the Registrar. The student is responsible for initiating this process, obtaining the required forms and signatures, and providing the completed paperwork to the Registrar.

**Returning from Leave of Absence**

Prior to returning to active enrollment from an approved Leave of Absence, the student must submit an official Petition to Return to Classes form. This petition must be approved by the Associate or Assistant Dean for Clinical Education and the Dean of Students. The approval must precede any active engagement of enrolled activities of TUCOM.

It is important that students who take Leave of Absence after having completed their preclinical curriculum or during their clinical years, maintain their knowledge and clinical skills while they are on LOA, and stay in communication with the Clinical Education Department to follow up on their credentials for rotation. Before returning to the program to resume rotations after an absence of six (6) or more months, students must meet the following requirements:

- Must have taken and passed their COMLEX L1 examination.
- Hold active ACLS/BLS certification. It is the students' responsibility to make sure their ACLS/BLS is still active by the time they return. If their ACLS/BLS will expire before resuming rotations, they can retake it with the second year Class on campus during the spring semester or take it elsewhere.
- Be fully compliant with immunizations and physical exams. Students must contact and obtain clearance from Student Health before resuming rotations.
- Have an updated background check and mask fitting. Students must contact the CED for guidance.
- Participate in Orientation to Clinical Clerkship with the second year Class at the end of the spring semester if the starting date coincides with the incoming third year students. Otherwise, students should meet with the CED to review resources that they will need during their clinical years.
- Participate in an OSCE for clinical skills assessment and undertake remediation activities if student does not show a level of proficiency in clinical skills. The SPC and faculty involved will establish requirements to be met before entering or resuming rotations.
- Resume rotation with a core or selective rotation at the Solano County Clinic (SCC) with Touro faculty. Only after passing the SCC re-entry rotation will the student be allowed to continue with rotations.
Please refer to the student handbook for more information regarding TUCOM Leave of Absence policy.

**Graduation Requirements**

The clinical years’ requirements for graduations with course requirements and course numbers are presented below. As mentioned earlier, these requirements are immutable and not subject to interpretation.

**Clinical Requirements**

Eighty-eight (88) weeks of clinical courses total are required.

<table>
<thead>
<tr>
<th>Year 3</th>
<th>48 weeks of rotation in the following requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Internal Medicine</strong></td>
</tr>
<tr>
<td></td>
<td><strong>General Surgery</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Family Medicine</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Obstetrics and Gynecology (to include labor and delivery)</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Pediatrics</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Psychiatry</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Selective subjects</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Clinical Distinction</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year 4</th>
<th>40 weeks of rotation in the following requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Obstetrics and Gynecology</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Pediatrics</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Medicine subspecialty</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Surgical subspecialty</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Critical Care Medicine</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Emergency Medicine</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Primary Care Medicine</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Selective subjects</strong></td>
</tr>
</tbody>
</table>

Note that as a requirement, **during Year 4, a minimum of one of rotations must be a Sub-Internship**.

California measures rotations length in weeks, not days or months. You must complete the 48 weeks of Year 3 before proceeding to the remaining 40 weeks, consequently you do not become a 4th year student on a specific date in the following year, but rather on the date at which you complete your last third-year requirements.
Registrar Requirements

Year 3

Your 52-week third year will include 36 weeks of core rotations, 4 weeks of selective courses, 8 weeks of clinical distinction courses, and 4 weeks of vacation. The course numbers are presented in the table below.

Required Core Courses:

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>700A</td>
<td>Internal Medicine 1</td>
<td>4 weeks</td>
</tr>
<tr>
<td>700B</td>
<td>Internal Medicine 2</td>
<td>4 weeks</td>
</tr>
<tr>
<td>701A</td>
<td>General Surgery 1</td>
<td>4 weeks</td>
</tr>
<tr>
<td>701B</td>
<td>General Surgery 2</td>
<td>4 weeks</td>
</tr>
<tr>
<td>702A</td>
<td>Family Medicine 1</td>
<td>4 weeks</td>
</tr>
<tr>
<td>702B</td>
<td>Family Medicine 2</td>
<td>4 weeks</td>
</tr>
<tr>
<td>703</td>
<td>OB/GYN</td>
<td>4 weeks</td>
</tr>
<tr>
<td>704</td>
<td>Pediatrics</td>
<td>4 weeks</td>
</tr>
<tr>
<td>705</td>
<td>Psychiatry</td>
<td>4 weeks</td>
</tr>
</tbody>
</table>

Additional Required Courses:

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>715A</td>
<td>Selective</td>
<td>2 weeks</td>
</tr>
<tr>
<td>715B</td>
<td>Selective</td>
<td>2 weeks</td>
</tr>
<tr>
<td>716</td>
<td>Selective</td>
<td>4 weeks</td>
</tr>
<tr>
<td>717</td>
<td>Clinical Distinction 1</td>
<td>4 weeks</td>
</tr>
<tr>
<td>718</td>
<td>Clinical Distinction 2</td>
<td>4 weeks</td>
</tr>
<tr>
<td>770</td>
<td>Callbacks</td>
<td>Longitudinal course</td>
</tr>
</tbody>
</table>

Selective courses can be two 2-week selectives or one 4-week selective. The course numbers reflect the length of the selective experience.

Callbacks is a required longitudinal course consisting of OMM eConferences, online assignments, logging of OMM procedures and a 2-4 day on-campus event.

Year 4

Your fourth year begins when you have completed your 48 weeks of required third-year courses. It will include 28 weeks of required specialty and sub-specialty courses and 12 weeks of selective courses. The course numbers are presented in the table below.
Required Specialty and Subspecialty Courses:

<table>
<thead>
<tr>
<th>Course</th>
<th>Specialty/Subspecialty</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>808A</td>
<td>Medicine Subspecialty</td>
<td>4 weeks</td>
</tr>
<tr>
<td>808B</td>
<td>Medicine Subspecialty</td>
<td>4 weeks</td>
</tr>
<tr>
<td>809</td>
<td>Surgical Subspecialty</td>
<td>4 weeks</td>
</tr>
<tr>
<td>810</td>
<td>Critical Care</td>
<td>4 weeks</td>
</tr>
<tr>
<td>811</td>
<td>Emergency Medicine</td>
<td>4 weeks</td>
</tr>
<tr>
<td>815</td>
<td>Pediatrics</td>
<td>2 weeks</td>
</tr>
<tr>
<td>816</td>
<td>Obstetrics and Gynecology</td>
<td>2 weeks</td>
</tr>
<tr>
<td>819</td>
<td>Primary Care</td>
<td>4 weeks</td>
</tr>
</tbody>
</table>

Selective Courses:

<table>
<thead>
<tr>
<th>Course</th>
<th>Type</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>813 (A to H)</td>
<td>Selective</td>
<td>4 weeks</td>
</tr>
<tr>
<td>814 (A to H)</td>
<td>Selective</td>
<td>2 weeks</td>
</tr>
<tr>
<td>820 (A to D)</td>
<td>Selective</td>
<td>3 weeks</td>
</tr>
</tbody>
</table>

During Year 4, selective courses can be 2-week, 3-week or 4-week. The course numbers reflect the length of the selective experience and your 813, 814 and 820 courses must add up to a total of 12 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.

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 selective 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 the expectations of the CED (see table on the next page). 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. Adult/Pediatrics subspecialties: Adolescent Medicine Allergy/Immunology Cardiology Endocrinology Family Medicine-Inpatient Gastroenterology Geriatrics Hematology / Oncology Infectious Diseases Internal Medicine Inpatient Neonatology Nephrology Pediatrics Inpatient Pulmonary Medicine Rheumatology Sports Medicine/Primary-care Women’s Health</td>
<td>The 4-wk surgical subspecialty requirement should be performed in one of the following services: Colorectal Surgery General Surgery Neurosurgery Obstetrics Ophthalmology Orthopedics Otolaryngology - ENT Plastic Surgery Trauma Surgery Urology Non-surgical subspecialties that can also be approved: Gynecological Oncology OB/GYN</td>
<td>You should perform this rotation in an inpatient setting of acutely ill patients. Options include: Adult Intensive care Cardiac Intensive care Neonatal Intensive care Pediatric Intensive care Surgical Intensive care</td>
</tr>
<tr>
<td>Non-IM subspecialties that can be approved for 808A&amp;B: Anesthesiology Dermatology General Radiology Neurology Pathology Physical Medicine &amp; Rehabilitation Psychiatry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Selective Course Numbers:</td>
<td>815 - Pediatrics</td>
<td>816 - Obstetrics/Gynecology</td>
</tr>
</tbody>
</table>
Additional CED requirements

All 4th year medical students must complete the AACOM Academic Survey of Graduating Senior before graduation. This survey is a mandatory graduation requirement. All medical students will be contacted at the beginning of the Spring semester of their 4th year with directions regarding completion of the exit survey.

COMLEX requirements and policy

Both COMLEX Level 2 CE and PE are required for graduation.

- COMLEX Level 2 CE is to be taken after completion of all Year 3 Core Course and no later than December 1st of the student’s 4th year.
- COMLEX Level 2 PE is to be taken after passing Callbacks and completion of all Year 3 Core Courses, and no later than January 1st of the student’s 4th year.

Students in good academic standing are approved for registration for COMELX Level 2 by the Assistant Dean of Clinical Education. Students with academic performance indicative of potential COMLEX Level 2 failure will not be allowed to take the tests until SPC requirements are met, as approved by the Dean.

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, and only after approval by the SPC will you be allowed to retake the test. A passing score must be received within six (6) calendar months of the date of the first failure.

Setting Up Rotations: Guidelines and Policies

Rotation Request

a. When is a Rotation Request Form required by the CED?

For your core third-year requirements the CED already has your schedule and all information regarding your core program site(s), therefore no rotation requests are necessary.

On the other hand, you must submit a Rotation Request Form to the CED for your:

- Selective rotations
- Clinical Distinction courses
- All Year 4 rotations
- Vacation blocks

This will allow the CED to know and update 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.

b. What information do you need to provide?

(1) You must complete all sections of the Rotation Request Form (Appendix A), including the name/email/phone of both the physician and site coordinator. 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. The CED staff can process your request only if the information on it is complete and accurate.
(2) You must provide the approval in writing from the physician that accepted you for the rotation.

(3) You must include contact information for all hospitals at which your precepting physician plans to host you. Rotation request forms must be submitted for all selective 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 coordinator who will bundle it together with your credential packet and send it to the site.

c. How early should the rotation request form be submitted to the CED?

All rotation request forms should be submitted to the CED as early as possible and at the latest 60 days before the 1st day of the rotation. The site where you request to go for a selective or for a fourth-year rotation need to know you are coming at least 60 days in advance. 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.

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 no rotations are available, your rotation period will be changed to vacation.

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.

d. Restrictions regarding selective rotation during 3rd or 4th year

− A maximum of eight weeks of clinical rotations can be done under the same preceptor.
− Any clinical rotation for academic credit with a preceptor who is a family member must be pre-approved by the Assistant Dean for Clinical Education.

Selective Rotations

Clinical clerkship selective

You can elect a rotation in an inpatient or outpatient setting with any willing physician who is licensed to practice medicine. Clinical clerkship selectives require direct patient care and cannot be shadowing experience only.

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.

− If that physician is not actively credentialed by CED, it will take longer to complete the rotation processing. You must allow at least 60 days prior to the start date of the rotation. All students are
encouraged to consult our network of credentialed physicians, which can be found by searching our rotations software database.

- If the rotation will take place in a facility that requires an Affiliation Agreement with our institution, the rotation request should be submitted at least 90 days prior the start of rotation as some institutions require more than 60 days for completion of an Affiliation Agreement.

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. During the following 30 days, the CED will 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 asked to directly obtain the documents from his/her preceptor or to secure an alternate rotation with a preceptor that is already credentialed by the CED and practices at an affiliated site.

If the student has not acquired all credentialing documents two weeks prior to the start of rotation or secure an alternate rotation with one of our credentialed preceptors, the rotation will be defaulted to vacation.

Several area hospitals and facilities regularly provide selective 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:

- East Bay Physicians Medical Group
- Emanuel Medical Center
- Forensics Medical Group
- Golden Valley Health Centers
- Kaiser Permanente Napa
- Kaiser Permanente Santa Rosa
- Kaiser Permanente South San Francisco
- Kaiser Permanente Vallejo
- NorthBay Medical Center (also a Do Not Cancel site!)
- Sonoma Valley Hospital
- Tahoe Forest Hospital District
- The Mobile Doc of the Bay
- TUC-Solano County Affiliated Clinics
- Local private practices – please contact your coordinator for an updated list

Do not contact these facilities or any physicians associated with these facilities.

Ask the CED for current availability of selective and fourth year rotations.

This also includes any 3rd Year Core Preceptors
Research Clerkships

You may receive selective credit for a research clerkship. In addition to the Rotation Request form, you must submit to the CED a completed Research Selective Rotation Request form, the CV of your preceptor (Principal Investigator/Sponsor), and your research proposal for CED approval. The research rotation form, presented as Appendix C in the present document, is available on the website, on Blackboard and from the Year 3 and 4 coordinators. After completion of your research selective, in addition to the preceptor evaluation, you have to submit to the CED the outcome of your research, e.g. publications, presentation, patent, case report, review article, to receive a passing grade.

If you have any questions regarding the setting up of a research selective, please contact the Assistant Dean for Clinical Education.

International Clerkships

International rotations are available for selective or Clinical Distinction credits 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, and Mexico. Please visit TUCOM Global Health webpage for more information about the clinical sites available.

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, who 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 the CED webpage as well as the Clinical Education Resources organization in Blackboard. Once you have approval from the GHP program, you will inform the CED by submitting:

- Your rotation request form
- The GHP application packed
- The approval from Dr. Mahmoud.

All documents will have to be returned to the CED coordinators at least 60 days before the beginning of the rotation.

Note: We greatly value your interest in global health and your desire for an international health experience. 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 are not able to approve an international rotation request for a site experience that does not involve TUCOM 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.

DO/MPH dual program Field Study

COM students who are in the DO/MPH dual program may receive Selective or Clinical Distinction credits for their MPH field study. In this case, in addition to the rotation request form, you will have to send to your coordinator: (1) a detailed description of your project, and (2) the approval in writing from the MPH program.
Documentation Needed For All Clinical 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:

1. **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.

2. **ACLS / BLS**
   You receive your certification at the end of your pre-clinical years. 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.

3. **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.

4. **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.

5. **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 under Rotation Requests section (above).

6. **Live Scan, Background Check and Drug Screen**
   During Year 1, all medical students will have to do the Live Scan screening required by Solano County. Subsequently, during the spring semester of Year 2, Background Check and Drug Screening will be performed on campus. The school will cover the cost of all original tests (Year 1 Live Scan and Year 2 Background Check and Drug Screen) as well as any supplementary testing required for Touro assigned 3rd year core rotations. Students will be responsible for the cost of any additional testing. For any questions about Drug Screening and Background check, please contact Student Services.
7. Mask N95 Mask Fitting certificate
A Mask Fitting test should be performed at the end of Year 2 to ensure that all students have their required N95 mask Fitting certificate before the start of rotations.

Clinical Rotation Procedures and Expectations

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.

Be Professional
Represent yourself professionally in appropriate dress and equipped with your credentials. Preview and review the dates and expected hours of the rotation with the site coordinator or physician.

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, a selective 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.

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.
Year 3 Didactic Curriculum

Each core rotation is guided by a syllabus found in section five of this manual and online. The didactic experience includes a syllabus with learning outcomes, assignments, such as Aquifer cases, procedure logging, readings and eConferences. Third-year core rotation objectives are assessed through grading of assignments, attendance at eConferences, post-rotation examinations (COMAT), Callback activities and COMLEX Level_2 / USMLE Step 2 national examinations.

These assignments will guide your training and enrich your clinical rotation experience. You will get more out of both the clinical experience and the assignments if you study before a rotation, do case-based assignments early, log procedures as you perform them and read assignments on topics which align with your clinical experience on the same day. You are responsible for mastering the objectives: to do that you must study beyond the range of patients and procedures that you experience in rotation.

You may have additional reading assignments given to you by your attending. While any work given in the clinical setting is required, it may help you to share your reading list with your preceptor and let them know what you have been reading. 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.

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, three 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. Three-week rotations are allowed for credit in the 4th year for selectives only. For all other requirements (outside of selectives), 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, three-week (4th year selectives only), or four-week rotation durations.

Duty Hours Definition and Guidelines

Duty hours are defined as all clinical and academic activities related to the students; i.e. patient care, administrative duties related to patient care, the provision for transfer of patient care and scheduled academic activities such as conferences, didactics and Doctoring. Duty hours do not include reading and preparation time spent away from the duty site. Students must not work beyond 28 continuous hours. Overnight shifts should not exceed 6 nights in a row. Students must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period. Students participating in Clinical Rotation Manual for Faculty and Students
required daytime educational activities must be excused from clinical rotations at 11pm on the previous
night to assure meaningful participation. Travel time to rural sites shall be included in Duty Hours
calculations

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. Most rotations will expect you to perform
40 hours of service Monday –Friday not including call periods.

In case of sickness or other unexpected circumstances, students can be approved for up to three days of
excused absences per four weeks of rotation. All excused absences have to be approved by your site first.
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, eConferences, 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.

- **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.

- **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
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

**Emergency Medical Care**

In case of medical emergency, the site shall make available emergency treatment to students who may be injured during clinical rotations. Such injuries may include needle stick injury or other substantial exposure to bodily fluids of another or other potentially infectious material while participating in the program. The site shall not be financially responsible for the costs of treatment to students. Rather, the student shall be solely financially responsible for such costs. Any such incident should be reported to Touro Student Heath immediately. Students Health policies and procedures, and Incident Report form are available online at [http://studentservices.tu.edu/studenthealth/otherinfo.html](http://studentservices.tu.edu/studenthealth/otherinfo.html)

**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.

Selective 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.

**Last Day**

Before you leave your rotation please ask your preceptors to meet with you for an exit evaluation. Preceptors will complete the preceptor evaluation form online and may do so 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.

**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.
The Path to Residency

Overview of Year 4

*From July – November* of your 4th year you will perform a series of clinical clerkships at prestigious residency programs in the field of medicine you wish to practice. Starting in September 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 Residency Matching Program (ACGME). 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 required rotations in a particular place or in a particular sequence. 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. And it is for this reason that in most large capacity residency disciplines (ie, Internal Medicine, Family Medicine) there is no culture of requiring that you must audition in order to match into a specific program.

**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

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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.

**General Advice**

Your end goal determines what will make your residency application strong. In certain fields such as emergency medicine the critical competencies are specific and scripted (e.g., the EM Standard Letter of Evaluation). For most of the professions that are small and specialized, endorsement from within the professional community is key (as reflected in the biannual [NRMP Program Director Survey](#)). In all circumstances (again as reflected in the Program Director Survey) your interpersonal and communication skills are critical for a high ranking by the residency program. The single best way to have these skills highlighted in your application is to be engaged at all times in your clinical rotations. Practice teamwork, appreciative inquiry, sensitive patient communication, and a desire to learn.

**Managing Your 4th Year Requirements**

**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 July 1st residency you should plan to end rotations on or before June 1st. 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, whether or not you have finished your third-year rotations at that time. From 1 June at the beginning of your clinical years, you have 104 weeks to complete 88 weeks of clinical courses, and safely pass the graduation audit to receive a diploma on the first Sunday of June of your 4th year.

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 (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 travel time to the Pennsylvania or Illinois testing centers.
- 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 start.

For all of these reasons it is very important that you schedule each of the clerkships listed below as far in advance as possible. The CED can help you identify possible clerkship sites for the final requirements you need to complete, but it cannot stop the clock. Please keep an account of your unassigned days and weeks so that you can be sure all rotations are confirmed and will end in time for you to be conferred in early June.
Required Clerkships

As outlined above in the CED Requirements section for Year 4, the following courses are required:

- 8 weeks of a sub-specialty medicine (808)
- 4 weeks of a sub-specialty surgical practice (809)
- 4 weeks of critical/intensive care medicine (810)
- 4 weeks of emergency medicine (811)
- 4 weeks of primary care (819)
- 2 weeks of pediatrics (815)
- 2 weeks of OB/Gyn (816)
- 12 weeks of selectives (813, 814, 820)

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.

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.

The Hospital Application

According to 2010 data, 80% of university teaching hospitals use the centralized online Visiting Student Application Service (VSAS) for all 4th year rotations. However, 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/) will be open to graduating students in February of Year 3. At the time VSAS opens the CED will upload your unofficial transcript. 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. 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 selectives).
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:
- Rotation request forms should be submitted to the CED for both VSAS and non-VSAS applications.
- 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 through Parchment on the TU registrar’s webpage.

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 of Year 4, 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. 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.

**The Medical Student Performance Evaluation (MSPE aka Dean’s Letter)**

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 receive a tutorial at the end of Year 3.

Organization of the MSPE is determined by agreement of medical schools and the AAMC, and was revised in October of 2016. These are the sections:

- Noteworthy Characteristics
- Academic History
- Academic Progress
- Summary Statement
- Optional Appendix: Descriptive School Information

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 an email sent in July by answering the questions posed in the email. These questions will guide you in the Noteworthy Characteristics section and in the Clerkship section where we narrate your Clinical Distinction experience.
- We produce the template and populate it with your individual data.
- We 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:

**Noteworthy Characteristics**

Three bullet points of two sentences each that describe what makes you distinct among your peers. The guidelines encourage information that helps a residency program select a diverse group of applicants, recognize significant challenges and hardships encountered by students, and of course noteworthy accomplishments.

**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). The data you enter here will need to match your transcript.
Academic Progress

This section includes graphics of your academic performance (excluding board exams), plus the full transcript of narrative comments that you receive from preceptors in your clinical clerkships. Importantly, of the total length of the MSPE (4-5 pages), at least 60% of the length will be the narrative evaluations you receive in Year 3 clerkships.

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 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 academic progress, noteworthy characteristics 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 MSPEs from dozens of other schools. 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 competency indicators.

Rank Order Lists and the Match Process

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. For the ACGME match you will need to finalize your rank order list in February. Military match, San Francisco match (ACGME ophthalmology) and urology candidates have different deadlines and are encouraged to contact Academic Affairs or the CED. Note: The Class of 2019 is the final osteopathic class to experience an independent AOA match cycle.

Deadlines

- ACGME Match Rank Order Lists are due in February (refer to the 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, no matter where you are on the program list. 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. Your name then is removed from the algorithm and all other candidate positions are adjusted accordingly. If your #1 program does not list you, or fills up before your name rises above their quota, the algorithm will seek your #2 program and hold you there, etc. It will seek the best outcome FOR YOU.

**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 can only count as a 3-week selective. 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.

- 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 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 Have Access to These Items

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
- Rotation Request Forms
- AOA ID number
- AAMC ID number
- Official Transcripts (current to end of 3rd year rotations)
- Hard copies of passport-size pictures of yourself
Fourth Year Guide for COM Students

When and where do TUCOM Students Learn about 4th Year?

- Clinical Rotations Manual (available to all students and faculty on the Clinical Education Department website)
  - Part III For Students has detailed information regarding fourth year rotations
  - Fourth year audition rotation application process is outlined (includes information regarding VSAS)
  - Residency match process is outlined in great detail

- 1st Year – Access to “Careers in Medicine”
  - Faculty are also given access to assist in advising students
  - Also includes information, such as:
    - Descriptions of data for more than 120 specialties
    - Career assessments to help assess specialty options
    - A database of all active ACGME-accredited residency and fellowship programs
    - Descriptions of practice options, including academic and non-clinical jobs
    - Advice for successfully navigating the residency application and match process

- Spring of 2nd Year – Introduction to Clinical Rotations (Presented by Associate Dean, Assistant Dean, and CED Staff)
  - Timelines are presented for both third and fourth years
  - Early presentation of what to expect for residency as well as the fourth-year audition application process (includes short introduction to “VSAS”)
  - Early process for residency match is presented

- Fall of 3rd Year – Health Information Recommendations for VSAS via email to the 3rd year class
  - The fourth year VSAS recommendations are given to the students along with instructions on how to obtain the necessary immunizations/titers.
    - This is done to ensure students are prepared for the VSAS health requirements, as many of them are not consistent with the CDC requirements

- December of 3rd Year- “Helpful Guides to the Fourth Year” email is sent by Fourth Year Rotations Coordinator
  - Detailed explanation of Fourth Year terms, expectations, requirements
  - Includes helpful tools to organize Fourth Year like rotation checklist and student planning grid
  - Students are encouraged to contact staff regarding their fourth-year questions
  - All information is also found on Blackboard, under Clinical Education Resources

- January of 3rd Year- Callback Sessions
  - Information sessions about fourth year with the Deans, Faculty, and staff of the CED, as well as Student Health representatives.
  - Information session about Residency Programs and Q&A with Program Directors and alumni.
  - Students are encouraged to meet individually with Deans, Advisors, as well as staff during callbacks. The Associate Dean, Assistant Dean, CED Faculty and Staff have specific office hours set aside for these advising sessions.

- Throughout the 3rd Year
  - Students are encouraged to meet (via phone or in person) with Associate Dean, Assistant Dean, CED staff or their mentors whenever they have a question or need guidance.
Common Questions About the Fourth-Year Rotations

**What’s the reasoning behind the health and certification requirements?**

The number one reason for applications and paperwork being held up is incomplete health information. Clerkship sites have increased the immunization/certification credentialing requirements significantly in the last few years. In order to ensure that our medical students’ audition rotation (also commonly referred to as Sub-I) applications are processed in a timely and efficient manner, we put together a comprehensive 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 12/01/2018, your schedule must have rotations scheduled through 02/01/2019. 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:

- COMLEX Level 1 score transcript (you may send via email as .pdf attachment)
- USMLE step 1 score transcript (you may send via email as .pdf attachment)
- Health insurance card
- Official transcript
- Professional (or passport) photo of yourself
- Updated Mask-Fit Test reading

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.

**Can I do 2-week rotations instead of 4-week rotations?**

Your fourth year will consist of two types of rotations, core subspecialty rotations and selectives. Only your selective rotations can be broken up into 2-week or 3-week (4th year only) blocks. All core subspecialty rotations must be done in 4 consecutive weeks. All selectives must total to 12 weeks in order to graduate.

**Can I do International Rotations?**

International rotations may be done for selective 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 a selective. In order to set up international rotations, please contact Dr. Mahmoud and your Student Coordinator 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 Clinical Rotation Manual for Faculty and Students   Table of Contents   Touro University California  106
outline of the research to be done), and a filled out research selective 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 selective credit and must be requested at least 60 days in advance of the requested dates.

**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 selective 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 board exams 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 or Audition Rotation
- September-October- Audition Rotation
- October-November- Audition Rotation
- November-December- Audition Rotation
- December-January- Vacation/Interviews (4 weeks)
- January-February – Subspecialty/Selective rotation
- February-March – Subspecialty/Selective rotation
- March-April – Subspecialty/Selective rotation
- April-May - Subspecialty/Selective rotation
- End of May to Graduation- Vacation

**What is the “Do Not Contact” list and how can I schedule a rotation with a site on this list?**
The “Do Not Contact” list is comprised of several Bay Area sites that have specifically asked the CED to manage their schedules. These sites are:

- East Bay Physicians Medical Group
- Emanuel Medical Center
- Forensics Medical Group
- Golden Valley Health Centers
- Kaiser Permanente Napa
- Kaiser Permanente Santa Rosa
- Kaiser Permanente South San Francisco
- Kaiser Vallejo
- NorthBay Medical Center (also a Do Not Cancel site)
- Sonoma Valley Hospital
- Tahoe Forest Hospital District
- The Mobile Doc of the Bay
- TUC-Solano County Affiliated Clinics

This also includes: Any 3rd Year Core Course Sites/Preceptors
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 within the last few years. 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 February.

**VSAS application process**
When it comes to submitting applications through VSAS, you still need to submit a rotation request to the 4th year coordinator. You must ensure, also, that if the institution requires additional information, you attach and assign the documentation to the correct institution.

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.

**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 subspecialty 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 1, and August 31. You can submit a maximum of 20 institutional applications during this time. This applies to VSAS applications only. For non-VSAS applications, the limit during this same time frame is 8.

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 28 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 12 weeks of selective 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 of your third year in order to ensure you have the best opportunity to schedule audition rotations. You can explore “Careers in Medicine,” which is a AAMC website that gives you access to information regarding specialties.

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. This website 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 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.

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 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 THE CED KNOW; the CED keeps your application status as pending until you inform me otherwise.

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 (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.

**How do I account 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 a gap of 8 days or less.)

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.
Section IV
Clinical Curriculum

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.
Third Year Clinical Curriculum: Introduction

During third year, students have a robust online curriculum to guide their studies during clinical rotations. They have additional opportunities to shape their year 3 learning experience during Clinical Distinction blocks, and a selective course. Finally, students participate in a longitudinal course, Callbacks, with a 2-4 day return to campus component. These curricular components are described in the next pages. Section V of this manual has the syllabi for both Year 3 and Year 4 courses. Year 4 courses are logistically much like a selective course in that, there are no required curricular components and syllabi are provided as a guide for faculty and students during core year 3 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 most of their time in core rotations. During these rotations, in addition to clinical activities, students have a required didactic curriculum. Ideally, students will integrate the online curriculum with clinical activities by careful planning and review of syllabi and assignments. The purpose of the online materials and distance education program is to complement the varied experiences that students will have at different rotation sites and to communicate clear goals that support unified learning outcomes for each course. The online curriculum further provides a guide as to what material is important to learn during the third year, and the assignments can help guide students to learn the appropriate level of detail and depth for each topic. Core rotations, including the online didactic curriculum are designed to support students in learning the critical components of being a primary care osteopathic physician. In the pages that follow students will find guidelines, competencies, learning outcomes and assignments that are aligned with Touro’s mission, to help them become outstanding osteopathic physicians, committed to primary care and a holistic approach to their patients.

The entire clinical curriculum is aligned with the TUCOM Mission. Each course curriculum is subject focused and will guide students in gaining a balance between subject specific topics and the important concepts that outstanding osteopathic physicians, committed to primary care should understand. This curriculum supports development of a holistic approach to patient care, and consolidation of medical knowledge within the framework 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 when practicing medical clinical reasoning and differential diagnoses skills. This curriculum requires self-directed learning and fosters pursuit of lifelong learning and personal development.
AOA Core Competencies – TUCOM Program Learning Outcomes

The seven core osteopathic student competencies summarized below, drive specific course assignments and the development of learning outcomes. These competencies are TUCOM’s program learning outcomes in the form described in the document “Osteopathic Core Competencies for Medical Students.” Course learning outcomes and the AOA competencies with which they are aligned, are listed in each syllabus. The detail regarding what level of competence and what skills are expected of students by the time they graduate can be found in the document “Osteopathic Core Competencies for Medical Students,” created by AACOM. Additional detail about the level of skill needed on graduation from medical school can be found in the AACOM document “Osteopathic Considerations for Core Entrustable Professional Activities (EPAs) for Entering Residency.” The purpose of these documents is to have performance indicators common to all osteopathic medical schools. These indicators guide the curriculum development process as well as the assessment process. More importantly they should guide students in self-assessment and preparation for residency. The assessment tool for each competency during all the clerkships and by extension each specific course-learning outcome is listed after each competency.

In addition, third-year students, during the Clinical Distinction course, will participate and actively monitor their developmental progress in the core competencies. This will be done through narrative evaluations which describe improved entrustability in selected EPAs as a path to increased competency. Clinical Distinction, therefore, is listed below as one possible assessment tool for each of the competencies. Due to the individualization of Clinical Distinction programs, not all students will use Clinical Distinction for development and assessment on each of the competencies.

Summary of AOA Competencies

1. Osteopathic Philosophy/Osteopathic Manipulative Medicine
   Assessed by CPE, COMAT, OSCE, Logs, Callbacks course assignment and Clinical Distinction course work.

2. Medical Knowledge
   Assessed by CPE, COMAT, OSCE, Aquifer engagement metric, Logs, and Clinical Distinction course work.

3. Patient Care
   Assessed by CPE, COMAT, OSCE, Aquifer engagement metric, Logs, and Clinical Distinction course work.

4. Interpersonal and Communication Skills
   Assessed by CPE, Aquifer engagement metric, Logs, and Clinical Distinction course work.

5. Professionalism
   Assessed by CPE, Aquifer engagement metric, and Clinical Distinction course work.

6. Practice-based Learning and Improvement
   Assessed by CPE, Aquifer engagement metric, and Clinical Distinction course work.

7. Systems Based Practice
   Assessed by CPE, and Clinical Distinction course work.
Communication with the CED Regarding Course Work

During Year 3 it is vital that medical students stay in contact with the CED. The curriculum necessitates regular updates with tips, information about assignments and eConferences. Communications will be sent via the student’s TUCOM (tu.edu) email address, and students are responsible for receiving and reading these communications. **TUCOM Medical Students must respond to all emails requiring a response, as directed in the email, 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. The acceptability of an automatic response, or lack of response will be at the discretion of the Clinical Education Department. If a student anticipates that they will be unable to receive or respond to an email message for any reason, it is their responsibility to notify the Clinical Education Department. This notification should include the reason(s) and time period which will be involved. A failure to respond to TUCOM email may result in an action which may include scheduling for LOA or being given a failing grade on a rotation and/or other disciplinary action. It is imperative that we can contact and communicate with all of our students while they are in their clinical years (years 3 and 4 of medical school).

Year Three: Courses Rotations and CLIN Numbers

During third year students will have the following courses:

Surgery (two rotations)
- Surgery I: 4 weeks
- Surgery II: 4 weeks

Family Medicine (two rotations)
- Family Medicine I: 4 weeks
- Family Medicine II: 4 weeks

Internal Medicine (two rotations)
- Internal Medicine I: 4 weeks
- Internal Medicine II: 4 weeks

Pediatrics: 4 weeks (one rotation)

OB/GYN: 4 weeks (one rotation)

Psychiatry: 4 weeks (one rotation)

Clinical Distinction I: 4 weeks (one rotation)

Clinical Distinction II: 4 weeks (one rotation)

Selective: 4 weeks (or two, 2-week rotations)

Callbacks: longitudinal (on campus days are excused absence days from the rotation scheduled at that time.)
Courses and rotation blocks are different. Core courses that are 8 weeks consist of two rotation blocks. The two 4-week rotation blocks that make up the course may be back to back or separated in time. Each rotation block is given a CLIN number by the registrar and appears on the student’s schedule and transcript as two rotations. The registrar does not recognize the completion of two Internal Medicine rotations as the completion of one course, although that is an important distinction in the students’ clinical curriculum. The dean’s letter (MSPE), Blackboard, and student assignments are all predicated on the concept that the two rotations are one course. Clinical Distinction I and II, however, are two separate courses. They are each four weeks, or one rotation block. Even if you choose the same project for Clinical Distinction, you must complete all the requirements for both courses.

The following are the CLIN numbers for which students will be registered.

<table>
<thead>
<tr>
<th>CLIN</th>
<th>Course</th>
</tr>
</thead>
<tbody>
<tr>
<td>700A</td>
<td>Internal Medicine I</td>
</tr>
<tr>
<td>700B</td>
<td>Internal Medicine II</td>
</tr>
<tr>
<td>701A</td>
<td>General Surgery I</td>
</tr>
<tr>
<td>701B</td>
<td>General Surgery II</td>
</tr>
<tr>
<td>702A</td>
<td>Family Medicine I</td>
</tr>
<tr>
<td>702B</td>
<td>Family Medicine II</td>
</tr>
<tr>
<td>705</td>
<td>Psychiatry</td>
</tr>
<tr>
<td>703</td>
<td>OB/GYN</td>
</tr>
<tr>
<td>704</td>
<td>Pediatrics</td>
</tr>
<tr>
<td>717</td>
<td>Clinical Distinction I</td>
</tr>
<tr>
<td>718</td>
<td>Clinical Distinction II</td>
</tr>
<tr>
<td>770</td>
<td>Callbacks</td>
</tr>
<tr>
<td>715 A</td>
<td>2 week Selective*</td>
</tr>
<tr>
<td>715 B</td>
<td>2 week Selective*</td>
</tr>
<tr>
<td>716 A</td>
<td>4 week Selective*</td>
</tr>
</tbody>
</table>

* A student will either take 716A or both 715 A and B. Students may choose to complete additional Selectives in lieu of vacation.

Callbacks is a separate course but will take place during one of your other rotations.

The difference between a rotation associated with a CLIN number and a core course is very important. This affects due dates and assignments. Students’ final grades are impacted by the understanding and ability to complete appropriate assignments as required per course.

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 should complete two site 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 receive credit for the evaluation of the first rotation.

Also, if a core course is made up of more than one rotation block 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 due in October. The first site evaluation will be due in June (as those are done for every rotation, not simply one per course).

Additionally, students will have 4 weeks of vacation during their third year. A Rotation Request Form is required for all vacation requests to show proof of intent.

Details about Core Courses, Callbacks, and Selectives, including resources, grading information and syllabi can be found in the pages that follow.

Software and Online Access During Year Three Rotations

Because students are at multiple locations during third year, every effort is made to ensure access to all materials, assignments, and resources electronically. The following software and websites are described in more detail in the core rotations section:

1. New Innovations: Logs, Schedule, Site Evaluations
2. Blackboard: Syllabi, Instant messaging service, Assignment Dropbox for Clinical Distinction, OMM and other didactic resources
3. Clinical Distinction website
4. Touro One: grades, registrar information
5. Aquifer: interactive cases
6. COMBANK: Practice test software
7. NBOME: Website of Board and Shelf exam developers
8. eConference website and Zoom: eConferences

Third Year Curriculum: Overview

Activities and Assessments for Core Courses and Clinical Distinction

(Family Medicine, Internal Medicine, Surgery, OB/Gyn, Psychiatry, Pediatrics)

Each of your six Core Courses require the following elements and assessments:

1. Clinical Activities – AOA competencies 1-7
   Assessment: Preceptor evaluation of student performance (CPE), Student Evaluation, COMAT
2. Aquifer cases - AOA competencies 2-6
   Assessment: Engagement Metric Report, Student Evaluation
3. Logs - AOA competencies 1-4
Assessment: Log Summary Report, Student Evaluation
4. Reading Assignments – AOA competencies 1-4, 6
   Assessment: COMAT, CPE, Student Evaluation
5. COMBANK Practice questions - AOA competencies 1-6, with focus on medical knowledge (2)
   Assessment: This assignment is a formative assessment tool.
6. eConferences - AOA competencies 1-7 (dependent on course specific eConferences)
   Assessment: Attendance with formative assessment of participation and case submission
7. Contract and Narrative Evaluation – AOA competencies 1-7
   Assessment: These are tools for the Clinical distinction course. The contract guides the narrative
   which is a tool used to assess the student which both the student and faculty complete.

**Documentation of Assessments**

All graded components of core courses are tracked in Blackboard in the student’s online grade book. Our
goal is to have all grade components entered in Blackboard by two weeks from the last day of each rotation
block.

1. Clinical Preceptor Evaluations are submitted directly to the Clinical Education Department
   through New Innovations. Students should meet with their preceptor to review them when possible.
   Until these forms are received, the CPE grade and other components of the course grade will not be
   entered.

2. Site evaluations are completed by students in New Innovations. Once the CPE is received, staff
   will check to confirm the site evaluation(s) was/were completed on time and enter the grade in
   Blackboard.

3. Aquifer cases are completed by students via the Aqueduct website. A grade for the adequate
   completion of cases on time is entered in Blackboard by the Curriculum Program Coordinator.
   Students have access to check their reports at any time in Aqueduct. Incomplete assignments can
   cause delay in entry of Aquifer grade component.

4. Logs for all rotations are completed by student in New Innovations. They are reviewed by staff or
   faculty. Logging must be done during rotations and completed by the last day of each core course.

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 NBOME.

6. Other assignments and attendance at eConferences and COARs are recorded in Blackboard by
   faculty or staff in either course specific organizations or the Callbacks organization.

Students’ unofficial grades can be tracked in Blackboard in corresponding core course organization
gradebooks. Selectives and all fourth-year course grades are entered directly into Touro One and are
entered within two weeks of the CED’s receipt of student evaluations. Callback grades can also be tracked
in Blackboard in the Class of 2020 Callbacks organization. Once all components of each core course grade
are entered into Blackboard the final grade is calculated and entered into Touro One.
A note about the grade recording process:
The process that all of the grade components go through to be ready for the registrar and the official transcript is complex because the components of the rotation grade arrive at separate times and from unrelated sources. While the process described above is standard, a variety of complicating factors may occur. These include preceptors not completing evaluations in a timely manner, students not fully or adequately completing assignments, and contracts and narratives not being fully completed. As mentioned above, Blackboard is used as the tracking repository for grades until all components are available. Delay in one component can result in a delay in recording of another, and it is incumbent on the student to ensure completion of assignments on time. While every effort is made to enter grades as soon as possible, the grade coordinator may wait to enter a site evaluation or other score until the completed preceptor form is available. This does not mean the site evaluation score is missing.

The CED Grade Coordinator reviews each of the components of the rotation grade and enters a final grade in Touro One. 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.

Periodically the Grade Coordinator will perform a grade audit for each class. Subsequently, students will receive an email from the Grade Coordinator if there is missing information in their file that should have arrived by the time of the current grade audit. This is one of several reasons that students should prioritize meeting with their preceptor at the end of each rotation. It is the best way to ensure that the evaluation has been submitted as well as to learn if their overall evaluation is positive or negative.

TUCOM Medical Students are strongly encouraged to meet with their primary preceptors at the mid-point of their rotation to request feedback and direction, as well as at the end of the rotation to request their final evaluation and feedback.

Third Year Curriculum: Features and Components

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

1. Clinical Activities – 47-52%
   - Clinical preceptor evaluation form (CPE- 45-50%)
   - Student site evaluations (2%)

2. Didactic Curricular Components – 48-53%
   - Reading Assignments
   - PowerPoint Lectures on OMM principles and practice
   - Logs (7%) (OMM component graded as part of Callbacks)
   - Aquifer cases (7%)
   - COMAT examination (30%)
   - eConferences (5%) except for Psychiatry which currently doesn’t offer eConferences
   - COMBANK Quizzes (4%)
Each component and assessment is explained in detail in the sections that follow. The curricular materials for the didactic components are in the corresponding Blackboard organization as listed above.

For each core course students must complete the reading assignments, the OMM PowerPoint’s, logs, the assigned Aquifer cases and COMBANK Quizzes. The student must attend all required eConferences or, as assigned, review recorded lectures with completion of make-up material. In addition, the student must take a COMAT after each core course and during callbacks (OMM/OPP). In addition, for each rotation block of a core course, students must complete a site evaluation and receive a performance evaluation. An Emergency medicine COMAT examination must be scheduled and taken during the third year as well.

Missed conferences, and incomplete or late assignments will result in decreases in grades or required remediation depending on specific requirements listed in your course syllabus. Listed above are full credit percentages for timely completion of assignments (Logs, Aquifer Cases, COMAT examination, COMBANK quizzes, eConferences). The Site evaluation is required for all rotations, however to receive credit, it must be completed by the last Friday of the rotation. The CPE is completed online by the preceptor through New Innovations.

(1) Reading Assignments and Web Links

Each Blackboard Core Course Organization has links and folders that include the required assignments for that particular course. These PowerPoint presentations, web links, and reading assignments are a fundamental part of the curricular experience. They should be used to guide study time on rotations in the following ways, and for the following reasons:

- They will introduce students to appropriate reading material and other accepted resources used by clinicians in practice. In some cases, the readings will expose students to a critical resource. Examples include the JNC 8 Guidelines to HTN, ATPIV guidelines to Lipid management, USPSTF, and the ASCCP guidelines to management of Abnormal Pap Smears.

- These resources will further aid students in deciding about their needs for lifelong learning by exposing them to a variety of sources of information.

- They will further help students to be prepared during clinical activities to respond to questions posed by their instructors and preceptors.

- The chosen articles and readings demonstrate the appropriate level of depth of understanding for each topic. This will help 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 TUCOM library. The exceptions to this are required and include the textbook for OB/Gyn “Obstetrics and Gynecology,” Seventh Edition by Beckman et al. and “Foundations for Osteopathic Medicine” Third Edition. The Ob/Gyn textbook, once purchased, allows online access to an e-book. Foundations for Osteopathic Medicine can be purchased in print or as a kindle edition, and the syllabus references the kindle pages. It is not available online.

Although some students find “Harrison’s Principles of Internal Medicine” 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 is important for students to become comfortable with this resource.

A note on 4-week rotations during third year: Psychiatry, Pediatrics, and OB/Gyn are all 4-week rotations. There is a large amount of information that is required to learn during these rotation blocks. During these 4-week blocks TUCOM Medical Students are expected to study and learn material that is important for clinical work, and may also be covered on the COMAT post rotation examination. In addition to consulting a board review subject specific book, it is recommended that medical students take every opportunity to work on the reading assignments before the start of the rotation, and when appropriate during the Internal Medicine, Surgery, and Family Medicine rotations, or during Clinical Distinction courses. For example, if a medical student evaluated a child during their Family Medicine rotation, that is an excellent opportunity to review the appropriate pediatric reading that day.

A final note: The post rotation examinations, COMAT, are nationally standardized tests developed by the NBOME. Students are encouraged to consult a board review book in preparation for these examinations, as well as the resources on the NBOME website. The clinical curriculum outlined here is not designed as exclusive preparation for standardized examinations. It is designed to prepare students to become outstanding osteopathic physicians.

(2) Osteopathic Resources

There is an Osteopathic Resources folder in the Lectures and Links section of every Core Course Blackboard Organization. These resources are also available in the OMM/OPP Blackboard Organization.

Osteopathic Reading Assignments

Students are required to read assigned chapters from "Foundations of Osteopathic Medicine" 3rd Edition, "An Osteopathic Approach to Diagnosis and Treatment" 3rd edition, and "Somatic Dysfunction in Osteopathic Family Medicine" as well as relevant articles listed in each syllabus document for each core course. Some of these assigned readings are a review of first and second year material as medical students begin to apply OMT in clinical practice. Many are new readings pertinent to the use of OMT in the clinical setting.
OMM PowerPoints
ACOFP PowerPoint(ppt.) lectures that cover OMM topics related to each core rotation are posted in the corresponding Blackboard organizations and are required for completion of each core course. For each core course there are non-topic specific primary OPP/ OMM PowerPoints. Students should view these on their first scheduled core rotation and can optionally revisit them on each of the following of the core rotations. They are posted to each Core rotation in the corresponding Blackboard organization. In addition to these primary non-topic specific PowerPoints there are topic specific PowerPoints required for each core rotation.

In addition to each COMAT examination having an integrated osteopathic component, prior to Callbacks there will be an OMM COMBANK quiz to complete, OMM logs are required for callbacks but must be completed during each core rotation and 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. Knowledge of osteopathic practice and principles are assessed, in part, with the OMM COMAT required during Callbacks. In addition to reviewing the OMM PowerPoints for each core course it is recommended that students use a board review book to study for the OMM COMAT.

OMM COMBANK Test Questions
The COMBANK account access contains Osteopathic questions. The assigned OMM/OPP 50 question COMBANK quiz must be completed prior to attending Callbacks.

Osteopathic Integration Cases
Each Core Course Blackboard Organization contains an Osteopathic Resources folder in the lectures and links section. Osteopathic integration cases can be found here. These are case based board review focused osteopathic integration modules created by Dr. Peirce-Talsma. Check back often for more cases. These cases will not be graded. They are an important component of osteopathic medical education. These cases can also help students prepare for COMAT and board examinations. The cases can be found in the OMM/OPP Blackboard organization.

COAR Sessions: A Unique Osteopathic Opportunity
COAR sessions are offered at TUCOM campus on days scheduled for COMAT examinations. Students rotating in the Bay Area and taking COMAT on campus are required to attend 5 sessions during their third year. Students who are not local will be required to attend at least one COAR session during Callbacks. When staffing allows, COAR sessions will be offered at additional core rotation sites or online. It is required that students attend up to 5 sessions if they are offered. Credit for all COAR sessions will be given as part of the Callbacks grade.

Other Osteopathic Resources
There are multiple resources posted on Blackboard, including additional readings, forms, and links to great Osteopathic tools. Check back often.
Aquifer Cases are an interactive self-directed learning activity required for all core courses. Each 4-week core rotation has 6 required cases and all must be completed to pass the course. Aquifer cases are accessible through the Aquifer site. Students should use their Touro (tu.edu) email to create an account on the Aquifer website. Although the Aquifer 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 Aquifer cases. For example, CLIPP Case 4 is required during Psychiatry, although it is a Pediatric case. Use the Aquifer Case list associated with each course as the guide to determine what is required. For Core Courses that are two rotation blocks in length, there are a total of 12 required cases, which must be completed by the last day of the second rotation block in the course.

Learning Outcomes for Aquifer Cases

When using Aquifer cases, students can refer to the course learning outcomes to guide their learning progress. Aquifer case authors have also created objectives for each case. These objectives are found within each case.

Competencies and Aquifer Cases

Aquifer 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 and 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 Aquifer

The cases are graded by the number completed adequately and on time. Incomplete, inadequately completed, or missing cases result in lost points. On adequate completion of a case, students are able to view a green checkmark in Aquifer to verify that they will receive credit for that case. Any other color check mark or missing check mark is an indication that the case was not adequately completed, and the student will not get credit for it. For every 4-week block of core course time, 6 cases are required. For Family Medicine, Internal Medicine, and Surgery a minimum of 12 required cases are required for the full 8 weeks.

If a student has a red case that they would like to redo, the case must be reset. A red case is a case that was submitted but not completed adequately. The red mark shows in the student report. The student must specify which cases they want to have reset in an email, as any reset case must be completely redone. Students must contact the Curriculum Program Coordinator at least three working days BEFORE the cases are due. If this time is not given, the case cannot be redone, and points will be lost.

<table>
<thead>
<tr>
<th>Grading of Aquifer Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%: all required cases completed on time.</td>
</tr>
<tr>
<td>Each red, missing, or incomplete case will reduce the grade by 15%</td>
</tr>
</tbody>
</table>

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(4) Clinical Procedure Logs

Log Data Outcomes (7%)

Logs serve multiple functions when completed 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 between the student and their attending on performance progress particular to student goals for each rotation.
- They introduce students to a required component of internship and residency.
- They can be 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 New Innovations. They are electronically entered either through a Smartphone, tablet, or computer. Detailed directions for completing logs may be found in the Technical Support Document, as well as in a video tutorial available on Blackboard in each Core Course Organization.

Grading for Log Completion

For each core rotation students must adequately complete a procedure log. While a diagnosis log is also required for each core rotation it will not be graded. The log should serve as an ongoing record of clinical activities and should not be completed in one sitting. Logging must be done during all core rotations and completed by the last day of each core course.

Logs will be graded as follows:

- 75-100% of procedures logged per core course = 100% of the Log Grade
- 70-74% of procedures logged per core course = 85% of the Log Grade
- 65-69% of procedures logged per core course = 70% of the Log Grade
- 50-64% of procedures logged per core course = 50% of the Log Grade
- <50% of procedures logged per core course = 0 (no points awarded for the Log Grade)

OMM LOG GRADE

Every core rotation requires a minimum of one Osteopathic Structural Exam and one Osteopathic Manipulative Treatment. This must be performed and logged. The grade for only these two particular logs will appear in the Callback Blackboard Organization. The grade for all other logs will appear in the corresponding Core Course Blackboard Organization. Callbacks cannot be passed without completion of these logs during the Core Courses, or remediation as determined by the Director of Distance Learning and Clinical OMM Integration.

A student should never perform a treatment or examination if their preceptor does not give them permission to do so. If a student’s supervisor does not allow OMM procedures, that fact should be documented in
**their Logs and osteopathic procedures should not be documented in their SOAP notes.**

In situations like these, students should practice OMM on a fellow classmate, friend, or family member. That practice can be documented and logged may to meet the OMM requirements for each rotation.

**Osteopathic medical students should not be afraid to ask their attendings about the use of OMT. The majority are open to it. Once a preceptor knows that an osteopathic medical student is interested in practicing OMT, the more open they may be to finding the right patient for that student to practice their skills on.**

*OMM procedures must be done during appropriate core rotations but are graded as a required component of the Callbacks grade.*

For Core Courses with two rotations, grading will 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 total Log Grade credit in that course.

**A common cause of lost points is failing to log, or failing to enter logged items during the initial weeks of a rotation or during the first block of a two-block rotation 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 doing during the rotation. In the second rotation of a core course students should do alternate experiences if it appears they will not complete an adequate percentage of the procedure items.

**General Logging Procedure**

During rotations students will log into New Innovations, electronically enter items based on a drop-down list of menu choices. Each procedure and diagnosis entered will require that students select from multiple descriptive drop-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. This can be done on the free New Innovations App “NI UME, New Innovations, Inc.” as well as online on any computer with internet access. Be sure to follow instructions for syncing your app and computer to avoid loss of points. Until the app and computer sync, after any new entry the Curriculum Program Coordinator will unable to verify any new logging activity has occurred.

**Minimum Logging 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 full credit completion rate. Remember, while your grade is based on the number of procedures you log, there is one exception:

Based on how students use logs they may choose whether to log experiences more than once.

**Logging Other Procedures:**

Clinical Rotation Manual for Faculty and Students
Both the diagnosis log and procedure log have an item called “other.” For all students one “other” item should be logged on the procedure log. 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.

Logging Alternate Experiences

While the log is primarily designed to track clinical activities, students will not experience all procedures or diagnoses on all rotations. Due to this, each student must take responsibility for choosing alternate experiences to log enough procedures. In most cases students can find a required assignment, such as a reading assignment or an Aquifer case that will cover material for logs. Once completed, the case or assignment can be logged 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 procedure 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 Aquifer case etc.

Logging alternate experiences is easier and better suited to the diagnoses log than procedures log, but if needed can be done, for procedures, using videos or, Aquifer cases rather than reading assignments when possible.

Log Reports

Students will be trained in how to print or view reports in New Innovations 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 Blackboard organization.

(5) eConferences

eConferences are a required didactic component of all core courses except Psychiatry. Students rotating within 30 miles of the Touro University campus will be expected to physically attend, while all others will participate via web-based interaction. Exceptions will be made on an individual basis. eConferences vary depending on the course but most involve a patient-centered discussion among students and faculty. Unless otherwise stated, you are required to attend and participate in all eConferences for each course that are scheduled during the weeks that you are in that particular course. Participation is expected. If participating virtually, it is expected that your computer will be equipped with a microphone so that you can participate fully. If you have a pre-existing conflict, contact the Director of Distance Learning, Dr. Nicole Peña (nicole.pena@tu.edu), PRIOR TO the scheduled eConference. Those students who miss any of the eConferences without an excused absence will receive decreased credit for this component of the core course grade. For most of the courses, you will be expected to submit a case for presentation before your first eConference. Your case may or may not be chosen and you will typically be notified beforehand. Cases can be submitted through the eConference calendar site at https://sites.google.com/site/tuccomeconferences/
Case submission is considered part of participation and failure to submit cases may affect your grade.

The eConference calendar, login information for each course, and a letter describing the conference requirement to preceptors is subject to change and the most up to date information can be found at: https://sites.google.com/site/tuccomeconferences/

• **Family Medicine**: Wednesday afternoons, 4:00 PM PST/PDT at the Admin Hall H-83 Conference Room 219 on Campus. Hosted by Dr. Kim Pfotenhauer, Jay Shubrook and your Primary Care Fellows. Submit a case you have seen on your clerkship in advance of the eConference. All cases should include osteopathic principles and practice considerations. Submit your case by the Sunday before your first eConference. You will be notified if your case is chosen for the upcoming eConference.

• **Internal Medicine**: Wednesday afternoons, 3:00 PM PST/PDT at the Admin Hall H-83 Conference Room 219 on Campus. Hosted by Drs. Howard Feinberg and George Allen. Submit your case by the Wednesday before your eConference. You will be notified if your case is chosen for the upcoming eConference.

• **Pediatrics**: Monday afternoons, 4:00 PM PST/PDT at the Admin Hall H-83 Conference Room 219 on Campus. Hosted by Drs. Tami Hendriksz and Kim Wolf. All cases should include osteopathic principles and practice considerations. Submit your case by the Thursday before your first eConference. You will be notified if your case is chosen for the upcoming eConference.

• **OB/GYN**: Thursday afternoons, 4:00 PM PST/PDT at the Admin Hall H-83 Conference Room 219 on Campus. Hosted by Dr. Tina Mason and your Primary Care Fellows. All cases should include osteopathic principles and practice considerations. Submit your case by the Wednesday before your first eConference for discussion. Unlike other eConferences, cases emailed to Dr. Mason along with your answers to COMAT review questions, are emailed prior to the eConference.

• **Surgery**: Thursday afternoons, 3:00 PM PST/PDT at the Admin Hall H-83 Conference Room 219 on Campus. Hosted by Dr. David Coffman and your Primary Care Fellows. All cases should include osteopathic principles and practice considerations. Submit your case by the Monday before your first eConference for discussion. You will be notified if your case is chosen for the upcoming eConference.

• **OMM**: Wednesday afternoons, 3:00 PM PST/PDT at the Admin Hall H-83 Conference Room 219 on Campus. Hosted by Drs. Nicole Peña and Stacey Pierce-Talsma, as well as other OMM faculty. Students will have the opportunity to discuss core cases in the clinical application of OMM. Students are required to attend (either in person or virtually) 5 sessions during their third year. Credit will be given as part of the Callback grade.

• **All eConferences**: Students are required to attend these conferences during the appropriate course and OMM should be attended at each available opportunity as soon as it arrives until the five required conferences have been completed. You should attend your required OMM eConferences as soon as you can fit it into your schedule – do not put this off. They can be attended while you are on any rotation, as long as you attend 5 of each before June 15th 2019.
In addition, it is required that students attend all didactic activities such as morning report, M&M and other conferences scheduled at their rotation site.

eConferences require significant volunteer commitment from multiple people. As such, the schedule is subject to change and you will be notified via email of any changes. The number of required conferences in any given course varies based on availability. Check your tu.edu email and the eConference calendar at [https://sites.google.com/site/tuccomeconferences/](https://sites.google.com/site/tuccomeconferences/)

**COMBANK Quizzes**

COMBANK Quizzes are a set of 50 questions, worth 4% of your Core Course grade, selected specifically to reflect material on the Core Course subject matter. These questions are designed to offer students a formative assessment in a board review style format. COMBANK is a question bank that is hosted on the online platform TrueLearn

COMBANK Quizzes will be graded as follows:

<table>
<thead>
<tr>
<th>Actual TrueLearn Score</th>
<th>Curved Score Recorded Calculated into Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;= 70</td>
<td>100</td>
</tr>
<tr>
<td>60-69</td>
<td>85</td>
</tr>
<tr>
<td>50-59</td>
<td>70</td>
</tr>
<tr>
<td>0-50</td>
<td>score from TrueLearn</td>
</tr>
</tbody>
</table>

**COMAT Subject Examination**

For all six core courses, students will complete and pass an exit examination worth 30% of your core course grade. 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. All third-year students must also take and pass the Emergency Medicine COMAT examination. Exams for core courses will be scheduled for the last Friday of each core course and each exam takes 2.5 hours. The OMM/OPP examination will be scheduled during Callbacks. On COMAT days during core rotations, students will be excused for the duration of the examination only, and are required to attend rotation assignments during the time they are not sitting for the examination. 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 30% of the course grade and must be passed. COMAT performance for each subject is one of the requirements of achieving honors.

The Emergency Medicine COMAT can be taken any time during 3rd year, the conditions for scheduling are:

- It cannot be during or at the end of a core rotation (after or during vacation, elective or CD is fine)
- It must be taken at a core site or at a testing center.
- It must be taken during assigned COMAT examination dates (COMAT examinations are the last Friday of each rotation block)
The exam coordinator should be informed at the beginning of the block
- It cannot be taken at the same time as another COMAT
- It is strongly recommended that you take EM COMAT after you are done with surgery and IM rotations as much of that material is relevant to the EM COMAT
- It is possible that a testing session will be offered during or immediately after callbacks.

The COMAT examinations are 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 COMLEX Level 1 and 2 medical boards. Students should review the material on https://www.nbome.org/exams-assessments/comat/.

**COMAT Grade:** COMAT scores are reported as standard scores by NBOME and changed to percent scores for Blackboard and final grading. Standard scores account for minor differences in difficulty between examination cycles and forms. They have a mean of 100 and a standard deviation of 10 based on a representative norming sample. The national mean is consistently at or close to 100. TUCOM has drawn the pass/fail line at 1.3 standard deviations (SD) below the mean for each subject.

**Clinical Performance Evaluation Form**

The CPE form is a major component of the final grade of all rotations. It is worth 45%-50% of each Core Course grade depending on if the course includes eConferences. The CPE assesses student progress in all of the Osteopathic Competencies. **The comments on the CPE are written into the students’ Dean’s Letter (MSPE) for residency applications.** Concerns about student progress are also communicated to the CED through this form. The CPE should be completed and signed by licensed and credentialed preceptors (MD or DO) only. The online version of the Clinical Performance Evaluation is on New Innovations.

**Score Calculation**

The CPE form is detailed with specific components associated with competencies and scores, but it essentially reflects a Pass/Fail score. If a preceptor’s scores add up to ≥70%, students will receive full credit for the evaluation component of their Core Course grade. All CPEs are reviewed by the CED to determine if a student has passed a given rotation. A CPE that shows failure will be reviewed by the CED to determine the ultimate decision that a student passed or failed the rotation. If a CPE reflects that a student passes a Core Course, 45% of the grade will be 100% as the CPE is considered Pass/Fail for Core Courses. For Core Courses without eConferences, the CPE is worth 50% of the total grade.

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. **Students are strongly encouraged to meet with preceptors in person to review the evaluation at the end of the rotation.** It is understood that this is not always possible. It does not work will the schedule of all preceptors to complete the CPE on the last Friday of the rotation block.

A mid-rotation feedback encounter, **initiated by the student,** is highly encouraged. This will allow the student to improve their performance during the course and helps to clarify the preceptor’s expectations for the student. 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

Function of Site Evaluations

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 across multiple areas
- They are used for curricular improvements
- They are used to give anonymous feedback to preceptors

Requirements for Site Evaluations (2%)

For all required Core Courses students will need to complete at least one and sometimes two evaluations. The number of site evaluations that must be completed is dependent on the number of rotation blocks the student is registered for. Errors in registration do not change the number of site evaluations that must be completed. When there are administrative errors it is the student’s responsibility to complete the corrected site evaluations in a timely manner. Site evaluations must be completed on New Innovations. They are worth 2% of the course grade, and must be completed on the last Friday of the rotation.

Site Evaluation Logistics

Site evaluations allow students to evaluate the site, the didactic experiences (both online and at the site), and to evaluate preceptors, whom they worked with during the rotation. Site evaluations are available one week before they are due. Students receive reminders to fill these out one week before they are due, the day they are due, and also after they are due. Once the last day of the rotation has passed it is too late to get credit for the evaluation, however it is still a required component in order to Pass the course. It is important for students to make it a habit of filling out evaluations on or before 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 New Innovations 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 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. Preceptors will be 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 site that is more anonymous, one option is to use a class representative. The CED values the students’ evaluation of their sites and preceptors. It is one of the ways that the CED uses to determine that our students have the best available educational experiences.
Third Year Curriculum: Software and Assignment Access

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.

New Innovations: Logs, Schedule, Site Evaluations

New Innovations 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 New Innovations. Students will enter log data and print log reports through New Innovations. Students will also enter their evaluations of each rotation (site evaluation) – required to receive credit for the evaluations portion of each Core Course.

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 New Innovations based on the rotation block or CLIN number listed in New Innovations. 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. In other words, a student must complete a site evaluation for every CLIN number for which they are registered - whether it is 4 weeks or 2 weeks. If the core course is 8 weeks, with one preceptor, but is listed as two CLIN numbers it will require two site evaluations. If the FM, IM or Surgery rotations are apart from each other in sequence students still must complete the site evaluation of each one on the last Friday of the rotation.

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 the information needed will be available on Blackboard in the following organizations:

Co2020 Family Medicine
Co2020 Internal Medicine
Co2020 OB/GYN
Co2020 Pediatric
Co2020 Psychiatry
Co2020 Surgery
Co2020 Callbacks
Co2020 Clinical Distinction

Additional information can be found on Blackboard in the organizations:

- Clinical Education Resources
- ER Core Rotation
- Clinical Advisor
- OMM/OPP Materials

Clinical Rotation Manual for Faculty and Students
Additional fourth-year course information is in the Clinical Rotations Manual. Third year resources remain available during fourth year (in the above listed organizations on Blackboard, so that students may use the same links and study materials.

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

**Clinical Distinction**

There is a wealth of information on the Clinical Distinction website including resources for specialty tracks that may be used at any time during third and fourth year to enhance rotation learning. This website, [ClinicalDistinction.com](http://ClinicalDistinction.com) has extensive information about the Clinical Distinction Course. Students should consult this site early and often.

**Touro One**

Official grades for all rotations can be found on Touro One.

**Aquifer**

This website is where students will find required interactive cases assigned during each core rotation. Additionally, Aquifer 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 contact the Curriculum Program Coordinator via email.

**COMBANK**

COMBANK or TrueLearn, is an online tool which allows students to study for board and shelf examinations using a bank of practice questions. During rotations students are required to adequately complete a minimum number of questions for each subject, however the software is available to students as a resource throughout rotations. Your subscription is paid for during the time you are on rotations. Inability to access COMBANK quizzes should be reported immediately to the Curriculum Program Coordinator.

**NBOME/COMAT**

The website for NBOME offers information on the COMAT examinations. Some of this information is included on Blackboard 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:

- A board review book and additional board review test questions
- COMBANK required quizzes are a minimum requirement — students should consider doing additional questions from COMBANK or other resource
- Accessing student advisors or TUCOM faculty for support
Third Year Curriculum: Core Course Grades

The core courses have one grading system that applies to all of. Additional assignments, completed during core courses are graded with the Callbacks course, which has both an online, and on campus portion. In this way, the grading system for the core courses does not change much from course to course. Clinical Distinction has different Grading Criteria as does the third year Selective. These courses are not considered Core Courses and are discussed in a later section.

Three criteria must be met to pass each core rotation:

- A combined total score of 70% of all elements of the rotation must be received.
- A Pass grade must be received on the CPE.
- A passing grade must be received on the COMAT examination

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>45-50%</td>
</tr>
<tr>
<td>Student Site Evaluation(s)</td>
<td>2.0%</td>
</tr>
<tr>
<td>Aquifer cases</td>
<td>7.0%</td>
</tr>
<tr>
<td>Logs</td>
<td>7.0%</td>
</tr>
<tr>
<td>eConferences</td>
<td>0-5%</td>
</tr>
<tr>
<td>COMBANK Quiz</td>
<td>4.0%</td>
</tr>
<tr>
<td>COMAT Post Rotation Examination</td>
<td>30%</td>
</tr>
<tr>
<td>Course total</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

As a reminder, OMM eConferences and OMM logs, assignments that take place DURING Core Courses are graded as part of the Callbacks Course. They must be completed to pass Callbacks.

Honors and High Honors

To receive Honors or High Honors for a Core Course the following criteria must be met:

1. Recommendation for Honors on received CPE.
2. All assignments must be completed on time.
3. Standard COMAT score from 108 to 114 for Honors, and standard COMAT score at or above 115 for High Honors
To receive Honors for a selective it is necessary to Pass the course and have a recommendation for Honors on the CPE from your primary preceptor. There is no High Honors for selectives.

Honors and High Honors designations do not appear on student transcripts. They are noted on the Dean’s Letter (MSPE) only.

Clinical Distinction and Callbacks are Pass/Fail and Honors is not available at this time.

Due dates

1. Site evaluations are due on the last Friday of each rotation (not course) and must be completed in New Innovations.

2. Logs should be worked on daily or, at a minimum, weekly. Logs which are inadequately completed at the end of rotation blocks will be given reduced credit even if they are completed by the end of the course and the student may not be eligible for honors.

The following assignments are due on the last Friday of each core course:

1. Aquifer cases (7.0%)
2. Logs*** Logs must be worked on during each rotation block and will be checked for adequacy at the end of each block. (7.0%, OMM component part of callbacks)
3. eConferences Must be attended during course except OMM which must be attended by June 15th, 2019. (5.0%)  
4. COMBANK Quiz (4%)  
5. COMAT is scheduled on the last Friday of each core course. (30%)  
6. Site evaluation number two (or one if there is only one rotation block) (2%)

Remediation

- 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:
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.
   (1) If you pass your second attempt, your COMAT score will be entered in the gradebook as a 70%.
   (2) A second failed attempt will prompt the CED to determine the course of action. Options include a third attempt, 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.
   (3) If a 3rd attempt was approved but failed, this will directly lead to failing of the rotation and meeting with the Student Promotions Committee.

If you fail more than one subject COMAT during your third year or fail a subject COMAT with a score that is below 2 SD from the national mean, you will be contacted by the Assistant Dean and referred to the Student Promotions Committee.
• **Clinical Performance Evaluation**

  If you do not pass the clinical performance portion of the core rotation or are pulled from rotation for any reason, it 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.

  Successful remediation of a failed rotation will result in an overall rotation grade of U/P. However if the full rotation has to be repeated, a U will be assigned to the failed event and the new grade will be assigned to the successfully repeated course.

  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.

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**Callbacks: A Required Third Year Course**

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 are unique. The course is essentially longitudinal with a concentrated on-campus experience mid-year. Some of the longitudinal assignments for Callbacks are due during core rotations as 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 several components:

- On campus activities and assessments
- Pre-course lectures and assignments available on Blackboard
- Osteopathic Logging
- Interactive OMM webinars completed during core rotations (eConferences)
- COAR sessions offered throughout the year and at Callbacks

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

- OSCE and OSCE feedback
- Time to meet with CED and Academic Affairs and Academic mentors
- OMM lab and OMM COMAT examination
- COAR session (local students are required to attend 5 total and may not need to attend during Callbacks if they have met the requirement)

Details of Callbacks activities and online assignments can be found in the syllabus which follows and on the Callbacks Blackboard organization.
Scheduling Callbacks

The on-campus portion of Callbacks will be scheduled at the beginning of the Spring semester. Information about 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 Blackboard. It is important that students respond to emails regarding Callbacks in a timely manner.

There is a possibility that a student will need to return after the Callback date for remediation of the OSCE. **Students must complete and pass the Callback OSCE before taking the COMLEX PE.**

Callbacks Activities Important for Residency and Year Four

All time sensitive information regarding 4th year and residency preparation and application, will be made available to students in Blackboard under the Callback organization. Additional information will be provided during the on-campus Callbacks event. However, at any time during the year students should feel free to contact the CED and Academic Affairs departments to get help with information about fourth year and residency selection process. The CED welcomes all of students back any time. Students are welcome to reach us for support via phone, email or in person.

eConferences and Logging OMM

Note that during your third year you must attend 5 OMM eConferences, COAR sessions, and log one osteopathic structural examination and one osteopathic procedure (treatment with OMT) during each core rotation. These assignments must be completed to pass Callbacks, however, if they are not done when you return to campus for Callbacks because you have not completed your core courses, you can complete them prior to the end of your last core rotation. Additionally, local students must attend 5 COAR sessions during their core rotations and nonlocal students must attend the COAR sessions held at their individual rotation site or online (up to 5) as well as the COAR session during Callbacks.

Student Directed Year 3 Courses

Clinical Distinction (CD) Courses

The Clinical Distinction course takes place twice in third year over two, four-week blocks of time. It is a time when students are called upon to examine their own proficiency, in all competency areas of clinical medicine, and design a study program that allows them to round out their capacities and prepare for successful clinical work. They are tasked with the use of entrustable professional activities to demonstrate increased competency attainment.

Students are expected to use this time to develop a deeper professional identity as an osteopathic physician. More information about Clinical Distinction can be found in the syllabus which follows and on the website: [ClinicalDistinction.com](http://ClinicalDistinction.com)
Grading of Clinical Distinction (CD)
Due to the varied nature of track options, grading for each CD course will vary. All forms must be completed on time and turned in to the appropriate person. The course is pass/fail. For more information about required documentation for each track, see the website: ClinicalDistinction.com

Selectives
In addition to the Core Courses and Callbacks, students will have time on rotations to perform a Selective rotation. This non-core course, which can be divided into two, 2-week courses, is graded as Pass/Fail or Honors. The recommendation for Honors must be made by the preceptor. High honors cannot be awarded during a Selective. In order to be eligible for Honors, students must complete the site evaluation in New Innovations on time. It is due by the last Friday of the rotation.

Grading of Selectives
In order to pass Selectives, both a CPE and a site evaluation must be completed. The CPE is completed by the preceptor and the site evaluation is completed by the student. The site evaluation is due on the last Friday of the rotation. If it is not completed on time, the student will not be eligible for honors.
Section V
Clinical Curriculum Course Syllabi

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.
Family Medicine I and II
Core Rotations 702A and 702B
12 Units
Academic Year 2018-2019
Touro University CA – College of Osteopathic Medicine

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Nicole Peña, DO
Director of Distance Learning and OMM Clinical Integration
Assistant Professor
Guest Instructors
Adjunct Faculty
Core Rotation Sites
Contact site administrators
Introduction to Family Medicine

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 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 curriculum 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 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. Demonstrate active listening skills and empathy for patients. (AOA; 3,4)
8. Demonstrate patient counseling and education and setting a collaborative agenda with the patient for an office visit (AOA; 3,4)
9. Demonstrate the ability to elicit and attend to patients’ specific concerns. (AOA; 3)
10. Explain history, physical examination, and test results in a manner that the patient can understand. (AOA; 3)
11. Effectively incorporate psychological issues into patient discussions and care planning. (AOA; 1,3)
12. Use effective listening skills and empathy to improve patient adherence to medications and lifestyle changes. (AOA; 3,4)
13. 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)
14. Formulate clinical questions important to patient management and conduct an appropriate literature search to answer clinical questions. (AOA; 2, 3,6)
15. Assess and remediate one’s own learning needs. (AOA; 1,2,5)
16. Describe how to keep current with preventive services recommendations. (AOA; 3, 7)
17. Discuss the roles of multiple members of a health care team (e.g., pharmacy, nursing, social work, and allied health and medical specialists). (AOA; 3,4,7)
18. Participate as an effective member of a clinical care team including professional behavior, written and oral communications. AOA; 3, 4)
19. Be exposed to issues specific to the management of chronic diseases including using best evidence, and systems based practice 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)
20. 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 and tracking of those activities through logs
2. Online interactive cases - Aquifer
3. Reading Assignments
4. Self-directed PowerPoint presentation and web site links including guidelines and videos
5. COMBANK quizzes
6. eConferences
7. Callback assignments and activities

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. Aquifer cases
5. COMBANK Quizzes
6. COMAT examination
7. eConferences* see schedule below

For each core course students must complete the Reading assignments, the OMM PowerPoint’s, logs, the appropriate Aquifer cases, attend the eConferences and take a COMBANK quiz and COMAT examination. For each core course students must complete one or two site evaluations and receive a performance evaluation.

• **Family Medicine eConferences**: Wednesday afternoons, 4:00 PM PST/PDT at the Admin Hall H-83 Conference Room 219 on Campus. Hosted by Drs. Kim Pfotenhauer, Jay Shubrook and your Primary Care Fellows. Submit cases in advance online. All cases should include osteopathic
principles and practice considerations. Submit your case on the Friday before your first eConference. The student will be notified if their case is chosen for the upcoming eConference.

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 well-trained physicians. In addition to clinical and faculty resources available through rotation sites, resources online are provided to round out clinical training.

Selected Didactic 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. Aquifer 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 at least one chapter and one article every day. Read about the patients seen that day and if weak in certain areas, those topics should be reviewed on days with no different or unique clinical encounters. Students should not use a board review book for their primary reading source. Board review books should be used for board preparation and COMAT preparation.

Students should not rely exclusively on one reading resource such as UptoDate but rather should try Harrison’s Principles of Internal Medicine, Current Medical Diagnosis & Treatment and other online resources listed in the reading assignments and online at 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.

Textbooks and Supplemental Materials

Reading Resources

All available through online library access or Blackboard

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

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   Chila, Anthony; American Osteopathic Association (2012-07-12).
   Journal of the American Osteopathic Association (JAOA)

Online Resources

1. Osteopathic Principles PowerPoint Presentations - See Blackboard 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 Blackboard 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. Blackboard and links
2. New Innovations
3. Aquifer
4. COMBANK

Other Course Specific Requirements

1. Attendance - 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>Aquifer cases</td>
<td>7.0%</td>
</tr>
<tr>
<td>Logs</td>
<td>7.0%</td>
</tr>
<tr>
<td>EConferences</td>
<td>5%</td>
</tr>
<tr>
<td>COMBANK Quiz</td>
<td>4.0%</td>
</tr>
<tr>
<td>COMAT Post Rotation Examination</td>
<td>30%</td>
</tr>
<tr>
<td>Course total</td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>
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, bacteriuria

*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 Aquifer 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.
Family 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.**
4. **Foundations for Osteopathic Medicine AOA 3rd Edition**
   Available in print or Kindle edition Copyright © 2011, 2003, 1997 Lippincott Williams & Wilkins, a
   Wolters Kluwer business. 351 West Camden Street Two Commerce Square, 2001 Market Street
   Baltimore, MD 21201 Philadelphia, PA 19103 Chila, Anthony; American Osteopathic Association
   (2012-07-12).
5. **Somatic Dysfunction in Osteopathic Family Medicine. Nelson, Glonek. Lippincott Williams and
   Wilkins, Baltimore MD 2007**
7. **Journal of the American Osteopathic Association (JAOA)**
8. **Board review book recommended.**

Online Resources

1. **Osteopathic Principles PowerPoint Presentations - See Blackboard 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 Blackboard 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. **Aquifer 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

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Family Medicine Reading Assignments

This document lists the required reading assignments. In addition to the reading assignments, students are required to complete Aquifer cases. The required Aquifer cases are listed in the Aquifer case list document. In addition students are required to view the online OMM power points, which can be found on the Blackboard 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. Monograph from NHLBI on Obesity
IV. CURRENT Medical Diagnosis & Treatment 2014
   a. Chapter 1 Disease Prevention & Health Promotion - Michael Pignone, MD, MPH, & Rene Salazar, MD
V. Foundations of Osteopathic Medicine
   a. Chapter 30 Health Promotion and Maintenance pg 377-386Chapter 23 Environmental Issues pg 331-334

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

Week 3 and 4 Reading Assignments
I. Harrison's Principles of Internal Medicine, 18e
   a. Chapter 235 The Pathogenesis, Prevention, and Treatment of Atherosclerosis
b. Chapter 242. The Metabolic Syndrome

c. 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 Blackboard site in the didactic materials section


IV. 2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults - pdf posted in Blackboard organization

Report From the Panel Members Appointed to the Eighth Joint National Committee (JNC 8)

V. 2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults- pdf posted in Blackboard organization

VI. Foundations of Osteopathic Medicine

a. Chapter 55 Adult with Chronic Cardiovascular Disease (REVIEW)

VII. Somatic Dysfunction in Osteopathic Family Medicine

a. Chapter 18 the Patient with Hypertension (OPTIONAL- material in this chapter is covered in the OMM Power Point)

b. Chapter 21 the patient with thyroid disease

VIII. Journal of the American Osteopathic Association


Week 5 Topics: 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. UptoDate
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, bacteriuria

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. UptoDate
   a. Screening for prostate cancer
   b. Treatment and prevention of urinary incontinence in women

III. CURRENT Medical Diagnosis & Treatment 2014
   c. Chapter 41 Sports Medicine & Outpatient Orthopedics

IV. Foundations of Osteopathic Medicine
   d. Chapter 53 Elderly Patient with Dementia (Kindle Location 1050).
   e. Chapter 60 Cervicogenic Headache (Review) (Kindle Locations 1102-1103).
   a. Chapter 69 Acute Low Back Pain

V. Somatic Dysfunction in Osteopathic Family Medicine
   a. Chapter 11 The athlete (OPTIONAL- the material in this chapter is covered in the OMM Power Point.
   b. Chapter 22 The patient with Parkinson’s disease

VI. An osteopathic approach to diagnosis and treatment
a. Chapter 115 Renal and Urological Considerations
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: Documentation of Osteopathic Structural Exam
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 with Osteopathic Considerations
FM: Give a complete presentation of a patient with Osteopathic Considerations
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 (include osteopathic considerations)
FM: Write prescription

**Required during FM core rotation:**
OMM: FM Osteopathic Manipulative Therapy (OMT) with Documentation
OMM: FM Documentation of an Osteopathic Structural Exam

**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, bacteriuria
FM: Well Adult Care: Female
FM: Well Adult Care: Male
Family Medicine Aquifer Case List

Week 1 and 2
1. FM Case 2: 55-year-old male annual exam - Mr. Reynolds
2. Simple Case 16** OBESITY MODULE: 45-year-old man who is overweight – Mr. James

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

Week 5 and 6
7. FM Case 13: 40-year-old male with a persistent cough - Mr. Dennison
8. FM Case 26: 55-year-old male with fatigue - Mr. Cunha

Week 7 and 8
9. FM Case 18: 24-year-old female with headaches - Ms. Payne
10. Simple Case 18: 75-year-old man with memory problems – Mr. Caldwell
11. FM Case 4: 19-year-old female with sports injury - Christina Martinez
12. FM Case 10: 45-year-old male presenting with low back pain - Mr. Payne

* This list indicates which week topics the cases correspond to.
Family Medicine COMAT Examination

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 required that students do practice questions using COMBANK and recommend that students pursue more than the required questions as needed. The required questions will be accessible through Blackboard in the co2020 Family Medicine organization.

Family Medicine 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 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, viscerosomatic 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
12 Units
Academic Year 2018-2019
Touro University CA – College of Osteopathic Medicine

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**Guest Instructors**
Adjunct Faculty
Core Rotation Sites
Contact site administrators
Introduction to Internal Medicine

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 curriculum 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; 2,3)

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; 5)

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)

*Adapted from the NBOME Fundamental Osteopathic Medical Competencies.

**AOA Competencies Addressed**

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 and tracking of those activities through logs
2. Online interactive cases - Aquifer
3. Reading Assignments
4. Self-Directed PowerPoint presentation and web site links including guidelines and videos
5. COMBANK quizzes
6. Callback assignments and activities
7. eConferences

**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. Aquifer cases
5. COMAT examination
6. eConferences

For each core course students must complete the Reading assignments, the OMM PowerPoint’s, logs, the appropriate Aquifer cases, and take a COMBANK Quiz and a COMAT examination. Students must attend all scheduled eConferences. For each core course students must complete one or two site evaluations and receive a performance evaluation.

- **Internal Medicine eConferences**: Monday afternoons, 3:00 PM PST/PDT at the Admin Hall H-83 Conference Room 219 on Campus. Hosted by Drs. Howard Feinberg and Georgia Allen. Submit your case on the Wednesday before your first eConference. The presenter will be notified by Friday with instructions.

**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 well-trained physicians. In addition to clinical and faculty resources available through rotation sites, resources online are provided to round out clinical training.

**Selected Didactic 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. Aquifer 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 text 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 necessary, review weak areas on days where there are no new clinical encounters. Students should not use a board review book for their primary reading source. Board review books should be used for board prep and COMAT preparation source. Students should not rely exclusively on one reading resource such as UptoDate but rather try Harrison’s, Current Medical Diagnosis & Treatment, 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.
Textbooks and Supplemental Materials

Reading Resources
All available through online library access or Blackboard
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**
   Available in print or Kindle edition
   Chila, Anthony; American Osteopathic Association (2012-07-12).
8. **Journal of the American Osteopathic Association (JAOA)**

Online Resources
1. **Osteopathic Principles PowerPoint Presentations** - See Blackboard 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. Aquifer Interactive Cases
5. **Case Files® Author(s): Eugene C. Toy, MD**

Other Resources
1. Blackboard and links
2. New Innovations
3. Aquifer
4. COMBANK

Other Course Specific Requirements
1. Attendance - 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>Aquifer cases</td>
<td>7.0%</td>
</tr>
<tr>
<td>Logs</td>
<td>7.0%</td>
</tr>
<tr>
<td>eConferences</td>
<td>5%</td>
</tr>
<tr>
<td>COMBANK Quiz</td>
<td>4.0%</td>
</tr>
<tr>
<td>COMAT Post Rotation Examination</td>
<td>30%</td>
</tr>
<tr>
<td><strong>Course total</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>
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 Syndrome and CIDP
4. AMS: Delirium, dementia, confusion, and disorientation
5. HIV/ AIDS
6. Cellulitis
7. Osteomyelitis
8. Tuberculosis
9. Sepsis including diagnostic and classification criteria

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 and inflammatory arthritis
7. Osteoarthritis
8. Systemic Sclerosis
9. Spondyloarthritides
10. Vasculitis Syndromes
11. Sarcoidosis
12. Polymyalgia rheumatic, polymyositis, Dermatomyositis

Week 7 AND 8: Renal and Gastrointestinal
1. Hepatitis (infections and non-infectious)
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
14. GI motility and malabsorption disorders

*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 Aquifer 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.
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.
7. Journal of the American Osteopathic Association (JAOA)

Online Resources

1. Osteopathic Principles PowerPoint Presentations - See Blackboard 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. Aquifer Interactive Cases
5. Case Files® Author(s): Eugene C. Toy, MD
6. Internal Medicine Essentials for Students

All other materials are accessible online through the corresponding Blackboard site.
Internal Medicine Reading Assignments

This document lists the required reading assignments. In addition to the reading assignments, students are required to complete Aquifer cases. The required Aquifer cases are listed in the Aquifer case list document. In addition students are required to view the online OMM power points, which can be found on the Blackboard 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.
   a. CHAPTER 2: sections on Cough, Dyspnea and Chest Pain
   b. Chapter 9: Pulmonary Disorders
   c. 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 59 Difficulty Breathing (REVIEW)

IV. Somatic Dysfunction in Osteopathic Family Medicine
   a. Chapter 17 The Patient with a Lower Respiratory Tract Infection (OPTIONAL information in this chapter is also in the OMM Power Point)
b. Chapter 19 The patient with congestive heart failure (OPTIONAL information in this chapter is also in the OMM Power Point)

V. An Osteopathic approach to diagnosis and treatment
   a. Chapter 112 Pulmonary Application
   b. Chapter 113 Cardiac Application

VI. 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 Syndrome and CIDP
4. AMS: Delirium, dementia, confusion, and disorientation
5. HIV/ AIDS
6. Cellulitis
7. Osteomyelitis
8. Tuberculosis
9. Sepsis including diagnostic and classification criteria

**Week 3 and 4 Reading Assignments**

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)

V. Other Articles and Resources:
b. CIDP: https://rarediseases.org/rare-diseases/chronic-inflammatory-demyelinating-polyneuropathy/
c. TB: https://www.cdc.gov/tb/topic/basics/default.htm

VI. An Osteopathic Approach to Diagnosis and Treatment
   a. Chapter 107 Lymphatics

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
12. Polymyalgia rheumatic, polymyositis, Dermatomyositis

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
V. Rheumatology diagnostic criteria: http://www.rheumatology.org/Practice-Quality/Clinical-Support/Criteria/ACR-Endorsed-Criteria
VI. This is a link for the rheumatology practice guidelines for each disease: http://www.rheumatology.org/Practice-Quality/Clinical-Support/Clinical-Practice-Guidelines
VII. Somatic Dysfunction in Osteopathic Family Medicine
    a. chapter 21. The patient with Thyroid disease

Week 7 AND 8: Renal and Gastrointestinal
1. Hepatitis (infectious and non-infectious)
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
14. GI motility and malabsorption disorders

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


VI. An Osteopathic Approach to Diagnosis and Treatment
   a. Chapter 114 Gastrointestinal Applications
   b. Chapter 110 Visceral Manipulation

VII. Somatic Dysfunction in Osteopathic Family Medicine
   a. Chapter 20 The patient with Gastrointestinal Problems
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 including Osteopathic Considerations
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: Thoracentesis
IM: Write H&P complete including Osteopathic Considerations
IM: Write prescription

**Required during IM core rotation**

OMM: IM Osteopathic Manipulative Treatment (OMT)
OMM: IM Osteopathic Structural Examination

**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
Internal Medicine Aquifer Case List

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

Weeks 3 and 4
1. Simple Case 7: 28-year-old woman with lightheadedness - Ms. Williams
2. Simple Case 20: 48-year-old woman with HIV – Ms. Hunt
3. Simple Case 33: 49-year-old woman with confusion - Mrs. Baxter

Weeks 5 and 6
1. Simple Case 31: 40-year-old man with knee pain - Mr. Nelson
2. Simple Case 32: 39-year-old woman with joint pain - Ms. Dickerson
3. FM Case 5: 30-year-old female with palpitations - Ms. Waters

Weeks 7 and 8
1. Simple Case 11: 45-year-old man with abnormal LFTs - Mr. Chapman

There are 1-2 required cases per week. They are assigned in the weeks in which the correlating topics are assigned. 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 1-3 cases per week to complete the cases and leave time to study more intensively for the COMAT towards the end of the rotation.
Internal Medicine COMAT Examination

It is required that students pass COMAT. The CED highly recommends a board review book is used throughout the rotation in addition to the required reading. It is also required that students do practice questions using COMBANK and recommended that students complete additional questions as needed. The required questions will be accessible through Blackboard in the co2020 Internal Medicine organization.

Internal Medicine COMAT Objectives

Based on general learner-centered objectives, as outlined in the Internal Medicine Examination Blueprint, 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 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.

Selected Specific Learner-Centered Objectives for Internal Medicine

For Internal Medicine, 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. Allergy/Skin/Miscellaneous: atopic diseases, anaphylaxis, drug allergy, common dermatological conditions and skin lesions and chemical exposure
2. 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
3. Endocrine: weight gain/loss, adrenal disorders, diabetes mellitus, parathyroid and thyroid disturbances, pituitary disorders, disorders of the testes and women's health
4. Gastrointestinal: diseases of the upper and lower gastrointestinal tract, liver, gallbladder and pancreas; gastrointestinal disease prevention, gastrointestinal tract cancer and other gastroesophageal issues
5. Hematology/Oncology: coagulation disorders, anemia, solid tumors, hematologic malignancies and screening and disease prevention
6. Infectious diseases: commonly encountered infectious and immunological diseases and host responses, HIV infections, bioterrorism, and infectious disease treatment and prevention/prophylaxis
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
9. Renal/Hypertension: fluid and electrolyte disorders, acute renal injury, chronic kidney disease, renal calculi, glomerular and tubulointerstitial disorders, obstructive uropathy and arterial hypertension

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

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

Core Rotations 701A & 701B
12 Units
Academic Year 2018-2019
Touro University CA – College of Osteopathic Medicine

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Nicole Peña, DO
Director of Distance Learning and OMM Clinical Integration
Guest Instructors
Adjunct Faculty
Core Rotation Sites
Contact site administrators
Introduction to Surgery

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 curriculum 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. Develop basic clinical problem-solving and clinical reasoning skills pertinent to diagnosing patients with: acute abdomen, breast mass, biliary tract disease, hernia, abdominal mass, colo-rectal disease, scrotal swelling, GI bleeding and thyroid nodules. 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. Use evidence based medicine to make choices about appropriate diagnostic tools. Be able to describe the presentation of each differential diagnosis. (AOA 2,3,6)
5. Demonstrate knowledge and clinical skills required for providing surgical care for patients with: acute abdomen, breast mass, biliary tract disease, hernia, abdominal mass, colo-rectal disease, scrotal swelling, GI bleeding and thyroid nodules. Be able to describe the presentation and initial management steps of each diagnosis. Be able to perform appropriate clinical tasks to provide initial care and rule in or out emergent diagnoses. Be able to describe management for the patient with a breast mass, colorectal mass, scrotal mass, and thyroid nodule from discovery to diagnosis including supportive care, pre-operative care, and surgical care. Use evidence based medicine to make choices about appropriate management. (AOA; 4,6)
6. Demonstrate the need for with team collaboration, communication and professional behavior in management of patients with: acute abdomen, breast mass, biliary tract disease, hernia, abdominal mass, colo-rectal disease, scrotal swelling, GI bleeding and thyroid nodules. (AOA 4,7)
7. Demonstrate the ability to communicate through traditional oral and written methods with colleagues, attendings and staff regarding patient evaluation and management. (AOA; 3,4)
8. Begin to develop an approach to management of trauma and differentiating surgical vs. non-surgical traumatic situations. (AOA; 2,3)
9. Demonstrate professionalism by empathetic listening, appropriate comportment, and showing respect for patient wishes and dignity during surgical procedures. (AOA; 5)
10. 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)
11. Be able to explain to your patients what the risks of surgeries are based on the common procedures and the patient’s current state of health. (AOA; 3,4)
12. 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)
13. 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)
14. 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)
15. Provide brief didactic instruction to a non-D.O. audience including other physicians, patients and other involved health care providers to explain the basic osteopathic principles and techniques to manage common post-operative complications. (AOA; 1,4)
16. Describe the normal physiology of fluid volume control, body fluid distribution, pH, and electrolytes. (AOA; 2)
17. Differentiate the types and uses of parenteral solutions and be able to calculate the appropriate amount of fluid for surgical patients, be able to prescribe fluids. (AOA; 3)
18. Diagnose and correct electrolyte abnormalities in the surgical patient. (AOA; 2,3)
19. Evaluate the quality and applicability of available evidence to determine if a surgical procedure is appropriate for your patient. (AOA; 6)
20. Work collaboratively with members of the surgical team during procedures. (AOA; 4)
21. 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

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 and tracking of those activities through logs
2. Online interactive cases - Aquifer
3. Reading Assignments
4. Self-directed PowerPoint presentation and web site links including guidelines and videos
5. COMBANK quizzes
6. eConferences
7. Callback assignments and activities

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. Aquifer cases
5. COMBANK Quizzes
6. COMAT examination
7. eConferences

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

- **Surgery eConferences:** Thursday afternoons, 3:00 PM PST/PDT at the Admin Hall H-83 Conference Room 219 on Campus. Hosted by Dr. David Coffman and your Primary Care Fellows. Submit cases in advance online. All cases should include osteopathic principles and practice considerations. Submit your case on the Monday before your first eConference. The student will be notified if their case is chosen for the upcoming eConference.

### 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 well-trained physicians. In addition to clinical and faculty resources available through rotation sites, resources online are provided to round out clinical training.

### Selected Didactic 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. Aquifer cases, including WiseMD 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 surgery 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. Every student should read every day, at least one chapter and one article. Read about the patients seen that day and if necessary, review weak areas on days where there are no new clinical encounters. Students should not use a board review book for their primary reading source. Board review books should be used 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.

**Textbooks and/or Supplemental Materials**

**Reading Resources**

4. UptoDate
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 Blackboard 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. Aquifer Lecture and Case Presentations*

**Other Resources**

1. Blackboard and links
2. New Innovations
3. Aquifer
4. COMBANK

**Other Course Specific Requirements**

1. Attendance - 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>Aquifer cases &amp; Wise MD</td>
<td>7.0%</td>
</tr>
<tr>
<td>Logs</td>
<td>7.0%</td>
</tr>
<tr>
<td>eConferences</td>
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<tr>
<td>COMBANK Quiz</td>
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</tr>
<tr>
<td>COMAT Post Rotation Examination</td>
<td>30%</td>
</tr>
<tr>
<td><strong>Course total</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>
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 Aquifer 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.
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. Aquifer: WISE MD; surgery modules, Family medicine (FM CASES and Internal Medicine cases (SIMPLE)

Online Resources

1. Osteopathic Principles PowerPoint Presentations - See Blackboard 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. Ethicon Wound Closure Manual
3. Underground Aquifer Surgical short videos
4. Suturing Video
5. Aquifer Interactive Cases and Wise MD Surgery Lecture Modules
6. Wise MD Skills Modules
7. Underground Aquifer Surgical short videos
Surgery Reading Assignments

This document lists the required reading assignments. In addition to the reading assignments, students are required to complete Aquifer cases. The required Aquifer cases are listed in the Aquifer case list document. In addition students are required to view the online OMM power points, which can be found on the Blackboard 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

Chapter 8. Inflammation, Infection, & Antimicrobial Therapy
   g. Chapter 9. Fluid & Electrolyte Management
   h. Chapter 10. Surgical Metabolism & Nutrition (read introduction and whatever interests you – more detail than you need in most of chapter, intro is important!)
   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!

VI. Foundations of Osteopathic Medicine
   a. Chapter 12 Anatomy and Physiology of the Lymphatic System

VII. Somatic Dysfunction in Osteopathic Family Medicine
   a. Chapter 10 The Surgical Patient pgs 127-139 (OPTIONAL the information in this chapter is also in the OMM Power Point)

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**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. Aquifer Surgery Modules - Wise MD
   a. Abdominal Aortic Aneurysm
   b. Colon Cancer

IV. Foundations of Osteopathic Medicine
   a. Chapter 68 Abdominal Pain (Kindle Location 1196)

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**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. **Aquifer surgery modules - Wise MD**
   a. Appendicitis
   b. Diverticulitis
   c. Cholecystitis
   d. Inguinal Hernia

**IV. Journal of the American Osteopathic Association**

**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. **Aquifer surgery modules - Wise MD**

Clinical Rotation Manual for Faculty and Students       Table of Contents       Touro University California 192
a. Bowel obstruction
b. Breast Cancer
d. Thyroid nodule
e. Trauma Resuscitation

IV. Journal of the American Osteopathic Association
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

Required during Surgery core rotation

OMM: Surg Osteopathic Manipulative Therapy (OMT) with Documentation in a Surgical Patient
OMM: Surg Osteopathic Structural Exam in a pre or post op patient

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: 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
Surgery Aquifer Case List

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

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

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

Week 4
1. FM Case 27: 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 Aquifer website but are recorded lectures rather than interactive cases.

Note that only 6 Aquifer cases are required for this 8 week rotation because, one the Wise-MD modules are a good use of your time and, two, many of you will only have general surgery for 4 weeks and a subspecialty for the second 4 week block. Grading of Aquifer cases will be the same as for a 4 week rotation, however the cases are not due till the end of your second surgery rotation block.
Surgery COMAT Examination

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 required that students do practice questions using COMBANK and recommended that students pursue more than the required questions as needed. The required questions will be accessible through Blackboard in the co2020 Surgery organization.

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)

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
Core Rotation 703
6 Units
Academic Year 2018-2019
Touro University CA – College of Osteopathic Medicine

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**Guest Instructors**
Adjunct Faculty
Core Rotation Sites
Contact site administrators
Introduction to OB/Gyn

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 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 curriculum 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 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, 3)

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 postpartum 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)
Adapted from Association of Professors of Gynecology & Obstetrics 9th Edition APGO Medical Student Educational Objectives

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 and tracking of those activities through logs
2. Online interactive cases - Aquifer
3. Reading Assignments
4. Self-directed PowerPoint presentation and web site links including guidelines and videos
5. COMBANK quizzes
6. eConferences
7. Callback assignments and activities

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. Aquifer cases
5. COMBANK Quizzes
6. COMAT examination
7. eConferences* see schedule below

For each core course students must complete the Reading assignments, the OMM PowerPoint’s, logs, the appropriate Aquifer cases, attend the eConferences and take a COMBANK quiz and COMAT examination. For each core course students must complete one or two site evaluations and receive a performance evaluation.

- **OB/GYN eConferences**: Thursday afternoons, 4:00 PM PST/PDT at the Admin Hall H-83 Conference Room 219 on Campus. Hosted by Dr. Tina Mason and your Primary Care Fellows. All cases should include osteopathic principles and practice considerations. Submit your case and answer to COMAT review questions directly to Dr. Mason via email (tina.mason@tu.edu) by Wednesday morning, the day before your eConference.

**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 well-trained physicians. In addition to clinical and faculty resources available through rotation sites, resources online are provided to round out clinical training.

**Selected Didactic Resources**

The curricular resources are selected to ensure students understand the depth and breadth of the materials with which they should become competent. Aquifer 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 OB/GYN 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 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 for board prep and COMAT preparation sources. 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.
Textbooks and Supplemental Materials

Reading Resources

3. “Current Obstetric and Gynecologic Diagnosis and Treatment” by DeCherney, Alan H. (Author)
   Nathan, Lauren (Author).”
4. UptoDate
5. Osteopathic Principles PowerPoint Presentations - See Blackboard 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
   Available in print or Kindle edition Copyright © 2011, 2003, 1997 Lippincott Williams &
   Wilkins, a Wolters Kluwer business. 351 West Camden Street Two Commerce Square, 2001
   Market Street Baltimore, MD 21201 Philadelphia, PA 19103 Chila, Anthony; American
   Osteopathic Association (2012-07-12).
7. Somatic Dysfunction in Osteopathic Family Medicine. Nelson, Glonek. Lippincott Williams and Wilkins,
   Baltimore MD 2007
   Lippincott Williams and Wilkins , Baltimore MD 2005
10. Board review book

Other Resources

1. Blackboard and links
2. New Innovations
3. Aquifer
4. COMBANK

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>Aquifer cases</td>
<td>7.0%</td>
</tr>
<tr>
<td>Logs</td>
<td>7.0%</td>
</tr>
<tr>
<td>eConferences</td>
<td>5.0%</td>
</tr>
<tr>
<td>COMBANK Quiz</td>
<td>4.0%</td>
</tr>
<tr>
<td>COMAT Post Rotation Examination</td>
<td>30%</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.
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
6. Endometriosis and Chronic Pelvic Pain
7. Human sexuality, sexual assault and domestic violence
8. Induced Abortion
9. Spontaneous Abortion
10. Ectopic pregnancy

Week 3
1. Normal Maternal- Fetal Physiology
2. Preconception and Antepartum Care
3. Genetics and Genetic disorders in OB/Gyn
4. Intrapartum Care
5. Common pregnancy complications including Hyperemesis, UTI, cholestasis, pica
6. Abnormal Labor and Intrapartum fetal Surveillance including Fetal monitoring
7. Fetal Growth Abnormalities: IUGR and Macrosomia
8. Pain management in labor and delivery
9. Complications of early onset labor or contractions

Week 4
1. Preeclampsia and HTN in pregnancy
2. Gestational Diabetes
3. Preterm labor
4. Post term pregnancy
5. Perinatal Psychiatric issues – including postpartum blues, depression and psychosis
6. Failure to progress
7. Puerperal Fever and infection
8. Induction – indications and methods, risks, benefits
9. Surgical Vaginal Deliveries: forceps and vacuum and C-Sections
10. Dystocia – define and describe management, know management options
11. Third trimester bleeding and postpartum hemorrhage
12. 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 Aquifer 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.

**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
4. UptoDate
5. Foundations for Osteopathic Medicine AOA 3rd Edition

**Online Resources**

1. Osteopathic Principles PowerPoint Presentations - See Blackboard 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.

Clinical Rotation Manual for Faculty and Students  **Table of Contents**  Touro University California  207
5. Aquifer Interactive Cases
6. Underground Aquifer 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 75 pages a week you will have covered all the critical topics for the 4-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!
Obstetrics and Gynecology Reading Assignments

This document lists the required reading assignments. In addition to the reading assignments, students are required to complete Aquifer cases. The required Aquifer cases are listed in the Aquifer case list document. In addition students are required to view the online OMM power points, which can be found on the Blackboard 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
V. An Osteopathic Approach to Diagnosis and Treatment
   Chapter 116 Gynecologic Considerations

Week 2-4 Topics

Week 2 Topics

1. Vulvovaginitis
2. STI’s
3. PID
4. Cervical Cancer
5. Contraception
6. Endometriosis and Chronic Pelvic Pain
7. Human sexuality, sexual assault and domestic violence
8. Induced Abortion
9. Spontaneous Abortion
10. Ectopic pregnancy

**Week 3 Topics**

6. Normal Maternal- Fetal Physiology
7. Preconception and Antepartum Care
8. Genetics and Genetic disorders in OB/Gyn
9. Intrapartum Care
10. Common pregnancy complications including Hyperemesis, UTI, cholestasis, pica
11. Abnormal Labor and Intrapartum fetal Surveillance including Fetal monitoring
12. Fetal Growth Abnormalities: IUGR and Macrosomia

**Week 4 Topics**

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
9. Preeclampsia and HTN in pregnancy
10. Gestational Diabetes
11. Preterm labor
12. Post term pregnancy
13. Perinatal Psychiatric issues – including postpartum blues, depression and psychosis,
14. Normal Postpartum Care and Immediate care of the newborn

**Weeks 2 - 4 Reading Assignments**

I. Obstetrics and Gynecology Beckman et al
   a. Section II
      Chapter 19
      Chapters 5- 18 (9 is covered in previous week)
   b. Section IV
      Chapters 26, 28, 29
      Chapters 31 and 32, 35 36
   c. 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
b. Evaluation of chronic pelvic pain in women  
c. Treatment of chronic pelvic pain in women  
Clinical features and evaluation of nausea and vomiting of pregnancy  
d. Treatment and outcome of nausea and vomiting of pregnancy  
e. Exercise during pregnancy and the postpartum period: Practical recommendations  
f. Fish consumption during pregnancy  
g. Clinical manifestations and diagnosis of early pregnancy  
h. Calculator: Estimated date of delivery (EDD) pregnancy calculator  
i. Calculator: Gestational age from estimated date of delivery (EDD)  

IV. CURRENT Diagnosis & Treatment: Obstetrics & Gynecology, 11e > 
a. Chapter 43. Sexually Transmitted Diseases & Pelvic Infections  

V. Underground Aquifer Surgical short videos 
a. Vaginitis Differential  
b. Prenatal Visits  
c. Stages of Labor  
d. Postpartum Checks  

VI. Journal of the American Osteopathic Association  
b. 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 Blackboard organization.  

VII. Somatic Dysfunction in Osteopathic Family Medicine  
a. Chapter 9 The Female Patient (OPTIONAL- this chapter’s content is also in the OMM Power Point)  

VIII. 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)  

IX. Underground Aquifer Surgical short videos
Obstetrics and Gynecology Logs: Procedures and Diagnoses

OB/Gyn Procedures

OB/GYN: Calculate and interpret amniotic fluid index using ultrasound
OB/GYN: Calculate Bishops Score
OB/GYN: Cesarean 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 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: Postpartum progress note
OB/GYN: Written Note: Prenatal follow up visit

**Required during OB/Gyn core rotation**

OMM: OB/Gyn Osteopathic Manipulative Therapy with Documentation in a pregnant patient
OMM: OB/Gyn Documentation of an Osteopathic Structural Exam in a pregnant patient

**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: puerperal 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
Obstetrics and Gynecology Aquifer Case List

1. FM Case 32: 33-year-old female with painful periods – Ms. Tomlin
   Corresponds to topics from Week 1
2. FM Case 17: 55-year-old, post-menopausal female with vaginal bleeding - Mrs. Parker
   Corresponds to topics from Week 3
3. FM Case 1: 45-year-old female annual exam - Mrs. Payne
   Corresponds to topics from Week 1,2,3
4. FM Case 12: 16-year-old female with vaginal bleeding and UCG
   Corresponds to topics from Week 2,3,4
5. FM Case 14: 35-year-old female with missed period - Ms. Rios
   Corresponds to topics from Week 4,5,6
6. FM Case 30: Labor and delivery - Mrs. Gold
   Corresponds to topics from Week 4,5,6

Optional Cases
1. Simple Case 14: Pre-college physical for 18-year-old female – Ms. Pham
   Corresponds to topics from Week 2
2. FM Case 24: 4-week-old female with fussiness - Amelia Arlington
   Corresponds to topics from Week 6

*Note that there are a total of 6 required cases for this 4-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.
OB/Gyn COMAT Examination

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 required that students do practice questions using COMBANK and recommended that students pursue more than the required questions as needed. The required questions will be accessible through Blackboard in the co2020 OB/GYN organization.

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:

1. Normal Obstetrics: preconception, antepartum, intrapartum, and postpartum care; history and physical examination; maternal-fetal physiology; preventive care, nutrition and lactation
2. Abnormal Obstetrics: abnormal labor, spontaneous abortion, ectopic pregnancy and
3. Third-trimester bleeding.
4. General Gynecology: normal gynecology, family planning, adolescent issues and development, 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
5. Reproductive Endocrinology: menopause, normal/abnormal uterine bleeding, and infertility
6. Gynecologic Oncology: cervical, uterine and ovarian disease and neoplasm and gestational trophoblastic neoplasia

These objectives are from the NBOME website and do not reflect any changes on the part of TUCOM faculty.
Psychiatry
Core Rotation 705
6 Units
Academic Year 2018-2019
Touro University CA – College of Osteopathic Medicine

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Guest Instructors
Adjunct Faculty
Core Rotation Sites
Contact site administrators
Introduction to Psychiatry

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 course. Psychiatry preceptors will specify site requirements for the rotation 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 curriculum 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. Demonstrate the ability to 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, imaging, and psychological testing, 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; 2,3)
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 child psychiatric disorders. (AOA; 2, 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. Apply evidence-based medicine to determine whether it is appropriate to use psychotherapy. Make a referral when indicated. (AOA; 3,6)
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)

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

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 and tracking of those activities through logs
2. Online interactive cases - Aquifer
3. Reading Assignments
4. Self-directed PowerPoint presentation and web site links including guidelines and videos
5. COMBANK quizzes
6. Callback assignments and activities

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 course 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. Aquifer cases
5. COMBANK Quizzes
6. COMAT examination

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

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 well-trained physicians. In addition to clinical and faculty resources available through rotation sites, resources online are provided to round out clinical training.

**Selected Didactic 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. Aquifer 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 psychiatry 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. 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 for board prep and COMAT preparation sources. 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.

**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
   Available in print or Kindle edition
5. Journal of the American Osteopathic Association (JAOA)

**Online Resources**

1. Osteopathic Principles PowerPoint Presentations - See Blackboard 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

Other Resources
1. Blackboard and links
2. New Innovations
3. Aquifer
4. COMBANK

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>50%</td>
</tr>
<tr>
<td>Student Site Evaluation(s)</td>
<td>2.0%</td>
</tr>
<tr>
<td>Aquifer cases</td>
<td>7.0%</td>
</tr>
<tr>
<td>Logs</td>
<td>7.0%</td>
</tr>
<tr>
<td>COMBANK Quiz</td>
<td>4.0%</td>
</tr>
<tr>
<td>COMAT Post Rotation Examination</td>
<td>30%</td>
</tr>
<tr>
<td><strong>Course total</strong></td>
<td><strong>100.0%</strong></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.
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 Aquifer 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.
Psychiatry Book and Resource List

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
8. Journal of the American Osteopathic Association (JAOA)

Online Resources

1. Osteopathic Principles PowerPoint Presentations - See Blackboard 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 Blackboard
   * These articles are currently only required at Fairfield and Vallejo rotation sites.
Psychiatry Suggested Resources and Reading Assignments

This document lists the required reading assignments. In addition to the reading assignments, students are required to complete Aquifer cases. The required Aquifer cases are listed in the Aquifer case list document. In addition, students are required to view the online OMM power points, which can be found on the Blackboard 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. 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 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. 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)
   b. Chapter 18 Psychoneuroimmunology — Stress Management (Kindle Location 399)

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

III. Somatic Dysfunction in Osteopathic Family Medicine
     a. Chapter 7 The Psychiatric Patient pg 73-86 (OPTIONAL- The content in this chapter is also covered in the OMM Power Point)

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. UptoDate
   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
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

Required during Psych core rotation

OMM: Psych Osteopathic Manipulative Therapy (OMT) with Documentation
OMM: Psych Documentation of an Osteopathic Structural Exam

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
Psychiatry Aquifer Case List

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
3. Simple Case 25 75-year-old woman with altered mental status- Mrs. Kohn

Week 4
1. CLIPP Case 28: 18-month-old with developmental delay - Anton
2. CLIPP Case 4: 8-year-old well-child check – Jimmy
Psychiatry COMAT Examination

It is required that students pass COMAT. 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 required that students do practice questions using COMBANK and recommended that students pursue more than the required questions as needed. The required questions will be accessible through Blackboard in the Co2020 Psychiatry organization.

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:

1. 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
2. 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
3. Management: evidence-based decision-making, psychosocial interventions, clinical psychopharmacology, treatment complications, osteopathic manipulative treatment and treatment guidelines/best practices
4. Scientific Understanding of Mechanisms: mental health epidemiology, psychosocial foundations, neurobiological foundations, epigenetics, viscerosomatic relationships and other osteopathic principles
5. 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
Core Rotation 704
6 Units
Academic Year 2018-2019
Touro University CA – College of Osteopathic Medicine

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Email: Nicole.pena@tu.edu

**Guest Instructors**
Adjunct Faculty
Core Rotation Sites
Contact site administrators
Introduction to Pediatrics

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 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 curriculum 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 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

**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 and tracking of those activities through logs, including blogging assignment
2. Online interactive cases - Aquifer
3. Reading Assignments
4. Self-directed PowerPoint presentation and web site links including guidelines and videos
5. COMBANK quizzes
6. eConferences
7. Callback assignments and activities
**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. Aquifer cases
5. COMBANK Quizzes
6. COMAT examination
7. eConferences* see schedule below

For each core course students must complete the Reading assignments, the OMM PowerPoint’s, logs, the appropriate Aquifer cases, attend the eConferences and take a COMBANK quiz and COMAT examination. For each core course students must complete one or two site evaluations and receive a performance evaluation.

- **Pediatrics**: Monday afternoons at 4:00 PM PST/PDT at the Admin Hall H-83 Conference Room 219 on Campus. Hosted by Drs. Tami Hendriksz and Kim Wolf. All cases should include osteopathic principles and practice considerations. Submit your case on the Friday before your first eConference.

**Pediatric eConferences**: There will be three interactive case conferences during your pediatric rotation. Students rotating within 30 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 4 weeks of their Pediatric core course).

**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)
6. Computer-assisted Learning in Pediatrics Program (CLIPP) Cases (T)
7. PowerPoint presentations (R) created by Touro University and adjunct faculty and made available for medical student review (on Blackboard)
9. 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.
10. Pediatric Care Online – An excellent rapid resource for information on a variety of pediatric topics. Has an associated mobile app.

**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 Resources**

1. Blackboard and links
2. New Innovations
3. Aquifer CLIPP cases

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4. COMBANK

**Other Course Specific Requirements**

1. Attendance - 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>Aquifer cases</td>
<td>7.0%</td>
</tr>
<tr>
<td>Logs*</td>
<td>7.0%</td>
</tr>
<tr>
<td>eConferences</td>
<td>5%</td>
</tr>
<tr>
<td>COMBANK Quiz</td>
<td>4.0%</td>
</tr>
<tr>
<td>COMAT Post Rotation Examination</td>
<td>30%</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 if 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.

*Blog*

For Pediatrics the item “BLOG” on the log procedure list is a recommended, but not required procedure.

Students are expected to compose one blog post for the student-driven website Parent6.com (Parent Student Information eXchange) during their pediatric course. The targeted audience of the blog posts are parents with the goal that students learn by teaching and learn about community engagement through online media. Blog posts should be brief 3-4 paragraph snippets of information. You will be assigned a deadline and a topic from a pool of parent-submitted questions. You may be sent suggested edits by one of the pediatric faculty member with a deadline for suggested revisions. Your work should be appropriately referenced. Inclusion of pictures and media is encouraged, although all media should be appropriately attributed. We also encourage the use of links to outside resources. Please include the web address of any Clinical Rotation Manual for Faculty and Students
outside links in the body of your blog post. See previous blog posts for examples. Blog posts are expected to be professional, well organized, and to address the topic succinctly. For any questions, contact Dr. Tami Hendriksz.

**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.
# Required Reading for the Pediatric Core Course

<table>
<thead>
<tr>
<th>Topics</th>
<th>Reading</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developmental Milestones (Gross Motor, Fine Motor, Language, Social/</td>
<td>Nelson’s Essentials, Chapter 6: Disorders of Development</td>
</tr>
<tr>
<td>Emotional)</td>
<td></td>
</tr>
<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>Acne Vulgaris</td>
<td>Nelson’s Essentials, Chapter 190: Atopic Dermatitis</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</td>
<td>Nelson’s Essentials, Chapter 20: Pervasive Developmental Disorders and Psychoses, Section: Autism</td>
</tr>
<tr>
<td>covered in Psychiatry)</td>
<td></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>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>Topic</td>
<td>Source</td>
</tr>
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<td>-----------------------------------------</td>
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</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 Foundations of Osteopathic Medicine, Chapter 58 Child with Ear Pain Somatic Dysfunction in Osteopathic Family Medicine, Chapter 14 The Patient with Otitis Media (OPTIONAL- the OMM Power Point also covers this material) Journal of the American Osteopathic Association- Effect of Osteopathic Manipulative Treatment on Middle Ear Effusion Following Acute Otitis Media in Young Children: A Pilot Study. Steele et al. June 2014; 114(6):436</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>

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<table>
<thead>
<tr>
<th>Pediatric Manual Medicine an Osteopathic Approach, Chapter 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>head and neck pgs 14-32 (Torticollis and postural asymmetry), pg 59-61 (plagiocephaly), pg 72-80 (Dacryostenosis, sucking dysfunction, Otitis Media)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pediatric Manual Medicine an Osteopathic Approach, Chapter 3</th>
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</thead>
<tbody>
<tr>
<td>The spine, rib cage and sacrum pgs 122-127 (scoliosis)</td>
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<table>
<thead>
<tr>
<th>Pediatric Manual Medicine an Osteopathic Approach, Chapter 4</th>
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</thead>
<tbody>
<tr>
<td>The Shoulder complex, pgs 155-159 (overview, impingement), 180-183 (Brachial plexus injuries)</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Pediatric Manual Medicine an Osteopathic Approach, Chapter 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Femur, hip and pelvis, pgs. 194-201 (overview, DDH), 204-207 (femoral anteverision) 226-228 (assessment of the innominate in an infant)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pediatric Manual Medicine an Osteopathic Approach, Chapter 6, Lower Leg, pgs. 274-283 (overview, assessment of the LE), 289-295 (patellar syndromes and assessment of the knee), 322-326 (shin splints)</th>
</tr>
</thead>
</table>

| Pediatric Manual Medicine an Osteopathic Approach, Chapter 7, Foot, Ankle pgs.330-342 (overview and ankle assessment)356-357 (ankle sprain) |

* Please see course map on Blackboard for suggested readings on other topics.
Pediatrics Logs: Procedures and Diagnoses

Pediatric Procedures

PEDS: Perform a developmental surveillance screen.
PEDS: Blog * required
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.

Required during Pediatric core rotation:

OMM: Peds Osteopathic Manipulative Therapy (OMT) with Documentation in a child
OMM: Peds Documentation of an Osteopathic Structural Exam in an infant/toddler/school aged/teen patient

Pediatric Diagnoses

PEDS: Acute illness requiring emergency stabilization or intensive care (e.g. shock, ALTE, status asthmaticus)
PEDS: Asthma
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: OTHER
PEDS: Respiratory (e.g. bronchiolitis, pneumonia)
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

Pediatric Aquifer Case List

1. Case 2: Infant well child (2, 6, and 9 months) – Asia
2. Case 3: 3-year-old well child check – Benjamin
3. Case 6: 16-year-old boy’s pre-sport physical – Mike
4. Case 23: 15-year-old with lethargy and fever – Sarah
5. Case 29: Infant with Hypotonia - Daniel
6. Case 31: 5-year old with puffy eyes - Katie
Pediatric COMAT Examination

Pediatric 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 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.
Clinical Distinction I and II

Required Courses 717 and 718
12 Units
Academic Year 2018-2019
Touro University CA – College of Osteopathic Medicine

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Paulette Castro
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(707) 638-5252 fax
Office: Admin&Fac1-207

Course website: [ClinicalDistinction.com](http://ClinicalDistinction.com)
Course Description

The Clinical Distinction course takes place twice during two four-week blocks in year 3. It is a time when students are called upon to examine their own proficiency in all competency areas of clinical medicine and design a study program that allows them to round out their capacities and prepare for successful transition to residency and clinical work.

Students are expected to use this time to develop their professional identity, competence, and entrustability as an Osteopathic physician. Your path to distinction should contribute to your success in clinical rotations and preparation to match into residency.

The Clinical Distinction Courses offers three opportunities to distinguish yourself as you prepare for residency:

1. Through a self-selected study program, you can deepen your competence in a chosen area, or broaden your horizons by exploring unfamiliar domains in health care.

2. These courses are high yield for the MSPE part of your residency applications. You can gain competence, entrustability, and enhance your profile by being of service, creating an innovative project or program, or acquiring distinctive skills and knowledge, the result of which informs this key section of your MSPE.

3. These courses allow individual expression. In your narrative evaluation, you are given the opportunity to shine. You can distinguish yourself in a language that residency directors will be looking for – competency, reflection and entrustability.

Your route to clinical distinction is up to you. Everything else you need to choose your track, make your contract, and complete your narrative evaluations, is available on the Clinical Distinction website.

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 curriculum for this course is aligned with the TUCOM Mission. While each track is focused on a specialty or topic, students are expected to examine their developmental progress in our college program learning outcomes (PLOs). Further, the materials chosen for each track should be at a level appropriate to a third year, focused on exploring the breadth of osteopathic primary care medicine. The objective of focusing on a particular specialty or topic is not to achieve the specialist level skill but rather to explore clinical medicine in a personalized way. This allows students the room to engage in their educational and clinical development in a unique way and supports development skills needed for lifelong learning. Some of the skills include the ability to select appropriate study tools, make commitments, balance obligations, accomplish goals and most importantly, to evaluate oneself accurately.
Each track is subject focused, and, the curriculum will guide students in gaining a balance between subject specific specialty topics and the important competency areas that outstanding osteopathic physicians, committed to primary care should understand. In keeping with the whole of the third-year core curriculum, this elf-study course allows students to maintain a holistic approach to patient care, and to consolidate medical knowledge, supported by a framework 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 all types of clinical practice. Students are directed to focus on finding health when engaged in the clinical reasoning process. This curriculum in particular 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 Clinical Distinction course, each student should be able to show that they have:

1. Acquired medical knowledge in the specialty domain they have selected.

2. Documented growth in one or more other Physician Competencies, preferably by performing EPAs at an increased level of entrustability. More information on Competencies and EPAs is available on the [Clinical Distinction website](#).

**Learning Resources:**

Learning resources vary according to the learning contract.

**Other Course Specific Requirements:**

Both 4-week blocks of Clinical Distinction will include a varied set of activities determined by the track chosen. *Each student is required to do at least one Specialty track.*

**Tracks**

Clinical Distinction courses take one of four different structure types:
- Specialty Track
- Generalist Track
- Board Success Track
- Clerkship Style Track

Students must complete one Specialty Track but have the opportunity to do an additional track of their choosing.

The [Clinical Distinction](#) website has information about what the requirements are for each track.

**Choosing A Track**

Three factors control each student’s selection of a Clinical Distinction track. The first is academic standing as determined by the SPC and CED. If a student has special needs in academic areas, specifically adequacy of board success, they will be tracked, by either the SPC or the CED, into the [Board Success Track](#).
The second factor in track selection is faculty availability. While the Clinical Distinction Website lists faculty who may be interested in sponsoring a specialty track there are not dedicated faculty available for sponsoring specialty tracks. It is the student’s responsibility to find a faculty member sponsor and the best person is one who is willing to take the time to evaluate student work in the workplace setting. The generalist track and the board success track allow for exploration of materials from various subjects while still allowing for developmental progress in the 7 clinical competencies and offer students faculty who are available for sponsoring. For Board Success tracks Academic Mentors will serve as faculty sponsors. If the generalist track is approved, Dr. Weiss will serve as the faculty sponsor for the course.

There are specialty track ideas and resources listed on the website. The materials provided on the website are meant to be suggestions only they are for the most part not pre-designed courses. A student may use all or none of the resources. Learning materials are meant to be selected by the student to best enhance their experience. Faculty sponsors, selected by the student, must approve student selections through review of students’ contract and discussion with the student. Timely selection of a track and completion of a contract will allow you the highest quality most personalized learning opportunity.

Each student must get approval from a faculty sponsor to participate in a specialty track. Approval is based on faculty time and the student’s proposed written contract. Students can expect that if a faculty sponsor is very popular, or if the faculty has a period of heavy teaching or other work, the sponsor will be unavailable. It is suggested that students contact faculty sponsors as soon as possible to allow for the best possible experience. Students are encouraged to create their own specialty tracks or solicit support from an instructor not listed in the documentation and website for Clinical Distinction.

The third factor in track selection is student interest. All online resources for all tracks are available to all students throughout both third and fourth year. Many instructors will welcome any students in live activities which they offer, regardless of participation in that track, for example, specialty focused Callback sessions will be open to all students.

**Deadlines**

Selection of Track and Faculty Sponsor: Submission of a rotation request form with choice of track and faculty sponsor or site approval is due 60 days prior to the start of each CD course. While your contract for the Board Success and Specialty Track is not due at this time, you are encouraged to have reviewed a draft of your contract with the faculty sponsor as a means of getting their sponsorship approved and to avoid any misunderstandings about the work to which you and the faculty member are committing.

Your signed proposal for study, also called your Contract is due by the first day of (CLIN 717, 718) each block of Clinical. By failing to complete this on time students will be agreeing to complete the Generalist track of study. You are strongly encouraged to solicit support from faculty and submit your contract as soon as you decide rather than waiting until you have been registered in a track.

The Exit interview can happen virtually and in a worst-case scenario through an email exchange but ZOOM, skype, face time or a phone call would serve adequately if you are at a distance from your faculty at the time of completion of your specialty track. Your faculty sponsor should submit the signed evaluation within two weeks of the last day of the rotation.
Deadlines for all other requirements are based on student design as documented in the written contract for the rotation.

For more details on how to design your Clinical Distinction experience, see the Clinical Distinction Website.

**Required Assignments**

Required Assignments are based on the track chosen. Assignments, if completed adequately will allow students to achieve an appropriate level of mastery in TUCOM program learning outcomes, which they may demonstrate through increased entrustability with associated EPAs. By completing the Clinical Distinction track-specific 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 individual contracts and various tracks on the website.

**Selected Didactic Resources**

The curricular resources listed on the website are selected to ensure students understand the depth and breadth of the materials with which they should become competent for each track. It is suggested that a minimum of 20-25 modules be a foundational level for a contracted course of independent study. Students are encouraged to design a course of study that is both engaging and challenging.

**Paperwork and Form Requirements for Clinical Distinction**

**Rotation Request Forms**

*Rotation request form must be submitted* 60 days prior to start of rotation for all CD courses (CLIN 717, 718).

This form *must include* track chosen and supervisor. For all tracks, submission of this form implies you have approval from the supervisor listed and documentation in the form of an email should be copied and pasted into the form.

**Contracts**

Contracts must be submitted no later than the first day of each CD course. If you have selected a track which requires a contract and no contract is completed by the first day of CD, you will need to complete the generalist track requirements to pass the course regardless of any other work you have done.

I. Specialty contracts are required for any track or project designed by the student.

II. The Board Success Track requires a Board Review Contract. This form is only used for the Board Success track. If you are combining board review with specialty subjects or projects, you should not use the Board Review Contract or completion form but instead use the Specialty Track contract.

III. Contracts are *not required* for the following tracks:
• **Generalist** (requires submission of a form to Dr. Weiss for approval and documentation of planned work)
• Clerkship Style

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*Submitting a contract for any of the track is a valuable tool you can elect to use during CD. You might find it useful to create a contract for the above options to focus your learning and frame your narrative evaluation. For more information about creating a contract for these above courses please meet with a course advisor.*

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**Narrative Evaluation**

Narrative evaluations are required for all students at the end of any specialty track block.

The narrative evaluation has two sections: student section and faculty section.

**You must complete the student section no later than the last Friday of each CD specialty block.**

Schedule an exit interview for all contracted CD courses. During this exit interview you should review both your narrative evaluation and get feedback from your sponsor. While it is not a hard requirement, it is suggested that you get your narrative evaluation to your sponsor in advance of your exit interview to allow your sponsor time to complete their portion before you meet. It’s a good idea to go through this same process for Board Success Tracks.

**Student Course E https://clinicaldistinction.com/about/faculty-support/valuation**

You will be prompted by NI to complete an online evaluation of your CD experience. This must be completed by the last day of each scheduled CD course.

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**Assessment and Grading**

Documentation of student achievement of course learning outcomes is dependent on the selected track:

- **Specialty Track:** Narrative evaluations are required to document this growth in any CD course with an individualized contract.
- **Clerkship Style Track:** The CPE form, which is aligned with the competency domains, will serve to document level of achievement in PLOs in the clerkship style track.
- **Board Success Track:** A board review contract and completion form is required to document increased medical knowledge and professionalism through commitment to and completion of learning activities.
- **Generalist Track:** Documentation of completed work is reported in a pdf which includes certificates of completion and proof of work done.

A signed contract, if part of the selected track must be completed. All items on the contract must be adequately completed. A narrative evaluation must be completed or a CPE, depending on the block using the EPA rubric found in the contracts and narrative evaluation forms. Finally, a student evaluation of the experience must be completed in New Innovations.
Grading is Pass/Fail as determined by completion of each component of the track you choose and the evaluation submitted by your faculty sponsor.

Narrative elements will be included in the MSPE (Dean’s letter). The importance of the narrative elements and their inclusion in the MSPE cannot be emphasized enough. This affords the students an opportunity to distinguish themselves in a manner that lends itself precisely to the language and needs of residency directors selecting program applicants. Students are strongly encouraged to use this opportunity to distinguish themselves in areas of knowledge, skill, behavioral development and personal character. For more information on this aspect of your grade, see the Clinical Distinction website or contact Clinical Distinction course advisor Dr. Hartwig.

**Grading for Clinical Distinction Tracks CD I (717) and CD II (718)**

All components of each track are listed below. CD is a pass/fail course. To pass you must complete all components listed.

**Generalist Track**
- Approval of modules
- Completion and documentation of completion of Modules
- Student rotation evaluation

**Board Review**
- Contract
- Completion of contracted activities
- Completion Form
- Student Rotation Evaluation

**All Specialty tracks**
- Contract
- Completion of contracted activities
- Narrative Evaluation
- Student Rotation Evaluation

**Clerkship Style Track**
- CPE
- Student Rotation Evaluation

Students cannot pass the rotation without completing all components and fulfilling the activities specified in their contract.

**Activities**

In Clinical distinction, the track selected guides the activities and learning that will happen during the month. Both the Board success and Generalist are independent study tracks. The clerkship style will
include independent study and either research or clinical activities. The specialty track may include any combination of the types of activities listed here.

The categories of learning activities are listed below with a few examples:

1. Clinical Activities
   a. Clerkship style activities
   b. Targeted clinical encounters
   c. Focused Callback sessions
   d. faculty or fellow guided interactive or lecture sessions
   e. Grand rounds
   f. Presentations
   g. Medical Conferences
   h. Global health activities

2. Research
   a. Development of a research idea or clinical question
   b. Work with principal investigator on existing research project

3. Independent Study
   a. Online interactive cases - Aquifer, Web Gems, NIM modules, Impact obesity etc.
   b. Reading Assignments including texts, journal articles and other resources
   c. Self-Directed PowerPoint presentations and web site links, online videos
   d. COMBANK questions, board review books, board review courses
   e. Written narratives, medical documentation or notes, journal reviews, blogs, discussion
   f. Completion of MPH

4. Non-Clinical relational work
   a. Non-clinical interviews
   b. Observing in varied environments
   c. Teaching
   d. Yoga
   e. Meditation practice
   f. Software development
   g. Retreat
   h. Boot camp or military training
   i. Service oriented activities such as volunteering at health fairs, clinics or teaching
Callbacks & Osteopathic Clinical Integration
Required Course 770
1.5 Units
Longitudinal
2018-2019 Academic Year
Touro University CA – College of Osteopathic Medicine

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Introduction to Callbacks & Osteopathic Clinical Integration

Course Description

Callbacks and Osteopathic Clinical Integration is a required longitudinal course that takes place during third year. This 1.5-unit course consists of a distance learning program given longitudinally throughout the year, and an on-campus component that takes place at the beginning of the Spring semester. The distance learning portion consists of online didactics, logging, and eConferences. The on-campus portion of the course consists of didactic sessions, assessments that both summarize learning to date and provide feedback for future performance, and advising sessions on Year 4 and residency. All students are required to participate and satisfactorily complete each component to pass the course.

Course Components

1. Objective Structured Clinical Examination (OSCE) and OSCE Feedback

During the on-campus event, students will have one mandatory OSCE involving 4 separate OSCE Cases. This OSCE will simulate the COMLEX Level 2 PE and help to prepare learners for both ongoing clinical rotations and the COMLEX Level 2 PE Exam. Each student will have the opportunity to review their OSCE performance during a video review session, as well as to get faculty & peer feedback, and a grade on their SOAP notes and their performance on the Standardized Patient (SP) checklists. This will give the students an idea of how they may perform during their clinical rotations and on the COMLEX Level 2 PE. Additionally, it will give students a chance for self-reflection and improvement. These OSCEs 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 Level 2 PE and to improve performance clinically, 3) SP checklists, 4) Post station SOAP notes, and 5) Additional video review by select faculty in the event that any red flags are noted during the OSCE or initial video review session. If the student’s performance on the OSCEs reveals multiple red flags, or is noted to be significantly poor or concerning after review by a minimum of 2 faculty, the student will be required to remediate the OSCE portion of Callbacks. In the event that they are unable to pass the remediation, the student will be sent to the Student Promotions Committee to determine what further actions are necessary.

2. Osteopathic Clinical Integration

a. OMM Lab

The OMM Department develops a lab for the on-campus Callbacks event 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 complete the posted assignment before attending an OMM lab during Callback week. This pre-assignment and live component of Callbacks must be passed adequately or remediated to pass the Callbacks course. See posted assignment in the co2020 Callbacks organization on Blackboard for details.

b. COAR Sessions

Students who are not rotating locally are required to attend a minimum of one COAR session during Callbacks and to attend additional COAR sessions when offered at their core rotation site or online (up to a total of 5). Students who rotate locally will be offered these sessions on COMAT days and are required to attend 5 sessions throughout the academic year. Attendance during Callbacks, for local students is based on availability and completion of COAR requirements on COMAT days. Students not attending the COAR session during Callbacks will be required to attend one of the other didactic sessions offered.
c. OMM eConferences

OMM eConferences are offered throughout the year. All students must attend 5 OMM conferences during their 3rd year. They can be attended while you are on any rotation, as long as you attend 5 of each before the end of the Spring term of your 3rd year.

Details of OMM conferences are as follows: Wednesday afternoons, 3:00 PM PST/PDT at the Admin Hall H-83 Conference Room 219 on Campus. Hosted by Dr. Nicole Peña or other OMM faculty. Students will have the opportunity to discuss core cases in the clinical application of OMM. Students are required to attend (either in person or virtually) 5 sessions during their third year. Credit will be given as part of the Callback grade.

d. OMM logs

As detailed in each core syllabus, OMM logs are a required component which must be completed during each core course but is graded as part of Callbacks. Please review the details in the overview section on core courses and contact the Director of Distance Learning and OMM Clinical Integration with questions. Failure to complete these logs during your corresponding core course will result in the need for a make-up assignment as directed by Dr. Peña.

e. OPP COMAT

The OPP COMAT will be taken on site during the Callbacks’ on-campus event. This examination emphasizes core knowledge and elements of osteopathic principles and practice in the discipline of Osteopathic Principles and Practice that are essential for the pre-doctoral osteopathic medical student. The exam blueprint, assessment objectives, learning resources and a practice examination can be found online in the NBOME website (https://www.nbome.org/exams-assessments/comat/exam-series/comat-principles/).

3. Preparation for Year 4 and Residency

The faculty and staff of the Clinical Education Department will meet with 3rd year students during the on-campus Callbacks experience. The main topics covered during the on-site CED event will be:

- Year 4 time line and scheduling
- COMLEX Level2 CE & PE, preparation and readiness
- Q&A with Residency Program Directors and TUCOM Alumni. Residency director from local programs will be on campus to present their program and advise students on residency. TUCOM Alumni will also be present to share their experience.

Attendance to this event is required. Additionally, students are encouraged to arrange special meeting times to reconnect with their faculty mentors and advisors.

4. Additional Didactic & Assignments

Additional didactics given during the on-campus portion of Callbacks as well as required assignments, such as online modules and evaluations, will have to be completed independently during 3rd Year. All related information can be found in the Callbacks Blackboard Organization.
5. **Emergency Medicine COMAT**

The Emergency Medicine COMAT emphasizes core knowledge and elements of osteopathic principles and practice in the discipline of Emergency Medicine. This required COMAT will be taken any time during 3rd year with the condition that it is not scheduled at the same time as another COMAT examination. We strongly recommend however to take this test after completion of Surgery and Internal Medicine rotations. Examination blueprint, assessment objectives, learning resources and a practice examination can be found online in the NBOME website (https://www.nbome.org/exams-assessments/comat/exam-series/comat-emergency-medicine/).

For the scheduling of this examination, students will have to contact the 3rd year coordinator at the beginning of the block to inform the CED of their intent to take the examination during that specific block. The exam coordinator (either the third-year coordinator or the grade coordinator) should be informed at the beginning of the block.

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**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.

**AOA Competencies Addressed in this Course**

1. Medical knowledge (MK)
2. Practice based Learning and Improvement (PBLI)
3. Patient Care (PC)
4. Professionalism (P)
5. Interpersonal & Communication Skills (ICS)
6. Osteopathic Philosophy and Practice (OPP)

**Teaching Methods**

1. Interactive large and small group experiences
2. Skills labs
3. Objective structured clinical examination (OSCE)
4. Webinars and online assignments.
5. Shelf Examinations
Textbooks and Materials

Textbooks and materials needed are listed online on Blackboard or other websites. Students are required to bring their laptops for the on campus portion of Callbacks. Their computers will be used for the standardized shelf exams, evaluations and possibly attendance at the didactic sessions.

Assessment and Grading

This course is a Pass/Fail course and each component must be satisfactorily completed to pass the course. The Distance Learning program/webinars will be given longitudinally throughout the third year, and the on-campus component will be given at the beginning of the spring semester, all are mandatory.

The following are the requirements:

1) OSCE – attendance and adequate passing performance as determined by video review rubric and associated materials.
2) Osteopathic Clinical Integration
   a. Pre-OMM lab Assignment- SOAP
   b. OMM Lab – attendance and adequate professional behavior and OMM skills as determined by faculty.
   c. COAR – 5 for local students and 1 scheduled on campus during Callbacks plus one traveling COAR at core site or online for non-local students
   d. eConferences – attendance 5 OMM eConferences
   e. OMM logs - logging of two OMM procedures per core course as found in New Innovations and as detailed in each core Course Syllabus
   f. OMM Shelf exam (OPP COMAT) – passing score of 70%
3) On-campus callbacks event- attendance and completion of evaluation
4) Online assignments – must be completed
5) Emergency Medicine COMAT – passing score 70%

Successful completion of the course is represented on the student’s transcript by the letter grade of P. There is no Honors associated with the Callbacks course.

Remediation

- In the event that a student cannot attend part or the full on-campus Callbacks event, an excused absence will have to be approved by the Associate Dean for Clinical Education and alternative dates will be discussed for completion of the on-site requirements.
- Any failure through inadequate performance in OSCE, OMM pre-assignment and lab session, the Emergency Medicine or OMM COMAT, or through missed attendance of any on-campus Callbacks activities, or failure to complete required assignments, will require the student to meet with the course directors to discuss remediation.
- Failure to complete the course will require a meeting with the Student Promotions Committee and may jeopardize a student’s progression toward 4th year.
- If a student misses portions of on-campus Callbacks without excused absences or recurrently doesn’t complete required assignment, he/she will be referred to the Professionalism Committee.
## Course Map

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Core Primary Care
Core Rotation 819
6 Units
4 weeks
2018-2019 Academic Year
Touro University CA – College of Osteopathic Medicine

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Contact information available at tu.edu/faculty.php unless noted
Jennifer Weiss DO

Guest Instructors
Adjunct Faculty
Core Rotation Sites
Contact site administrators
Introduction to Core Primary Care

Course Description

Clinical sites for the 4th year Core Primary Care Rotations offer a range of experiences. The overall goal of the rotations is to enable the students to deepen their understanding of aspects of medicine encompassed by the broad field of Primary Care medicine. Students will rotate in affiliated clinical settings assigned to services that provide patient care in any of the areas listed below in the section “List of Options.” Primary Care attendings will specify site requirements for the clerkship and will see that students are provided with an appropriate level of clinical and didactic experience.

In addition to all clinical and didactic activities assigned by the preceptor it is recommended that students use the resources provided through the Touro University California online library and through Blackboard, the online education software system. These resources should be used to deepen students’ understanding of medical decision-making across the medicine subspecialties and settings. This would include applications of physiology, innovations in interventions and areas of controversy. Students should use the suggested reading or the core rotation resources in Blackboard daily and expect to spend about 2 hours each day in independent study after clinical duties are completed.

During fourth year students must complete one 4-week block of a Core Primary Care rotation.

List of Options

You must perform this rotation within the following areas, strictly interpreted, and to include direct patient contact:
- Family Medicine - Outpatient
- Internal Medicine - Outpatient
- Pediatrics - Outpatient
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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 curriculum aims to allow students to maintain a holistic approach to patient care, and to concentrate on learning 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. During the fourth year courses, the focus is on self-directed learning, and fosters students to seek their own best practices in lifelong learning and personal development. It is expected that the foundation of primary care clinical practice established in years one two and three will guide the student in their self-directed learning choices.

Course Learning Outcomes

The Course learning outcomes for this course depend on the chosen option. Understanding that the work of a primary physician is to continually review and continue to deepen competence in all areas of clinical medicine, third year core curricular materials are appropriate to use for the primary care option in fourth year.

Students should refer to the most current third year syllabi in the following situations:

- For a Family Medicine option use the most current third year syllabus for Family Medicine as a guide for both course learning outcomes and topics.
- For an Internal Medicine option use the most current third year syllabus for Internal Medicine as a guide for both course learning outcomes and topics.
- For an OB/Gyn option, students should use the most current third year syllabus for OB/Gyn as a guide for both course learning outcomes and topics.
- For a Pediatric option, students should use the most current third year syllabus for pediatrics as a guide for both course learning outcomes and topics.

In all other situations the following course learning outcomes should be appropriate. Students are encouraged to select topics of study specific to their chosen options:
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.

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.

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.

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.

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. 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.

6. 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.

7. 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.

8. Demonstrate effective written and electronic communication in dealing with patients and other health care professionals. Maintain accurate, comprehensive, timely, and legible medical records.

9. Demonstrate milestones that indicate a commitment to excellence with ongoing professional development and evidence of a commitment to continuous learning behaviors.

10. Demonstrate an understanding of the important physician interventions required to evaluate, manage, and treat the clinical presentations that 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.

11. 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.

12. 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 simply 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.

*Adapted from the NBOME Fundamental Osteopathic Medical Competencies.

**AOA Competencies**

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 self-directed use of online resources and readings, students will achieve mastery of the CLO's and competencies at a level appropriate to a fourth year medical student. In addition to daily clinical activities as directed by attending physicians, students should plan to spend about 2 hours after clinical hours reading and utilizing online resources for self-directed learning or to complete assignments given by attendings each day.

The categories of learning activities available are as follows:

1. Clinical rotations and associated didactic activities
2. Online interactive cases - Aquifer
3. Reading Assignments
4. Self-directed PowerPoint presentation and web site links
Core Primary Care Textbooks and Supplemental Materials

Reading Resources

All available through online library access or Blackboard

The following will be useful in all Primary Care options. Students are encouraged to use the reading resources associated with third year core rotations appropriate to their options. Additionally, if Urgent Care or Sports Medicine is selected, students should use the online library texts pertinent to the specific subject.

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
   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
   All 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 Blackboard 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. Blackboard and links of core third year courses which provide a foundation for all subspecialty courses.
2. Aquifer
3. COMBANK
4. Blackboard collaborate IM
Other Course Specific Requirements

1. Attendance - 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

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Core Medical Sub-Specialty Rotations
Core Rotations 808 A & 808 B
6 Units
8 weeks
2018-2019 Academic Year
Touro University CA – College of Osteopathic Medicine

Course Director
Jennifer Weiss, DO
Curriculum Director
Course Director
Assistant Professor CED
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Open door policy, and 9 am –12 pm Mondays except holidays

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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
Introduction to Core Medical Sub-Specialty Rotations

Course Description

Clinical sites for the Non-Surgical Medical Rotations offer a range of experiences. The overall goal of the rotations is to enable the students to deepen their understanding of aspects of medicine encompassed by the Non-Surgical subspecialties. Students will rotate in affiliated clinical settings assigned to services that provide patient care in any of the areas listed below in the section “List of Options.” Non-Surgical Medical attendings will specify site requirements for the clerkship and will see that students are provided with an appropriate level of clinical and didactic experience.

In addition to all clinical and didactic activities assigned by the preceptor it is recommended that students use the resources provided through the Touro University California online library and through Blackboard, the online education software system. These resources should be used to deepen students’ understanding of medical-decision making across the medicine subspecialties and settings. This would include applications of physiology, innovations in interventions and areas of controversy. Students should use the suggested reading or the core rotation resources in Blackboard daily and expect to spend about 2 hours each day in independent study after clinical duties are completed.

During fourth year students must complete two 4-week blocks of Non-Surgical Medical rotations.

List of Options

Rotations at affiliated sites that provide the following patient care services meet the requirement for the Non-Surgical Medical rotations.

Adult/Pediatric Non-Surgical subspecialties:

- Adolescent Medicine
- Adult/Pediatric subspecialties:
- Allergy/Immunology
- Cardiology
- Endocrinology
- Family Medicine-Inpatient
- Gastroenterology
- Geriatrics
- Hematology / Oncology
- Infectious Diseases
- Internal Medicine Inpatient
- Neonatology
- Nephrology
- Oncology
- Pediatrics Inpatient
- Pulmonary Medicine
- Rheumatology
Sports Medicine/Primary-care  
Women’s Health  
Anesthesiology  
Dermatology  
General Radiology  
Neurology  
Pathology  
Physical Medicine and Rehabilitation  
Psychiatry  

**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 courses during the clinical years are aligned with the TUCOM Mission. Each course is subject specific, yet students are encouraged to focus on the important concepts that outstanding Osteopathic physicians, committed to Primary Care should understand. This curriculum aims to allow students to maintain a holistic approach to patient care, and to concentrate on learning 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. During the fourth year courses, the focus is on self-directed learning, and fosters students to seek their own best practices in lifelong learning and personal development. It is expected that the foundation of primary care clinical practice established in years one two and three will guide the student in their self-directed learning choices. Exposure to critical care subspecialties prepares future primary care physicians to support patients who need specialty care as well as to broaden their skill and knowledge base - a critical aspect of primary care.
Course Learning Outcomes

Clinical experiences will vary greatly depending on the chosen subspecialty. The following course learning outcomes, however, should be achieved in all non-surgical medical subspecialty rotations.

At the end of the Medical subspecialties clerkship, 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.
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.
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.
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.
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.
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.
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.
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.
9. Demonstrate effective written and electronic communication in dealing with patients and other health care professionals. Maintain accurate, comprehensive, timely, and legible medical records.
10. Demonstrate milestones that indicate a commitment to excellence with ongoing professional development and evidence of a commitment to continuous learning behaviors.
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:
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.

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 simply 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.

*Adapted from the NBOME Fundamental Osteopathic Medical Competencies.

If a student chooses Internal Medicine or a Medicine Sub-internship as their Medical subspecialty they should use the course learning outcomes and topics, reading assignments and resources in the most current third year Internal Medicine Syllabus in place of these CLO’s.

**AOA Competencies**

The following competencies may be 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

Students are provided with resources to address these competencies using the core materials for third year rotations and the online texts available through Touro Library. Additionally they are encouraged to continue to utilize required texts from third year as resources.

**Teaching Methods**

Through completion of the clerkship activities, and the self-directed use of online materials and readings, students will achieve mastery of the CLO’s and competencies at a level appropriate to a fourth year medical student.

The categories of learning activities are as follows:

1. Clinical rotations and associated didactic activities
2. Reading assignments per site specific faculty
3. Self-directed reading and learning using TUCOM online library, and core third year materials, including Aquifer cases and Blackboard links
Core Non-Surgical Medical Subspecialty Textbooks and Supplemental Materials

Recommended 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
   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. Core texts in the specific Non-Surgical specialty if not an Internal Medicine Specialty
   It is recommended that students ask their preceptor the first day of rotation what text to use as a primary resource. Students may also contact Course Director for recommendations.
6. Students should utilize board review resources as an aid to review and anchoring learning in board preparation.

Other Resources

1. Blackboard and links of core third year courses which provide a foundation for all subspecialty courses.
2. Aquifer
3. COMBANK
4. Blackboard collaborate IM
5. American College of Physicians Internal Medicine Essentials for Students

In some cases there are subject focus syllabi available for student use, for example Neurology. In cases where topic lists or focused course learning outcomes are available they will be posted in the Blackboard organization “Clinical Advisor.” For support with this organization please contact the Curriculum Program Coordinator

Other Course Specific Requirements

1. Attendance - No more than three days absence is allowed.
2. Participation - full participation as directed by Adjunct Faculty and completion of any assignments from the preceptor.
3. Clothing- Professional attire, white coats.
4. Equipment - Stethoscope, reflex hammer, Computer and internet access
## Assessment and Grading

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Core Surgical Subspecialty Rotations
Core Rotation 809
6 Units
4 weeks
2018-2019 Academic Year
Touro University CA – College of Osteopathic Medicine

Course Director
Jennifer Weiss, DO
Curriculum Director
Course Director
Assistant Professor CED
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Office Hours: Virtual through Blackboard IM
Open door policy, and 9 am –12 pm Mondays except holidays

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Grades Coordinator
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Fourth Year Rotations Coordinator
(707) 638-5938
(707) 638-5252 fax

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

Guest Instructors
Adjunct Faculty
Core Rotation Sites
Contact site administrators
Introduction to Core Surgical Subspecialty

Course Description

Clinical sites and subspecialty selections for the Surgery Subspecialty Rotations offer a range of experiences. The overall goal of the rotations is to enable the students to deepen their understanding of aspects of surgical care covered by sub-specialists. Students will rotate in affiliated clinical settings assigned to services that provide patient care in any of the areas listed below in the section “List of Options.” Surgical attendings will specify site requirements for the clerkship and will see that students are provided with an appropriate level of clinical and didactic experience. In addition to all clinical and didactic activities assigned by the attending it is recommended that students use the resources provided through the Touro University California online library and through Blackboard, the online education software system. These resources should be used to deepen students’ understanding of medical decision-making across the surgical subspecialties. This would include applications of physiology, innovations in interventions and areas of controversy. Students should use the suggested reading resources or the core rotation resources in Blackboard daily and expect to spend about 2 hours each day in independent study after clinical duties are completed.

During fourth year students must complete one 4-week blocks of a Surgical subspecialty rotation.

List of Options

Colorectal Surgery
General Surgery
Gynecological oncology
Obstetrics
Neurosurgery
OB/GYN
Ophthalmology
Orthopedics
Otolaryngology-ENT
Plastic surgery
Surgical Sub-Internship
Trauma surgery
Urology
Gynecological Oncology

TUCOM Mission Statement

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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 curriculum aims to allow students to maintain a holistic approach to patient care, and to concentrate on learning 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. During the fourth year courses, the focus is on self-directed learning, and fosters students to seek their own best practices in lifelong learning and personal development. It is expected that the foundation of primary care clinical practice established in years one two and three will guide the student in their self-directed learning choices. Exposure to surgical subspecialties prepares future primary care physicians to support patients who need a variety of procedures as well as to broaden their skill and knowledge base - a critical aspect of primary care.

Course Learning Outcomes

At the end of the Surgical subspecialties clerkship, each student should be able to:

1. Have a basic knowledge of Pre-operative care (including risk stratification, inpatient and outpatient work up for surgical readiness, Be able to diagnoses and initiate management of common preoperative issues, including initiating Osteopathic treatments, lifestyle and medical management to help a patient be ready for surgery.
2. Be able to diagnosis and initiate management of subject specific surgical illnesses and differentiate acute surgical illnesses from those that can be managed conservatively.
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.
4. Have developed basics of clinical problem-solving and clinical reasoning skills
5. Demonstrate the ability to communicate through traditional oral and written methods with colleagues, attendings and staff regarding patient evaluation and management.
6. Demonstrate professionalism by appropriate comportment, respect for patient wishes and dignity during surgical procedures empathic listening
7. Based on data gathered from history examination and appropriate testing be able to recommend surgery and or lifestyle or medical changes necessary for a successful procedure.
8. Be able to explain to your patients what the risks of surgeries are, based on the common procedures and the patient’s current state of health.
9. Understand from an Osteopathic perspective the importance of normal anatomy in relation to subject specific surgical issues; this includes nutrition, wound healing, and normal structure and function.
10. Have 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 multiple factors and what those factors are.
11. Demonstrate an understanding of 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.

12. Demonstrate an understanding of the use of Osteopathic technique in managing common postoperative complications.

13. Have knowledge of normal physiology of fluid volume control, body fluid distribution, pH, and electrolytes.

14. Differentiate the types and uses of parenteral solutions and be able to calculate the appropriate amount of fluid for a surgical patient, be able to prescribe fluids.

15. Diagnoses and correct electrolyte abnormalities in the surgical patient.

16. Be able to evaluate existing evidence to determine if a surgical procedure is appropriate for your patient.

17. Demonstrate an ability to work collaboratively in a surgical setting.

**AOA Competencies**

The following competencies are addressed in this course:

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

**Teaching Methods**

1. Clinical rotations and associated didactic activities
2. Reading Assignments per site-specific faculty
3. Self-directed study including reading, PowerPoint presentations and web site links

**Core Surgical Subspecialty Textbooks and Supplemental Materials**

**Reading Resources**

3. Townsend: Sabiston, 18th Edition – Access via MD Consult
4. UptoDate
5. Foundations for Osteopathic Medicine AOA 3rd Edition

Available in print or Kindle edition


Clinical Rotation Manual for Faculty and Students   Table of Contents   Touro University California  279
Chila, Anthony; American Osteopathic Association (2012-07-12).

**Online Resources**

1. Osteopathic Principles PowerPoint Presentations
   All 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

7. Aquifer Lecture and Case Presentations*

**Other Resources**

1. Blackboard and links - students may use surgery resources from the third year core Blackboard Surgery organization
2. Logging software - students may use software to log procedures on this rotation. It is suggested but not required.

**Other Course Specific Requirements**

1. Attendance - 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**

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Core Acute or Critical Care Rotations
Core Rotation 810
6 Units
4 weeks
2018-2019 Academic Year
Touro University CA – College of Osteopathic Medicine

Course Director
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Curriculum Director
Course Director
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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
Introduction to Core Acute or Critical Care

Course Description

Clinical sites for the Critical Care Rotations offer a range of experiences. The overall goal of the rotations is to enable the students to deepen their understanding of aspects of medicine encompassed by critical care. Students will rotate in affiliated clinical settings assigned to services that provide critical care in any of the areas listed below in the section “List of Options.” Critical care attendings will specify site requirements for the clerkship and will see that students are provided with an appropriate level of clinical and didactic experience.

In addition to all clinical and didactic activities assigned by the preceptor it is recommended that students use the resources provided through the Touro University California online library and through Blackboard, the online education software system. These resources should be used to deepen students’ understanding of critical care decision-making across the critical care subspecialties and settings. This would include applications of physiology, innovations in interventions and areas of controversy. Students should use the suggested reading or the core rotation resources in Blackboard daily and expect to spend about 2 hours each day in independent study after clinical duties are completed.

List of Options

Rotations at affiliated sites that provide the following patient care services meet the requirement of for the critical care rotation.

Adult Intensive care
Cardiac Intensive care
Neonatal Intensive care
Pediatric Intensive care
Surgical Intensive care
TUCOM Mission Statement

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Alignment of Course Outcomes and Competencies with TUCOM Mission

The curricula for all courses during the clinical years are aligned with the TUCOM Mission. Each course is subject specific, yet students are encourage to focus on the important concepts that outstanding Osteopathic physicians, committed to primary care should understand. This curriculum aims to allow students to maintain a holistic approach to patient care, and to concentrate on learning 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. During the fourth year courses, the focus is on self-directed learning, and fosters students to seek their own best practices in lifelong learning and personal development. It is expected that the foundation of primary care clinical practice established in years one two and three will guide the student in their self-directed learning choices. Exposure to critical care subspecialties prepares future primary care physicians to support patients who need specialty care as well as to broaden their skill and knowledge base - a critical aspect of primary care.

Course Learning Outcomes

At the end of the Critical Care clerkship, each student should be able to:

1. Recognize and show understanding of treatment and prevention of infectious causes and complications in critically ill patients. (AOA 2, 3)
2. Understand hemodynamic monitoring and the pathophysiology that presents in critically ill patients. When appropriate observe or perform related procedures. (AOA 2,3)
3. Understand ventilator management and monitoring and intervention in respiratory aspects of critical care. When appropriate observe or perform related procedures. (AOA 3)
4. Demonstrate the ability to perform a history and physical in a critically ill patient. (AOA 3)
5. Demonstrate the ability to develop an assessment and initiate a management plan in a critical ill patient. (2,3)
6. Understand the pathophysiology of respiratory failure, shock, and cardiac arrest. (AOA 2)
7. Develop verbal and written communication skills appropriate to the critical care setting, including interactions with patients, their families and the entire medical team including physicians of various specialties, nurses of all level of training, specialized therapists such as OT or respiratory therapists, social workers etc. (AOA 3,4,5)
8. Demonstrate the ability to write admission and discharge notes and orders for the rotation specific critical care unit. (AOA 3)
9. Use active listening skills and empathy for patients to elicit and attend to patients’ specific concerns. (AOA; 3,4)

10. Explain history, physical examination, and test results and management plans in a manner that the patient can understand. (AOA; 3,4)

11. Observe delivery of or if appropriate deliver difficult news to a patient. (AOA 4,5)

12. Observe discussion on, and when appropriate participate in discussions on end of life care, code status and emotionally difficult management decision making such as withdrawal of care. (AOA 4,5)

13. Be familiar with and when appropriate use the systems available at the rotation site to record and distribute information, for example electronic medical record system or remote patient care systems. (AOA 7)

14. Observe and when appropriate, participate in inter-professional meetings regarding both administrative components and patient care. Understand the physician role in these meetings. (AOA 5, 6, 7)

15. When possible, students should use Osteopathic principles and techniques in the diagnosis and management of common concerns in the critical care setting. Students should be learning from critically ill patients when Osteopathic procedures are helpful and when they are contraindicated. (AOA 1)

**AOA Competencies**

The following competencies may be 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

Students are provided with resources to address these competencies using the core materials for third year rotations and the online texts available through Touro Library. Additionally they are encouraged to continue to utilize required texts from third year as resources.

**Teaching Methods**

Through completion of the clerkship activities, and the self-directed use of online materials and readings, students will achieve mastery of the CLO's and competencies at a level appropriate to a fourth year medical student.

The categories of learning activities are as follows:

1. Clinical rotations and associated didactic activities
2. Reading assignments per site specific faculty
3. Self-directed reading and learning using TUCOM online library, and core third year materials, including Aquifer cases and Blackboard links
Core Acute or Critical Care Textbooks and Supplemental Materials

Recommended 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
   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. Core texts in the specific specialty of critical care
   It is recommended that students ask their preceptor the first day of rotation what text to use as a primary resource. Students may also contact Course Director for recommendations.
6. Students should utilize board review resources as an aid to review and anchoring learning in board preparation.

Other Resources

1. Blackboard and links of core third year courses which provide a foundation for all subspecialty courses.
2. Aquifer
3. COMBANK
4. Blackboard collaborate IM
5. American College of Physicians Internal Medicine Essentials for Students

Other Course Specific Requirements

1. Attendance - No more than three days absence is allowed.
2. Participation - full participation as directed by Adjunct Faculty and completion of any assignments from the preceptor.
3. Clothing- Professional attire, white coats.
4. Equipment - Stethoscope, reflex hammer, Computer and internet access

Assessment and Grading

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Selective Rotations

Third Year Clinical Numbers 715 and 716
Fourth Year Clinical Numbers 813, 814, & 820
Touro University CA – College of Osteopathic Medicine

Units and Weeks
During Third year 715 (2 weeks/3 units) and 716A (4 weeks/6 units) courses must add up to a total of 1 week (6 units).

During Fourth year 813 (4 weeks/6 units), 814 (2 weeks/3 units), and 820 (3 weeks/4.5 units) courses must add up to a total of 12 weeks (18 Units).

Course Director
Jennifer Weiss, DO
Curriculum Director
Course Director
Assistant Professor CED
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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 administrator
Introduction to Selective Rotations

Course Description

During both third and fourth year, students are given the opportunity to choose learning experiences which enable them to further their education in a self-directed way. Students are encouraged to consider this time as an opportunity to round out areas they are weak or have had less experience, or to explore possible career interests. They may also use this time to increase their skills and knowledge in areas complimentary to their clinical practice, such as research, global health or public health. Students are given opportunities through the CED and are also encouraged to submit proposals to the CED for other learning experiences. In the third year, students complete 4 weeks of selective rotation experience in either 2 or 4-week blocks. In their fourth-year students have more time for selectives and will complete 12 weeks in either 2 or 4-week blocks.

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 courses during the clinical years are aligned with the TUCOM Mission. Each course is subject specific, yet students are encourage to focus on the important concepts that outstanding Osteopathic physicians, committed to primary care should understand. This curriculum aims to allow students to maintain a holistic approach to patient care, and to concentrate on learning 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. During the selectives, the focus is on self-directed learning, and fosters students to seek their own best practices in lifelong learning and personal development. It is expected that the foundation of primary care clinical practice established in years one two, and in core rotations in year three, will guide the student in their self-directed learning choices. Exposure to a variety of learning experiences, including research, public health, global health, alternative medicine, traditional Osteopathy and other primary care and specialty rotations, helps future primary care physicians to broaden their skill and knowledge base - a critical aspect of primary care.
Course Learning Outcomes

Clinical experiences will vary greatly depending on the chosen selective. The following course learning outcomes, however, should be achieved in most clinical rotations. Exceptions may include research, language intensives and procedure-focused rotations. In these cases, students should make every effort to understand how the selective they have chosen may utilize the listed skills and knowledge.

At the end of each selective course, each student should be able to show progress in these critical elements of medical practice:

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.
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.
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.
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.
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.
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.
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.
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.
9. Demonstrate effective written and electronic communication in dealing with patients and other health care professionals. Maintain accurate, comprehensive, timely, and legible medical records.
10. Demonstrate milestones that indicate a commitment to excellence with ongoing professional development and evidence of a commitment to continuous learning behaviors.
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:
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.
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 simply 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.

*Adapted from the NBOME Fundamental Osteopathic Medical Competencies

**AOA Competencies**

The following competencies may be 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

Students are provided with resources to address these competencies using the core materials for third year rotations and the online texts available through Touro Library. Additionally, they are encouraged to continue to utilize required texts from third year as resources.

**Teaching Methods**

Through completion of the clerkship activities, and the self-directed use of online materials and readings, students will achieve mastery of the CLO's and competencies at a level appropriate to a fourth year medical student.

The categories of learning activities are as follows:

1. Clinical rotations and associated didactic activities
2. Reading assignments per site specific faculty
3. Self-directed reading and learning using TUCOM online library, and core third year materials, including Aquifer cases and Blackboard links
Selective Rotations Textbooks and Supplemental Materials

Useful 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
   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.)
3. Foundations for Osteopathic Medicine AOA 3rd Edition
   Available in print or Kindle edition
   Chila, Anthony; American Osteopathic Association (2012-07-12).
4. Core texts in the specific specialty
   It is recommended that students ask their preceptor the first day of rotation what text to use as a primary resource. Students may also contact Course Director for recommendations.
5. Students should utilize board review resources as an aid to review and anchoring learning in board preparation.

Other Resources

The following resources should be used based on their applicable content and materials. They are always available to students may be utilized on selectives.

1. TUCOM online Library
2. Librarians at TUCOM are available to mail texts and articles and assist with research.
3. Blackboard and links of core third year courses which provide a foundation for all courses
4. Aquifer
5. COMBANK
6. Blackboard collaborate IM

Other Course Specific Requirements

1. Attendance - No more than three days absence is allowed.
2. Participation - full participation as directed by Adjunct Faculty and completion of any assignments from the preceptor.
3. Clothing- Professional attire, white coats.
4. Equipment - Stethoscope, reflex hammer, Computer and internet access

Assessment and Grading

Selective Rotations are graded as Pass/Fail or Honors. In order to pass Selectives, both a CPE and a site evaluation must be completed. The CPE is completed by the preceptor and the site evaluation is completed by the student. The site evaluation is due on the last Friday of the rotation. If it is not completed on time, the student will not be eligible for honors.
Core Emergency Medicine Rotation
Core Rotation 811
6 Units
4 weeks
Touro University CA – College of Osteopathic Medicine

Course Director
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Curriculum Director
Course Director
Assistant Professor CED
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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
Introduction to Core Emergency Medicine

Course Description

As the clerkship experience varies by rotation site, the environment largely shapes the course. The following curriculum is designed to allow students and faculty an overview of what should be covered during the four-week rotation. It is expected that students will have an opportunity for observation of procedures and for evaluation of patients. Ideally, they will be able to participate in a hands on way learning and performing procedures and interacting with staff and patients in a safe and supervised manner. Students should present cases both verbally and in written format including a summary of their findings and recommendations. Other activities can include student presentations, either formal or informal, on topics from the objectives, case reviews using the recommended materials, journal review, attendance at meetings and lectures, working with staff in the emergency room or laboratories and with paramedics. In addition to general emergency medicine, students may also choose to do a pediatric emergency medicine rotation.

The material taught is broken into three different areas: 1) a fundamental set of emergent patient presentations (chief complaints), 2) a set of specific disease entities, and 3) procedural skills. These areas are listed in separate sections, the first two being in the topic by week list and the third area being in a separate section entitled “Emergency Medicine Procedures.” Students are expected, however, to cover these areas simultaneously.

These course materials were designed using The Clerkship Directors in Emergency Medicine (CDEM) curriculum as a primary resource.

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Alignment of Course Outcomes and Competencies with TUCOM Mission

The curricula for all 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 curriculum aims to allow students to maintain a holistic approach to patient care, and to concentrate on learning 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 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 Emergency Medicine course, each student should be able to:

1. Obtain an accurate problem-focused history and physical examination
2. Recognize immediate life-threatening conditions
3. Evaluate and determine if a patient requires emergent care
4. Evaluate an acutely ill patient and develop a differential diagnosis which includes both the worst-case diagnosis and most likely diagnoses. Students should use the list of most common presenting emergencies and topic list as a guide to this learning outcome.
5. Recognize when a patient presenting in an emergency room is not acutely ill.
6. Initiate treatment of an acutely ill patient
7. Know the initial steps of management of a patient who is in a life-threatening situation, such as cardiac arrest, respiratory failure, overdose, shock and trauma
8. Be able to list the steps of and perform with beginning proficiency basic procedures including, suturing and wound care, sprain and simple fracture management, incision and drainage, phlebotomy and IV placement, foley tube insertion and airway management.
9. Demonstrate knowledge of the presentation, pathophysiology and management of common emergency room illnesses, including those listed in the objectives.
10. Develop appropriate disposition and follow-up plans.
11. Demonstrate proficiency in the areas of interpersonal communication. Student should show proficiency through written and oral methods including H&P, procedure notes, patient presentations, consultations, referrals and disposition plans as well as communication with patients and support staff.
12. Educate patients to ensure comprehension of discharge plan
13. Effectively communicate with patients, family members, and other members of the health care team;
14. Demonstrate a compassionate and non-judgmental approach when caring for patients.
15. Effectively use available information technology, including medical record retrieval systems and other educational resources, to optimize patient care and improve their knowledge base. This learning outcome will vary based on the clinical site technology.
16. Students should begin to develop an understanding of the functions of the Emergency room in a larger context including issues such as health care access costs risks and evidence behind ED performed studies, and patient disposition.
17. Students should begin to take a role in arranging appropriate follow up of patients being discharged from the emergency room.
18. Demonstrate basic professional behaviors including the following:
   - Be conscientious, on time, and responsible
   - Exhibit honesty and integrity in patient care
   - Practice ethical decision-making
   - Exercise accountability
   - Maintain a professional appearance
   - Be sensitive to cultural issues (age, sex, culture, disability, etc.)
19. After obtaining a history and performing a physical exam, which includes an Osteopathic structural exam, the student should be able to determine if Osteopathic treatment is appropriate.
20. Student should be able to explain to attending and patient the risks and benefits of the proposed treatment.
18. Student should be able to perform gentle Osteopathic manipulation

**AOA Competencies**

The following competencies may be 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 self-directed use of online materials and readings, students will achieve mastery of the CLO's and competencies at a level appropriate to a fourth year medical student.

The categories of learning activities are as follows:

1. Clinical rotations and associated didactic activities
2. Reading assignments per site specific faculty
3. Self-directed reading and learning using TUCOM online library, and Aquifer cases and Blackboard links
4. Logs: While there is not a log created specifically for the Emergency medicine rotation, due to the procedurally focused nature of this area of medicine, students are encouraged to use the existing log software to document the topics and procedures they are exposed to on this rotation.

**Core Emergency Medicine Textbooks and Supplemental Materials**

**Recommended Reading Resources**

1. UptoDate
2. CURRENT Diagnosis & Treatment Emergency Medicine, 7e C. Keith Stone, Roger L. Humphries
4. The Atlas of Emergency Medicine, 3e Kevin J. Knoop, Lawrence B. Stack, Alan B. Storrow, R. Jason Thurman
5. Foundations for Osteopathic Medicine AOA 3rd Edition
   Available in print or Kindle edition
6. Students should utilize board review resources as an aid to review and anchoring learning in board preparation.
Other Resources

1. Blackboard and links of core third year courses which provide a foundation for all subspecialty courses.
2. Aquifer
3. COMBANK
4. Blackboard collaborate IM
5. The Clerkship Directors in Emergency Medicine (CDEM) curriculum and resources online at: http://www.cdemcurriculum.org/
6. Log software

Other Course Specific Requirements

1. Attendance - No more than three days absence is allowed.
2. Participation - full participation as directed by Adjunct Faculty and completion of any assignments from the preceptor.
3. Clothing- Professional attire, white coats.
4. Equipment - Stethoscope, reflex hammer, Computer and internet access

Assessment and Grading
Students are required to bring their laptops. Their computers will be used for the standardized shelf exams, Callbacks evaluations and possibly attendance at the didactic sessions.

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<td>5%</td>
</tr>
<tr>
<td>Course Total</td>
<td>100%</td>
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*Emergency Medicine is a 6 unit, 4-week clerkship which generally takes place during the fourth year of medical school. In the case of a third-year medical student these same materials and learning goals may be utilized.
Emergency Medicine Topic List

These topics are divided by week so that students may have a general guide to time management. It is expected that when they are on rotation they will study in an order dictated by the clinical activities rather than an arbitrary division by week.

This portion of the Emergency medicine syllabus, and the procedure section are taken from the CDEM curriculum. (see resources above).

Week 1: Approach to Emergent Patient Presentations

The ability to develop risk-stratified (worst-case scenario) differential diagnoses based on a patient’s chief complaint is paramount to emergency physicians and should be part of the armamentarium of all physicians. In the ED, students have the unique opportunity to evaluate patients from the start without the convenience of laboratory data, radiographs, time for disease progression, or opinions of consultants. Students should be aware that while some undifferentiated patients do not require emergent or even urgent attention, others may need immediate life-saving interventions even before a definitive diagnosis is reached.

Develop a differential diagnosis of common emergent causes, describe classic presentation of emergent causes, and describe the initial evaluation and management in a patient presenting with:

- Abdominal pain
- Altered mental status
- Cardiac arrest
- Chest pain
- Gastrointestinal bleeding
- Headache
- Poisoning
- Respiratory distress
- Shock
- Trauma

Week 2 Specific Disease Entities Exposure

* Topics that are covered in other rotations are marked so that students can use the materials from the other rotations or may determine they need less time on review of those topics previously covered. In the event that there are other topics which are suggested by an attending or clinical experience, these can be given more study time.

1) Cardiovascular
   - Abdominal aortic aneurysm
   - Acute coronary syndrome (IM)*
   - Acute heart failure
   - Aortic dissection
   - DVT / pulmonary embolism
2) Endocrine / Electrolyte
   - Hypoglycemia

Clinical Rotation Manual for Faculty and Students
3) Environmental
   a. Burns / smoke inhalation
   b. Envenomation
   c. Heat illness
   d. Hypothermia
   e. Near drowning

**Week 3 Specific Disease Entities Exposure**

* Topics that are covered in other rotations are marked so that students can use the materials from the other rotations or may determine they need less time on review of those topics previously covered. In the event that there are other topics which are suggested by an attending or clinical experience, these can be given more study time.

4) Gastrointestinal
   a. Appendicitis (S)*
   b. Biliary disease (S)*
   c. Bowel obstruction (S)*
   d. Massive GI bleed
   e. Mesenteric ischemia
   f. Perforated viscous

5) Genito-urinary
   a. Ectopic pregnancy (OB)*
   b. PID / TOA (OB)*
   c. Testicular / ovarian torsion

6) Neurologic
   a. Acute stroke
   b. Intracranial hemorrhage
   c. Meningitis
   d. Status epilepticus

**Week 4 Specific Disease Entities Exposure**

* Topics that are covered in other rotations are marked so that students can use the materials from the other rotations or may determine they need less time on review of those topics previously covered. In the event that there are other topics which are suggested by an attending or clinical experience, these can be given more study time.

7) Pulmonary (IM)*
   a. Asthma
   b. COPD
   c. Pneumonia
   d. Pneumothorax

8) Psychiatric (PSY)*
   a. Agitated patient
b. Suicidal thought/ideation
9) Sepsis (S)*
Each of the topics listed with an (*) is covered in third year core rotation listed: IM internal medicine, S surgery, PSY psychiatry OB OB/GYN. As a fourth year student you should review these topics during ER. Using third year core rotation materials may serve you.

Emergency Medicine Procedure List

In addition to proper technique, focus should be given to recognizing the indications, contraindications, and complications associated with each procedure listed. Also, the student should be able to discuss aftercare and reasons to return for further evaluation with the patient. The medical educator should make the distinction between procedures the students must be able to “perform competently” (e.g., IVs) and those procedures with which students only need to be familiar (e.g., central lines). Many of the procedures will not be performed by every student. Although students may not develop psychomotor skills through hands-on practice, students can acquire knowledge of some procedures through text, pictures, videos, observation, simulation, or other modalities.

Although students are not permitted to obtain informed consent from patients, they should be able to describe the elements of this necessary step for all procedures they perform.

1. Access
   a. Peripheral Access
      i. Demonstrate placement of an intravenous line
      ii. Demonstrate basic phlebotomy technique
   b. Intraosseous Access
      i. List the indications for an intraosseous line
      ii. Describe intraosseous insertion technique
   c. Central Venous Access
      i. List the indications and complications of a central line
      ii. List the steps for the Seldinger technique
      iii. Describe relative advantages and disadvantages of different kinds of lines

2. Airway Management
   a. List the indications for emergent airway management
   b. Bag-Valve-Mask
      i. Demonstrate effective ventilation
      ii. List the factors that can make BVM difficult or impossible
   c. Airway Adjuncts
      i. Describe the roles and indications for various airway adjuncts
      ii. Demonstrate correct placement of a nasal and oral pharyngeal airway
   d. Intubation
      i. List the indications for endotracheal intubation
      ii. List the steps in orotracheal intubation
      iii. Describe possible complications of intubation
      iv. Describe situations when rescue techniques may be used in a failed airway

3. Arrhythmia Management
   a. Cardiac Monitoring
      i. Correctly place patient on a cardiac monitor
ii. Demonstrate the ability to apply leads and obtain a 12-lead electrocardiogram

b. AED
   i. Demonstrate appropriate use of an AED

c. Defibrillation
   i. Recognize ventricular fibrillation and pulseless ventricular tachycardia
   ii. Demonstrate appropriate use of a defibrillator.

d. CPR
   i. Demonstrate effective chest compressions

4. Gastroenterology
   a. Nasogastric intubation
      i. List the indications for placement of nasogastric tube
      ii. Describe proper technique for insertion of a nasogastric tube
      iii. Describe complications of nasogastric tube placement

5. Genitourinary
   a. GU Catheterization
      i. Demonstrate the correct placement of a Foley (male and female)

6. Orthopedic
   a. Joint reduction
      i. List the indications for emergent joint reduction
      ii. Describe initial assessment of suspected dislocated joint

   b. Splinting
      i. List several types of extremity splints and their indications
      ii. Demonstrate correct application of a splint
      iii. Describe complications associated with splints

   c. Osteopathic Manipulative Medicine
      i. Demonstrate or Describe a Structural Exam:
         For patients with musculoskeletal complaints
         Looking for viscerosomatic changes in various illness and disease processes
      ii. Describe indications and contraindications to the use of OMT in the ED
      iii. Demonstrate or describe the use of OMT in patients with various complaints

7. Infection
   a. Incision and Drainage
      i. List the indications for an incision and drainage
      ii. Discuss the technique for an incision and drainage
      iii. List the indications for antibiotic therapy for an abscess/cellulitis
      iv. Describe complications of incision and drainage

8. Trauma Management
   a. Initial trauma management
      i. List the steps of a primary survey

   b. Cervical Spine precautions
      i. Demonstrate maintenance of c-spine stabilization

   c. Basics of Fast Examination
      i. List the components of a FAST ultrasound examination
      ii. Recognize an abnormal FAST ultrasound examination

9. Wound Care
   a. Preparation
      i. List factors that go into the decision to close a wound primarily
      ii. Describe the difference between a clean and dirty wound
b. Anesthesia
   i. Explain local and regional (digital) anesthetic techniques
   ii. Describe the maximum doses of lidocaine
   iii. Demonstrate application of local anesthesia

c. Irrigation
   i. Describe the role or sterility in wound irrigation and repair
   ii. Explain proper irrigation technique
   iii. Describe how to detect a retained foreign body

d. Closure
   i. Describe different closure techniques (Steri-strips, Dermabond, suturing)
   ii. List the various suture materials and their appropriate uses
   iii. Demonstrate proper closure of a wound (simple interrupted technique)

e. Follow-up care
   i. Describe the number of days for suture removal
   ii. List the indications for tetanus prophylaxis
Emergency Medicine Book and Resource List

Reading Resources

1. UptoDate
2. CURRENT Diagnosis & Treatment Emergency Medicine, 7e C. Keith Stone, Roger L. Humphries
4. The Atlas of Emergency Medicine, 3e Kevin J. Knoop, Lawrence B. Stack, Alan B. Storrow, R. Jason Thurman
5. Foundations for Osteopathic Medicine AOA 3rd Edition
   Available in print or Kindle edition
Chila, Anthony; American Osteopathic Association (2012-07-12).
6. Journal of the American Osteopathic Association
7. Students should utilize board review resources as an aid to review and anchoring learning in board preparation.

Other Resources

1. Blackboard and links of core third year courses which provide a foundation for all subspecialty courses.
2. Aquifer
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5. The Clerkship Directors in Emergency Medicine (CDEM) curriculum and resources online at: http://www.cdemcurriculum.org/
6. Log software

There are a significant number of resources for the emergency medicine rotation including modules on the CDEM website and Aquifer. Students should review these resources and choose the best learning options to round out their clinical experience. The modules on the CDEM website cover the topics and procedures listed in this syllabus. The Aquifer cases also offer an approach to emergency room patients and conditions that will allow students to explore their comfort with clinical experiences.

CDEM website

http://www.cdemcurriculum.org/

These Self-Study Modules offer substantial information on all of the core topics in Emergency Medicine.

The first section offers students an "approach to" a specific chief complaint. Each one gives you an idea of not only what critical diagnoses to consider, but also what initial actions must be taken even before arriving at a definitive diagnosis.

The second section is disease specific. These modules describe the classic presentation of disease processes (though rarely will something present classically), explanations of diagnostic tests, hints on how to make the diagnosis, treatment options and pitfalls to avoid. Because all of the modules are pertinent, they are not listed here and students should reference the website to review them.
Aquifer

Since Aquifer cases are not graded during ER rotation, a list of most useful cases is given here. Students should select some cases to use depending on their learning needs and clinical rotation experience and time spent using the CDEM modules.

1. Wise MD modules
   Case Modules
   Abdominal Aortic Aneurysms
   Appendicitis
   Bowel Obstruction
   Burn Management
   Cholecystitis
   Diverticulitis
   Trauma Resuscitation

   Skills Modules
   Suturing and instrument tie
   Two handed knot tie
   Foley Catheter placement

2. Core Cases
   All cases are recommended during the ER rotation

3. SIMPLE cases
   Case 1 49-year-old Man with Chest Pain
   Case 4 67-year-old woman with shortness of breath and leg swelling
   Case 9 55-year-old woman with upper abdominal pain and vomiting
   Case 24 52-year-old female with Headache vomiting and fever
   Case 26 58-year-old man with altered mental status
   Case 30: 55-year-old woman with left leg swelling
   Case 36: 45-year-old man with ascites

CLIPP Cases
   Case 10: 6-month-old with a fever
   Case 12: 10-month-old with a cough
   Case 16: 7-year-old with abdominal pain and vomiting
   Case 19: 16-month-old with a first seizure
   Case 22: 16-year-old with abdominal pain
   Case 23: 11-year-old with lethargy and fever
   Case 24: 2-year-old with altered mental status
   Case 25: 2-month-old with apnea

FM cases
   Case 22: 70-year-old male with new-onset unilateral weakness - Mr. Wright
   Case 27: 17-year-old male with groin pain
   Case 31: 66-year-old female with shortness of breath
Osteopathy in Emergency Medicine

The following are guidelines for integrating the study of Osteopathy in the emergency room. Students need to have sensitivity when working in allopathic settings. Part of their work on rotation is to educate colleagues and teachers about Osteopathy. Students should rely on TUCOM Osteopathic Faculty for support in integrating Osteopathy into all rotations.

The following should be approached as a self-study module in the event that you do not have Osteopathic attendings to work with. You are encouraged to contact TUCOM Osteopathic Faculty for support in working through this material.

Required OMM/OPP Reading


Osteopathic Treatment for Common ER Complaints

For each of the following conditions, list at least one Osteopathic treatment you could use. Be prepared to explain the listed items below to your attending. In addition to talking to your attending and the patient, be ready and able to demonstrate at least one gentle treatment for each condition listed. Finally be prepared to document your findings and treatment in the patient’s chart.

Include the following information:

a. Discuss why you would choose the technique
b. Discuss what you would do before treating the patient, include history, physical and any tests or imaging you would order prior to treatment, as well describing how you would obtain informed consent
c. List contraindications to its use
d. Describe how the technique is performed
e. Describe relevant anatomy and physiology
f. Describe relationships to lymphatic supply, vascular supply and innervation (including autonomic)
    e. Describe potential outcomes
    h. Demonstrate how you would document the assessment, plan and procedure note for osteopathic considerations and OMT.

Common ER Complaints

1. Headaches
2. Edema
3. Congestive heart failure
4. Respiratory distress, asthma and pneumonia
5. Otitis media or ear pain
6. Functional or mechanical bowel obstruction,
7. TMJ pain
8. Sprained ankle
9. Costochondritis,
10. Adolescents with torticollis from exercise
11. Trauma, pain or sprain of cervical, thoracic or lumbar spine

**Disorders of Autonomic Dysregulation**

1. List functions of the Autonomic Nervous system
2. List disease states commonly presenting in the ER which have dysregulation of the autonomic nervous system as a primary component of the physiologic basis
3. Describe treatment techniques for managing the dysregulation of the autonomic nervous system. Examples: Hypertension, panic attack, arrhythmia

**Osteopathic Techniques Employed in the ER**

1. For each of the following techniques describe or write:
   
   a. Why you would choose the technique based on the patient, the environment and the condition as well as any other factors.
   b. Contraindications to its use
   c. How the technique is performed
   d. Potential outcomes

2. Be able to demonstrate at least one from each of these groups of techniques

**Groups or Types of Techniques**

Lymphatic Drainage techniques
CV4 or EV4
Functional, Myofascial, Strain/counter strain and HVLA- spinal segments
Cranial treatment - other
Rib Raising
Appendices
Appendix A
Touro Rotation Request
Touro University California
College of Osteopathic Medicine
Rotation Request Form

THIS FORM IS DUE NO LESS THAN SIXTY (60) DAYS PRIOR TO THE APPLICATION DEADLINE OR ROTATION START DATE.

Student Name: __________________________ ID #: ______________ Date Submitted: ______________

Medical Specialty: _______________________ Requested Dates: ______________ Course #: ______

Rotation Site/Institution

Name: ________________________________
Address: ______________________________
City: ______________ State: __ Zip: ______
Phone: ______________ Fax: ______________
Preceptor/Sponsor Name: ___________________
Preceptor/Sponsor Email: ___________________

Additional Notes/Requirements:

Site Coordinator/Office Manager

Coordinator Name: _______________________
Email: _________________________________
Address: _______________________________
City: ______________ State: __ Zip: ______
Phone: ______________ Fax: ______________

Note: Student may be given some responsibility to assist in paperwork necessary for credentialing of their preceptor. Preceptors 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 in person):

□ Approved  □ Denied
Reason for Denial:

Clinical Education Dept. Associate Dean Signature: __________________________________________ Date: __________

Submission of this request form does not constitute approval.

Revised 3.2017
Appendix B
Research Selective Rotation Application
Research Selective Rotation Application

Clinical Education Department

Research Selective Rotation Overview

Research rotations are an option for selective rotations available to students at Touro University California, College of Osteopathic Medicine. Requirements for approved, supervised research selective rotations, apply to DO students in their third or fourth year.

Objectives

During the research selective 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
devlopment
execution
data analysis
interpretation
and presentation of a research project

by active participation in a least one research project during the Selective 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 an 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 rational
Specific methods
Daily schedule of activity during the selective period
Faculty supervisor expertise in the field
Outcomes expected from the research selective (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 reviewed the research selective 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 Selective Application form
☐ Research Proposal
☐ Principal Investigator/Preceptor Curriculum Vitae
Appendix C
TUCOM Abroad Student Handbook
TUCOM Abroad

Risk Management Plan for Short Term International Programs

A Resource for Global Health Program Students, Site Coordinators and TUCOM Staff

Touro University California
College of Osteopathic Medicine
Global Health Program
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1. Overview of Risk Management Plan

This plan contains guidelines and procedures to be used by Global Health Program (“GHP”) International Program Site Coordinator(s) and the Touro University California College of Osteopathic Medicine (“TUCOM”) in the case of crises of varying magnitudes. An emergency action plan can improve the handling of a crisis, reduce costs and injuries, and prevent a chain reaction of crises. It should serve as a guide during a crisis by defining roles, responsibilities, step-by-step procedures, and a communication network for crisis management. Because country-specific situations and culture will dictate different modes and mechanisms of response, each international program will need to customize the risk management plans outlined in section 5 of this document.

A crisis is any significant event with potentially severe consequences that requires immediate action or response. Crises and emergencies may affect only one individual participant, a group of participants, the Coordinator(s), or the entire group. Crises can range from accidents, illnesses, and injuries to natural disasters, civil unrest, riots, acts of terrorism, or war. They usually cause significant emotional stress to the individuals involved, resulting in cognitive, physical, and behavioral consequences.

However, crises can be managed, and it is the desire of TUCOM to see all its personnel working cooperatively to manage any crisis well, keeping as their highest priority the health, safety and well-being of GHP participants and leaders. Leaders should keep in mind that any emergency or crisis, however minor or individualized, may have an impact upon the morale of the group and the success of the program. Crises can result in disruption of an international program or, in serious cases, its early termination.

Risk management is the process of preparing for, responding to, and recovering from a crisis situation. It requires an organized plan to ensure the safety of individuals and the community as well as an understanding of human responses to stress. Each stage of a crisis presents special challenges and requires different strategies for effective management. Although no single plan can address all contingencies, TUCOM recognizes the importance of establishing in advance the policies and procedures that will effectively safeguard the safety and welfare of participants. This document contains policies and guidelines on preparing for and responding to crises on TUCOM international programs.

The following are examples of conditions requiring risk management during a TUCOM international program:

- Participant behavior and conduct that endanger the safety of self or other group members, or are otherwise disruptive
- Emotional or psychological stress that requires intervention
- When a participant is the victim of a crime (e.g. theft, assault, rape, harassment) or is accused of committing a crime
- When an in-country situation arises that causes concern (e.g. political uprising or natural disaster)
- Domestic situations within the US that could warrant concern
- When a participant suffers serious illness, injury, or death

2. Pre-Travel Considerations

The Global Health Program (GHP) will determine the appropriate number of Site Coordinator(s) on any TUCOM international program. Generally, the only situations in which one Site Coordinator is acceptable are those in which there is a host institution with a full-time liaison who is able to share or take clinical rotation experiences as determined by GHP and TUCOM.
responsibility for the group in the case that the primary Coordinator is temporarily or permanently incapacitated. In such a case, TUCOM must be supplied with the name and full contact information for the host institution liaison (Appendix D: Risk Management Plan Worksheet). Prior to the trip, the GHP Site Coordinator must communicate with this liaison by telephone and electronically.

Not until an international program has been approved by the GHP and the Site Coordinator(s) have been selected by the TUCOM, should the participation of students begin at any international site. Site Coordinator(s) must be full-time faculty of TUCOM and will assume all risk management responsibilities related to the international program.

The Site Coordinator(s) should use his/her best judgment in approving participants. The Coordinator should check each participant’s letters of reference, student TUCOM advisor comments on academic, and professionalism records (if appropriate). The Coordinator(s) should be aware that international programs present an environment requiring 24-hour management, which is very different and more complicated a typical classroom setting. The list of students approved by the Coordinator is submitted to the Global Health Executive committee for the final approval.

Once student participants are finalized, the Site Coordinator(s) must instruct all participants to complete mandatory pre-departure requirements. All Coordinators and participants must read and follow the pre-departure guidelines provided. Every participant must complete all components of the pre-departure requirements. This includes completed and signed: Waiver of Liability for International Rotations, Emergency Contact Information, and Travel Health Insurance form. All students must also submit a clear copy of their Passport and country-specific immunization record to the Site Coordinator. Files for the GHP must be complete 3 weeks prior to departure. Any student with an incomplete file will be withdrawn from the program.

In addition to academic clearance of every student, each Coordinator is expected to provide pre-departure and in-country orientation for her or his participants to prepare them for routine issues they will face when traveling internationally. See Orientation section below for complete details and recommendations to be addressed during Orientation.

Considerations on Liability and How to Protect Oneself, Participants and the University

IN INTERNATIONAL PROGRAMS, THE MOST COMMON EXAMPLE OF NEGLIGENCE IS A FAILURE TO COUNSEL PARTICIPANTS SUFFICIENTLY ABOUT RISKS AND DANGERS – NATURAL, SOCIAL, POLITICAL, CULTURAL, AND LEGAL – INHERENT IN LIVING IN A FOREIGN ENVIRONMENT.

A legal judgment of negligence must prove duty, breach of duty, proximate cause, and actual injury. Duty is defined as an obligation recognized by the law. A duty is determined when the risk in question is deemed to be foreseeable through the objective eyes of “a reasonably prudent person in a similar situation.” Once a duty has been determined to exist, a standard of care is established. Disregard of this standard of care is a breach of duty and can result in a lawsuit. For example, a Coordinator who takes a group of participants into a known war zone has breached his/her duty. A less extreme example would be violating the university prohibition against travel in any areas of the world deemed unsafe by the U.S. State Department.
With a breach of duty established, a litigant must determine proximate cause. Proximate cause is proof that the breach of duty resulted in the injury, loss, or damage in question. Finally, successful litigation requires proof that an actual injury, physical or mental, occurred.

It is important to note that the standard of care in international programs is higher than at the home campus because participants are in unfamiliar environments without the support networks to which they are accustomed. Case law on safety and tort liability issues involving students on university programs is less clear-cut than domestic rulings. Coordinator(s) must be conscious of this fact during pre-departure preparations and on-site management of their program.

The following are ways to minimize the risk of tort litigation.

a. Program and Site Familiarity
The Coordinator(s) must be thoroughly familiar with the international site, providers of services, and the cultural, political, and social conditions of the site. Investigate the security of all accommodations and the safety record of all transportation providers. TUCOM requires Certificates of Liability for all privately contracted vendors for transportation services. Research the security of all destinations and the areas through which the group will travel using ground transportation. All international programs of TUCOM are prohibited to visit “travel warning” countries found on the US State Department’s website. Monitor State Department Travel Advisories and Consular Information Sheets (www.travel.state.gov). A site visit/planning trip well before the international program begins is strongly advised.

b. Supervision and Backup
Make sure that someone is always in charge. Someone else who will be available must be designated as second-in-command in case the Coordinator is unable to function. If only one Site Coordinator is participating, there must be a designated responsible adult from the host institution or organization to serve as the second-in-command. Someone (Site Coordinator, host institution staff, or participant leader) should be available to handle emergency situations at all times and must be made known to the GHP.

In case of an emergency prior to the trip because of which the faculty Coordinator becomes unable to lead, it is the GHP’s responsibility to designate a back-up leader. The back-up leader will need to be able to go to the site if an emergency occurs.

C. INSURANCE
The GHP requires all participants to purchase mandated approved travel and evacuation insurance; students must purchase independently the insurance. International SOS provides medical assistance, international healthcare and security services in case of emergency (http://www.internationalsos.com/en/).

D. ORIENTATION
One of the best ways to ensure the safety of students and minimize the occurrence of litigation over negligence is to provide a thorough orientation (pre-departure program).

Each international program orientation should include:

- The requirement for all GHP participants to register their trip with Smart Traveler Enrollment Program (STEP) at the US State Department website: https://travelregistration.state.gov/
• Cautions about alcohol and drug abuse and a warning not to carry, buy, or sell illegal drugs
• A warning that participants are subject to local—not U.S.—laws and that little can be done by the University or the U.S. Embassy to help participants who are caught breaking the law other than visiting the participant in jail
• Region-specific health information such as: the nature, prevention, and treatment of region-specific diseases; required and recommended vaccinations; water and food risks; descriptions of persistent and epidemic diseases, including AIDS and STDs. The GHP and TUC student health clinic will distribute travel health information available from the Centers for Disease Control at http://www.cdc.gov/travel/ and information on where to obtain products for safe travel worldwide, e.g. http://www.travmed.com/
• Advice to prepare relevant items possibly including generic prescriptions for refills, an extra pair of eyeglasses or contact lenses, a customized medical kit including prescription medications in labeled bottles, and appropriate feminine products
• Information about the physiological and psychological consequences of jet lag, culture shock, homesickness, loneliness, changes in diet, lack of exercise, and other symptoms
• General instructions for emergency medical situations—calling an emergency telephone system (like 911), an ambulance, a hospital or doctor, or an embassy or consular office
• Prudent advice on how to minimize the possibility of being the victim of crime and/or sexual harassment
• Advice to avoid political activity
• Local diet and eating patterns, including ways to accommodate participants with special nutritional needs or preferences
• How to locate routine professional medical help
• Facts on the local crime and political situations. The GHP pre-departure requirements provide students with a link to the State Department’s Travel Advisories and Consular Information Sheets at www.travel.state.gov. Should any changes occur, the Site Coordinator(s) must provide students with the most up-to-date advisory at the time of departure. Students must also visit the State Department Travel Advisory website as a requirement of their pre-departure orientation.
• Advice for participants to be honest in determining their discretionary financial needs. The best approximate number is one’s regular expenses at home adjusted to the exchange rate

Contractual Liability

This form of liability stems from not providing the services or quality of services that are promised. In order to avoid contractual litigation, you should do the following:
• Be honest about travel, prices, housing, food, etc.
• Include disclaimers in site literature. For example, “All costs are subject to change because of unanticipated increases in airfares or other program elements or fluctuations in monetary exchange rates” or “prices may vary, services may change.”
• Provide information on GHP-approved transportation and housing.
• Obtain clear written information from service providers (transportation and housing) that include services, costs, and a refund or alternate plan if first-choice services cannot be provided.
3. General Security Considerations and Precautions

All participants and Site Coordinators(s) must be covered by personal health and accident insurance while traveling outside of the United States. All participants must independently purchase the mandated insurance. All participants will complete all pre-departure requirements, including all forms and all readings. The Site Coordinator will be responsible for managing all student files and will update the GHP on the status of student files. All files must be complete 3 weeks prior to departure.

The Site Coordinator(s) will register group passport numbers, addresses, and phone numbers with the U.S. Embassy or Consulate in the host country or countries whenever possible.

The Site Coordinator(s) will receive a photocopy of all travelers' passports as well as each participant's Emergency Contact information, Travel Insurance Form, proof of registration at the US embassy, signed Waiver of Liability, and Vaccination Record. The Site Coordinator(s) will keep copies with him/her at all times throughout the program.

The Site Coordinator(s) must secure an international cell phone (available at the desk of the Basic Science administrative assistant) to use while at the international site and traveling in-country. An international cell phone is classified as a GSM cell phone that operates on the GSM 900 and GSM 1800 frequency. The international phone must be used only in emergency situations. The expense for an international cell phone will need to be budgeted for each site and is a necessity.

The Site Coordinator(s) will provide participants with a contact sheet to carry in their wallets that include on-site medical and U.S. Embassy emergency contact numbers, contact numbers for the Site Coordinator’s cell phone, the host institution liaison, the international site address, and TUCOM emergency contact numbers (See Sample Emergency Contact Information Card in Appendix A).

The Site Coordinator(s) will encourage participants to develop a reasonable family communications plan that includes contingencies for emergency situations. This should also include information for emergency contacts about how to reach participants through the Site Coordinator(s) and host institution in case of an emergency at home about which the participant must be notified.

The GHP office or a designated faculty/staff will function as a 24-hour contact. When handling any crisis, the Coordinator(s) must always carefully document all their actions in writing.

Before the beginning of the program, the Site Coordinator(s) must learn about the general attitudes toward healthcare in the culture, e.g. do doctors hesitate to use potent drugs and take a wait-and-see approach or do they aggressively treat problems? This information will be invaluable in dealing with medical emergencies.

The difference between real and perceived emergencies

TUCOM acknowledges that emergencies may be real or perceived. Real emergencies are those that pose or have posed a genuine and sometimes immediate risk to the safety and well-being of participants. Perceived emergencies are those that pose no significant risks to the safety and well-being of participants, but which are seen as threatening by family members in the U.S. or by others, including, at times, participants and colleagues at the home campus. Perceptions of threat can arise from several circumstances, including but not limited to sensationalized reporting of an event abroad; the distortion of information provided by a participant in a telephone call, e-mail message, fax, or letter home; or simply out of the nervousness of a family member or participant with little or no international experience. Such perceptions will sometimes affect family members and others in the U.S. significantly and need to be treated seriously.
4. International Programs Risk Management Team

The following procedure should apply:

In case of crisis or emergency, the Site Coordinator(s) should contact Jennifer Castro, TUCOM, Basic Sciences, (707) 638-5297, jennifer.castro@tu.edu, who will have a copy of the trip roster and will contact the list below starting with:

Office of the Dean of Student Affairs Phone: 707-638-5982 Fax: 707-638-5924

James Binkerd, Associate Dean of Student Services Phone: 707-638-5935 Fax: 707-638-5872

In case one of the individuals listed below is unavailable, their office will provide another contact number.

(See Appendix B on p. 15)

5. Emergencies and Their Appropriate Responses

A. Incapacitation of Site Coordinator(s)

The GHP will determine the appropriate number of Site Coordinator(s) on any GHP international program (10:1 is the ideal student-to-faculty student ratio). Generally, the only situations in which one Site Coordinator is acceptable are those in which there is a host institution with a full-time liaison who is able to share or take responsibility for the group in case the primary Site Coordinator is temporarily or permanently incapacitated. In such a case, TUCOM must be supplied with the name and full contact information for the host institution liaison (Appendix D: Risk Management Plan Worksheet). Prior to the trip, GHP and the Site Coordinator must communicate with this liaison by telephone and electronically.

In the event that the Site Coordinator is incapacitated to the extent that s/he can no longer effectively lead the student group, TUCOM should be notified immediately by either the Site Coordinator, host liaison, or by a student participant designated in advance.

B. Possible Site Coordinator Responses to International Emergencies

Emergencies that the Site Coordinator(s) could encounter include but are not limited to: general participant misconduct, serious illness or injury of a participant, hospitalization of a participant, mental health crisis of a participant, assault or rape of a participant, a participant being missing, a participant being taken hostage/kidnapped, arrest of a participant, death of a participant(s), political crises, natural disasters, and terrorist threat.

The following overview should serve as a list of possible courses of action to be taken in the event of one of these or other emergencies, to be used at the discretion of the Site Coordinator(s). General guidelines are provided in the next section.

- First, assist the student in obtaining appropriate medical attention. Remember, you are not the student’s legal guardian, but you should try your best to get medical attention for the student.
The following is a list of information you should obtain to assess the situation:

1. Student’s name
2. Date of accident or commencement of illness
3. Details of injuries, symptoms, present condition, including temperature
4. Name and telephone number of attending physician
5. Name, address, and number of hospital or clinic, if applicable
6. Drugs administered
7. X-rays taken and results thereof
8. Surgery proposed and type of anesthesia. Wait for authorization if necessary and possible (work with doctor)

Listen and be attentive to the affected student(s) and, when appropriate, take into account their desires when making decisions.

Contact the University and file an Incident Report Form (Appendix C) within 24 hours.

Make contact with insurance as required for authorizations, etc.

Contact the participant’s Emergency Contact.

Notify the nearest U.S. Embassy or Consulate and/or seek their advice as appropriate.

Notify local law enforcement as appropriate.

Seek counseling for affected participant(s) as appropriate.

Seek information from other participants, host families and local friends of participants.

Keep other program participants updated on the situation as appropriate.

Other information that you may need to obtain:

**Note:** All faculty GHP Site Coordinators will have paper and electronic documents containing all relevant student information including: insurance, health, medical release form, and passport copy

1. Name, address, and phone number of attending physician(s) and medical facilities
2. Student’s regular insurance provider name, address, and phone as well as the student insurance policy ID
3. The nature of medical treatment and/or counseling already given
4. Diagnosis, prescribed treatment and prognosis
5. Risk to other students
6. Details of any accident/incident including the name and contact information for any involved parties
7. Situational information from any other student in your group
8. Recommendations of the U.S. Embassy or Consulate
9. Recommendations of local law enforcement and other agencies
10. Student’s interest in returning to the U.S. once informed of potential academic and financial consequences of returning home
11. Contact information for local friends and/or host family that may have knowledge about the situation
12. Police case numbers, officers involved, charges made against a student, contact information for police
13. The recommendation to citizens of the host country made by host country government
C. General Guidelines for Site Coordinators to Follow when Handling Emergencies

1. The first priority of the Site Coordinator is to safeguard the safety and wellbeing of program participants. Do whatever is necessary and reasonable to ensure their safety. Obtain any emergency medical care for affected participants as soon as possible. Remain as calm as possible. Do your best to diffuse any growing anxieties that may be occurring among participants.

2. Immediately contact the University about the emergency situation, even if you have already taken care of it. If you feel that the situation has been fully taken care of, fax or e-mail an Incident Report Form (Appendix C). If the crisis is ongoing, make every effort to reach the University by telephone, rather than e-mail or fax; there are many issues to discuss during a crisis.

3. If the situation warrants, notify the local U.S. Embassy or Consulate about the emergency. Follow the Embassy’s or Consulate’s procedures and directives. If there is a continuing risk to the welfare of students (for example, during a terrorist threat), ask the appropriate Embassy or Consulate Officer to advise you on a regular basis about the evolution of the situation and about recommended behaviors for students.

4. If the situation warrants, and you and the US Embassy or Consulate believe it to be appropriate, notify the local police about the situation. Then follow through with the procedures the police may require of you or the student(s).

5. Keep TUCOM informed on a regular basis through telephone, fax, and/or e-mail about the evolution of the crisis.

6. After TUCOM is informed about an emergency and after the Director of GHP has consulted with the TUCOM Risk Management Team, you may receive a course of action/response plan verbally or in written format that you and the participants will be expected to follow.

7. During a political crisis, social unrest, or some other emergency in which participants or US nationals in general may be at risk, instruct them to avoid demonstrations, confrontations, or situations where they could be in danger; behavior that could call attention to themselves or identify them as Americans (such as speaking loudly in English); and locales where foreigners, Americans, or American military are known to congregate. Instruct them to take down or remove signs and luggage tags, and to avoid wearing clothing that might label them as Americans.

8. In the event you are unable to call out of the country or otherwise unable to reach TUCOM officials in the early phases of an emergency, proceed as best you can to secure the safety and wellbeing of students following the advice of in-country officials and U.S. Embassy or Consular Officers. Then contact TUCOM personnel as soon as it is possible to do so. For example, during a natural disaster such as an earthquake, all communication systems may be rendered inoperable.

9. Upon completion of the incident, submit an Incident Report to the GHP (Appendix C). Write up the event and its repercussions on the group in full to include in your final Program Report.

10. Special Situations. (a) In the event of the death of a student, DO NOT CONTACT THE NEXT OF KIN. The University will handle this. After University officials notify next of kin, be prepared to talk with the student’s family member(s) who may be calling once they have been notified of the death. (b) In the event of the sexual assault of a student, it may not always be appropriate to contact law enforcement. If in doubt, first seek the advice of host country experts and the U.S. embassy or consulate. Always seek emergency medical attention and psychological counseling as needed. (c) If a student is missing for more than 24 hours, notify the University at once; inquire with friends and associates of the missing student about her or his whereabouts; notify the U.S. Embassy, local police, and local sponsor(s) and give them your telephone number. The GHP Director and the International Programs Risk Management Team will notify the student’s emergency contacts. Be sure to provide as many details as possible regarding what happened and what is being done; check with local authorities daily, and inform the University of any new developments. (d) If a student is arrested, call the local law enforcement agency to ascertain the nature of the charge, visit the student in jail and determine what happened, and have the student call their emergency contacts. If the student is unable to make the necessary calls, the University will call on his or her behalf; the report situation to U.S. Embassy or Consulate; assist student in obtaining funds for bail if possible.
D. Levels of Emergency

1. Level I Emergency
An occurrence or the potential for an occurrence that could be considered routine. Examples include loss of passport, single minor issue not requiring hospitalization, change of transportation modes or routes, or a significant change in itinerary.

**Responsibility:** Handled directly by the Site Coordinator(s) on-site.

**Notifications:** For changes in plans, the Site Coordinator(s) should notify TUCOM as far in advance as possible. For other occurrences, the Site Coordinator(s) should notify the University as soon as can reasonably be expected via an e-mailed or faxed incident report (preferably within 24 hours). Discussion of such incidents should be included in the final Program Report.

**Action:** To be determined by judgment of the Site Coordinator(s).

2. Level II Emergency
An occurrence or the potential for an occurrence that requires a response beyond a routine capacity. Examples include a single, non-life-threatening injury requiring hospitalization; a major bone break that would limit the participant from moving on even though the rest of the group could move forward.

**Responsibility:** Handled by the Site Coordinator(s) in consultation with the Director of GHP.

**Notifications:** Site Coordinator(s) should notify TUCOM immediately by phone or e-mail and file an incident report within 24 hours.

**Action:** Determined by the Site Coordinator(s) on-site. Follow-up action may be determined by the Director of GHP.

3. Level III Emergency
An extraordinary event or the potential for an extraordinary event that requires a response beyond the routine capacity. Examples include a single life-threatening injury, multiple injuries requiring hospitalization, death, disasters including natural disasters, threats to public welfare including bomb threats and protests/riots, hostage situations, individual violence, stalkers, violent crimes, community health issues such as infectious disease outbreaks, terrorist threats, or possibility of war in the proximity of the site.

**Responsibility:** Handled by the Site Coordinators on-site in consultation with the International Programs Risk Management Team on campus. Responsibilities are outlined below in the Action Timeline.

**Notifications:** Site Coordinator notifies TUCOM immediately, and the International Programs Risk Management Team is mobilized.

**Action:** If possible, actions should follow the timeline below. In the event that communication with TUCOM is impossible due to technological or time constraints, Site Coordinators have the authority to take necessary actions deemed appropriate to ensure the health and safety of the students, including evacuating students to another location or back to the US. Communication with the on-campus TUCOM Risk management team should be made as soon as logistically possible so that emergency contacts and TUCOM’s administration may be kept aware of the situation.

E. Action Timeline for Level III Emergency Situations

1. The Site Coordinator contacts the U.S. Embassy, Consulate or citizen services in-country to determine whether steps need to be taken to secure the group’s immediate safety.
2. The Site Coordinator contacts all students to make sure they are safe and understand the realities (insofar as they are known) of the situation, whether the Site Coordinator believes the crisis to be real or perceived. The Site Coordinator may require students to cease independent travel, to remain near the site, to gather as a group, or to move to a new site, if appropriate and possible.
moving to a new site, the Site Coordinator should inform TUCOM immediately. The Site Coordinator should stress the importance of separating fact from rumor, give instructions and advice if necessary, and explain what is being done on the students' behalf. The Site Coordinator may also instruct students to contact their parents, guardians, or emergency contacts as soon as possible, with careful instruction not to exaggerate events.

3. The Site Coordinator contacts TUCOM immediately, or as soon as possible, to relay information about the safety of individual students and the situation as perceived by the Site Coordinator and by students, if known.

4. The Site Coordinator and the Director of GHP begin writing a log, if possible. The Site Coordinator takes photographs of events/non-events, at the study abroad site, if possible and advisable.

5. After initially assessing the situation and receiving information from the Site Coordinator on-site (if possible), the GHP in consultation with the University administration will determine the level and nature of the emergency and the need for assembling the International Program Risk Management Team.

6. The Director of GHP will coordinate the University's efforts to respond to the emergency, assembling and mobilizing the Risk Management Team. Other key personnel may also be included on the Team when necessary.

7. In some situations, the Site Coordinator, GHP, and TUCOM administration may also need to determine whether the crisis is real or perceived. Is information about the emergency coming from a reliable source? If the information may be coming from rumor and there is no threat (real or perceived) of immediate danger, the International Program Risk Management Team and the on-site Coordinator will work together, as possible, to gather information about the emergency by contacting the U.S. Embassy or consulate (in current or “temporary” location, depending on the situation), local police, and other reliable sources.

8. If the Site Coordinator, Director of GHP, and TUCOM administration determine that the crisis is perceived rather than real, all information used to come to this determination, including notes from phone calls, e-mail messages sent, information printed from reliable sources on the web, etc. should be included with the event log and retained in the GHP for at least five years. If the perceived crisis is ongoing, the team will continue to collect information and add it to the log. The TUCOM Risk Management Team will be immediately mobilized. In addition, the team will inform students' emergency contacts of the situation and explain what TUCOM is doing in response.

9. The TUCOM Risk Management Team may determine that (a) the Site Coordinator and student should exercise extra caution (b) the removal of the program to a different site in the same city or country or another country necessary, or (c) suspension of the program and evacuation of students to the U.S. is necessary. The team may need to put together evacuation plans (to an alternative location abroad or to the U.S.) using information gathered from resources listed above.

10. The Director of GHP will contact the Site Coordinator abroad to give a briefing on the plan of action. This plan must be shared with on-site students as soon as possible.

11. The TUCOM Risk Management Team will make every effort to inform participants’ emergency contacts of the situation and what the University is doing in response.

F. If the Crisis Becomes an Ongoing Crisis

1. The Site Coordinator will remain in contact with the U.S. Embassy/Consulate and local police and send reports to the University on a regular basis as determined by the TUCOM Management Team.

2. The Director of GHP will share the Site Coordinator’s reports with the TUCOM Risk Management Team and continue to monitor State Department warnings/cautions and other resources on a regular basis, as determined by the TUCOM Risk Management Team.

3. The TUCOM Management Team will provide regular updates to students’ emergency contacts explaining the situation and what TUCOM is doing in response.
G. Follow-up Actions

The Risk Management Team will assess the impact of the event and the measures taken, review the program cancellation policy, develop a questionnaire to be used for follow-up interviews with affected students, and write a summary report with copies to be filed with the GHP, the Dean, and the Provost.

6. Web Sources for Monitoring Safety and Security Conditions

Country-by-country safety and health assessments by the U.S. State Department are updated frequently. A free subscription allows receipt of announcements via e-mail as they are issued. Three sources of information are provided by the State Department.

- Travel Warnings: Issued when the State Department decides based on all relevant information to recommend that Americans avoid travel to a certain country.
- Public Announcements: A means to disseminate information about terrorist threats and other relatively short-term and/or transnational conditions posing significant risks to the security of American travelers. In the past, Public Announcements have been issued to deal with short-term coups, bomb threats to airlines, violence by terrorists, and anniversary dates of specific terrorist events.
- Consular Information Sheets: are available for every country of the world. If an unstable condition exists in a country that is not severe enough to warrant a Travel Warning, these may be included in a section entitled "Safety/Security."

U.S. State Department: Travel Warnings, Public Announcements & Consular Information Sheets
http://www.travel.state.gov/

Center for Disease Control (CDC) Travel Information: Official US government information about health conditions worldwide, including recommendations for immunizations.
Touro Site Coordinator(s) will provide participants with a contact sheet to carry in their wallet, which includes U.S. Embassy contact information, medical information, host information, Coordinator contact information and TUCOM emergency contact information. A sample emergency contact card is below.

The Faculty Leader will provide students with a wallet-size card including important contact names and numbers. Important numbers should include:

1. Faculty Leader Cell Phone
2. Host contact information
3. TUCOM Global Health Office

Use the sample card below to create a customized card for your site.

<table>
<thead>
<tr>
<th>Emergency Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>TUCOM: Ethiopia site</td>
</tr>
</tbody>
</table>

Faculty Leader: Eiman Mahmoud  +251 119 10-33-92  
                 +1 707-638-5638

Abraham Haile Amlak  +251 112 51-92-12

Host Site: Jimma University

Site Coordinator: Eiman Mahmoud  +251 112 10-33-92

Rick Kahn  +251 112 51-01-13

Belete Habte  +251 112 51-40-13

24-hour pager: Belete Habte  +251 112 51-40-13
TOURO UNIVERSITY CALIFORNIA COLLEGE OF OSTEOPATHIC MEDICINE  EMERGENCY CONTACT NUMBERS

The GHP and TUCOM will coordinate TUCOM’s response to a real or perceived crisis. The Site Coordinator(s) will inform the Director of GHP first, if possible or the Dean and Provost regarding the situation, and the Director will coordinate the crisis response. It is preferable that communication with the University be conducted via telephone, but if not possible, communication may be via fax or e-mail.

In case of crisis or emergency, the Site Coordinator(s) should contact Jennifer Castro, COM, Basic Sciences, (707) 638-5297, jennifer.castro@tu.edu, who will have a copy of the trip roster and will contact the list below in descending order:

TUCOM Risk Management Team

In case any of the individuals listed below is not available, their office will provide another contact number.

Office of the Dean of Student Affairs                    Phone: 707-638-5982    Fax: 707-638-5924

Dr. James Binkerd, Associate Dean of Student Services   Phone: 707-638-5935    Fax: 707-638-5872
Appendix C: Incident Report

TOURO UNIVERSITY
COLLEGE OF OSTEOPATHIC MEDICINE

Global Health Program
Short Term International Programs

Please complete this form within 24 hours of an incident and return by fax or email attachment to:
Associate Dean for Student Services and Global Health Program Director
james.binkerd@tu.edu  tel : 707-638-5935  fax : 707-638-5872
eiman.mahmoud@tu.edu  tel : 707-638-5464  fax : 707-638-5438

<table>
<thead>
<tr>
<th>Today's Date: ___________________</th>
<th>Date and Time of Incident: ________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specific Location of Incident:____________________________</td>
<td>Country: ___________________</td>
</tr>
<tr>
<td>Type of site (private residence, business, office, public street): __________________________________________</td>
<td></td>
</tr>
</tbody>
</table>

TYPE OF INCIDENT
(Check all that apply)

- Behavioral misconduct
- Accidental injury
- Medical illness
- Psychological crisis
- Drug-related incident
- Theft/burglary
- Minor property damage
- Missing person
- Arrest of participant
- Assault
- Sexual assault
- Domestic violence
- Racial/hate incident
- Vehicular accident
- Fire or bomb threat
- Public disorder
- Natural/weather disaster
- Hostage situation
- War or terrorist act
- Other (please specify)

NAME of injured or affected person:

<table>
<thead>
<tr>
<th>Local phone: ________________</th>
<th>Cell: __________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency contact person in U.S.: ____________________</td>
<td>Contacted? Yes No</td>
</tr>
</tbody>
</table>

DESCRIBE INCIDENT OR INJURY (use additional pages if needed; describe actions prior to incident, incident itself, and damage/conditions after incident)

Were there witnesses to the incident? (Y/N)
If so, please provide names, addresses and phone numbers; please note if they do not speak English:

Was this person treated? (Y/N)  If so, where and by whom? (Name and location of facility, by whom)

Was this person admitted to a facility? (Y/N)

Where is this person now located? (please provide contact information)

Financial impact of incident (estimates and explanation; are emergency funds needed?)

Follow-up action needed (please explain)
Appendix D: Short Term Program Specific Risk Management Plan

TOURO UNIVERSITY
COLLEGE OF OSTEOPATHIC MEDICINE

Global Health Program
Short Term International Programs

To be completed by Site Coordinator of the international program. This form must be submitted to The Global Health Program Office prior to travel. This information is crucial for effective risk management planning.

Site Coordinator Information
Name of Coordinator:
_________________________________________________________________________________________
Us Residence Phone: ______________________________ Email: ______________________________________
Us Emergency Contact (Name, Relationship, Phone, E-Mail):
_________________________________________________________________________________________
Name of Co-Leader:________________________________________________________________________
Us Residence Phone: _____________________________ E-Mail: _____________________________________
Us Emergency Contact (Name, Relationship, Phone, E-Mail):
_________________________________________________________________________________________

Program/Site Information
Location: _________________________________________ Dates of Program: _______________________

In-Country International Cell Phone Number:

Site/Host Institution: ________________________________________________________________
Site/Host Institution Contact Person: ________________________________________________
Work Phone: _________________________________ Cell Phone: ________________________________
E-Mail:____________________________________ Fax: _________________________________________
Address (please provide physical address, not P.O. Box):
_________________________________________________________________________________________

Other In-Country Contact:
_________________________________________________________________________________________
Travel Plans

Please attach itinerary for group travel, including airline, flight numbers, departure and arrival times, and in-country travel arrangements, i.e. taxis, bus service, van, etc.

Name of Travel Agent:

_____________________________________________________________

Phone: ____________________________ Fax: ____________________________

Emergency Phone: ____________________________ E-mail: ____________________________

Emergency Services

Be sure to register each member of the group with the U.S. Embassy upon entering the country, if required. Please be sure the following information is provided to each participant:

*If visiting multiple countries, please attach sheet with contacts for each country

U.S. Embassy/Consulate

Address:

_____________________________________________________________

Phone: ____________________________ After Hours Phone: ____________________________

E-mail: ____________________________ Fax: ____________________________

Health Care

Information provided to student through student health clinic: Yes ______ No ______

Types of Inoculations Required:

_____________________________________________________________

Recommended:

_____________________________________________________________

Hospital - Name:

_____________________________________________________________

Location (physical address):

_____________________________________________________________

Phone: ____________________________ Fax: ____________________________

E-mail: ____________________________ Web site: ____________________________

Is English spoken? ______
EMERGENCY ACTION PLAN:
Have you established and shared with participants an Emergency Action Plan for any of the following? If so, please attach to this document.

1. Medical Emergencies    Yes or No
2. Natural Disasters      Yes or No
3. Political Turmoil      Yes or No
4. Individual Emergencies Yes or No

TRAVEL ISSUES:
In case you arrange for any transportation on site for students, please fill the following:
Modes of in-country transportation which will be used as a part of the Program (Please list the Provider and type). Site Coordinator must provide a “Certificate of Liability” from all private commercial transport companies employed to move trip participants. This certificate outlines the transport firm’s coverage and is made available to GHP office.

1.
2.
3.
4.
Appendix E: Risk Management Plan Sign Off

TOURO UNIVERSITY
COLLEGE OF OSTEOPATHIC MEDICINE

Global Health Program Office
Short Term International Programs

Name of Program: ________________________________________________________

Faculty Coordinator: _____________________________________________________

I, ____________________________________________, have received a copy of the “Global Health Program Office, Risk Management Plan” which was reviewed with me by a member of the Global Health Program Office. I understand that I am responsible to communicate relevant information in this document to students. Upon fully reading the Risk Management Plan, I agree to return this signed document to the Global Health Program Office.

___________________________________________ ____________________________
Signature of Site Coordinator       Date

Faculty will receive a photocopy of this form and the original should remain on file at the GHP.
Appendix F:  GHP International site Information and Cost Forms

Short Term Program Information and Costs Form

Student ____________________________
Address ______________________________
Email Address ____________________________
Name of Site ____________________________
Faculty Coordinator(s) ____________________________
Travel Dates:  From ______________ To ______________

Estimated Program Costs*  Out-of-Pocket
Insurance ____________________________
Flight ____________________________
Country Entry/Exit Fee ____________________________
Transportation (on location) ____________________________
Accommodations:
    Room ____________________________
    Meals ____________________________
Hospital/Preceptor Fees ____________________________
Passport/Visa ____________________________
Registration Fee ____________________________
Group cell phone (shared cost) ____________________________
Immunization ____________________________
Other (incidental expenses) ____________________________
Faculty related fees ____________________________
Total Costs $_________

*Some costs are estimated based on previous year and currency exchange rates.

Copies to Financial Aid ______ GHP _______

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Appendix D
Affiliation Agreement for Adjunct Clinical Faculty
Affiliation Agreement
between
Touro University California College of Osteopathic Medicine and
___________________________ Adjunct Clinical Faculty

Preceptor’s Name & Title

This Agreement is intended to define the relationship of Touro University California College of Osteopathic Medicine (“TUCCOM”); Dr. ___________ and TUCOM students receiving clinical training under this Preceptor’s supervision. The TUCOM Clinical Rotation Manual provides the philosophic framework for clinical rotations as well as further detail regarding duties of all parties and is considered part of this Agreement.

Preceptor will
• Maintain all necessary licensure, certifications, privileges, and professional liability insurance, and notify TUCOM immediately of any material change.
• At all times maintain oversight, and supervision of students for any patient care, including student-patient interactions, physical exams, and procedures.
• Ensure an appropriate physical environment for Students.
• Offer constructive feedback to Students, including completion and submission of Clinical Performance Evaluations in a timely manner.
• Preceptors will provide learning opportunities consistent with Touro University’s curriculum (see Clinical Rotations Manual).

TUCCOM will
• Maintain responsibility for scheduling Students’ rotations and publishing this information in a timely manner.
• Provide the Clinical Rotation Manual to Preceptor and Students, and notify all parties of any material changes in this document.
• Ensure that Students have completed all curricular and administrative requirements prior to entering into this clinical training, including, but not limited to, satisfactory completion of the preclinical course of study, maintenance of current immunizations, and passage of criminal background check and drug test.
• Maintain professional liability insurance for Students.
• Offer educational support to Preceptor, including access to Touro University California’s electronic library resources.

Students will
• Provide patient care only under supervision of Preceptor.
• Behave and communicate in a professional and respectful manner that represents TUCCOM well.
• Offer constructive feedback to TUCCOM on their clinical experiences which will be made available to Preceptor only in a summary, anonymous form, including completion and submission of Evaluations of Clinical Assignments in a timely manner.

This Agreement may be terminated at any time by written mutual agreement of TUCOM and Preceptor. No person in the United States shall, on the basis of race, color, national origin, language, sex, religion, or disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving federal financial assistance. Touro University and its adjunct clinical faculty comply by this Federal Standard of non-discrimination.

I attest that I have received a copy of the Clinical Rotations Manual, and I understand the responsibilities outlined for my role as a preceptor. I intend to abide by all State Medical Board and Federal regulations.

For Touro University College of Osteopathic Medicine - California:  
Preceptor:

Tami Hendriksz, D.O.  Date  
Associate Dean for Clinical Education

For renewing preceptors: (please check & sign if applicable)
☐ All of the information provided in my prior credentialing documents is current, and I permit reuse of the information for this adjunct faculty renewal.

Adjunct Clinical Faculty  Date
Appendix E
Adjunct Clinical Faculty Information Sheet
Clinical Education Department  
Adjunct Clinical Faculty Information Sheet

Name: ________________________________________ D.O. ☐  
M.D. ☐  Other ☐  Birth date: ____________________ Male ☐  
Female ☐

Hospital/Clinic Name & Address: ____________________________________________

City: __________________________________________ State: ________________ Zip code: ___________________

Phone: ________________________ Fax: ______________________ Email: ________________________________

Specialty(ies): ____________________________________________________________________________________

Terminal Degree: ____________ Years of Practice: ____ Medical License Number/State: ______________________

☐ American Board Certification(s) & Date(s): ________________________________________________________

☐ Osteopathic Board Certification(s) & Date(s): ______________________________________________________

Current Hospital Affiliations: ________________________________________________________________________

Clinical Teaching Experience:

☐ Medical Student Preceptor  
- List medical school affiliation(s): __________________________________________________________________________________

☐ Intern/Resident Preceptor  
- Program Type(s): ______________________

Other previous teaching position(s): ___________________________________________________________________________________

Teaching Availability: _______ medical students/month, for the months of: _______________________________________

Signature: __________________________________________________________ Date: _______________________

PLEASE ATTACH YOUR MOST RECENT C.V. -- REQUIRED TO COMPLETE THIS APPLICATION

Return via email or mail to: Touro University, College of Medicine  
Clinical Education Department  
1310 Club Drive, Vallejo CA 94592  
Phone: 707-638-5206  Email: Roman.LoBianco@tu.edu

For office use only:

Previous Rank (if applicable): ______________________  Adjunct Rank: ___ Instructor ___ Asst. Professor

Initial Credentialing Date: ______________________  ___ Professor ___ Assoc. Professor

Notes: __________________________________________________________________________________________

CED Evaluator signature: _____________________________________________ Date: _______________________

Dean Signature: _____________________________________________________ Date: _______________________