# Table of Contents

- PCSOM CORE ROTATION SITES ......................................................... 2
- CLASS OF 2013 CLINICAL ROTATION PROGRAM .............................................. 3
  - CORE ROTATION REQUIREMENTS ......................................................... 4
  - SELECTIVE ROTATION REQUIREMENTS .................................................. 4
  - ELECTIVE ROTATIONS ............................................................................. 4
  - COMLEX LEVEL 2 POLICY ...................................................................... 5
  - OBJECTIVES ............................................................................................ 5
- STUDENT ELIGIBILITY FOR CLINICAL ROTATIONS ........................................... 6
  - DRUG SCREEN POLICY ........................................................................... 6
  - CRIMINAL BACKGROUND CHECK POLICY ................................................ 6
  - IMMUNIZATIONS ...................................................................................... 6
  - ACADEMICS ............................................................................................ 7
- STUDENT RESPONSIBILITIES ......................................................................... 7
  - REPORT FOR ROTATION ........................................................................... 7
  - ATTENDANCE ............................................................................................ 7
  - ABSENCE .................................................................................................. 7
  - SUBMISSION OF EVALUATIONS AND STUDENT LOGS ............................. 7
  - PERSONAL INSURANCE ........................................................................... 8
  - HOUSING ................................................................................................ 8
  - PROFESSIONALISM ................................................................................. 8
- APPROVED ABSENCE AND LEAVE POLICIES ...................................................... 10
  - PERSONAL ILLNESS ................................................................................. 10
  - TEMPORARY ABSENCE ............................................................................ 11
  - EXTENDED LEAVE .................................................................................. 11
  - MATERNITY LEAVE ................................................................................ 11
  - ATTENDANCE AT PROFESSIONAL CONFERENCES ............................... 11
  - LEAVE FOR INTERVIEW POLICY ............................................................ 12
  - VACATIONS AND HOLIDAYS ................................................................. 12
- GENERAL ROTATIONS INFORMATION .................................................................. 12
  - STUDENT LIABILITY INSURANCE ............................................................ 12
  - STUDENT EVALUATION ........................................................................... 12
  - CHALLENGE OF GRADES ...................................................................... 13
  - REMEDIATION POLICY .......................................................................... 13
  - BLOOD BORNE PATHOGEN EXPOSURE AND POST-EXPOSURE PROPHYLAXIS ................................................................. 13
  - PREPARATION FOR RESIDENCY .............................................................. 14
  - SCHEDULING OF CORE CLINICAL ROTATIONS ........................................... 15
  - SCHEDULING OF ELECTIVE CLINICAL ROTATIONS ................................... 15
  - SCHEDULING OF SELECTIVE CLINICAL ROTATIONS ................................... 16
  - SUGGESTED SELECTIVE ROTATIONS ..................................................... 16
  - CHANGES IN CORE CLINICAL ROTATIONS ............................................. 16
  - CHANGES IN ELECTIVE CLINICAL ROTATIONS ........................................ 16
- THE CLINICAL COMPETENCY PROGRAM .............................................................. 17
  - WRITTEN CLINICAL CASE PRESENTATION ................................................... 17
  - CLINICAL JOURNAL CLUB ...................................................................... 18
  - END OF SERVICE EXAMINATION MODULES ............................................. 19
  - CE CENTRAL ON-LINE PROGRAM ............................................................. 19
  - THE CLINICAL CAPSTONE COURSE .......................................................... 19
- GUIDELINES FOR PRECEPTORS ....................................................................... 24
  - PRECEPTOR EDUCATIONAL RESPONSIBILITIES ........................................... 24
  - INSTRUCTIONAL OBJECTIVES FOR PRECEPTORS .................................. 24
  - ATTENDING PHYSICIAN RESPONSIBILITIES ............................................ 25
- STUDENT RECORD KEEPING .......................................................................... 25
- GRADUATION REQUIREMENTS ......................................................................... 26
- CORE CURRICULUM OBJECTIVES ................................................................... 27
- SELECTIVE CURRICULUM OBJECTIVES ........................................................... 57
- REQUEST FORMS, CASE LOG AND EVALUATION FORMS ............................... 73
PCSOM Core Rotation Sites

PCSOM’s mission is best achieved by the utilization of core sites.

KENTUCKY CORE SITES

Pikeville Core Site
- Pikeville Medical Center, Pikeville, Kentucky
- Highlands Regional Medical Center, Prestonsburg, Kentucky
- St. Joseph’s Hospital, Martin, Kentucky
- Paul B. Hall Medical Center, Paintsville, Kentucky
- McDowell ARH Hospital, McDowell, Kentucky
- Williamson ARH Hospital, South Williamson, Kentucky
- Williamson Memorial Hospital, Williamson, West Virginia

Ashland Core Site
- Our Lady of Bellefonte Medical Center, Ashland, Kentucky
- Three Rivers Medical Center, Louisa, Kentucky
- Veterans Affairs Medical Center, Huntington, West Virginia

Hazard Core Site
- Hazard ARH Regional Medical Center, Hazard, Kentucky
- Harlan ARH Hospital, Harlan, Kentucky
- Kentucky River Medical Center, Jackson, Kentucky
- Whitesburg ARH Hospital, Whitesburg, Kentucky

Henderson Core Site
- Methodist Hospital, Henderson, Kentucky

Lincoln Trail Core Site
- Twin Lakes Regional Medical Center, Leitchfield, Kentucky
- Hardin Memorial Hospital, Elizabethtown, Kentucky
- Taylor Regional Hospital, Campbellsville, Kentucky

Morehead Core Site
- Meadowview Regional Medical Center, Maysville, Kentucky
- St. Claire Regional Medical Center, Morehead, Kentucky

Northern Kentucky Core Site
- Saint Elizabeth Healthcare, Covington, Ft. Thomas, Florence, and Edgewood, Kentucky

Purchase Core Site
- Jackson Purchase Medical Center, Mayfield, Kentucky
- Parkway Regional Hospital, Fulton, Kentucky
- Lourdes Hospital, Paducah, Kentucky
- Western Baptist Hospital, Paducah, Kentucky
- Murray-Calloway County Hospital, Murray, Kentucky

Somerset Core Site
- Lake Cumberland Regional Hospital, Somerset, Kentucky
- Russell County Hospital, Russell Springs, Kentucky
- Baptist Regional Medical Center, Corbin, Kentucky

South Williamson Core Site
- Williamson ARH Hospital, South Williamson, Kentucky
OTHER REGIONAL CORE SITES

Alabama Core Site
This site is primarily intended for Alabama residents. Out-of-state residents require AMEC approval before rotation site assignment is secured.
- Alabama Medical Educational Consortium (AMEC)
- Cooper Green Hospital, Birmingham, Alabama
- Flowers Hospital, Dothan, Alabama
- Southern Alabama Medical Center, Dothan, Alabama

Arkansas Core Site
- University of Arkansas for Medical Sciences, Pine Bluff, Arkansas

Michigan Core Site
- Garden City Hospital, Garden City, Michigan
- Bay City Regional Medical Center, Bay City Michigan

Mississippi Core Site
- Magnolia Regional Health Center, Corinth, Mississippi
- Memorial Hospital at Gulfport, Gulfport, Mississippi
- Forrest General Hospital, Hattiesburg, Mississippi
- Wesley Medical Center, Hattiesburg, Mississippi

Ohio Core Site
- Grandview Hospital, Dayton, Ohio
- Christ Hospital, Cincinnati, Ohio
- Bethesda North Hospital, Cincinnati, Ohio
- Southern Ohio Medical Center, Portsmouth, Ohio

Pennsylvania Core Site
- Memorial Hospital, York, Pennsylvania

Virginia Core Site
- Norton Community Hospital, Norton, Virginia

Class Of 2013 Clinical Rotation Program

INTRODUCTION
The mission of Pikeville College School of Osteopathic Medicine (PCSOM) includes preparation of our graduates for competency in the world of primary care medicine. A successful PCSOM graduate will, after completion of the program, demonstrate sufficient knowledge, skill sets, experience, values, and behaviors that meet established professional standards, supported by the best available medical evidence, that are in the best interest of the well-being and health of the patient. The maturation process from clinical years three to four, and ultimately successful graduation is the shared responsibility of the individual student, PCSOM and the host hospitals and physicians that provide the clinical experiences.

During the 3rd and 4th years, a total of twenty-one four week rotation blocks have been provided to complete 80 weeks of rotation requirements, which include:

1. 40 weeks of required Core rotations (10 blocks)
2. 24 weeks of required Selective rotations (6 blocks)
3. 16 weeks of Elective rotations (4 blocks)
4. 4 weeks for COMLEX Level 2 preparation (1 block)
The schedule includes two weeks at the end of the 3rd year devoted to clinical skills evaluation and a mandatory class meeting, and four weeks of winter holiday breaks (2 weeks per year, per PCSOM calendar).

**Core Rotation Requirements**

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Length of Rotation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Medicine (required and assigned)</td>
<td>two 4-week blocks</td>
</tr>
<tr>
<td>General Internal Medicine (required and assigned)</td>
<td>two 4-week blocks</td>
</tr>
<tr>
<td>Pediatrics – Neonate (required and assigned)</td>
<td>two 4-week blocks</td>
</tr>
<tr>
<td>General Surgery (required and assigned)</td>
<td>two 4-week blocks</td>
</tr>
<tr>
<td>Women’s Health (required and assigned)</td>
<td>one 4-week block</td>
</tr>
<tr>
<td>Psychiatry (required and assigned)</td>
<td>one 4-week block</td>
</tr>
</tbody>
</table>

**Selective Rotation Requirements**

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Length of Rotation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Medicine</td>
<td>one 4-week block</td>
</tr>
<tr>
<td>OP&amp;P (site assigned)</td>
<td>one 4-week block</td>
</tr>
<tr>
<td>Internal Medicine subspecialty</td>
<td>one 4-week block</td>
</tr>
<tr>
<td>Surgery subspecialty</td>
<td>one 4-week block</td>
</tr>
<tr>
<td>Rural Medicine (AHEC, site assigned)</td>
<td>one 4-week block</td>
</tr>
<tr>
<td>Women’s Health</td>
<td>one 4-week block</td>
</tr>
</tbody>
</table>

**ELECTIVE ROTATIONS**

Sixteen (16) weeks of elective rotations are required. These may be selected by the student, subject to approval by the Associate Dean for Clinical Sciences. These may be completed in 2 week or 4 week blocks (no more than two rotations can be of 2 weeks duration).

**GENERAL TIMELINE**

All core rotations must occur during the 3rd year at PCSOM Core Sites. Core rotation requirements will be completed either consecutively or in separate 4-week intervals, depending upon core site scheduling considerations. Each student will have two 4 week blocks during the 3rd year in which there will not be a scheduled Core rotation. The student should use these blocks to complete Selective or Elective rotations. **Selective/elective rotations require completion of both Internal Medicine blocks, and at least one block of each of the following: Family Medicine, General Surgery, Pediatrics and Women’s Health.**

**COMLEX LEVEL 2 POLICY**

You must register and schedule the COMLEX-USA Level 2 examinations (COMLEX Level 2–CE and Level 2-PE) to be taken prior to **December 1 of your 4th year of study.** It is the policy of PCSOM that students may not take the Level 2 exams until officially beginning the 4th year, **which will occur on August 1 of your 4th year of study.**

In the fall of the third year, you will receive an e-mail from the NBOME, informing you that you are eligible to register for and schedule the COMLEX-USA Level 2 exams (for all students who have successfully passed COMLEX Level 1). PCSOM will change your status to “Approved” so that you may register for and schedule the Level 2 exams. However, **any member of the class who attempts to schedule these exams to be taken prior to August 1 of your 4th year of study, will have their COMLEX eligibility suspended by PCSOM, and will be reported to the PCSOM Promotion and Matriculation Committee for consideration of disciplinary action. Failure to take the exams prior to December 1 of your 4th year of study** will also result in a report being sent to the PCSOM Promotion and Matriculation Committee for consideration of disciplinary action. As
you know, passage of both the written and clinical skills components of the COMLEX-USA Level 2 exams (CE and PE, respectively) is required for graduation from PCSOM. The PCSOM Associate Deans regularly monitor the status of our students in their progress on these exams.

Due to the heavy volume of students attempting to schedule the Level 2PE exam, you should **make your plans early to register for and schedule this exam.** If you wait until the beginning of your 4th year to register, there will likely be no available slots for taking the exam until a date that will place you in violation of PCSOM policy. You cannot receive your diploma or start your internship/residency without having received a passing grade on these exams.

### Sample Calendar

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Third Year</th>
<th>Start Date</th>
<th>End Date</th>
<th>Fourth Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/1/11</td>
<td>8/26/11</td>
<td>Core Rotation</td>
<td>7/30/12</td>
<td>8/24/12</td>
<td></td>
</tr>
<tr>
<td>8/29/11</td>
<td>9/23/11</td>
<td>Core Rotation</td>
<td>8/27/12</td>
<td>9/21/12</td>
<td></td>
</tr>
<tr>
<td>9/26/11</td>
<td>10/21/11</td>
<td>Core Rotation</td>
<td>9/24/12</td>
<td>10/19/12</td>
<td></td>
</tr>
<tr>
<td>10/24/11</td>
<td>11/18/11</td>
<td>Core Rotation</td>
<td>10/22/12</td>
<td>11/16/12</td>
<td></td>
</tr>
<tr>
<td>11/21/11</td>
<td>12/16/11</td>
<td>Core Rotation</td>
<td>11/19/12</td>
<td>12/14/12</td>
<td></td>
</tr>
<tr>
<td>12/19/11</td>
<td>12/30/11</td>
<td>Winter Break</td>
<td>12/17/12</td>
<td>12/28/12</td>
<td>Winter Break</td>
</tr>
<tr>
<td>1/2/12</td>
<td>1/27/12</td>
<td>Core Rotation</td>
<td>12/31/12</td>
<td>1/25/13</td>
<td></td>
</tr>
<tr>
<td>1/30/12</td>
<td>2/24/12</td>
<td>Core Rotation</td>
<td>1/28/13</td>
<td>2/22/13</td>
<td></td>
</tr>
<tr>
<td>2/27/12</td>
<td>3/23/12</td>
<td></td>
<td>2/25/13</td>
<td>3/22/13</td>
<td></td>
</tr>
<tr>
<td>3/26/12</td>
<td>4/20/12</td>
<td></td>
<td>3/25/13</td>
<td>4/19/13</td>
<td></td>
</tr>
<tr>
<td>4/23/12</td>
<td>5/18/12</td>
<td></td>
<td></td>
<td>5/18/13</td>
<td>Graduation</td>
</tr>
<tr>
<td>5/21/12</td>
<td>6/15/12</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6/18/12</td>
<td>7/13/12</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7/16/12</td>
<td>7/27/12</td>
<td>Clinical Skills Evaluation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

° Completion of Core Rotations or 1 selective or 1 elective rotation.

^ Block may be used to schedule Independent Study/COMLEX Level 2-CE Preparation.

☐ Block may be used to schedule elective or selective rotation.

### OBJECTIVES

The clinical years at PCSOM are a transition from the academic experience to the world of integrative, experience based medicine. In twenty-one months, PCSOM aims to see the student successfully achieve comprehension and mastery of the “Seven Core Competencies” as outlined by the National Board of Osteopathic Medical Examiners, and evaluated by both PCSOMs interim evaluative tools and the successful completion of COMLEX Level 2-CE and 2-PE before graduation.

### Educational and Performance Goals include:

1. Comprehension of the osteopathic philosophy, recognition of the need for its application, and demonstration of clinical OMT skills.
2. Comprehension of the applicability of biomedical, clinical, epidemiologic, biomechanical, and the social/behavioral sciences to clinical situations, and demonstration of application to patient-centered care.
3. Demonstration of patient-centered care. To include:
   a. Effective data gathering
   b. Development of effective physician-patient relationships
   c. Recognition of age-related preventive health issues
   d. Sensitivity to cultural influences
   e. Development of treatment plans that are both evidence based and patient specific.
f. Development of treatment plans with both scientific basis and integration with osteopathic philosophy.

4. Demonstration of good communication and interpersonal skills that facilitate quality physician-patient, physician-family and physician-health professional relationships.

5. Demonstration of professional behavior. To include:
   a. Performance of medically ethical behavior
   b. Cognizance of the concept of social accountability
   c. Cognizance of the concept of professional duty.

6. Ability to develop treatment plans that demonstrate the interpretation of epidemiologic information, and its applicability to patient-specific issues.

7. Comprehension of the concepts of Systems-Based Practices (Can effectively identify and integrate health care resources to provide complete patient centered care.)

---

**Student Eligibility For Clinical Rotations**

**1. DRUG SCREEN POLICY**

PCSOM requires a urine drug screen before third year clinical clerkships. Students will be responsible for the expense involved with this evaluation. The mechanism for evaluation will be determined by the associate deans for student affairs and clinical sciences. Any positive test will be referred to the promotions and matriculation committee for evaluation.

**2. CRIMINAL BACKGROUND CHECK POLICY**

PCSOM requires criminal background checks for all students prior to the beginning of third year clinical clerkships. Students will be responsible for the expenses involved with this evaluation. The mechanism will be determined by the associate deans for student affairs and clinical sciences. Any positive history will be referred to the promotions and matriculation committee for evaluation.

**3. IMMUNIZATIONS**

PCSOM, in conjunction with requirements of all hospitals accredited by the Joint Commission on Accreditation of Healthcare (JCAHO) and/or Healthcare Facilities Accreditation Program (HFAP), have required the following immunizations:

   a. TB testing yearly,
   b. Chest radiography, every three years, if TB test is considered positive,
   c. Hepatitis B immunization established by three reported dates of immunization or by documented testing of antibody titer,
   d. Tetanus toxoid immunization, every ten years, and
   e. Rubella immunity, established by two reported dates if vaccination or documented antibody titer.

**ALL** TB tests must be current by June 1 of each year of clinical rotations. A current, updated documentation of TB evaluation must be delivered to the Secretary of the Department of Family Medicine prior to that date. Failure to provide a current TB evaluation will prevent the student from participating in any clinical activities for the following year, which will result in delay and/or failure to achieve graduation.

It is the policy that all Hepatitis B documentation will be completed on June 1 of the first year of school. This documentation must be delivered to the Secretary of the Associate Dean for Student Affairs. Failure to provide a completed documentation will prevent the student from participating in any clinical rotations for the following year, which will result in delay and/or failure to achieve graduation.

Documentation of an updated tetanus vaccination and rubella antibody is required prior to matriculation to PCSOM. This must be on file at the Office of The Associate Dean for Student Affairs.
4. ACADEMICS
   a. All pre-clinical courses will have been completed with grades of “PASS,” “C” or higher before August 1 of the 3rd clinical year of study.
   b. COMLEX Level 1 will have been taken before August 1 of the 3rd clinical year of study.

Student Responsibilities

1. REPORT FOR ROTATION
Each rotation begins on the first Monday of each block and ends on the last Friday of the block. It is the student’s responsibility to contact the clinical preceptor one week before the commencement of the rotation to determine a “first day meeting place and time.” Failure to contact the preceptor and/or failure to find the preceptor can lead to failure of the rotation. It is the responsibility of each student to be present on the commencement of each rotation. On day “one” of the rotation, it is the responsibility of the student to send contact information to the Director of Clinical Rotations for attendance verification purposes.

In the event of an unavoidable tardiness to the rotation, it is the responsibility of the student to notify the Supervising Physician and the Office of the Associate Dean for Clinical Sciences at PCSOM. If an orientation is required at a clinical rotation site, it is imperative that the student participate in that orientation and follow the protocols established by that rotation.

2. ATTENDANCE
Prompt student attendance is expected for the 28 days of each rotation period. Attendance is mandatory for all clinical rotations. A maximum of three (3) days for absence is permitted, if approved by the associate dean for clinical sciences, and must be recorded on student logs for the rotation. Absence in excess of the 3 day standard will result in an “incomplete” for the rotation, until such time that the activity requirement is satisfied. Unexcused absence constitutes referral to the Promotions and Matriculation Committee, and may result in failure of the clinical rotation.

3. ABSENCE
   a. The Office of Clinical Sciences must be notified prior to any absence, whenever possible.
   b. If absence from clinical rotation is necessary, permission must be obtained from the Associate Dean for Clinical Sciences and the Supervising Physician/Service. Only the Supervising Physician and the Associate Dean for Clinical Sciences may grant time off during a prescribed clinical rotation.
   c. Absence of the attending physician or the student, from the practice for a period greater than one day, requires the student to notify the office for clinical sciences, of the interruption of activity. At the discretion of the Associate Dean for Clinical Sciences either a reading assignment or alternate duty assignment will be made.
   d. Reasons for approved absence may include illness, conference attendance or extended leave.
   e. Any unexcused absence will be referred to the Promotions and Matriculation Committee with a recommendation of failure for the clinical rotation.
   f. The student is not permitted to leave the designated clinical rotation prior to the scheduled departure date without prior approval of both the Associate Dean for Clinical Sciences and the attending physician. Departure prior to the scheduled departure date without prior consent will be considered an unauthorized absence and is subject to referral to the Promotions and Matriculation Committee and potential failure of that clinical rotation.

4. SUBMISSION OF EVALUATIONS AND STUDENT LOGS
All students are required to submit a complete, legible Case Log for each clinical rotation within seven (7) calendar days of the last day of the rotation. The Case Log consists of the student’s daily activities. e.g. patient contact, procedures performed, readings, conferences attended, etc. and is submitted (accompanied by preceptor
signature) within seven (7) calendar days of the last rotation day. Failure to submit logs within seven (7) calendar days is considered a “Failure” and may be referred to the Promotions & Matriculation Committee. The student is required to submit a Log Submittal Checklist with each set of logs to indicate which log sheets the student has returned to the Clinical Rotations Records Officer.

a. Illegible Case Logs are unacceptable and will result in a grade of “Failure” for the clinical rotation.

b. All students are required to include their level of participation in each activity. Level of participation – (1) Observed, (2) Assisted, (3) Managed Under Supervision.

c. The teaching physician will sign the Log Submittal Checklist on the last day of the clinical rotation.

d. The student is required to evaluate each rotation through the Rotation Evaluation Form and submit with each set of Case Logs. This evaluation will reflect the student’s attitude and observations regarding the quality of training received on each rotation. The student’s grade will be reported as “Failure” until this form is completed and returned to the Office of the Clinical Rotations Records Officer.

e. In the event of late submittal of delinquent log materials, if acceptable to the Associate Dean for Clinical Sciences, the rotation grade will be converted from a “Failure” to an absolute maximum score of 70%.

5. PERSONAL INSURANCE
Students are required to have personal hospitalization insurance while on clinical rotations. Proof of insurance must be on file in the office of the Associate Dean for Student Affairs. Verification of current health insurance must be provided before beginning clinical rotations.

6. HOUSING
All housing needs while the students have relocated to the individual rotation sites are at the student’s expense. PCSOM is not responsible for student housing.

7. PROFESSIONALISM
As a representative of both PCSOM and the osteopathic profession, it is the student’s responsibility to maintain professional deportment at all times.

a. DRESS
At all times, PCSOM students will act as a representative of the school, and be attentive to personal hygiene, cleanliness and personal demeanor. Short white lab coats with PCSOM identification are expected to be worn unless specifically instructed by the hospital or preceptor. Scrub suits are to be worn in the operating room, procedure rooms, during call hours and at the discretion of individual physicians and/or institution/facility. At all times, however, the student must be clearly identified as a PCSOM student.

b. SEXUAL HARASSMENT
Any incident of suspected sexual harassment shall be reported immediately to the Supervising Physician, Associate Dean for Clinical Sciences and the Associate Dean for Student Affairs. Any student involved in sexual harassment shall be referred to the Associate Dean for Student Affairs for further action.

c. STUDENT/PATIENT RELATIONSHIPS
The relationship between an osteopathic medical student and a patient shall always be kept on a professional basis. A student shall not date or become intimately involved with a patient due to the ethical and legal considerations. Conduct in such an unprofessional manner shall be considered improper behavior and will be grounds for disciplinary action, including dismissal from PCSOM.

d. PCSOM PHARMACEUTICAL AND INDUSTRY REPRESENTATIVE POLICY
INTRODUCTION: Pikeville College School of Osteopathic Medicine (PCSOM) operates as a not-for-profit osteopathic medical educational institution engaged in educating osteopathic medical students and advancing osteopathic medical education. PCSOM has been granted accreditation by the American
Osteopathic Association’s Commission on Osteopathic College Accreditation. Our mission includes preparation of our graduates for competency in the world of primary care medicine. A successful PCSOM graduate will, after completion of the educational program, demonstrate sufficient knowledge, skill sets, experience, values, and behaviors that meet established professional standards, supported by the best available medical evidence, that are in the best interest of the well-being and health of the patient.

CODE OF ETHICS: PCSOM is guided by Section 17 of the American Osteopathic Association Code of Ethics which specifically relates to the interaction of physicians with pharmaceutical companies, and is clarified as follows:

1. The physicians’ responsibility is to provide appropriate care to patients. This includes determining the best pharmaceuticals to treat their condition. This requires that physicians educate themselves as to the available alternatives and their appropriateness so they can determine the most appropriate treatment for an individual patient. Appropriate sources of information may include journal articles, continuing medical education programs, and interactions with pharmaceutical representatives.

2. It is ethical and in the best interest of their patients for osteopathic physicians to meet with pharmaceutical companies and their representatives for the purpose of product education, such as, side effects, clinical effectiveness and ongoing pharmaceutical research.

3. Pharmaceutical companies may offer gifts to physicians from time to time. These gifts should be of limited value and be appropriate to patient care or the practice of medicine. Gifts unrelated to patient care are inappropriate. The use of a product or service based solely on the receipt of a gift shall be deemed unethical.

4. When a physician provides services to a pharmaceutical company, it is appropriate to receive compensation. However, it is important that compensation be in proportion to the services rendered. Compensation should not have the substance or appearance of a relationship to the physician’s use of the employer’s products in patient care.

Pharmaceutical Research and Manufacturers of America (PhRMA) Guidelines from the PhRMA code, developed voluntarily by the pharmaceutical industry, and adhered to by PCSOM include:

1. A conference or meeting is any activity, held at an appropriate location, where (a) the gathering is primarily dedicated, in both time and effort, to promoting objective scientific and educational activities and discourse, and (b) the main incentive for bringing attendees together is to further their knowledge on the topic(s) being presented.

2. Financial assistance for scholarships or other educational funds to permit medical students, residents, fellows, and other healthcare professionals in training to attend carefully selected educational conferences may be offered so long as the selection of individuals who will receive the funds is made by the academic or training institution. “Carefully selected educational conferences” are generally defined as the major educational, scientific, or policy-making meetings of national, regional, or specialty medical associations.

3. Any financial support provided by PhRMA certified companies, should be given to the educational activity (CME) provider with the intent to reduce the overall CME registration fee for all participants.

4. No grants, scholarships, subsidies, support, consulting contracts, or educational or practice related items should be provided or offered to a healthcare professional in exchange for prescribing products or for a commitment to continue prescribing products. Nothing should be offered or provided in a manner or on conditions that would interfere with the independence of a healthcare professional’s prescribing practices.

5. It is appropriate for companies, where permitted by law, to offer items designed primarily for the education of patients or healthcare professionals if the items are not of substantial value ($100 or less) and do not have value to healthcare professionals outside of his or her professional responsibilities.
6. Any healthcare professional that serves as either part of a program planning committee or as a program speaker, and who also serves as a company speaker and/or consultant, is required to disclose the relationship to all.

**Adjunct Clinical Faculty and Clinical Rotation Sites:** Pharmaceutical and industry representatives (PI reps) are not received on the PCSOM campus, and maintain no direct exposure to the osteopathic medical students educated there. PI rep exposure to students, is limited to “off-campus” health care facilities which include physicians’ offices, hospital clinics and hospitals, and “pre-approved” attendance at graduate medical education programs. PCSOM students are professionally bound by the applicable sections of the AOA Code of Ethics.

All hospital sites are required to maintain affiliation agreements with PCSOM, are credentialed by the Joint Commission (JCAHO) or the AOA’s Bureau of Healthcare Facilities Accreditation, and are duly licensed within their jurisdiction. All adjunct clinical professors are required to re-credential with PCSOM every five years, are actively licensed in their respective jurisdictions, and carry regionally acceptable malpractice insurance. All clinical education sites:

1. Provide and maintain an environment conducive to the education and training of osteopathic medical students.
2. Assist the osteopathic medical students in obtaining experience in patient care by allowing said students to share responsibility for patient care with qualified staff physicians.
3. Provide and maintain an environment which encourages critical dialogue between the medical staff physicians and said students through clinical rotations, rounds and conferences.

Professional Student Behavior as defined by PCSOM includes:

1. Performance of medically ethical behavior, i.e. all actions are in the best interest of patients.
2. Cognizance of the concept of social accountability to preceptor, host site and/or peers.
3. Cognizance of the concept of professional duty to supervising faculty and their patients.

**SUMMARY:** The pharmaceutical and pharmaceutical research industry is a recognized member of the healthcare team that is voluntarily bound by a set of guidelines. PCSOM supports the guidelines, and will follow them within the definitions of the school’s mission, and those professional duties as outlined within publications of the American Osteopathic Association and all published school catalogues and/or manuals.

e. **ISSUES DEEMED REPORTABLE**
   i. It is the student’s responsibility to notify the preceptor and/or supervisory house staff of any critical issue(s) that affect the student doctor and/or his/her patient(s) during the rotation.
   ii. If necessary, it is the student’s responsibility to notify the regional coordinator and/or PCSOM of any critical issue(s) that affect him/her during the rotation.

f. **FINANCIAL COMPENSATION**
A PCSOM osteopathic medical student engaged in a clinical rotation within the hospital, office or any patient care setting is there as both an observer and registered student. A student is neither an employee or entitled to any financial compensation or means of compensatory reward. Any student that enters a financial and/or compensatory relationship within the rotation site has violated the professional agreements between PCSOM and the core site.

## Approved Absence and Leave Policies

**PERSONAL ILLNESS**
It is paramount that the well-being of the student is considered in any illness. If a student is absent for more than one day during a rotation, the Office of the Associate Dean for Clinical Sciences of PCSOM must be notified and the student must be seen by a physician for documentation and for the well-being of the student. The student
should not hesitate whatsoever to report an illness as the welfare of the student and his/her patient contacts is of prime importance.

TEMPORARY ABSENCE
A “short period of time” may be requested to attend to personal business. It is defined as a short period of time away from the service rotation activities that may be needed from time to time to allow the student to attend to personal business (e.g. banking, child care, etc.). A “short period of time” should be construed as less than one day. Permission of the supervising physician and/or office of clinical rotations is required. No duration or frequency restrictions are defined; however, it is intended that the student provide clear reason for the temporary absence.

EXTENDED LEAVE
Examples include maternity leave, family leave, etc. Requests should be directed to the Associate Dean for Student Affairs. The Associate Dean for Clinical Sciences should be copied on all correspondence.

A leave of absence may be granted from the college for one of the following five (5) reasons:
1. A medical emergency
2. A financial emergency
3. A family emergency
4. Pursuit of an academic endeavor other than the required clinical coursework
5. Conference attendance

Extended leave of absence can be granted only to students in good academic standing, as defined in the PCSOM Student Handbook.

Students who require time away from rotations, that would jeopardize the attendance requirement, may request individual consideration from the Associate Dean for Clinical Sciences.

MATERNITY LEAVE
Uncomplicated pregnancy does not require a Dean’s letter. Time away from rotations of up to sixty (60) days may be granted. Additional days prior to or post delivery will need a doctor’s letter. In those cases, an additional doctor’s letter concerning fitness to resume the duties of a medical student will be needed to return to clinical rotations. The days away from rotations will need to be made up prior to receipt of a diploma.

ATTENDANCE AT PROFESSIONAL CONFERENCES
Pikeville College School of Osteopathic Medicine is committed to providing quality medical education for our students. This experience includes excellence in academic and clinical medicine, research and community service. In order to maximize this process, it is felt that participation in professional meetings can greatly enhance a student’s professional and personal growth. Attendance of AOA-sponsored national meetings, osteopathic divisional society meetings and AOA/osteopathic specialty meetings will be provisionally approved. All other meetings must have an individual request and be approved by the Dean of Pikeville College School of Osteopathic Medicine.

1. Students on clinical rotations wishing to attend a provisionally approved professional meeting will submit a student travel request to the Associate Dean for Clinical Sciences at least 30 days prior to the meeting indicating the name and location of the professional meeting, sponsoring agency, and dates of prospective absence.
2. Only one professional conference will be allowed per student per year of clinical rotations. Any deviation from this policy must be approved by the Associate Dean for Clinical Sciences on an individual basis.
3. Students must obtain permission from both the Associate Dean for Clinical Sciences and the supervising preceptor.
4. The request will be forwarded to the Dean of PCSOM for approval.
5. A student travel request will be denied if the student is on probation, has unremediated failures, has a failing grade at the time of the request, or at the Dean’s discretion.
6. Each student will be required to submit a one-page or greater typed report on the meeting and the value added to the student’s education. This will be forwarded to the Office of the Dean within one week of return.
7. Participation of professional meetings outside of normal PCSOM curriculum is considered a privilege and honor. Students must document attendance to these meetings.

**LEAVE FOR INTERVIEW POLICY**
The following policy has been adopted regarding residency/internship interviews:

1. Students will be required to submit an **Interview Leave Request Form**, signed by the preceptor.
2. A maximum of three (3) days for absence is permitted, if approved by the Associate Dean for Clinical Sciences, and must be recorded on student logs for the rotation. Absence in excess of the three-day standard will result in an “Incomplete” for this rotation, until such time that the activity requirement is satisfied. Students who require time away from the rotation, that would jeopardize the attendance policy, may request for individual consideration from the Associate Dean for Clinical Sciences.

**VACATIONS AND HOLIDAYS**
The winter holiday each year and the class meeting each year are the only approved leaves from clinical rotations. Clinical service attendance during religious or national holidays is at the discretion of the Supervising Physician, hospital or clinic facility. There are no designated religious and/or national holidays approved by PCSOM during the clinical rotations. No vacation time beyond what has already been described will be scheduled during the clinical rotation period.

**General Rotations Information**
**Student responsibilities listed below are expected of all PCSOM students, and subject to individual hospital policies:**

1. Students will write daily notes on patients during rounds.
2. Students will be prepared to present their patients on rounds.
3. Students will have all patient charts on rounds and have prepared a maintained **up-to-date flow chart**, with labs, medications, and other pertinent data.
4. Students will gather medical histories and conduct physical and osteopathic structural examinations on all assigned patients.
5. Students will write discharge notes which include physical exam, diagnosis, medications list, and follow-up appointments.
6. Students will keep a log on all patients seen.

**STUDENT LIABILITY INSURANCE**
PCSOM students are covered with liability insurance and are covered only if the student is participating in an officially approved rotation. This applies to core rotations as well as approved elective and selective sites. If a student is aware of a potential legal liability situation, the Associate Dean for Clinical Sciences must be notified immediately. Progression of any legal liability action is to be detailed in writing by the student and regularly sent to the Office of the Associate Dean for Clinical Sciences.

**STUDENT EVALUATION (GRADE)**

1. The student will be evaluated for each clinical rotation.
2. It is the student’s responsibility to submit a **“PCSOM Student Assessment Form”** to the preceptor on the first day of rotation.
3. Only one grade will be applied per clinical rotation. **The Associate Dean for Clinical Sciences is responsible for the assignment of all clinical rotation grades.**
4. The evaluation is intended to measure the student in comparison to others at the same level of education. The “PCSOM Student Assessment Form” measures:
   a. Mastery of Osteopathic Philosophy and Application of Manipulative Medicine
   b. Medical Knowledge
c. Patient Care

d. Interpersonal and Communication Skills

e. Professionalism

f. Application of Practice Based Learning Skills
g. Application of Systems Approach to Medicine

5. Specific documentation of a failing grade should accompany the evaluation.

6. At the midpoint of the clinical rotation, a student-preceptor conference will take place to indicate the level of student performance. A discussion as to the areas of strength and weakness should be discussed at that time.

7. The Associate Dean for Clinical Sciences will refer a failing grade to the Promotions and Matriculation Committee for further action or remediation.

8. Failure to receive the “PCSOM Student Assessment Form” within seven (7) calendar days of the last rotation day, equals “Failure” of the rotation. A grade of “Failure” will remain for the rotation until all documentation is received and validated. Upon successful submission of all required log documents, at the discretion of the Associate Dean for Clinical Sciences, the rotation grade will be raised to a maximum score of 70%.

CHALLENGE OF GRADES

Any challenges or questions are to be directed to the Associate Dean for Clinical Sciences. The student has the right for review of the challenge by the Promotions and Matriculation Committee, if the associate dean’s response requires further clarification.

REMEDICATION POLICY

All clinical rotations must be successfully completed with a passing grade prior to graduation. Failure of any required or elective clinical rotation will be referred to the Promotions and Matriculation Committee for consideration. Appeal of any rotation failure will follow the same guidelines of any failure as stated in the Student Handbook. In cases where a passing grade is not achieved, if deemed appropriate by the Promotions & Matriculation Committee, the student will be given the opportunity to repeat the rotation. Upon successful completion of the repeated rotation, a maximum grade of 70% will be recorded on the student transcript.

BLOOD BORNE PATHOGEN EXPOSURE AND POST-EXPOSURE PROPHYLAXIS

I. GENERAL: The Blood Borne Pathogen (BBP) policy includes three (3) components;

   1. Education.

   2. Immediate post-mishap evaluation of exposure risk, as outlined by current Center for Disease Control and Prevention (CDC&P) guidance and recommendations, occurs.

   3. Appropriate follow-up.

      The goals of this policy are to insure the immediate cleansing of the exposure site, reporting of the incident and, when indicated, immediate appropriate post-exposure prophylactic treatment be started using CDC&P guidelines within two hours of the exposure or less, and that appropriate laboratory work-up, counseling and follow-up be provided. All costs above what is paid by the student’s health insurance are borne by PCSOM.

II. EDUCATION: All PCSOM 1st and 2nd year students will attend a 2-hour block of instruction on HIV and a 1-hour block on Universal Precautions annually, which will address CDC&P current relevant universal exposure precautions, the post-exposure reporting process, prophylactic treatment of BBP and other transmitted disease as indicated.

III. BBP/HIV EXPOSURE: All students with medical education related BBP/HIV exposure through another person’s blood or body fluids – by sharps injury or exposure to mucous membranes/skin – will take the following steps immediately.

A. PERFORM BASIC FIRST AID: IMMEDIATELY clean the wound and skin with soap and running water. Flush any mucous membranes or eyes with copious amounts of water or normal saline for several minutes. Blood should be allowed to flow freely from the wound. Blood should not be squeezed or “milked” from the wound.

B. IMMEDIATELY NOTIFY your Preceptor or Attending physician. Any PCSOM students
with medical education related BBP/HIV exposure will be immediately released from his/her preceptorship/rotation and go to the nearest affiliated hospital Emergency Room (ER). If no affiliated hospital is in the area, go to the nearest hospital with an ER.

C. NOTIFY the Dean’s office of the incident.
D. The goals of the student reporting to the ER for BBP/HIV exposure are:
   1. To help the student assess whether the exposure is low or high risk using the most current CDC&P guidelines.
   2. Starting post-exposure prophylactic medication within two hours, if the incident is a high risk. High-risk exposure is typically defined as significant blood or bodily fluid exposure, of a source person with any of the following: known HIV and/or symptoms of AIDS, multiple blood transfusions 1978-1985, IV drug user, multiple sexual partners, homosexual activity.
   3. Counseling the student on medication side effects and clarifying the benefit/risk ratio of their use.
   4. Check baseline labs: HIV antibody testing, complete blood count, renal and hepatic chemistry profile, and hepatitis evaluation.

E. The Associate Dean of Clinical Affairs shall be a point of contact for any problem that may arise.
F. The student shall report for follow-up to the previously identified physician who is the designated site clinical contact for BBP/HIV exposure. This individual will be designated by the Chief of Staff or Director of Medical Education at each of the core areas and be identified to the student prior to starting preceptorship/rotation. This physician shall, at a minimum, be responsible for:
   1. Insuring HIV antibody testing is done at 12 weeks and 6 months and results checked.
   2. Writing prescriptions for the four-week drug regimen if needed.
   3. Repeating complete blood count and renal and hepatic chemistry profiles at two weeks.
   4. Monitoring potential pancreatic toxicity by ordering weekly complete blood counts and chemistry profiles.

PREPARATION FOR RESIDENCY
The Graduate Medical Education Application Process: The Associate Dean for Academic Affairs authors the MSPE (Medical Student Performance Evaluation). This document is a peer group evaluation that details the student in comparison to the entire class. Each student is required to submit the following three (3) informational documents on or before June 30th of the third year of study to the Secretary for the Basic Sciences Department, Nicole Maynard, at nmaynard@pc.edu:

1. Preparation of a Curriculum Vitae (CV)
   a. The CV will be 1-2 pages in length and follow the following format:
      i. CONTACT INFORMATION
         Name
         Mailing Address
         Permanent Address
         Telephone
         Cell Phone
         E-mail
      ii. PERSONAL INFORMATION
         Date of Birth
         Place of Birth
         Citizenship
         Visa Status
         Gender
         Marital Status
iii. EDUCATION
*Include dates, majors, and details of degrees, training and certification*
- High School
- College/University
- Graduate/Medical School
- Post-Doctoral Training

iv. EMPLOYMENT HISTORY
*List in chronological order, include position details and dates*
- Work History
- Academic Positions
- Research and Training

v. PROFESSIONAL QUALIFICATIONS
- Certifications and Accreditations
- Computer Skills

vi. HONORS/AWARDS

vii. PUBLICATIONS

viii. PROFESSIONAL MEMBERSHIPS

ix. INTERESTS/HOBBIES

b. PERSONAL DATA
In four or five sentences, mention information that might be included within an introductory paragraph:

i. Where you are from.

ii. Where you were prior to PCSOM (other schools, jobs).

iii. Why you came to PCSOM (medical school).

iv. Any struggles or hardships you encountered during medical school.
   a) Personal or family issues
   b) Failures of courses, etc.

v. What program(s) interest you, and will be among your application list.

vi. Submit a list of **Personal Strengths**:
   a) Academic
   b) Interpersonal skills such as communication with patients, staff, etc
   c) Perhaps you struggled in the classroom but have excelled in the clinic setting
   d) Perhaps comments from preceptors about you (not the written ones from your evaluations since they will already be in your letter) or comments from patients (“I would like for you to be my doctor one day”); again there are many possibilities.

The purpose for these submittals is so that the letter produced, can be personalized, and emphasis can be placed on things you feel are important.

**SCHEDULING OF CORE CLINICAL ROTATIONS**
The core site clinical rotations schedule will be established through the Office of Clinical Sciences and Core Site Coordinators or Area Health Education Centers (AHEC), where available.

**SCHEDULING OF ELECTIVE CLINICAL ROTATIONS**
1. Sixteen weeks of elective rotations are at the discretion of the individual student with the approval of the Associate Dean for Clinical Sciences.
2. All elective rotations are in four week blocks, and will begin on the first Monday of the first week and end on the last Friday of the fourth week with no less than five (5) days per each full
One elective rotation block may be divided into two, two-week blocks with approval from the Associate Dean for Clinical Sciences.

3. Elective Clinical Rotation Forms are available from the Director of Clinical Rotations. Elective Request forms must be completed and submitted to the Director of Clinical Rotations at least 60 days prior to the anticipated start date of the rotation. Elective rotation requests may be denied if paperwork completion requirements are not met. Sixteen weeks of elective rotations must be completed to meet graduation requirements.

4. Failure to submit an elective rotation request in the allotted time and to obtain elective rotation approval, will jeopardize the elective, and may disrupt and/or lengthen a student’s academic schedule.

**SCHEDULING OF SELECTIVE CLINICAL ROTATIONS**

The objective of selective clinical rotations is to provide a framework for the evaluation and management of the patient with acute and chronic pathophysiology that requires the consultation of the specialty physician. The osteopathic medical student is given the opportunity to observe and participate in the management of medical and surgical cases in the hospital environment, and experience the intricacies of necessary diagnostic and therapeutic planned procedures. It is suggested that selective rotations are served in the core site, to facilitate recognition of the role played by the medical/surgical specialist in the care of hospitalized patients. Students that wish to serve selective rotations away from the core site, must follow the following procedure:

1. Selective Clinical Rotation Forms can be obtained from the Director of Clinical Rotations.

2. All requests must be submitted to the Director of Clinical Rotations at least 60 days prior to the anticipated start date of the rotation, and approved by the Associate Dean for Clinical Sciences. Selective rotation requests may be denied if requests are submitted without sufficient time to process them.

**SUGGESTED SELECTIVE ROTATIONS**

In addition to required selective rotations in Emergency Medicine, OP&P, Women’s Health, and Rural Medicine, students are required to:

1. Serve one four-week Clinical Medical selective rotation.

2. Serve one four-week Clinical Surgical selective rotation.

3. Serve four four-week elective rotations.

See Medical Selective and Surgical Selective course descriptions for a suggested list. However, the courses listed are not “all inclusive.”

**CHANGES IN CORE CLINICAL ROTATION**

Changes in core clinical rotations are only permitted for compelling reasons. Written documentation as to the reasons for a change should be directed to the Associate Dean for Clinical Sciences. The decision as to the ability to change schedules will be at the discretion of the Associate Dean for Clinical Sciences.

**CHANGES IN ELECTIVE CLINICAL ROTATIONS**

Changes in unconfirmed elective clinical rotations may be allowed only once per clinical rotation after the schedule has been established. Rotations may not be changed less than sixty (60) days prior to the start date. All changes are submitted in writing to the Associate Dean for Clinical Sciences as to the changes and the reasons for the change. Changes in confirmed electives will not be allowed without approval of the Associate Dean for Clinical Sciences. Any deviation from this policy will result in a referral to the Promotions and Matriculation Committee for further consideration.
The Clinical Competency Program

Introduction: Competency in the world of evidence based medicine requires solid clinical skills, the ability to work with other healthcare professionals, broad medical knowledge and familiarity with the information highway. The clinical competency program is an adjunct to the clinical rotations requirement and is designed to meet the following objectives:

- Development of good communication and interpersonal skills
- Demonstrate ability to identify and integrate health care resources
- Effectively gather and present data
- Expand basic medical knowledge

There are five programs that constitute The Clinical Competency Program. They are:

1. The Written Clinical Case Presentation
2. The Clinical Journal Club
3. The “End of Service” Exam Modules
4. CE Central ON-LINE Program
5. The Clinical Capstone Course

All components of the Clinical Competency Program are graded as “Pass/Fail.” However, they are based on numerically graded formats as described below.

1. WRITTEN CLINICAL CASE PRESENTATION

All 3rd year students are required to submit three (3) written clinical presentations. The submissions represent clinical cases, either managed (under supervision) or assisted by you, as part of your core clinical rotations. Each case submitted, must be approved by the supervising preceptor. The cases may be taken from any core rotation, however, may not exceed two (2) per medical-surgical discipline. Case #1 will be due no later than the last day of the third clinical rotation, Case #2 will be due no later than the last day of the sixth clinical rotation, and Case #3 will be due no later than the last day of the ninth clinical rotation.

a. The written presentation should be no longer than 3 pages, and appear in standard medical format as outlined below:
   i. Patient identification (Ex. 75 y.o. Asian male)
   ii. Chief Complaint
   iii. History of Chief Complaint
   iv. Past Medical History
   v. Past Surgical History
   vi. Family History
   vii. Social History
   viii. Gynecologic History if Female
   ix. Medications List
   x. List of Allergies/Adverse Reactions
   xi. Review of Systems
   xii. Physical Examination
   xiii. Laboratory/Radiology Reports
   xiv. Assessment (Differential Diagnosis)
   xv. Outcome

b. All presentations should include a one or two paragraph discussion of a key point that was learned from the case.
c. Grading is numerical and point deductions are defined as below:

<table>
<thead>
<tr>
<th>HIPAA identifiers were not removed prior to presentation</th>
<th>30 points deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Typographical errors</td>
<td>1 point/error deduction</td>
</tr>
<tr>
<td>Unacceptable abbreviations used</td>
<td>1 point/error deduction</td>
</tr>
<tr>
<td>Subjective information incomplete</td>
<td>1 point/omission deduction</td>
</tr>
<tr>
<td>Objective information incomplete</td>
<td>1 point/omission deduction</td>
</tr>
<tr>
<td>Summation and relevant discussion omitted</td>
<td>10 points deduction</td>
</tr>
</tbody>
</table>

70-79 points = Average Passing Range  
80-89 points = Good Performance  
90-100 points = Excellent Performance  

- Any Resubmitted Presentation earns a maximum grade of 70 points.
- To receive credit for the submittal a minimum grade of 70 points must be achieved.

2. CLINICAL JOURNAL CLUB

The 3rd year osteopathic medical student is partnered with peers and 4th year colleagues to review current topics in the medical literature. Articles will be chosen from the collected works and study guides prepared by Prescribers’ Letter.

OBJECTIVES

a. To promote professional reading habits.
b. To encourage critical evaluation of published medical information.
c. To broaden medical knowledge.
d. To support collegiality among professionals

FORMAT

All 3rd and 4th year students are required to attend one journal club per academic year. All meetings will be scheduled for one Tuesday evening per four week rotation period, at 6:30 p.m. eastern time. Students will connect to the program from their personal computers, and will have the ability to converse with each other, either via headset or telephone connection. Meeting assignments will be issued by the Associate Dean for Clinical Sciences as follows:

a. Journal Club date assignments will be sent by Pikeville College (PC) e-mail to all class members no later than the first day of rotations.
b. Notification of assigned journal articles will be released via PC e-mail no later than one week before the assigned date.
c. At the conclusion of each journal club session, the facilitator will assign three questions to be answered via e-mail by the following morning. All answers should be no longer than three sentences in length.

STUDENT RESPONSIBILITIES

a. Read and outline the assigned journal article in advance of the meeting.
b. Read and answer the Prescribers’ Letter prepared study questions in advance of the meeting.
c. Be prepared to be called upon during the online meeting to discuss the article content, related theory/clinical practice or study question material.
d. Submission of completed facilitator questions before Noon ET on the day following the meeting.

ATTENDANCE

a. Students are expected to attend the journal club meeting on the date assigned. All attendance is verified by Prescribers’ Letter.
b. If absences are reported to the Associate Dean for Clinical Sciences, prior to airtime, a make-up date or alternate assignment will be given.
c. Failure to notify the Associate Dean for Clinical Sciences about unavoidable absence from
journal club requires a written explanation. Remediation will be at the discretion of the Associate Dean for Clinical Sciences.

GRADING
The grade will be based on successful completion of the three study questions assigned on the meeting night, and verified attendance. Study questions submitted by absentees will not be accepted. The question responses will be due the morning after the session, and should be e-mailed to the program facilitator. All grades are numerical, and based on the following:

<table>
<thead>
<tr>
<th>Attendance Verified</th>
<th>60 points</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 of 3 questions answered correctly</td>
<td>0 points</td>
</tr>
<tr>
<td>1 of 3 questions answered correctly</td>
<td>10 points</td>
</tr>
<tr>
<td>2 of 3 questions answered correctly</td>
<td>25 points</td>
</tr>
<tr>
<td>3 of 3 questions answered correctly</td>
<td>40 points</td>
</tr>
</tbody>
</table>

• Any Resubmitted Presentation earns a maximum grade of 70 points.

3. END OF SERVICE EXAMINATION MODULES
   a. Completion of on-line examination modules in the areas of Family Medicine, Internal Medicine, Surgery, Pediatrics, Women’s Health, Osteopathic Principles & Practices, and Psychiatry is a mandatory requirement to receive full credit for each 3rd year core rotation discipline. The modules are prepared by the National Board of Osteopathic Medical Examiners and entitled “Comprehensive Osteopathic Medical Achievement Test”. Each module is designed to assess medical knowledge in the core subject area. The modules also serve to prepare the osteopathic medical student for the COMLEX Level 2CE examination, taken by PCSOM students after completion of the third year of study.
   b. Exams will be completed during the fourth week of the rotation.
   c. For two rotation disciplines, e.g. surgery (Course Nos. 740 & 741), exams will be completed during the fourth week of the second rotation (Ex. Course No. 741).
   d. Rotation grades for each discipline will be considered an “incomplete” until the exam result is received by the Associate Dean for Clinical Sciences.

4. CE CENTRAL ON-LINE PROGRAM
   Kentucky AHEC, in association with the University of Kentucky, has created an educational series entitled CE Central. As a PCSOM student you are required to login to www.CECENTRAL.com during every four-week rotation period, view any two (2) clinical programs of your choice, and successfully complete a ten question quiz (achieve 70%). CE Central will issue a “Certificate of Completion” online after the quiz is passed. A limit of two completed program certificates must be earned per clinical rotation and submitted to the Associate Dean for Clinical Sciences no later than the last day of the rotation period. No more than two (2) clinical programs can be viewed on the same day, and no more than two (2) certificates can be submitted at the same time to receive credit. A required total of forty-two (42) clinical programs must be completed between the first clinical rotation of the third year of study and the last clinical rotation of the fourth year of study.

Grading is “Pass/Fail” and remediation is at the discretion of the Associate Dean for Clinical Sciences. A “Passing” grade is achieved if forty-two (42) certificates are earned (A “Certificate of Completion” is earned if ≥70% of study questions are successfully completed.)

5. THE CLINICAL CAPSTONE COURSE
   Introduction: A two-week period at the completion of the 3rd year of study is provided to prepare the osteopathic medical student for the challenges of both the 4th year of study and future graduate medical education. Program segments include:
   
a. FORMAL CLINICAL CASE PRESENTATION
   PCSOM believes that students must demonstrate the skills necessary for the delivery of an effective peer group presentation of a clinical case. To promote this learning objective,
PCSOM has initiated a 4th-year student clinical presentation to be prepared by each student and presented at the summer meeting – The Clinical Capstone Project, which is scheduled for the end of the 3rd year of study. Each student is required to present one clinical case on a subject of personal clinical interest. The case may be chosen from any of the three (3) already submitted written presentations. Presentations must be a minimum of 15 minutes and a maximum of 30 minutes in length. A student is required to submit a topic request, accompanied by an outline, for pre-approval by the Associate Dean for Clinical Sciences by April 1 of the 3rd year of study.

i. The presentation will be delivered in a professional manner, in the following order:
   a) Patient Identifier ( -- is a -- y.o. “race,” “gender”)
   b) Subjective patient presentation (Paint The Scene)
   c) History of chief complaint
   d) PMH/PSH
   e) Social and Family History
   f) Obstetrical and Gynecologic history if applicable
   g) Medication List (include dosage and regimen)
   h) Allergies (include reaction)
   i) Physical Exam (Description of Major Related Findings)
   j) Labs and Imaging
   k) Differential Diagnosis
   l) Patient Outcome
   m) Case Discussion

ii. Critically evaluated presentation quality areas include:
   a) HIPAA identifiers – point reductions for failure to remove prior to presentation
   b) Typographical errors - corrections not made on slides
   c) Unacceptable abbreviations used
   d) Subjective information incomplete
   e) Objective information incomplete
   f) Summation and relevant discussion omitted

iii. Cases may be presented in one of three formats:
   a) Voice over powerpoint presentation
   b) Recorded videocam presentation
   c) Live recorded presentation at PCSOM

iv. Grading is numerical and point deductions are defined as below:

<table>
<thead>
<tr>
<th>HIPAA identifiers were not removed prior to presentation</th>
<th>30 points deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Typographical errors not corrected on slides</td>
<td>1 point/error deduction</td>
</tr>
<tr>
<td>Unacceptable abbreviations used</td>
<td>1 point/error deduction</td>
</tr>
<tr>
<td>Subjective information incomplete</td>
<td>1 point/omission deduction</td>
</tr>
<tr>
<td>Objective information incomplete</td>
<td>1 point/omission deduction</td>
</tr>
<tr>
<td>Summation and relevant discussion omitted</td>
<td>10 points deduction</td>
</tr>
</tbody>
</table>

70-79 points = Average Passing Range
80-89 points = Good Performance
90-100 points = Excellent Performance

- Any Resubmitted Presentation earns a maximum grade of 70 points.
- To receive credit for the submittal a minimum grade of 70 points must be achieved.
b. ELECTRONIC RESIDENCY APPLICATION SERVICE (ERAS)
   i. A question and answer session will be held.
   ii. Topics will include:
       a) The timing of the National Resident Matching Program – OGME versus ACGME.
       b) Benefits of applying to the OGME only
       c) Benefits of applying to the ACGME only
       d) Benefits of applying to both OGME and ACGME.
       e) The Scrambling Process

c. OSHA SEMINAR
   Topics to be discussed include:
   i. Steps to take in case of bloodborne diseases exposure.
   ii. Evaluation of exposure risk
   iii. CDC recommendations for the management of health care professionals exposed to HBV, HCV and HIV.
   iv. Risk prevention recommendations

d. CLINICAL SKILLS TESTING PERFORMANCE EVALUATION
   Objectives:
   i. Observe the level of clinical skills learned by the osteopathic medical student-in-training.
   ii. Evaluate the osteopathic medical student’s readiness toward professional competency.
   iii. Evaluate the osteopathic medical student’s readiness for graduation from medical school.
   iv. To determine necessity and areas of concentration to achieve successful professional competency.
   v. To aim for success in the COMLEX Level 2 Performance Evaluation.

   Description:
   Four (4), twenty-three (23) minute modules have been developed to portray clinical encounters commonly seen by the osteopathic physician in either the outpatient, primary care or emergency department settings. Standardized patients have been trained to portray clinical scenarios in a standardized fashion, appropriate to the clinical setting, and should be interviewed, examined and treated as you would care for a “real patient.”

   Format:
   The class will randomly be divided into groups of four students, and scheduled to sequentially rotate through four simulated patient encounters. Outside each patient room, a chart will be placed with information already gathered to support the chief complaint (nurse’s notes, vital signs, lab work, X-Ray(s), ECG’s, etc.). Each examination room will be equipped with the necessary tools to perform all appropriate examinations. An announcement will be made to begin the encounter; the student will have fourteen (14) minutes to review the chart information, conduct a patient interview, perform a physical examination, perform any treatment maneuvers, give (age/gender/race) appropriate health promotion information, review findings with the patient, and answer any patient questions or concerns. A two minute warning will be announced during the fourteen minute period to facilitate encounter closure. At the conclusion of the fourteen minute period, the student will be instructed to leave the room, and report to the “SOAP Note Writing Station.” The student will have nine (9) minutes to document information gathered during the patient history and
physical examination, develop a “most to least likely” differential diagnosis (at least three is recommended), and propose a treatment plan. At the end of the nine minutes, an announcement will be made to stop writing and report to the next clinical encounter. The twenty-three (23) minute module will then be repeated for a total of four (4) clinical encounters.

Evaluation:
The student’s clinical performance will be graded by PCSOM clinicians in the departments of Family Medicine, Osteopathic Principles and Practice and Basic Medical Sciences. The standardized patients have been trained to provide an evaluation of the student’s humanistic qualities (communication and listening skills, patient respect, etc.). Critically evaluated quality areas may include but are not limited to the following. An example of an evaluative tool is shown as follows:

<table>
<thead>
<tr>
<th>Standardized Patient Evaluation (40 pts)</th>
<th>Point Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student doctor is professionally attired and exercised good hygiene</td>
<td></td>
</tr>
<tr>
<td>Student doctor asks questions clearly and is easily understood</td>
<td></td>
</tr>
<tr>
<td>Student doctor is a good listener and answers concerns clearly</td>
<td></td>
</tr>
<tr>
<td>Student doctor showed respect and concern for me, the patient</td>
<td></td>
</tr>
<tr>
<td>Student doctor explained and prepared me, the patient, during every step of the encounter</td>
<td></td>
</tr>
<tr>
<td>Student doctor reviewed all examination information</td>
<td></td>
</tr>
<tr>
<td>Student doctor reviewed the treatment plan</td>
<td></td>
</tr>
<tr>
<td>Student doctor valued my, the patient’s, input in all aspects of the encounter</td>
<td></td>
</tr>
</tbody>
</table>

5 = excellent, 3 = good, 1 = pass, 0 = fail

<table>
<thead>
<tr>
<th>Osteopathic Manipulation Component Evaluation (20 pts)</th>
<th>Point Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performed regionally appropriate examination</td>
<td></td>
</tr>
<tr>
<td>Explained objective of treatment to the patient</td>
<td></td>
</tr>
<tr>
<td>Chose appropriate treatment modality/modalities</td>
<td></td>
</tr>
<tr>
<td>Treatment technique</td>
<td></td>
</tr>
<tr>
<td>Treatment duration</td>
<td></td>
</tr>
</tbody>
</table>

4 = excellent, 2 = passing, 0 = fail, N/A = no OMT indicated
(Total Score Adjusted)

<table>
<thead>
<tr>
<th>SOAP Note Evaluation (20 pts)</th>
<th>Point Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student doctor collected chief complaint, HCC, PMH, PSH, FamHx, All, SHx, Gyn Hx (if applicable), med list dosage &amp; regimen, &amp; ROS</td>
<td></td>
</tr>
<tr>
<td>Scope of physical examination consistent with patient encounter</td>
<td></td>
</tr>
<tr>
<td>Documented physical examination consistent with video-recorded examination</td>
<td></td>
</tr>
<tr>
<td>Differential diagnosis logical and accurate</td>
<td></td>
</tr>
<tr>
<td>Plan of care logical and problem(s) based</td>
<td></td>
</tr>
</tbody>
</table>

4 = excellent, 2 = passing, 0 = fail

Total
Clinical Component Evaluation (20 pts) | Point Value
--- | ---
Student Doctor (SD) elicited chief complaint from Standardized Patient (SP) and asked appropriate and directed open-ended questions, related to probable diagnosis(es). | 5 | 3 | 0
SD examined regions and body systems consistent with the chief complaint and “standard of care” for age, and gender of patient. | | | |
Examination technique consistent with current “standard of care” | | | |
Examination duration consistent with the chief complaint and “standard of care” | | | |
5 = excellent, 3 = passing, 0 = fail | | | |
Total | | | |

Numerical Grading:
70-79 points = Average Passing Range
80-89 points = Good Performance
90-100 points = Excellent Performance

Each student will have the opportunity to meet with a member of the PCSOM faculty to review performance and view excerpts of the clinical encounters. All meetings will be scheduled by the Clinical Sciences Department. PCSOM faculty will offer recommendations and suggestions for preparation and timing for the COMLEX Level 2PE.

Suggested References:
Le, Tao, First Aid for the USMLE Step 2 CS, 3rd Ed., 2010.

e. COMPREHENSIVE OSTEOPATHIC MEDICAL SELF-ASSESSMENT EXAMINATION (COMSAE) FOR LEVEL 2.
i. COMSAE is a self-assessment tool for osteopathic students. It is produced by the National Board of Osteopathic Medical Examiners, and its format and structure closely resemble that of COMLEX Level 2CE.
ii. All attendees are required to sit for COMSAE to assess their readiness for COMLEX Level 2CE. PCSOM will conditionally reimburse students for the cost associated with the COMSAE.
   a) Students will register for the COMSAE on-line during real-time within the examination room.
   b) Students will be scheduled to sit for the examination in small groups.
   c) Students must bring their own laptops to the examination room.
   d) The examination will be proctored.
   e) All students will take the examination in timed mode according to the time frame prescribed by the National Board of Osteopathic Medical Examiners (NBOME).
   f) Upon completion of the examination, the student will receive, real-time, a score report. The score report should be saved for submittal to the Associate Dean for Clinical Sciences.
iii. All students who have taken the COMSAE will be scheduled to meet with a member of the faculty whom will make recommendations and preparation/scheduling suggestions for COMLEX Level 2CE.
   a) The COMSAE score report must be brought to the scheduled meeting for both review and submittal.
   b) It is recommended that the student bring any current study materials to the conference for faculty review.

iv. Reimbursement
   a) All students are required to sit for the COMSAE under proctored and timed conditions as described in the paragraphs in section 4b1-6.
   b) All students are required to retain a copy of the score report as described in sections 4b6 and 4c1.
   c) All students are required to submit a copy of the score report for both faculty review and submittal to the Associate Dean for Student Affairs for reimbursement.

Suggested References:
Le, Tao, First Aid for the USMLE Step 2CK, 7th Ed., 2009.
O’Connell and Brochert, USMLE Step 2 Secrets, 3rd Ed., 2010.

Guidelines For Preceptors

PRECEPTOR EDUCATIONAL RESPONSIBILITIES
Preceptors will provide instruction, supervision, and evaluation of the performance of students. If for any reason the preceptor decides a student’s performance is unsatisfactory, he/she should contact the rotations office before the rotation’s completion. If a problem arises with a student’s performance, the PCSOM Dean of Clinical Sciences will decide on the appropriate action to be taken. The preceptor is encouraged to conduct a mid-rotation meeting with the student to provide specific feedback on the student’s performance. This is especially important if the student is not meeting expectations. The preceptor will evaluate the performance of the students in writing immediately following completion of the rotation. Preceptors are encouraged to discuss the evaluation with the student before returning it to PCSOM. The student will evaluate his/her own performance, the educational services, and faculty participation at the rotation site. This evaluation will also be submitted to the rotations office during the week following rotation. Copies of PCSOM evaluation instruments are included at the end of this manual.

INSTRUCTIONAL OBJECTIVES FOR PRECEPTORS
The following guidelines are provided to aid supervising physicians and staff in meeting the objectives of the curriculum for the students. The preceptor will:

1. Provide direction and guidance to enable the student to master the objectives listed in the curriculum for the rotation.
2. Demonstrate availability for support, directional guidance and consultations with the students.
3. Demonstrate a wide variety of knowledge necessary for the instruction of the student.
4. Effectively encourage questions and stimulate problem solving.
5. Admit freely a lack of knowledge when he or she encounters a situation that is not a familiar medical problem.
6. Display the following personal traits:
   a. attentive to the needs of the students
   b. a calm and relaxed manner
   c. enthusiasm about the practice of medicine
   d. interest in presenting information to students
7. Effectively define and illustrate clinical signs and symptoms.
8. Help the students in developing skills in clinical problem solving.
9. Display a manner which exemplifies those characteristics that promote effective physician/patient communication.
10. Display the appropriate psychosocial interactions that promote effective physician/patient communication.
11. Provide the students with educational programs that will increase their knowledge.

**ATTENDING PHYSICIAN RESPONSIBILITIES**
The preceptor/attending physician possesses the experience and training to:

1. Review and co-sign all written materials
   a. Progress notes
   b. History and physical exams
   c. Admit notes and discharge summaries
   d. Treatment orders
2. Review student performance
   a. Conduct a mid-rotation evaluation session to discuss the student’s progress
   b. Completion and submittal of the “PCSOM Student Assessment Form” at the completion of the rotation.
3. Attend patient rounds
   a. Answer case specific questions
   b. Emphasize important “learning” points
   c. Direct the student’s case management activities
4. Serve as a mentor
5. Suggest reading

**Student Record Keeping**

**LOGS**
All students are required to maintain a daily log on every patient seen during ambulatory and hospital care. All attending physicians are entitled to review this log at any time, and encouraged to review them at the end of the rotation. Logs and evaluations are to be submitted to the Clinical Rotations Records Officer within seven (7) calendar days from the last day of the rotation. A grade of “Failure” will remain for the rotation until all log materials are received and validated. Upon successful submission of all log documents, at the discretion of the Associate Dean for Clinical Sciences, the rotation grade will be raised to a maximum of 70%.

The following Case Log components are mandatory:

1. The Log Submittal Checklist – any item marked “None” requires the initials of the preceptor.
2. Student Assessment Form
3. Rotation Evaluation Form – utilized for student evaluation of the clinical experience. This evaluation will be accumulated and reviewed for credentialing and curricular purposes and must accompany all Case Logs.

The following entries are suggested for each of the following log areas:

1. Student Log – Ambulatory Clinic Rotation – utilized on all ambulatory clinical rotations, including but not limited to rotations such as Family Medicine, General Internal Medicine, and Pediatrics. This would be an outpatient log and would not include hospitalized patients.
2. Student Log – Hospital Case Participation – noting the following:
   a. Patient identification **number** or **initials only**. It is a HIPAA violation to identify patients by name.
   b. Admission date
   c. Diagnosis – Provisional or Final
   d. Level of Participation
   e. H&P Performed
   f. Attending Physician
   g. OMT
3. Student Log – Surgery – utilized during the surgical core and elective rotations noting the surgical procedures, level of participation, final diagnosis, and whether the procedure was performed on an inpatient or outpatient basis.
4. Student Log – Obstetrics – utilized on all obstetrical cases.
5. Student Log – Special Procedures – examples such as laceration repair, Pap smear, Electrocardiography, Surgical biopsy, Cardiac stress test, etc.
6. Student Log – Educational Programs – listing of all clinical didactic lecture activities including Journal Club, Morbidity & Mortality Review, Tumor Board, Videoconferences, County Medical Society, etc.
7. Student Log – Reading Program – noting the breadth and depth of the student’s professional reading experience during the clinical rotation. This would also include any references for research performed at the request of the preceptor. The log would list the names of books, journals, or other educational material completed during the log period.

No Case Logs will be considered complete without the appropriate completed component parts. **The supervising physician/preceptor must sign the Log Submittal Checklist attesting the accuracy of the case log activities performed and experienced during the clinical rotation.**

For purposes of credentialing, gaining future practice privileges or certification, students should permanently keep signed copies of their logs. PCSOM will not keep file copies of such documents for more than one year, and it is the student’s responsibility to be able to produce original documentation of his/her training.

**Graduation Requirements**

1. Successful Completion of COMLEX level 1, Level 2-CE, and Level 2-PE
2. Completion of the Written Clinical Case Presentation
3. Completion of CECentral on-line program
4. Completion of Capstone Course
5. Completion of Clinical Journal Club
6. Successful completion of end-of-service examination modules in Internal Medicine, Family Medicine, Pediatrics, General Surgery, Women’s Health, Osteopathic Manipulative Medicine, and Psychiatry.
7. Successful completion of all clinical rotations and submittal of all documentation
   a. Submittals of all clinical rotation logs
   b. Student Assessment Forms
8. Attendance at all class meetings
   a. Class meeting at conclusion of the 3rd year of study
   b. Exit class meeting at conclusion of 4th year of study
   c. Attendance at graduation exercises
Core Curriculum Objectives
Family Medicine I

Course Description
Family Medicine I is a mandatory, four-week, third-year core rotation that may be served in either the in-patient or out-patient setting. The third-year osteopathic medical student is progressed from the clinical courses introduced during the two pre-clinical years to their application in patient care. A hospital setting is preferable, however, course objectives can be achieved in an office setting. Preventive care, family planning, end of life care, acute and chronic care applied across all age groups, coordination of medical services and the operation of a professional practice are among the many experiences gained over the four weeks.

Course Objectives
1. To provide a framework for care of the general medical patient.
   a. To develop and apply interviewing skills to the patient encounter, as a means to both solidify physician-patient relationships and produce preliminary differential diagnosis.
   b. To utilize physical examination skills to progress from preliminary differential diagnosis to a probable differential diagnosis and the development of a diagnostic and treatment plan.
   c. To experience the evolution of a diagnostic plan, and the establishment of a working diagnosis and its associated treatment plan.
   d. To identify and apply core osteopathic principles and practices to the care of the general medical patient.
   e. To identify available social and medical resources and the family physician’s role in their coordination to patient care, i.e. referral decision-making.
   f. To view the role of experience based medicine to medical decision-making.
2. To provide a framework for preventive medical care to all age groups.
3. To expose students to the operation of a professional office:
   a. The roles of staff and physician(s) in the delivery of healthcare.
   b. The influences of third party insurance and medical decision-making.
   c. Care and recording of medical records.
   e. The role of the telephone, and other electronic communication tools in the delivery of healthcare.
   f. Awareness of physician responsibilities under HIPAA and OSHA regulations.
4. To provide knowledge of office procedures, their associated equipment, and laboratory submittal requirements.
   a. Phlebotomy
   b. Wound repair and suture removal
   c. Electrocardiography
   d. Spirometry
   e. Audiometry
   f. Screening examinations of the male and female breast
   g. The anal, rectal and prostate examination
   h. The female internal examination
5. To develop written and oral communication skills.
   a. The production of a written and/or dictated history and physical.
   b. The production of a written and/or dictated encounter progress note.
   c. Telephone and in-person communication with other medical and health professionals involved in common, with the care of the general medical patient.
**Student Duties**
The student participates as both a member of the hospital house staff and office staff. Responsibilities include:

1. Performance of admission histories and physicals
2. Completion of rounds on all in-patients including:
   a. Production of a progress SOAP note in each assigned patient chart.
   b. Investigation of all diagnostic studies ordered for the patient.
   c. Production of any case summaries and/or discharge summaries for the admitted patient.
   d. Performance of Osteopathic Manipulative Treatment under the direction of the attending physician.
3. Assist and/or perform office procedures under supervision.
4. Office set-up and performance of procedures:
   a. Osteopathic Manipulative Treatment
   b. Preventive health screens
   c. Minor surgery
   d. Preparation of laboratory specimens
   e. Draping and gowing

**Hours**
This is a four-week clinical rotation. Daily hours are to parallel the hours of the attending physician, however, the following guidelines are suggested:

1. A work day may be considered a 12-hour duration.
2. A work week may be considered typically 72 hours duration.
3. The maximum continuous duration of work may be 30 hours and should follow a minimum of 12 hours off duty.
4. Two days out of every 14 days may be provided as a weekend break.

**Location**
The physician’s office and participating hospital(s) within the core site.

**Dress**
At all times, PCSOM students will act as a representative of the school, and be attentive to personal hygiene, cleanliness and personal demeanor. Short white lab coats with PCSOM identification are expected to be worn unless specifically instructed by the hospital or preceptor. Scrub suits are to be worn in the operating room, procedure rooms, during call hours and at the discretion of individual physicians and/or institution/facility. At all times, however, the student must be clearly identified as a PCSOM student.

**Attendance**
Prompt student attendance is expected for the 28 days of the rotation period. The activities of each day must be recorded on student logs for the rotation. A maximum of three (3) days for absence is permitted, if approved by the associate dean for clinical sciences, and must be recorded on student logs for the rotation. Absence in excess of the 3 day standard will result in an “incomplete” for this rotation, until such time that the activity requirement is satisfied.

Absence of the attending physician or the student, from the practice for a period greater than one day, requires the student to notify the office for clinical sciences, of the interruption of activity. At the discretion of the associate dean for clinical sciences either a reading assignment or alternate duty assignment will be made.

**Lectures and Meetings**
It is the responsibility of the student to be familiar with the hospital’s didactic lecture schedule, and to document attendance within the student log. Didactic programs include but are not limited to: Morning Report, Journal Club, Morbidity/Mortality Conference, Grand Rounds, and Noon Conference. Absence from any of these events
requires the signature of the preceptor, and should be sent with the student log reports to PCSOM. It is expected that the student will attend a minimum of 70% of each kind of event.

**Grading**

The basis for the rotation grade is the “PCSOM Student Assessment Form” which is completed by the attending physician, and discussed with the student before mailing, and the review of all submitted log entries from the student. Upon receipt and review of all information, the associate dean for clinical sciences evaluates the material, and assigns a numerical grade, as per the Clinical Rotations Manual.

The evaluation is intended to measure the student in comparison to others at the same level of education. The PCSOM Student Assessment Form measures:

1. Mastery of Osteopathic Philosophy and Application of Manipulative Medicine
2. Medical Knowledge
3. Patient Care
4. Interpersonal and Communication Skills
5. Professionalism
6. Application of Practice Based Learning Skills
7. Application of Systems Approach to Medicine

**Challenge of Grades**

Any challenges or questions are to be directed to the associate dean for clinical sciences. The student has the right for review of the challenge by the Promotions and Matriculation Committee, if the associate dean’s response requires further clarification.

**Remediation**

In cases where a passing grade is not achieved, if deemed appropriate by the Promotions & Matriculation Committee, the student will be given the opportunity to repeat the rotation.
Family Medicine II

Course Description
Family Medicine II is a mandatory, third-year, upper level, four-week core rotation, that may be served preferably in an office based setting, however, can be accomplished in an in-patient setting. The osteopathic medical student is, under preceptor supervision, actively engaged in both the care and the medical decision-making for both the in-patient and out-patient population. During the four weeks, the osteopathic medical student will evaluate patients, develop comprehensive care plans and experience the responsibilities associated with physician actions.

Prerequisites: Family Medicine I

Course Objectives
1. To develop efficient and complete evaluative and management skills for the care of the general medical patient.
   a. To conduct an age, gender and problem associated patient interview and physical examination, while including preventive medical care for all age groups.
   b. To formulate and test preliminary differential diagnosis during the physical examination.
   c. To develop a diagnostic and treatment plan.
   d. To establish a working diagnosis and the challenges associated with the implementation of the treatment plan.
   e. To apply core osteopathic principles and practices to the care of the general medical patient.
   f. To coordinate available social and medical resources as part of the comprehensive treatment plan.
   g. To, under preceptor supervision, take the family physician’s role in referral decision-making.
      i. To view the role of experience based medicine to medical decision-making.
      ii. To view the availability of services and its impact on patient care.
      iii. To view the effect of outside influences, e.g. third party insurance, on medical decision-making.
2. To develop a model for the operation of a professional office:
   a. Examine the roles of staff and physician(s) in the delivery of healthcare. This may include, with the consent of the preceptor, attendance at office staff meetings.
   b. Develop an understanding of the influences that third party insurances have on medical decision-making.
   c. Understand the laws that govern the care and recording of medical records.
   e. Examine the telephone system, and other electronic communication tools in relation to the delivery of healthcare.
   f. Know the HIPAA and OSHA regulations in regard to the operation of a professional medical practice.
      i. Confidentiality
      ii. Hazardous waste removal
      iii. Emergency procedures
   g. To develop an inventory of necessary property and supplies for the daily operation of a general medical practice.
3. To continue development of written and oral communication skills.
   a. The production of a written and/or dictated history and physical.
   b. The production of a written and/or dictated encounter progress note.
   c. Telephone and in-person communication with other medical and health professionals involved in common, with the care of the general medical patient.
**Student Duties**

The student participates as both a member of the hospital house staff and office staff. Responsibilities include:

1. Performance of admission histories and physicals
2. Completion of rounds on all in-patients including:
   a. Production of a “problem-based” progress SOAP note in each assigned patient chart.
   b. Maintain “out of chart” treatment plans on each assigned patient for purposes of bedside discussion and comprehensive care planning.
   c. Investigation and interpretation of all diagnostic studies ordered for the patient, and be prepared to discuss findings for purposes of comprehensive care planning.
   d. Follow-up with all consultants on assigned patients, and be prepared to discuss findings for purposes of comprehensive care planning.
   e. Production of any case summaries and/or discharge summaries for the admitted patient.
   f. Performance of Osteopathic Manipulative Treatment under the direction of the attending physician.
   g. Assist and/or perform office procedures under supervision.
   h. Office set-up and performance of procedures:
      i. Osteopathic Manipulative Treatment
      ii. Preventive health screens
      iii. Minor surgery
      iv. Preparation of laboratory specimens
      v. Draping and gowning
   i. Attend and observe, with preceptor permission, family meetings

**Hours**

This is a four-week clinical rotation. Daily hours are to parallel the hours of the attending physician, however, the following guidelines are suggested:

1. A work day may be considered a 12-hour duration.
2. A work week may be considered a maximum amount at 72 hours duration.
3. The maximum continuous duration of work may be 30 hours and should follow a minimum of 12 hours off duty.
4. Two days out of every 14 days may be provided as a weekend break.

**Location**

The physician’s office and the participating hospital(s) within the core site.

**Dress**

At all times, PCSOM students will act as a representative of the school, and be attentive to personal hygiene, cleanliness and personal demeanor. Short white lab coats with PCSOM identification are expected to be worn unless specifically instructed by the hospital or preceptor. Scrub suits are to be worn in the operating room, procedure rooms, during call hours and at the discretion of individual physicians and/or institution/facility. At all times, however, the student must be clearly identified as a PCSOM student.

**Attendance**

Prompt student attendance is expected for the 28 days of the rotation period. The activities of each day must be recorded on student logs for the rotation. A maximum of three (3) days for absence is permitted, if approved by the associate dean for clinical sciences, and must be recorded on student logs for the rotation. Absence in excess of the 3 day standard will result in an “incomplete” for this rotation, until such time that the activity requirement is satisfied.

Absence of the attending physician, or the student, from the practice for a period greater than one day, requires the student to notify the office for clinical sciences, of the interruption of activity. At the discretion of the associate dean for clinical sciences either a reading assignment or alternate duty assignment will be made.
**Lectures and Meetings**
It is the responsibility of the student to be familiar with the hospital’s didactic lecture schedule, and to document attendance within the student log. Didactic programs include but are not limited to: Morning Report, Journal Club, Morbidity/Mortality Conference, Grand Rounds, and Noon Conference. Absence from any of these events requires the signature of the preceptor, and should be sent with the student log reports to PCSOM. It is expected that the student will attend a minimum of 70% of each kind of event.

**Grading**
The basis for the rotation grade is the “PCSOM Student Assessment Form” which is completed by the attending physician, and discussed with the student before mailing, and the review of all submitted log entries from the student. Upon receipt and review of all information, the associate dean for clinical sciences evaluates the material, and assigns a numerical grade. A grade of 70% is considered passing, as per the Clinical Rotations Manual.

The evaluation is intended to measure the student in comparison to others at the same level of education. The PCSOM Student Assessment Form measures:

1. Mastery of Osteopathic Philosophy and Application of Manipulative Medicine
2. Medical Knowledge
3. Patient Care
4. Interpersonal and Communication Skills
5. Professionalism
6. Application of Practice Based Learning Skills
7. Application of Systems Approach to Medicine

**Challenge of Grades**
Any challenges or questions are to be directed to the associate dean for clinical sciences. The student has the right for review of the challenge by the Promotions and Matriculation Committee, if the associate dean’s response requires further clarification.

**Remediation**
In cases where a passing grade is not achieved, if deemed appropriate by the Promotions & Matriculation Committee, the student will be given the opportunity to repeat the rotation.
General Internal Medicine I

Course Description
General Internal Medicine I is a mandatory, four-week, hospital-based, third-year core rotation. The third-year osteopathic medical student is progressed from Course No. 607, second year Introductory Internal Medicine, and Course No. 604, Clinical Applications of Osteopathic Medicine, to practical application in the hospital setting. The pathophysiology of cardiovascular, cerebrovascular, pulmonary, renal, gastrointestinal and endocrine disorders are among the patient population seen. As a member of the internal medicine team, under the supervision of a general internist, the osteopathic medical student participates in the admission, in-hospital care and discharge of the patients served.

Course Objectives
1. To develop age and gender specific, problem oriented history and physical examination skills.
2. To learn effective communication skills.
   a. The focused patient interview
   b. Peer case presentation techniques
   c. Production of coherent admission, progress, and discharge notes
3. To correlate information gained from the patient’s chief complaint, medical, surgical, social, and familial histories with the signs and symptoms seen on examination to develop differential diagnoses in order of likelihood.
4. To appreciate the role that experience based medicine plays in the management of the medical patient.
5. To appreciate the role of viscero-somatic and somato-visceral physical findings in both the diagnosis and treatment of the medical patient.
6. To appreciate the need for preventive medical care as part of the total treatment regimen for the medical patient.
7. To learn the principles of the production and implementation of a total treatment plan.
8. To expose students to the operation of a hospital.
   a. The hospital laboratory
   b. The radiology department
   c. The nursing staff and patient care management.
   d. The physical, occupational, speech, and respiratory therapy teams.
   e. The social services department
   f. The strict observance of HIPAA and OSHA regulations.
   g. The coordination of patient care.
9. To provide practical procedural knowledge:
   a. Phlebotomy and arterial blood gases
   b. Insertion of nasogastric tubes
   c. Insertion of urinary catheters
   d. Insertion of central vascular catheters
   e. Electrocardiography
   f. The rectal examination
   g. Cardiovascular resuscitation
   h. Lumbar spinal puncture
   i. Culture of blood, body fluid and soft tissues

Student Duties
The student participates as a member of the hospital house staff.
   a. Performance of admission histories and physicals.
   b. Completion of rounds on all in-patients.
   c. Performance of after hours call.
d. Attendance at hospital conferences.
e. Performance of minor bedside procedures.

**Hours**
This is a four-week clinical rotation. Daily hours are to parallel the hours of the house staff, however, the following guidelines are suggested:

1. A work day may be considered of 12-hour duration.
2. A work week may be considered typically 72 hours duration.
3. The maximum continuous duration of work may be 30 hours and should follow a minimum of 12 hours off duty.
4. Two days out of every 14 days may be provided as a weekend break.

**Location**
The physician’s office and the participating hospital(s) within the core site.

**Dress**
At all times, PCSOM students will act as a representative of the school, and be attentive to personal hygiene, cleanliness and personal demeanor. Short white lab coats with PCSOM identification are expected to be worn unless specifically instructed by the hospital or preceptor. Scrub suits are to be worn in the operating room, procedure rooms, during call hours, and at the discretion of individual physicians and/or institution/facility. At all times, however, the student must be clearly identified as a PCSOM student.

**Attendance**
Prompt student attendance is expected for the 28 days of the rotation period. The activities of each day must be recorded on student logs for the rotation. A maximum of three (3) days for absence is permitted, if approved by the associate dean for clinical sciences, and must be recorded on student logs for the rotation. Absence in excess of the 3 day standard will result in an “incomplete” for this rotation, until such time that the activity requirement is satisfied.

Absence of the attending physician, or the student, from the practice for a period greater than one day, requires the student to notify the office for clinical sciences, of the interruption of activity. At the discretion of the associate dean for clinical sciences either a reading assignment or alternate duty assignment will be made.

**Lectures and Meetings**
It is the responsibility of the student to be familiar with the hospital’s didactic lecture schedule, and to document attendance in the student log. Didactic programs include but are not limited to: Morning Report, Journal Club, Morbidity/Mortality Conference, Grand Rounds, and Noon Conference. Absence from any of these events requires the signature of the preceptor, and should be sent with the student log reports to PCSOM. It is expected that the student will attend a minimum of 70% of each kind of event.

**Grading**
The basis for the rotation grade is the “PCSOM Student Assessment Form” which is completed by the attending physician, and discussed with the student before mailing, and the review of all submitted log entries from the student. Upon receipt and review of all information, the associate dean for clinical sciences evaluates the material, and assigns a numerical grade. A grade of 70% is considered passing, as per the Clinical Rotations Manual.

The evaluation is intended to measure the student in comparison to others at the same level of education. The PCSOM Student Assessment Form measures:

1. Mastery of Osteopathic Philosophy and Application of Manipulative Medicine
2. Medical Knowledge
3. Patient Care
4. Interpersonal and Communication Skills
5. Professionalism
6. Application of Practice Based Learning Skills
7. Application of Systems Approach to Medicine
Challenge of Grades
Any challenges or questions are to be directed to the associate dean for clinical sciences. The student has the right for review of the challenge by the Promotions and Matriculation Committee, if the associate dean’s response requires further clarification.

Remediation
In cases where a passing grade is not achieved, if deemed appropriate by the Promotions & Matriculation Committee, the student will be given the opportunity to repeat the rotation.
General Internal Medicine II

Course Description
General Internal Medicine II is a mandatory, four-week, hospital-based, third-year, upper level core rotation. The osteopathic medical student, under the supervision of a general internist, and house staff, is encouraged to incorporate evaluative skills, and evidence-based medical information, to develop a comprehensive treatment regimen based on logical medical decision-making.

Pre-requisite: General Internal Medicine I

Course Objectives
1. To experience the responsibilities of an intern or resident.
2. To experience case management and the coordination of systems based medical care.
   a. The use of subspecialists and other medical/surgical disciplines.
   b. The use of social services and outpatient programs.
   c. The use of physical therapy.
   d. The use of in-house care services.
3. To produce and implement a total treatment plan.
4. To experience prioritization skills.
5. To develop a problem oriented approach to patient care.
6. To develop a sense of cost-effective medical care.

Student Duties
1. Performance of admission histories and physicals
2. Completion of rounds on all in-patients.
3. Performance of after hours call.
4. Attendance at hospital conferences.
5. Performance of bedside procedures.
   a. Placement of catheters
   b. Central and peripheral line placement
   c. Electrocardiography
   d. Spirometry
   e. Sepsis work-up and procedures

Hours
This is a four-week clinical rotation. Daily hours are to parallel the hours of the house staff, however, the following guidelines are suggested:
1. A work day may be considered of 12-hour duration.
2. A work week may be considered typically 72 hours duration.
3. The maximum continuous duration of work may be 30 hours and should follow a minimum of 12 hours off duty.
4. Two days out of every 14 days may be provided as a weekend break.

Location
The physician’s office and the participating hospital(s) within the core site.

Dress
At all times, PCSOM students will act as a representative of the school, and be attentive to personal hygiene, cleanliness and personal demeanor. Short white lab coats with PCSOM identification are expected to be worn unless specifically instructed by the hospital or preceptor. Scrub suits are to be worn in the operating room, procedure rooms, during call hours, and at the discretion of individual physicians and/or institution/facility. At all times, however, the student must be clearly identified as a PCSOM student.
**Attendance**
Prompt student attendance is expected for the 28 days of the rotation period. The activities of each day must be recorded on student logs for the rotation. A maximum of three (3) days for absence is permitted, if approved by the associate dean for clinical sciences, and must be recorded on student logs for the rotation. Absence in excess of the 3 day standard will result in an “incomplete” for this rotation, until such time that the activity requirement is satisfied.

Absence of the attending physician, or the student, from the practice for a period greater than one day, requires the student to notify the office for clinical sciences, of the interruption of activity. At the discretion of the associate dean for clinical sciences either a reading assignment or alternate duty assignment will be made.

**Lectures and Meetings**
It is the responsibility of the student to be familiar with the hospital’s didactic lecture schedule, and to document attendance in the student log. Didactic programs include but are not limited to: Morning Report, Journal Club, Morbidity/Mortality Conference, Grand Rounds, and Noon Conference. Absence from any of these events requires the signature of the preceptor, and should be sent with the student log reports to PCSOM. It is expected that the student will attend a minimum of 70% of each kind of event.

**Grading**
The basis for the rotation grade is the “PCSOM Student Assessment Form” which is completed by the attending physician, and discussed with the student before mailing, and the review of all submitted log entries from the student. Upon receipt and review of all information, the associate dean for clinical sciences evaluates the material, and assigns a numerical grade. A grade of 70% is considered passing, as per the Clinical Rotations Manual.

The evaluation is intended to measure the student in comparison to others at the same level of education. The PCSOM Student Assessment Form measures:
1. Mastery of Osteopathic Philosophy and Application of Manipulative Medicine
2. Medical Knowledge
3. Patient Care
4. Interpersonal and Communication Skills
5. Professionalism
6. Application of Practice Based Learning Skills
7. Application of Systems Approach to Medicine

**Challenge of Grades**
Any challenges or questions are to be directed to the associate dean for clinical sciences. The student has the right for review of the challenge by the Promotions and Matriculation Committee, if the associate dean’s response requires further clarification.

**Remediation**
In cases where a passing grade is not achieved, if deemed appropriate by the Promotions & Matriculation Committee, the student will be given the opportunity to repeat the rotation.
General Surgery I

Course Description
General Surgery I is a mandatory third-year core rotation. The third-year osteopathic medical student is introduced to the evaluation and management of the surgical patient, in the hospital setting.

Course Objectives
1. To provide a framework for care of the surgical patient.
2. To identify and apply core osteopathic concepts to the care of the surgical patient.
3. To experience the pathophysiology relevant to affected organ systems, and the efficacy of surgical care.
4. To expose students to an evaluative approach to diagnosis and management of the surgical patient by use of:
   a. Physical examination
   b. Laboratory and Diagnostic Testing
   c. Evidence-based medicine
5. To provide knowledge of common operative procedures and equipment.

Student Duties
The student participates as a member of the house staff, and responsibilities include:
1. Performance of admission histories and physicals.
2. Completion of rounds on all in-patients (to include):
   a. Production of a progress SOAP note in each assigned patient chart.
   b. Investigation of all diagnostic studies ordered for the patient.
   c. Production of any case summaries and/or discharge summaries for the admitted patient.
   d. Performance of pre and post-operative Osteopathic Manipulative Treatment at the discretion of the attending surgeon.
3. Assistant within the operating room suite.
   a. Mastery of aseptic technique which includes gowning, gloving, transfers, and establishment of sterile field.
   b. Mastery of surgical knot tying
4. Essential study and preparation for each planned procedure on the attending surgeon’s surgical schedule.

Hours
This is a four-week clinical rotation. Daily hours are to parallel the hours of the attending physician, however, the following guidelines are suggested:
1. A work day may be considered a 12-hour duration.
2. A work week may be considered a maximum amount at 72 hours duration.
3. The maximum continuous duration of work may be 30 hours and should follow a minimum of 12 hours off duty.
4. Two days out of every 14 days may be provided as a weekend break.

Location
The physician’s office and the participating hospital(s) within the core site.

Dress
At all times, PCSOM students will act as a representative of the school, and be attentive to personal hygiene, cleanliness and personal demeanor. Short white lab coats with PCSOM identification are expected to be worn unless specifically instructed by the hospital or preceptor. Scrub suits are to be worn in the operating room, procedure rooms, during call hours and at the discretion of individual physicians and/or institution/facility. At all times, however, the student must be clearly identified as a PCSOM student.
**Attendance**

Prompt student attendance is expected for the 28 days of the rotation period. The activities of each day must be recorded on student logs for the rotation. A maximum of three (3) days for absence is permitted, if approved by the associate dean for clinical sciences, and must be recorded on student logs for the rotation. Absence in excess of the 3 day standard will result in an “incomplete” for this rotation, until such time that the activity requirement is satisfied.

Absence of the attending physician, or the student, from the practice for a period greater than one day, requires the student to notify the office for clinical sciences, of the interruption of activity. At the discretion of the associate dean for clinical sciences either a reading assignment or alternate duty assignment will be made.

**Lectures and Meetings**

It is the responsibility of the student to be familiar with the hospital’s didactic lecture schedule, and to document attendance within the student log. Didactic programs include but are not limited to: Morning Report, Journal Club, Morbidity/Mortality Conference, Grand Rounds, and Noon Conference. Absence from any of these events requires the signature of the preceptor, and should be sent with the student log reports to PCSOM. It is expected that the student will attend a minimum of 70% of each kind of event.

**Grading**

The basis for the rotation grade is the “PCSOM Student Assessment Form” which is completed by the attending physician, and discussed with the student before mailing, and the review of all submitted log entries from the student. Upon receipt and review of all information, the associate dean for clinical sciences evaluates the material, and assigns a numerical grade. A grade of 70% is considered passing, as per the Clinical Rotations Manual.

The evaluation is intended to measure the student in comparison to others at the same level of education. The PCSOM Student Assessment Form measures:

1. Mastery of Osteopathic Philosophy and Application of Manipulative Medicine
2. Medical Knowledge
3. Patient Care
4. Interpersonal and Communication Skills
5. Professionalism
6. Application of Practice Based Learning Skills
7. Application of Systems Approach to Medicine

**Challenge of Grades**

Any challenges or questions are to be directed to the associate dean for clinical sciences. The student has the right for review of the challenge by the Promotions and Matriculation Committee, if the associate dean’s response requires further clarification.

**Remediation**

In cases where a passing grade is not achieved, if deemed appropriate by the Promotions & Matriculation Committee, the student will be given the opportunity to repeat the rotation.
General Surgery II

Course Description

General Surgery II is a mandatory hospital-based, four-week, third-year core rotation. The third-year osteopathic medical student is engaged to exercise diagnostic skills to evaluate the surgical patient, hone surgical skills as an assistant in the operating room suite, and develop an appreciation for evidence-based surgical care criteria.

Prerequisite: General Surgery I

Course Objectives

1. To provide a framework for care of the surgical patient, which includes:
   a. Principles of Nutrition
   b. Use of Osteopathic Manipulative Treatment
   c. Principles of hydration
   d. Infectious disease considerations
   e. Thrombosis prevention
   f. Airway management
   g. Physical activity guidelines
   h. Applications of evidence-based surgical care criteria
   i. Utilization of diagnostic imaging and the laboratory
2. To experience the pathophysiology relevant to affected organ systems, and the efficacy of surgical care.
3. To provide knowledge and experience with the performance of bedside procedures, which include:
   a. Placement of central venous catheters
   b. Placement of gastrointestinal catheters
   c. Placement of Urinary catheters
   d. Removal of sutures and catheters
   e. Wound care
   f. Ostomy care
4. To provide knowledge and experience as an operative assistant with all operative procedures, and associated equipment.

Student Duties

The student participates as a member of the house staff, and responsibilities include:
1. Performance of admission histories and physicals.
2. Completion of rounds on all in-patients (to include):
   a. Production of a SOAP note in each assigned patient chart.
   b. Investigation of all diagnostic studies ordered for the patient.
   c. Production of any case summaries and/or discharge summaries for the admitted patient.
   d. Performance of pre and post-operative Osteopathic Manipulative Treatment at the discretion of the attending surgeon.
   e. Performance of bedside procedures as outlined above.
3. Assistant within the operating room suite.
   a. The student must be gowned, gloved and positioned at bedside, within the sterile field for all surgical procedures.
   b. The student must have reviewed the surgical procedure a priori, and be prepared to outline the operative goals, and anatomical landmarks.
   c. The student should be prepared to close surgical wounds with use of accepted knot tying techniques.
4. Conduct essential study and preparation for each planned procedure on the attending surgeon’s surgical schedule.
**Hours**
This is a four-week clinical rotation. Daily hours are to parallel the hours of the attending physician, however, the following guidelines are suggested:

1. A work day may be considered a 12-hour duration.
2. A work week may be considered a maximum amount at 72 hours duration.
3. The maximum continuous duration of work may be 30 hours and should follow a minimum of 12 hours off duty.
4. Two days out of every 14 days may be provided as a weekend break.

**Location**
The physician’s office and the participating hospital(s) within the core site.

**Dress**
At all times, PCSOM students will act as a representative of the school, and be attentive to personal hygiene, cleanliness and personal demeanor. Short white lab coats with PCSOM identification are expected to be worn unless specifically instructed by the hospital or preceptor. Scrub suits are to be worn in the operating room, procedure rooms, during call hours and at the discretion of individual physicians and/or institution/facility. At all times, however, the student must be clearly identified as a PCSOM student.

**Attendance**
Prompt student attendance is expected for the 28 days of the rotation period. The activities of each day must be recorded on student logs for the rotation. A maximum of three (3) days for absence is permitted, if approved by the associate dean for clinical sciences, and must be recorded on student logs for the rotation. Absence in excess of the 3 day standard will result in an “incomplete” for this rotation, until such time that the activity requirement is satisfied.

Absence of the attending physician, or the student, from the practice for a period greater than one day, requires the student to notify the office for clinical sciences, of the interruption of activity. At the discretion of the associate dean for clinical sciences either a reading assignment or alternate duty assignment will be made.

**Lectures and Meetings**
It is the responsibility of the student to be familiar with the hospital’s didactic lecture schedule, and to document attendance within the student log. Didactic programs include but are not limited to: Morning Report, Journal Club, Morbidity/Mortality Conference, Grand Rounds, and Noon Conference. Absence from any of these events requires the signature of the preceptor, and should be sent with the student log reports to PCSOM. It is expected that the student will attend a minimum of 70% of each kind of event.

**Grading**
The basis for the rotation grade is the “PCSOM Student Assessment Form” which is completed by the attending physician, and discussed with the student before mailing, and the review of all submitted log entries from the student. Upon receipt and review of all information, the associate dean for clinical sciences evaluates the material, and assigns a numerical grade. A grade of 70% is considered passing, as per the Clinical Rotations Manual.

The evaluation is intended to measure the student in comparison to others at the same level of education. The PCSOM Student Assessment Form measures:

1. Mastery of Osteopathic Philosophy and Application of Manipulative Medicine
2. Medical Knowledge
3. Patient Care
4. Interpersonal and Communication Skills
5. Professionalism
6. Application of Practice Based Learning Skills
7. Application of Systems Approach to Medicine
**Challenge of Grades**
Any challenges or questions are to be directed to the associate dean for clinical sciences. The student has the right for review of the challenge by the Promotions and Matriculation Committee, if the associate dean’s response requires further clarification.

**Remediation**
In cases where a passing grade is not achieved, if deemed appropriate by the Promotions & Matriculation Committee, the student will be given the opportunity to repeat the rotation.
Pediatrics I

Course Description
Pediatrics I is a mandatory, four-week, third-year core rotation. The third-year osteopathic medical student is progressed from the second year introductory pediatrics course, to experience the care of infants, children and adolescents in the out-patient population. Common childhood diseases, genetic and developmental disorders, preventive health care, physical examination skills, and diagnosis and management strategies are among the rotation’s experiences.

Course Objectives
1. To provide a framework for care of the general pediatric patient.
   a. The patient (parent) interview.
   b. The physical examination.
   c. The utilization of laboratory and Diagnostic Testing.
   d. The utilization of evidence-based medicine for diagnosis and treatment.
   e. The utilization of available social and medical resources for pediatric patient care, i.e. referral decision-making.
2. To identify and apply core osteopathic principles and practices to the care of the pediatric patient.
3. To provide a framework for preventive medical care to the pediatric population.
4. To expose students to the influences of third party insurance on medical decision-making.
5. To expose students to the influences of HIPAA and OSHA regulations on the operation of a professional pediatric practice.
6. To gain knowledge of office procedures, their associated equipment, and laboratory submittal requirements.
   a. Phlebotomy
   b. Wound repair and suture removal
   c. Spirometry
   d. Audiometry
   e. Cerumen removal
   f. Culture collection
7. To recognize developmental milestones in the pediatric population.
8. To develop written and oral communication skills.
   a. The production of a written and/or dictated history and physical.
   b. The production of a written and/or dictated encounter progress note.
   c. Telephone and in-person communication with other medical and health professionals involved in common, with the care of the general pediatric patient.

Student Duties
1. Performance of admission histories and physicals on in-patients.
2. Completion of rounds on all in-patients including:
   b. Production of a progress SOAP note in each assigned patient chart.
   c. Investigation of all diagnostic studies ordered for the patient.
   d. Production of any case summaries and/or discharge summaries for the admitted patient.
   e. Performance of Osteopathic Manipulative Treatment under the direction of the attending physician.
3. Completion of “after hours” on-call duty per preceptor or hospital assignment.
4. Assist and/or perform office procedures under supervision.
5. Office set-up and performance of procedures:
   a. Osteopathic Manipulative Treatment
b. Preventive health screens
c. Minor surgery
d. Preparation of laboratory specimens

**Hours**
This is a four-week clinical rotation. Daily hours are to parallel the hours of the attending physician, however, the following guidelines are suggested:

1. A work day may be considered a 12-hour duration.
2. A work week may be considered typically 72 hours duration.
3. The maximum continuous duration of work may be 30 hours and should follow a minimum of 12 hours off duty.
4. Two days out of every 14 days may be provided as a weekend break.

**Location**
The physician’s office and participating hospital(s) within the core site

**Dress**
At all times, PCSOM students will act as a representative of the school, and be attentive to personal hygiene, cleanliness and personal demeanor. Short white lab coats with PCSOM identification are expected to be worn unless specifically instructed by the hospital or preceptor. Scrub suits are to be worn in the operating room, procedure rooms, during call hours and at the discretion of individual physicians and/or institution/facility. At all times, however, the student must be clearly identified as a PCSOM student.

**Attendance**
Prompt student attendance is expected for the 28 days of the rotation period. The activities of each day must be recorded on student logs for the rotation. A maximum of three (3) days for absence is permitted, if approved by the associate dean for clinical sciences, and must be recorded on student logs for the rotation. Absence in excess of the 3 day standard will result in an “incomplete” for this rotation, until such time that the activity requirement is satisfied.

Absence of the attending physician or the student, from the practice for a period greater than one day, requires the student to notify the office for clinical sciences, of the interruption of activity. At the discretion of the associate dean for clinical sciences either a reading assignment or alternate duty assignment will be made.

**Lectures and Meetings**
It is the responsibility of the student to be familiar with the hospital’s didactic lecture schedule, and to document attendance within the student log. Didactic programs include but are not limited to: Morning Report, Journal Club, Morbidity/Mortality Conference, Grand Rounds, and Noon Conference. Absence from any of these events requires the signature of the preceptor, and should be sent with the student log reports to PCSOM. It is expected that the student will attend a minimum of 70% of each kind of event.

**Grading**
The basis for the rotation grade is the “PCSOM Student Assessment Form” which is completed by the attending physician, and discussed with the student before mailing, and the review of all submitted log entries from the student. Upon receipt and review of all information, the associate dean for clinical sciences evaluates the material, and assigns a numerical grade. A grade of 70% is considered passing, as per the Clinical Rotations Manual.

The evaluation is intended to measure the student in comparison to others at the same level of education. The PCSOM Student Assessment Form measures:

1. Mastery of Osteopathic Philosophy and Application of Manipulative Medicine
2. Medical Knowledge
3. Patient Care
4. Interpersonal and Communication Skills
5. Professionalism
6. Application of Practice Based Learning Skills
7. Application of Systems Approach to Medicine

**Challenge of Grades**
Any challenges or questions are to be directed to the associate dean for clinical sciences. The student has the right for review of the challenge by the Promotions and Matriculation Committee, if the associate dean’s response requires further clarification.

**Remediation**
In cases where a passing grade is not achieved, if deemed appropriate by the Promotions & Matriculation Committee, the student will be given the opportunity to repeat the rotation.
Pediatrics II

Course Description
Pediatrics II is a mandatory, four-week, upper level, third-year core rotation, that may be served preferably in an in-patient setting, however, can be accomplished in an office based setting. The osteopathic medical student will explore diagnosis and management strategies for the care of infants, children and adolescents. During the four weeks, the osteopathic medical student will evaluate patients, develop care plans and experience the daily decisions that pediatricians make for their patients.

Pre-Requisites: Pediatrics I

Course Objectives
1. To recognize and apply preventive health care for patients in all pediatric age groups.
   a. Immunization
   b. Screens for growth and development
   c. Scoliosis screens
   d. Laboratory and Diagnostic Screens
   e. The utilization of evidence-based medicine for diagnosis and treatment
   f. The utilization of available social and medical resources for pediatric patient care.
2. To identify and apply core osteopathic principles and practices to the care of both the sick and well pediatric patient.
3. To recognize and develop treatment strategies for the acutely ill patient, including:
   a. Viral or bacterial illness
   b. The acute abdomen
   c. The respiratory emergency
   d. Seizure
   e. Trauma
   f. Hematologic dyscrasias
   g. Anaphylaxis and allergic reactions
4. To expose students to the influences of third party insurance on medical decision-making.
5. Gain an awareness of physician responsibilities under HIPAA and OSHA regulations.
6. To gain experience with the diagnostic tools for the evaluation of the sick patient, including:
   a. Lumbar spinal tap, the diagnostic work-up and handling of spinal fluid samples
   b. The infectious work-up
   c. Culture collection
   d. The ENT exam
   e. Urinary sampling
   f. Phlebotomy
7. To reinforce the importance of effective written and oral communication skills.
   a. The production of a written and/or dictated history and physical.
   b. The production of a written and/or dictated encounter progress note.
   c. Telephone and in-person communication with other medical and health professionals involved in common, with the care of the general pediatric patient.

Student Duties
1. Performance of admission histories and physicals on in-patients.
2. Completion of rounds on all in-patients including:
   b. Production of a progress SOAP note in each assigned patient chart.
   c. Investigation of all diagnostic studies ordered for the patient.
   d. Development of care regimens, under preceptor supervision, for each patient assigned.
e. Production of any case summaries and/or discharge summaries for the admitted patient.
f. Performance of Osteopathic Manipulative Treatment under the direction of the attending physician.

3. Completion of “after hours” on-call duty per preceptor or hospital assignment.
4. Assist and/or perform office procedures under supervision.
5. Office set-up and performance of procedures including:
   a. Osteopathic Manipulative Treatment
   b. Preventive health screens
   c. Minor surgery
   d. Preparation and collection of laboratory specimens

Hours
This is a four-week clinical rotation. Daily hours are to parallel the hours of the attending physician, however, the following guidelines are suggested:

1. A work day may be considered a 12-hour duration.
2. A work week may be considered typically 72 hours duration.
3. The maximum continuous duration of work may be 30 hours and should follow a minimum of 12 hours off duty.
4. Two days out of every 14 days may be provided as a weekend break.

Location
The physician’s office and participating hospital(s) within the core site

Dress
At all times, PCSOM students will act as a representative of the school, and be attentive to personal hygiene, cleanliness and personal demeanor. Short white lab coats with PCSOM identification are expected to be worn unless specifically instructed by the hospital or preceptor. Scrub suits are to be worn in the operating room, procedure rooms, during call hours and at the discretion of individual physicians and/or institution/facility. At all times, however, the student must be clearly identified as a PCSOM student.

Attendance
Prompt student attendance is expected for the 28 days of the rotation period. The activities of each day must be recorded on student logs for the rotation. A maximum of three (3) days for absence is permitted, if approved by the associate dean for clinical sciences, and must be recorded on student logs for the rotation. Absence in excess of the 3 day standard will result in an “incomplete” for this rotation, until such time that the activity requirement is satisfied.

Absence of the attending physician or the student, from the practice for a period greater than one day, requires the student to notify the office for clinical sciences, of the interruption of activity. At the discretion of the associate dean for clinical sciences either a reading assignment or alternate duty assignment will be made.

Lectures and Meetings
It is the responsibility of the student to be familiar with the hospital’s didactic lecture schedule, and to document attendance within the student log. Didactic programs include but are not limited to: Morning Report, Journal Club, Morbidity/Mortality Conference, Grand Rounds, and Noon Conference. Absence from any of these events requires the signature of the preceptor, and should be sent with the student log reports to PCSOM. It is expected that the student will attend a minimum of 70% of each kind of event.

Grading
The basis for the rotation grade is the “PCSOM Student Assessment Form” which is completed by the attending physician, and discussed with the student before mailing, and the review of all submitted log entries from the student. Upon receipt and review of all information, the associate dean for clinical sciences evaluates the material, and assigns a numerical grade. A grade of 70% is considered passing, as per the Clinical Rotations Manual.
The evaluation is intended to measure the student in comparison to others at the same level of education. The PCSOM Student Assessment Form measures:

1. Mastery of Osteopathic Philosophy and Application of Manipulative Medicine
2. Medical Knowledge
3. Patient Care
4. Interpersonal and Communication Skills
5. Professionalism
6. Application of Practice Based Learning Skills
7. Application of Systems Approach to Medicine

**Challenge of Grades**
Any challenges or questions are to be directed to the associate dean for clinical sciences. The student has the right for review of the challenge by the Promotions and Matriculation Committee, if the associate dean’s response requires further clarification.

**Remediation**
In cases where a passing grade is not achieved, if deemed appropriate by the Promotions & Matriculation Committee, the student will be given the opportunity to repeat the rotation.
Psychiatry

Course Description
Psychiatry is a mandatory, third-year, four-week core rotation, served in an in-patient setting. The osteopathic medical student is, under preceptor supervision, actively engaged in the evaluation and care for the hospitalized psychiatric patient. During the four weeks, the osteopathic medical student will interview and evaluate patients, perform an admission history and physical on all admitted patients, and develop multi-axial assessments on all patients seen.

Course Objectives
1. To develop evaluative and management skills for the care of the psychiatric patient.
   a. To conduct an age, gender and problem associated patient interview and physical examination.
   b. To perform a mental status examination.
   c. To become acquainted with a psychiatric diagnostic and treatment plan.
   d. To establish a working diagnosis with reference to The Diagnostic and Statistical Manual IV.
   e. To apply core osteopathic principles and practices to the care of the psychiatric patient.
   f. To participate with available social and medical resources as part of the comprehensive treatment plan.
   g. To view the role of evidence-based medicine to treatment decision-making.
   h. To view the availability of services and its impact on patient care.
   i. To view the effect of outside influences, e.g. third party insurance, on medical decision-making.
   j. To view the efficacy of psychotherapeutic treatment modalities.
      i. To include the role of psychopharmacology, and side-effect profiles.
      ii. To include treatment of Axis III comorbid states.
      iii. To include procedural alternatives to chemical therapies, e.g. cognitive treatment.
2. To develop an understanding for the operation of an in-patient psychiatric unit.
   a. Examine the roles of staff and physician(s) in the delivery of healthcare. This includes with the consent of the preceptor, attendance at group and individual treatment sessions.
   b. Know the HIPAA and OSHA regulations in regard to the operation of a psychiatric unit.
      i. Confidentiality
      ii. Emergency procedures
   c. To understand the security measures required for the safe operation of a psychiatry unit.
3. To develop written and oral communication skills.
   a. The production of a written and/or dictated history and physical.
   b. The production of a written and/or dictated encounter progress note.

Student Duties
The student participates as a member of the unit staff. Responsibilities include:
1. Performance of admission histories and physicals.
2. Completion of rounds on all in-patients including:
   a. Production of a “problem-based” progress SOAP note in each assigned patient chart.
   b. Investigation and interpretation of all diagnostic studies ordered for the patient, and be prepared to discuss findings for purposes of comprehensive care planning.
   c. Production of any case summaries and/or discharge summaries for the admitted patient.
   d. Performance of Osteopathic Manipulative Treatment under the direction of the attending physician.
3. Attendance at all psychiatric unit treatment sessions for assigned patients.
4. Attend and observe, with preceptor permission, family care plan meetings.
Hours
This is a four-week clinical rotation. Daily hours are to parallel the hours of the attending physician, however, the following guidelines are suggested:

1. A work day may be considered a 12-hour duration.
2. A work week may be considered typically 72 hours duration.
3. The maximum continuous duration of work may be 30 hours and should follow a minimum of 12 hours off duty.
4. Two days out of every 14 days may be provided as a weekend break.

Location
The physician’s office and participating hospital(s) within the core site.

Dress
At all times, PCSOM students will act as a representative of the school, and be attentive to personal hygiene, cleanliness and personal demeanor. Short white lab coats with PCSOM identification are expected to be worn unless specifically instructed by the hospital or preceptor. Scrub suits are to be worn in the operating room, procedure rooms, during call hours and at the discretion of individual physicians and/or institution/facility. At all times, however, the student must be clearly identified as a PCSOM student.

Attendance
Prompt student attendance is expected for the 28 days of the rotation period. The activities of each day must be recorded on student logs for the rotation. A maximum of three (3) days for absence is permitted, if approved by the associate dean for clinical sciences, and must be recorded on student logs for the rotation. Absence in excess of the 3 day standard will result in an “incomplete” for this rotation, until such time that the activity requirement is satisfied.

Absence of the attending physician or the student, from the practice for a period greater than one day, requires the student to notify the office for clinical sciences, of the interruption of activity. At the discretion of the associate dean for clinical sciences either a reading assignment or alternate duty assignment will be made.

Lectures and Meetings
It is the responsibility of the student to be familiar with the hospital’s didactic lecture schedule, and to document attendance within the student log. Didactic programs include but are not limited to: Morning Report, Journal Club, Morbidity/Mortality Conference, Grand Rounds, and Noon Conference. Absence from any of these events requires the signature of the preceptor, and should be sent with the student log reports to PCSOM. It is expected that the student will attend a minimum of 70% of each kind of event.

Grading
The basis for the rotation grade is the “PCSOM Student Assessment Form” which is completed by the attending physician, and discussed with the student before mailing, and the review of all submitted log entries from the student. Upon receipt and review of all information, the associate dean for clinical sciences evaluates the material, and assigns a numerical grade. A grade of 70% is considered passing, as per the Clinical Rotations Manual.

The evaluation is intended to measure the student in comparison to others at the same level of education. The PCSOM Student Assessment Form measures:

1. Mastery of Osteopathic Philosophy and Application of Manipulative Medicine
2. Medical Knowledge
3. Patient Care
4. Interpersonal and Communication Skills
5. Professionalism
6. Application of Practice Based Learning Skills
7. Application of Systems Approach to Medicine
**Challenge of Grades**
Any challenges or questions are to be directed to the associate dean for clinical sciences. The student has the right for review of the challenge by the Promotions and Matriculation Committee, if the associate dean’s response requires further clarification.

**Remediation**
In cases where a passing grade is not achieved, if deemed appropriate by the Promotions & Matriculation Committee, the student will be given the opportunity to repeat the rotation.
Women’s Health

Course Description
Women’s Health is a mandatory third-year core rotation. The third-year osteopathic medical student is introduced to the evaluation and management of the adult female patient. The experience serves both the in-patient and out-patient population. Preventive care, family planning, malignancy, infectious diseases, urinary, ovarian and uterine disorders, endocrine disorders, and the obstetrical patient are inclusive within the women’s health program.

Course Objectives
1. To provide a framework for care of the obstetrical patient.
2. To provide a framework for preventive medical care of the gynecologic patient.
3. To identify and apply core osteopathic concepts to the care of the female patient.
4. To experience the pathophysiology relevant to diseases of the breast, ovaries, urinary bladder, and uterus, and their medical/surgical management.
5. To expose students to an evaluative approach to diagnosis and management of the adult female patient by use of:
   a. Physical examination
   b. The gynecologic and medical/surgical history
   c. Laboratory and Diagnostic Testing
   d. Experience based medicine
6. To provide knowledge of gynecologic and obstetrical office and operative procedures, and their associated equipment.

Student Duties
The student participates as both a member of the hospital house staff and office staff. Responsibilities include:
1. Performance of admission histories and physicals.
2. Completion of rounds on all in-patients (to include):
   a. Production of a progress SOAP note in each assigned patient chart.
   b. Investigation of all diagnostic studies ordered for the patient.
   c. Production of any case summaries and/or discharge summaries for the admitted patient.
   d. Performance of Osteopathic Manipulative Treatment at the discretion of the attending physician.
3. Assistant within the office, operating room suite and labor & delivery
   a. Mastery of office set-up and performance of procedures:
      i. Pelvic Examination
      ii. Breast Examination
      iii. Biopsy
      iv. Preparation of pathologic specimens
      v. Draping and gowning
   b. Assist with the management of the Obstetrical patient during labor and delivery
   c. Assist with deliveries (vaginal and C-section), as appropriate.
   d. Assist with all gynecologic surgical procedures.
4. Essential study and preparation for each planned procedure on the attending physician’s schedule.

Hours
This is a four-week clinical rotation. Daily hours are to parallel the hours of the attending physician, however, the following guidelines are suggested:
1. A work day may be considered a 12-hour duration.
2. A work week may be considered typically 72 hours duration.
3. The maximum continuous duration of work may be 30 hours and should follow a minimum of 12 hours off duty.
4. Two days out of every 14 days may be provided as a weekend break.

Location
The physician’s office and participating hospital(s) within the core site

Dress
At all times, PCSOM students will act as a representative of the school, and be attentive to personal hygiene, cleanliness and personal demeanor. Short white lab coats with PCSOM identification are expected to be worn unless specifically instructed by the hospital or preceptor. Scrub suits are to be worn in the operating room, procedure rooms, during call hours and at the discretion of individual physicians and/or institution/facility. At all times, however, the student must be clearly identified as a PCSOM student.

Attendance
Prompt student attendance is expected for the 28 days of the rotation period. The activities of each day must be recorded on student logs for the rotation. A maximum of three (3) days for absence is permitted, if approved by the associate dean for clinical sciences, and must be recorded on student logs for the rotation. Absence in excess of the 3 day standard will result in an “incomplete” for this rotation, until such time that the activity requirement is satisfied.

Absence of the attending physician or the student, from the practice for a period greater than one day, requires the student to notify the office for clinical sciences, of the interruption of activity. At the discretion of the associate dean for clinical sciences either a reading assignment or alternate duty assignment will be made.

Lectures and Meetings
It is the responsibility of the student to be familiar with the hospital’s didactic lecture schedule, and to document attendance within the student log. Didactic programs include but are not limited to: Morning Report, Journal Club, Morbidity/Mortality Conference, Grand Rounds, and Noon Conference. Absence from any of these events requires the signature of the preceptor, and should be sent with the student log reports to PCSOM. It is expected that the student will attend a minimum of 70% of each kind of event.

Grading
The basis for the rotation grade is the “PCSOM Student Assessment Form” which is completed by the attending physician, and discussed with the student before mailing, and the review of all submitted log entries from the student. Upon receipt and review of all information, the associate dean for clinical sciences evaluates the material, and assigns a numerical grade. A grade of 70% is considered passing, as per the Clinical Rotations Manual.

The evaluation is intended to measure the student in comparison to others at the same level of education. The PCSOM Student Assessment Form measures:

1. Mastery of Osteopathic Philosophy and Application of Manipulative Medicine
2. Medical Knowledge
3. Patient Care
4. Interpersonal and Communication Skills
5. Professionalism
6. Application of Practice Based Learning Skills
7. Application of Systems Approach to Medicine

Challenge of Grades
Any challenges or questions are to be directed to the associate dean for clinical sciences. The student has the right for review of the challenge by the Promotions and Matriculation Committee, if the associate dean’s response requires further clarification.
**Remediation**
In cases where a passing grade is not achieved, if deemed appropriate by the Promotions & Matriculation Committee, the student will be given the opportunity to repeat the rotation.
Selective Curriculum Objectives
Clinical Osteopathic Medicine Selective

Course Description
Clinical Osteopathic Medicine is a mandatory selective rotation. The program attempts to answer the questions of “WHEN”, “WHY”, “HOW”, “WHERE”, and “IF” to utilize osteopathic manipulative techniques as part of the treatment plan for the medical/surgical patient. The appreciation of the intercommunication of the body systems, and the interpretation of T A R T findings is incorporated into the diagnosis and treatment of neural, muscular, joint, and visceral dysfunction. All students are required to pass a performance examination at the end of the four-week experience. The osteopathic medical student is introduced to the evaluation and management of medical/surgical patients in both the out-patient and in-hospital setting.

Pre-Requisite Courses: General Internal Medicine I, General Internal Medicine II, Family Medicine I, General Surgery I, Pediatrics I, and Women’s Health

Course Objectives
1. To master examination skills of both the axial and appendicular skeleton for disorders, and/or somatic dysfunction.
   a. Displays knowledge of neurologic and muscular diagnostic tools.
   b. Displays knowledge of the osteopathic structural examination.
2. To recognize physical changes of soft tissue structures for somato-somatic, somato-visceral, viscero-visceral and viscero-somatic reflex dysfunction.
3. To display clinical competency in the use of direct treatment approaches:
   a. High Velocity, Low Amplitude treatment of articular somatic dysfunction.
   b. Application of Muscle Energy to treatment of articular somatic dysfunction.
   c. Application of myofascial release to restricted soft tissue structures.
4. To display clinical competency in the use of indirect treatment approaches:
   a. Application of Counterstrain to restricted soft tissue structures.
   b. Application of Myofascial Release to restricted soft tissue structures.
   c. Application of “Balance and Hold” techniques to treatment of articular and fascial somatic dysfunction.
   d. Application of “Balanced Membranous Tension” to treatment of cranial and sacral somatic dysfunction.
5. To display clinical competency with the “decision making” process for proper utilization/application of osteopathic manipulative procedures to clinical problems.
   a. Osteopathic approaches as diagnostic tools.
   b. Osteopathic techniques as primary and/or secondary treatment tools.
   c. Osteopathic approaches as palliative tools.

Student Duties
1. The student participates as a member of the house staff, for all in-patients and responsibilities include:
   a. Performance of admission histories and physicals.
   b. Completion of rounds on all in-patients, including:
      i. Production of a progress SOAP note on each assigned patient chart.
      ii. Investigation of all diagnostic studies ordered for the patient.
      iii. Production of any case summaries and/or discharge summaries for the admitted patient.
      iv. Performance of Osteopathic Manipulative Treatment at the discretion of the attending physician.
   c. Participation in “after-hours” call rotation.
   d. Attendance at hospital conferences.
2. The student participates in the out-patient setting. Responsibilities include:
   a. Performance of physical examinations to include performance of Osteopathic Structural Examination.
   b. Performance of Osteopathic Manipulative Treatment under supervision.
   c. Production of progress, SOAP notes on each assigned patient.
3. Completion of an “End of Service” practical examination administered by the Chair, Dept. of Osteopathic Principles & Practice at PCSOM.

Required Reading
   Ch. 118: The Manipulative Prescription (pp 667 – 673)
   Ch. 5: General Anatomic Considerations (pp 24 – 36)
   Ch. 7: Structural Examination and Documentation (pp 53 – 63)
   Ch. 24 & 25: The Cervical Spine (pp 125 – 129)
   Ch. 35 & 36: The Thoracic Spine (pp 175 – 189)
   Ch. 46 & 47: The Lumbar Spine (pp 233 – 242)
   Ch. 57-60: The Pelvis and Sacrum (pp 285 – 322)
   Ch. 103 & 104: Cranial Osteopathy (pp 549 – 572)
   Ch. 6: Autonomic Nervous System (pp 90 – 116)*
   Ch. 8: Nociception, The Neuroendocrine Immune System, and Osteopathic Medicine (pp 137-154)*

Hours
This is a four-week clinical rotation. Daily hours are to parallel the hours of the attending physician, however, the following guidelines are suggested:
   1. A work day may be considered a 12-hour duration.
   2. A work week may be considered a maximum amount at 72 hours duration.
   3. The maximum continuous duration of work may be 30 hours and should follow a minimum of 12 hours off duty.
   4. Two days out of every 14 days may be provided as a weekend break.

Location
The physician’s office and the participating hospital(s) within the core site.

Dress
At all times, PCSOM students will act as a representative of the school, and be attentive to personal hygiene, cleanliness and personal demeanor. Short white lab coats with PCSOM identification are expected to be worn unless specifically instructed by the hospital or preceptor. Scrub suits are to be worn in the operating room, procedure rooms, during call hours and at the discretion of individual physicians and/or institution/facility. At all times, however, the student must be clearly identified as a PCSOM student.

Attendance
Prompt student attendance is expected for the 28 days of the rotation period. The activities of each day must be recorded on student logs for the rotation. A maximum of three (3) days for absence is permitted, if approved by the associate dean for clinical sciences, and must be recorded on student logs for the rotation. Absence in excess of the 3 day standard will result in an “incomplete” for this rotation, until such time that the activity requirement is satisfied.

Absence of the attending physician, or the student, from the practice for a period greater than one day, requires the student to notify the office for clinical sciences, of the interruption of activity. At the discretion of the associate dean for clinical sciences either a reading assignment or alternate duty assignment will be made.
Lectures and Meetings
It is the responsibility of the student to be familiar with the hospital’s didactic lecture schedule, and to document attendance within the student log. Didactic programs include but are not limited to: Morning Report, Journal Club, Morbidity/Mortality Conference, Grand Rounds, and Noon Conference. Absence from any of these events requires the signature of the preceptor, and should be sent with the student log reports to PCSOM. It is expected that the student will attend a minimum of 70% of each kind of event.

Grading
The basis for the rotation grade is the “PCSOM Student Assessment Form” which is completed by the attending physician, and discussed with the student before mailing, and the review of all submitted log entries from the student. Upon receipt and review of all information, the associate dean for clinical sciences evaluates the material, and assigns a numerical grade. A grade of 70% is considered passing, as per the Clinical Rotations Manual.

The evaluation is intended to measure the student in comparison to others at the same level of education. The PCSOM Student Assessment Form measures:
1. Mastery of Osteopathic Philosophy and Application of Manipulative Medicine
2. Medical Knowledge
3. Patient Care
4. Interpersonal and Communication Skills
5. Professionalism
6. Application of Practice Based Learning Skills
7. Application of Systems Approach to Medicine

Challenge of Grades
Any challenges or questions are to be directed to the associate dean for clinical sciences. The student has the right for review of the challenge by the Promotions and Matriculation Committee, if the associate dean’s response requires further clarification.

Remediation
In cases where a passing grade is not achieved, if deemed appropriate by the Promotions & Matriculation Committee, the student will be given the opportunity to repeat the rotation.
Emergency Medicine Selective

Course Description
Emergency Medicine is a mandatory, four-week, hospital-based, third-year selective rotation that affords the medical student the opportunity to learn in an Emergency Medicine setting. The osteopathic medical student, under the supervision of an emergency medicine specialist, sees the essentials of Emergency Medicine through observation and performance of clinical procedures, hands on clinical experiences and direct interaction with faculty, individual patients, and families. Integration of clinical skills and evidence-based medicine is achieved with emphasis on didactic discussions, and development of clinical skills.

Pre-requisites: General Internal Medicine I, General Internal Medicine II, Family Medicine I, General Surgery I, Pediatrics I, and Woman's Health

Course Objectives
1. To integrate osteopathic principles and practice concepts into the conventional care of emergency patients.
2. To experience case management and the coordination of systems based medical care.
   a. The use of subspecialists and other medical/surgical disciplines.
   b. The use of social services and outpatient programs.
   c. The use of in-house care services.
   d. To recognize the social and economic factors that affect patient care.
3. To employ the knowledge, attitudes, and skills necessary to provide preventive, episodic, or continuing care to individual patients in an emergency medicine setting.
4. To experience prioritization skills.
5. To learn assessment skills for classification of the type, level and urgency of care needed for the particular patient encounter.
6. To integrate the utilization of appropriate health maintenance screening protocols into emergency medicine care.
7. To demonstrate the ability to assess a patient and differentiate the need for urgent versus non-urgent care.
8. For students to experience the practice of evidence-based medicine.
   a. To assess, apply, and assimilate investigative knowledge to improve patient care.
   b. To realize the Emergency Medicine physician’s role in the community and Society.
   c. To cite and communicate information in an organized and succinct manner.
9. For students to respect and be sensitive to the individuality, values, goals, concerns, and rights of all with whom they interact in the healthcare setting.
10. Demonstrate understanding of ethical principles of autonomy, beneficence, informed consent, and confidentiality.
11. To accomplish the use of effective written, and verbal language skills.

Student Duties
1. Performance of bedside assessment and physical examination.
   a. Production of a problems based progress note.
   b. Be prepared to suggest a diagnostic and treatment plan with a differential diagnosis basis.
2. Performance of bedside procedures.
   a. Placement of catheters.
   b. Electrocardiography.
   c. Suturing and simple wound care.
   d. Assist with cardiopulmonary resuscitation under supervision.
   e. Phlebotomy.
   f. Performance of OMT as deemed appropriate by supervising physician.
   g. Casting of simple fractures under supervision.
3. Performance of after hours call.
4. Attendance at hospital conferences.

**Hours**
This is a four-week clinical rotation. Daily hours are to parallel the hours of the attending physician, however, the following guidelines are suggested:
1. A work day may be considered a 12-hour duration.
2. A work week may be considered typically 72 hours duration.
3. The maximum continuous duration of work may be 30 hours and should follow a minimum of 12 hours off duty.
4. Two days out of every 14 days may be provided as a weekend break.

**Location**
The physician’s office and participating hospital(s) within the core site.

**Dress**
At all times, PCSOM students will act as a representative of the school, and be attentive to personal hygiene, cleanliness and personal demeanor. Short white lab coats with PCSOM identification are expected to be worn unless specifically instructed by the hospital or preceptor. Scrub suits are to be worn in the operating room, procedure rooms, during call hours and at the discretion of individual physicians and/or institution/facility. At all times, however, the student must be clearly identified as a PCSOM student.

**Attendance**
Prompt student attendance is expected for the 28 days of the rotation period. The activities of each day must be recorded on student logs for the rotation. A maximum of three (3) days for absence is permitted, if approved by the associate dean for clinical sciences, and must be recorded on student logs for the rotation. Absence in excess of the 3 day standard will result in an “incomplete” for this rotation, until such time that the activity requirement is satisfied.

Absence of the attending physician or the student, from the practice for a period greater than one day, requires the student to notify the office for clinical sciences, of the interruption of activity. At the discretion of the associate dean for clinical sciences either a reading assignment or alternate duty assignment will be made.

**Lectures and Meetings**
It is the responsibility of the student to be familiar with the hospital’s didactic lecture schedule, and to document attendance within the student log. Didactic programs include but are not limited to: Morning Report, Journal Club, Morbidity/Mortality Conference, Grand Rounds, and Noon Conference. Absence from any of these events requires the signature of the preceptor, and should be sent with the student log reports to PCSOM. It is expected that the student will attend a minimum of 70% of each kind of event.

**Grading**
The basis for the rotation grade is the “PCSOM Student Assessment Form” which is completed by the attending physician, and discussed with the student before mailing, and the review of all submitted log entries from the student. Upon receipt and review of all information, the associate dean for clinical sciences evaluates the material, and assigns a numerical grade. A grade of 70% is considered passing, as per the Clinical Rotations Manual.

The evaluation is intended to measure the student in comparison to others at the same level of education. The PCSOM Student Assessment Form measures:
1. Mastery of Osteopathic Philosophy and Application of Manipulative Medicine
2. Medical Knowledge
3. Patient Care
4. Interpersonal and Communication Skills
5. Professionalism
6. Application of Practice Based Learning Skills
7. Application of Systems Approach to Medicine

**Challenge of Grades**
Any challenges or questions are to be directed to the associate dean for clinical sciences. The student has the right for review of the challenge by the Promotions and Matriculation Committee, if the associate dean’s response requires further clarification.

**Remediation**
In cases where a passing grade is not achieved, if deemed appropriate by the Promotions & Matriculation Committee, the student will be given the opportunity to repeat the rotation.
Medicine Selective Guidelines

Course Description
The medical selective is a four-week clinical rotation that may be served with subspecialists from the general fields of family medicine, internal medicine, or pediatrics. The osteopathic medical student is given the opportunity to observe and participate in the management and care of patients referred for specialty consultation. The experience can serve either the in-patient or out-patient population. Suggested areas of study may include:

- Cardiology
- Dermatology
- Endocrinology
- Gastroenterology
- Hematology/Oncology
- Infectious Diseases
- Nephrology
- Pulmonary Medicine
- Radiology

Prerequisites: Completion of 40 weeks of required core rotations

Course Objectives
1. To recognize the role of the medical specialist in the general management of the adult or pediatric patient.
2. To provide a framework for the:
   a. Criteria to be considered, when specialty consultation is contemplated.
   b. Evaluation and management of adult or pediatric medical disorders.
3. To experience atypical pathophysiologies and their diagnostic work-up
4. To utilize evidence based medicine

Student Duties
The student participates as both a member of the hospital house staff and office staff. Responsibilities include:
1. Performance of histories and physicals
2. Completion of rounds on all in-patients (To include):
   a. Production of a progress SOAP note in each assigned patient chart.
   b. Investigation of all diagnostic studies ordered for the patient.
   c. Production of any case summaries and/or discharge summaries for the admitted patient.
   d. Performance of Osteopathic Manipulative Treatment at the discretion of the attending physician.
3. Assistant within the office and/or procedure room suite
4. Essential study and preparation for each planned procedure on the attending physician’s schedule.

Hours
This is a four week clinical rotation. Daily hours are to parallel the hours of the attending physician and house staff. However, the following guidelines are suggested:
1. A work day may be considered of 12-hours duration.
2. A work week may be considered typically 72 hours duration.
3. The maximum continuous duration of work may be 30 hours and should follow a minimum of 12 hours off duty.
4. Two days out of every 14 days may be provided as a weekend break.

Location
The physician office, diagnostic treatment center, and/or participating hospital(s).
**Dress**
At all times, PCSOM students will act as a representative of the school, and be attentive to personal hygiene, cleanliness and personal demeanor. Short white lab coats with PCSOM identification are expected to be worn unless specifically instructed by the hospital or preceptor. Scrub suits are to be worn in the operating room, procedure rooms, during call hours and at the discretion of individual physicians and/or institution/facility. At all times, however, the student must be clearly identified as a PCSOM student.

** Attendance**
Prompt student attendance is expected for the 28 days of the rotation period. The activities of each day must be recorded on student logs for the rotation. A maximum of three (3) days for absence is permitted, if approved by the associate dean for clinical sciences, and must be recorded on student logs for the rotation. Absence in excess of the 3 day standard will result in an “incomplete” for this rotation, until such time that the activity requirement is satisfied.

Absence of the attending physician, or the student, from the practice for a period greater than one day, requires the student to notify the office for clinical sciences, of the interruption of activity. At the discretion of the associate dean for clinical sciences either a reading assignment or alternate duty assignment will be made.

**Lectures and Meetings**
It is the responsibility of the student to be familiar with the hospital’s didactic lecture schedule, and to document attendance within the student log. Didactic programs include but are not limited to: Morning Report, Journal Club, Morbidity/Mortality Conference, Grand Rounds, and Noon Conference. Absence from any of these events requires the signature of the preceptor, and should be sent with the student log reports to PCSOM. It is expected that the student will attend a minimum of 70% of each kind of event.

**Grading**
The basis for the rotation grade is the “PCSOM Student Assessment Form” which is completed by the attending physician, and discussed with the student before mailing, and the review of all submitted log entries from the student. Upon receipt and review of all information, the associate dean for clinical sciences evaluates the material, and assigns a numerical grade. A grade of 70% is considered passing, as per the Clinical Rotations Manual.

The evaluation is intended to measure the student in comparison to others at the same level of education. The PCSOM Student Assessment Form measures:
1. Mastery of Osteopathic Philosophy and Application of Manipulative Medicine
2. Medical Knowledge
3. Patient Care
4. Interpersonal and Communication Skills
5. Professionalism
6. Application of Practice Based Learning Skills
7. Application of Systems Approach to Medicine

**Challenge of Grades**
Any challenges or questions are to be directed to the associate dean for clinical sciences. The student has the right for review of the challenge by the Promotions and Matriculation Committee, if the associate dean’s response requires further clarification.

**Remediation**
In cases where a passing grade is not achieved, if deemed appropriate by the Promotions & Matriculation Committee, the student will be given the opportunity to repeat the rotation.
Rural Medicine Selective

Course Description
Rural Medicine is a mandatory family medicine selective rotation, and is four weeks in duration. It is an upper level third or fourth-year course that may be served preferably in an office based setting, however, can be accomplished in a hospital out-patient clinic. The osteopathic medical student is, under preceptor supervision, actively engaged in both the care and the medical decision-making for the delivery of the healthcare needs to the out-patient population. During the four weeks, the osteopathic medical student will evaluate patients, develop comprehensive care plans and experience the responsibilities and challenges associated with physician care in a medically underserved area.

Prerequisites: Family Medicine I, Family Medicine II, General Internal Medicine I, Pediatrics I, General Surgery I, and Women’s Health

Course Objectives
1. To experience the unique challenges of medical practice in a medically underserved area.
2. To apply the knowledge, skill sets, experience, values, and behaviors seen previously in more structured settings, to meet the needs of the region served.
3. To utilize practice skills, supported by the best available medical evidence, that serve the best interest, well-being and health of the patient.
4. To demonstrate competency in primary care medicine.
5. To develop efficient and complete evaluative and management skills for the care of the general medical patient.
   a. To conduct an age, gender and problem associated patient interview and physical examination and to include preventive medical care for all age groups
   b. To establish a working diagnosis and see the challenges associated with the implementation of the treatment plan.
   c. To apply core osteopathic principles and practices to the care of the general medical patient.
   d. To coordinate available social and medical resources as part of the comprehensive treatment plan.
6. To develop an understanding of the operation of a rural health facility.
   a. Examine the roles of staff and physician(s) in the delivery of healthcare.
   b. Develop an understanding of the influences that third party insurances have on medical decision-making.
   c. Develop an inventory of necessary property and supplies for the daily operation of a rural medical practice.
7. To continue development of written and oral communication skills.
   a. The production of a written and/or dictated history and physical.
   b. The production of a written and/or dictated encounter progress note.
   c. The production of electronic medical records, where appropriate.
   d. Telephone and in-person communication with other medical and health professionals involved in common, with the care of the general medical patient.

Student Duties
Student responsibilities include:
1. Performance of histories and physicals
2. Develop treatment plans on each assigned patient for purposes of comprehensive care planning.
3. Perform proposed care plans, and develop self-evaluative tools to assess efficacy of regimen.
   a. Interpretation of all diagnostic studies ordered for treated patients.
   b. Follow-up with all consultants on assigned patients.
c. Production of any case summaries and/or discharge summaries for assigned patients.
d. Performance of Osteopathic Manipulative Treatment under the direction of the attending physician.
4. Assist and/or perform duties and procedures under supervision.
a. Office set-up and performance of procedures:
   i. Osteopathic Manipulative Treatment
   ii. Preventive health screens
   iii. Minor surgery
b. Attend and observe family meetings when appropriate.

Hours
This is a four-week clinical rotation. Daily hours are to parallel the hours of the attending physician, however, the following guidelines are suggested:
1. A work day may be considered a 12-hour duration.
2. A work week may be considered a maximum amount at 72 hours duration.
3. The maximum continuous duration of work may be 30 hours and should follow a minimum of 12 hours off duty.
4. Two days out of every 14 days may be provided as a weekend break.

Location
The physician's office and the participating hospital(s) within the core site.

Dress
At all times, PCSOM students will act as a representative of the school, and be attentive to personal hygiene, cleanliness and personal demeanor. Short white lab coats with PCSOM identification are expected to be worn unless specifically instructed by the hospital or preceptor. Scrub suits are to be worn in the operating room, procedure rooms, during call hours and at the discretion of individual physicians and/or institution/facility. At all times, however, the student must be clearly identified as a PCSOM student.

Attendance
Prompt student attendance is expected for the 28 days of the rotation period. The activities of each day must be recorded on student logs for the rotation. A maximum of three (3) days for absence is permitted, if approved by the associate dean for clinical sciences, and must be recorded on student logs for the rotation. Absence in excess of the 3 day standard will result in an “incomplete” for this rotation, until such time that the activity requirement is satisfied.

Absence of the attending physician, or the student, from the practice for a period greater than one day, requires the student to notify the office for clinical sciences, of the interruption of activity. At the discretion of the associate dean for clinical sciences either a reading assignment or alternate duty assignment will be made.

Lectures and Meetings
It is the responsibility of the student to be familiar with the hospital’s didactic lecture schedule, and to document attendance within the student log. Didactic programs include but are not limited to: Morning Report, Journal Club, Morbidity/Mortality Conference, Grand Rounds, and Noon Conference. Absence from any of these events requires the signature of the preceptor, and should be sent with the student log reports to PCSOM. It is expected that the student will attend a minimum of 70% of each kind of event.

Grading
The basis for the rotation grade is the “PCSOM Student Assessment Form” which is completed by the attending physician, and discussed with the student before mailing, and the review of all submitted log entries from the student. Upon receipt and review of all information, the associate dean for clinical sciences evaluates the material, and assigns a numerical grade. A grade of 70% is considered passing, as per the Clinical Rotations Manual.
The evaluation is intended to measure the student in comparison to others at the same level of education. The PCSOM Student Assessment Form measures:

1. Mastery of Osteopathic Philosophy and Application of Manipulative Medicine
2. Medical Knowledge
3. Patient Care
4. Interpersonal and Communication Skills
5. Professionalism
6. Application of Practice Based Learning Skills
7. Application of Systems Approach to Medicine

**Challenge of Grades**

Any challenges or questions are to be directed to the associate dean for clinical sciences. The student has the right for review of the challenge by the Promotions and Matriculation Committee, if the associate dean’s response requires further clarification.

**Remediation**

In cases where a passing grade is not achieved, if deemed appropriate by the Promotions & Matriculation Committee, the student will be given the opportunity to repeat the rotation.
Surgical Selective Guidelines

Course Description
The surgical selective rotation is a four week program. The osteopathic medical student is given the opportunity to observe and participate in the management of any selected specialty area associated with the adult and/or pediatric patient. The experience can serve either the in-patient or out-patient population. Suggested areas of study may include:

- Gynecologic Surgery
- Oncologic Surgery
- Urology
- Neurosurgery
- Thoracic Surgery
- Colorectal Surgery
- Pathology
- Reconstructive Surgery
- Orthopaedic Surgery
- Endocrinologic Surgery

Prerequisites: Completion of 40 weeks of Core Rotations, which include 8 weeks of General Surgery.

Course Objectives
1. To provide a framework for the evaluation and management of surgical patients with discipline specific surgical requirements.
2. To experience atypical pathophysiologies and their medical/surgical management.
3. To utilize evidence based practices for the treatment of the surgical patient.
4. To recognize the role of the surgical specialist in the management of the referred medical patient.
5. To experience the latest protocols and procedures in the care of the surgical patient.
6. To expand personal skills, and previously learned operative surgical techniques.

Student Duties
The student participates as both a member of the hospital house staff and office staff. Responsibilities include:

1. Performance of histories and physicals.
2. Completion of rounds on all in-patients (To include):
   a. Production of a progress SOAP note in each assigned patient chart.
   b. Investigation of all diagnostic studies ordered for the patient.
   c. Production of any case summaries and/or discharge summaries for the admitted patient.
   d. Performance of Osteopathic Manipulative Treatment at the discretion of the attending physician.
3. Assistant within the office and/or operating room suite.
4. Essential study and preparation for each planned procedure on the attending physician’s schedule.

Hours
This is a four-week clinical rotation. Daily hours are to parallel the hours of the attending physician and house staff. However, the following guidelines are suggested:

1. A work day may be considered of 12-hours duration.
2. A work week may be considered typically 72 hours duration.
3. The maximum continuous duration of work may be 30 hours and should follow a minimum of 12 hours off duty.
4. Two days out of every 14 days may be provided as a weekend break.
**Location**
The physician office, out-patient surgical center and/or participating hospital(s)

**Dress**
At all times, PCSOM students will act as a representative of the school, and be attentive to personal hygiene, cleanliness and personal demeanor. Short white lab coats with PCSOM identification are expected to be worn unless specifically instructed by the hospital or preceptor. Scrub suits are to be worn in the operating room, procedure rooms, during call hours and at the discretion of individual physicians and/or institution/facility. At all times, however, the student must be clearly identified as a PCSOM student.

**Attendance**
Prompt student attendance is expected for the 28 days of the rotation period. The activities of each day must be recorded on student logs for the rotation. A maximum of three (3) days for absence is permitted, if approved by the associate dean for clinical sciences, and must be recorded on student logs for the rotation. Absence in excess of the 3 day standard will result in an “incomplete” for this rotation, until such time that the activity requirement is satisfied.

Absence of the attending physician, or the student, from the practice for a period greater than one day, requires the student to notify the office for clinical sciences, of the interruption of activity. At the discretion of the associate dean for clinical sciences either a reading assignment or alternate duty assignment will be made.

**Lectures and Meetings**
It is the responsibility of the student to be familiar with the participating hospital’s didactic lecture schedule, and to document attendance within the student log. Didactic programs include but are not limited to: Morning Report, Journal Club, Morbidity/Mortality Conference, Grand Rounds, and Noon Conference. Absence from any of these events requires the signature of the preceptor, and should be sent with the student log reports to PCSOM. It is expected that the student will attend a minimum of 70% of each kind of event.

**Grading**
The basis for the rotation grade is the “PCSOM Student Assessment Form” which is completed by the attending physician, and discussed with the student before mailing, and the review of all submitted log entries from the student. Upon receipt and review of all information, the associate dean for clinical sciences evaluates the material, and assigns a numerical grade. A grade of 70% is considered passing, as per the Clinical Rotations Manual.

The evaluation is intended to measure the student in comparison to others at the same level of education. The PCSOM Student Assessment Form measures:
1. Mastery of Osteopathic Philosophy and Application of Manipulative Medicine
2. Medical Knowledge
3. Patient Care
4. Interpersonal and Communication Skills
5. Professionalism
6. Application of Practice Based Learning Skills
7. Application of Systems Approach to Medicine

**Challenge of Grades**
Any challenges, or questions are to be directed to the associate dean for clinical sciences. The student has the right for review of the challenge by the Promotions and Matriculation Committee, if the associate dean’s response requires further clarification.

**Remediation**
In cases where a passing grade is not achieved, if deemed appropriate by the Promotions & Matriculation Committee, the student will be given the opportunity to repeat the rotation.
Women’s Health Selective

Course Description
Women’s Health is a selective rotation. The osteopathic medical student is given the opportunity to observe and participate in the management of any selected specialty area associated with the adult female patient. The experience can serve either the in-patient or out-patient population. Suggested areas of study may include:
- Gynecologic and Oncologic Surgery
- Female Urinary Incontinence Disorders
- Gynecologic endocrine and fertility disorders
- Gynecologic Reconstruction Surgery
- High Risk Pregnancy Management

Prerequisites: Women's Health

Course Objectives
1. To provide a framework for the evaluation and management of adult female patient disorders.
2. To experience atypical pathophysiologies and their medical/surgical management.
3. To utilize evidence-based medicine
4. To recognize the role of the gynecologic specialist in the general management of the adult female patient.

Student Duties
The student participates as both a member of the hospital house staff and office staff. Responsibilities include:
1. Performance of histories and physicals.
2. Completion of rounds on all in-patients (to include):
   a. Production of a progress SOAP note in each assigned patient chart.
   b. Investigation of all diagnostic studies ordered for the patient.
   c. Production of any case summaries and/or discharge summaries for the admitted patient.
   d. Performance of Osteopathic Manipulative Treatment at the discretion of the attending physician.
3. Assistant within the office and/or operating room suite
4. Essential study and preparation for each planned procedure on the attending physician’s schedule.

Hours
This is a four-week clinical rotation. Daily hours are to parallel the hours of the attending physician, however, the following guidelines are suggested:
1. A work day may be considered a 12-hour duration.
2. A work week may be considered typically 72 hours duration.
3. The maximum continuous duration of work may be 30 hours and should follow a minimum of 12 hours off duty.
4. Two days out of every 14 days may be provided as a weekend break.

Location
The physician’s office and participating hospital(s) within the core site

Dress
At all times, PCSOM students will act as a representative of the school, and be attentive to personal hygiene, cleanliness and personal demeanor. Short white lab coats with PCSOM identification are expected to be worn unless specifically instructed by the hospital or preceptor. Scrub suits are to be worn in the operating room, procedure rooms, during call hours and at the discretion of individual physicians and/or institution/facility. At all times, however, the student must be clearly identified as a PCSOM student.
**Attendance**
Prompt student attendance is expected for the 28 days of the rotation period. The activities of each day must be recorded on student logs for the rotation. A maximum of three (3) days for absence is permitted, if approved by the associate dean for clinical sciences, and must be recorded on student logs for the rotation. Absence in excess of the 3 day standard will result in an “incomplete” for this rotation, until such time that the activity requirement is satisfied.

Absence of the attending physician or the student, from the practice for a period greater than one day, requires the student to notify the office for clinical sciences, of the interruption of activity. At the discretion of the associate dean for clinical sciences either a reading assignment or alternate duty assignment will be made.

**Lectures and Meetings**
It is the responsibility of the student to be familiar with the hospital’s didactic lecture schedule, and to document attendance within the student log. Didactic programs include but are not limited to: Morning Report, Journal Club, Morbidity/Mortality Conference, Grand Rounds, and Noon Conference. Absence from any of these events requires the signature of the preceptor, and should be sent with the student log reports to PCSOM. It is expected that the student will attend a minimum of 70% of each kind of event.

**Grading**
The basis for the rotation grade is the “PCSOM Student Assessment Form” which is completed by the attending physician, and discussed with the student before mailing, and the review of all submitted log entries from the student. Upon receipt and review of all information, the associate dean for clinical sciences evaluates the material, and assigns a numerical grade. A grade of 70% is considered passing, as per the Clinical Rotations Manual.

The evaluation is intended to measure the student in comparison to others at the same level of education. The PCSOM Student Assessment Form measures:
1. Mastery of Osteopathic Philosophy and Application of Manipulative Medicine
2. Medical Knowledge
3. Patient Care
4. Interpersonal and Communication Skills
5. Professionalism
6. Application of Practice Based Learning Skills
7. Application of Systems Approach to Medicine

**Challenge of Grades**
Any challenges or questions are to be directed to the associate dean for clinical sciences. The student has the right for review of the challenge by the Promotions and Matriculation Committee, if the associate dean’s response requires further clarification.

**Remediation**
In cases where a passing grade is not achieved, if deemed appropriate by the Promotions & Matriculation Committee, the student will be given the opportunity to repeat the rotation.
Request Forms, Case Logs and Evaluation Forms
Interview Leave Request Form

Name _______________________________ Class of 2013

Rotation__________________________  Preceptor’s Name________________________

First Interview

Residency Program__________________________________________________________

Departure Date ___________________ Return Date ____________________________
  (First date absent from rotation) (First date back to rotation)

Student’s Signature______________________________ Date ________________

Preceptor’s Signature______________________________ Date ________________

PCSOM Approval ________________________________ Date ________________

Associate Dean for Clinical Sciences

Second Interview

Residency Program__________________________________________________________

Departure Date ___________________ Return Date ____________________________
  (First date absent from rotation) (First date back to rotation)

Student’s Signature______________________________ Date ________________

Preceptor’s Signature______________________________ Date ________________

PCSOM Approval ________________________________ Date ________________

Associate Dean for Clinical Sciences

Third Interview

Residency Program__________________________________________________________

Departure Date ___________________ Return Date ____________________________
  (First date absent from rotation) (First date back to rotation)

Student’s Signature______________________________ Date ________________

Preceptor’s Signature______________________________ Date ________________

PCSOM Approval ________________________________ Date ________________

Associate Dean for Clinical Sciences
Conference Attendance Request

Student Name ___________________________ Class of 2013

Current Rotation ________________________________________________________________

Preceptor’s Name ________________________________________________________________

Rotation Begin Date _________________ End Date ________________________________

Conference ________________________________________________________________

Location ________________________________________________________________

Departure Date ______________________ Return Date ________________________________
(First date absent from rotation) (First date back to rotation)

Student’s Signature ____________________________________________________________

Preceptor’s Signature ____________________________________________________________

PCSOM Approval ________________________________________________________________

Associate Dean for Clinical Sciences

Date: ____________________________
PIKEVILLE COLLEGE
SCHOOL OF OSTEOPATHIC MEDICINE

Elective Request: Class 2013

Student Name: ______________________________ E-Mail Address: ______________________

Rotation Type: _________________________________________________________________

Rotation Begin Date: _____________________ End Date: ____________________________

Preceptor (If known): __________________________________________________________

Address: _____________________________________________________________________

Phone number: __________________________ Fax number: ____________________________

Hospital preceptor affiliated with: _________________________________________________

Address: _____________________________________________________________________

Contact / Coordinator E-mail address: _____________________________________________

Contact phone number: __________________________ Fax number: ______________________

Below PCSOM Office Use Only

___ Approved   ___ Not Approved

Signature PCSOM Official

___ Medicine   ___ Surgery

Office use only:
Received __________________________
Mailed ____________________________
Faxed _____________________________
E-mailed __________________________
PIKEVILLE COLLEGE
SCHOOL OF OSTEOPATHIC MEDICINE

Selective Request:          Class 2013

Student Name_______________________________________________________

E-mail Address _______________________Phone # _______________________

Selective Rotation:
☐ Emergency Medicine          ☐ OP&P
☐ IM Subspecialty            ☐ Rural Medicine
☐ Surgery Subspecialty       ☐ Women’s Health

Rotation Begin Date:  ______________________ End Date:  ____________________

Rotation Arranged by Site Coordinator?       Yes          No

If you answered “Yes” to the previous question, you may omit the information below.

Preceptor:  _________________________________________________________

Address:  ____________________________________________ ______________
__________________________________________________________

Phone #:  __________________________ Fax #:  __________________________

E-mail address:  _____________________________________________________

Hospital preceptor affiliated with:  _____________________________________________

Hospital Address:  ___________________________________________________
____________________________________________________________

Phone #:  __________________________ Fax #:  __________________________

Office use only:

Date Received _____________________ Mailed _______________________________

Faxed ___________________________ E-mailed _____________________________
PCSOM LOG SUBMITTAL CHECKLIST
(One complete, legible set of logs must be provided for each rotation)

Clinical Rotation: ________________________  Student Doctor: ________________________

Dates of Rotation: ___/___/___ -- ___/___/___  Preceptor Name: ________________________

These forms are useless if illegible. Please type or print. A copy of all forms will be made available for you to download onto your computer to make this easier to do. Remember that if you continue to fill out the forms each day, they will be much more accurate and complete. The completed and signed forms must be returned to PCSOM no later than seven (7) days following the completion of the rotation.

I CERTIFY THAT THE FOLLOWING IS AN ACCURATE LOG OF ACTIVITIES PERFORMED AND EXPERIENCED DURING THIS CLINICAL ROTATION.

_____________________________            _______________________________
STUDENT SIGNATURE                                                               PRECEPTOR SIGNATURE

_______/_______/_________               _______/_______/_________
DATE                                                                                                  DATE

I HAVE ATTACHED THE FOLLOWING LOG SUBMITTAL FORMS:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes □</th>
<th>None □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Evaluation of the Rotation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preceptor Grade/Assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulatory Clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Case</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational Programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obstetrics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reading Program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special Procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgery Logs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Student Log – Ambulatory Clinic Rotations

**Name:** ___________________________________________  
**Date:** _______ / _______ / _______

**Rotation Location**  
____________________________________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>ID</th>
<th>Seen Before?</th>
<th>Diagnosis</th>
<th>Procedure(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Student Log – Hospital Case Participation

Name: ___________________________ Date: ______ / ______ / ______

Rotation Location ___________________________

<table>
<thead>
<tr>
<th>ID</th>
<th>Date Seen</th>
<th>Diagnosis</th>
<th>Level of Participation</th>
<th>H &amp; P</th>
<th>Attending Physician</th>
<th>OMT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Level of Participation (1) **Observed**, (2) **Assisted**, (3) **Managed Under Supervision**
# Student Log - Surgery

Name: ___________________________ Date: _____ / _____ / _____

Rotation Location __________________________________________

<table>
<thead>
<tr>
<th>ID</th>
<th>Date Seen</th>
<th>Admit. Diagnosis</th>
<th>Surgical Procedure</th>
<th>*Level of Participation</th>
<th>Final Diagnosis</th>
<th>In/Out Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Level of Participation (1) Observed, (2) Assisted, (3) Managed Under Supervision
# Student Log – Obstetrics

Name: ___________________________ Date: ______ / ______ / ______

Rotation Location: ___________________________

## ANESTHETIC

<table>
<thead>
<tr>
<th>ID</th>
<th>Date</th>
<th>Type Anesthetic (Pudendal, Epidural, Other)</th>
<th>*Level of Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## CIRCUMCISION

<table>
<thead>
<tr>
<th>ID</th>
<th>Date</th>
<th>*Level of Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Level of Participation (1) Observed, (2) Assisted, (3) Managed Under Supervision
# Student Log – Special Procedures

Name: ____________________________  Date: __________ / __________ / __________

Rotation Location: ____________________________________________________________

<table>
<thead>
<tr>
<th>ID</th>
<th>Date</th>
<th>Diagnosis</th>
<th>Procedure</th>
<th>Level of Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Level of Participation (1) **Observed**, (2) **Assisted**, (3) **Managed Under Supervision**
## Student Log – Educational Programs

(Meetings, CPCs, Workshops, Grand Rounds, Morning Reports)

Name: ___________________________________________  Date: __________/________/________

Rotation Location: ___________________________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Title/Topic</th>
<th>Lecturer</th>
<th>* Level of Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Level of Participation (1) Observed, (2) Assisted, (3) Managed Under Supervision
# Student Log – Reading Program

**Name:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Journal/Text</th>
<th>Topic/Subject</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Please Check Appropriate Discipline:

- ☐ Family Medicine
- ☐ General Internal Medicine
- ☐ Pediatrics
- ☐ General Surgery
- ☐ Women’s Health
- ☐ Psychiatry
- ☐ Subspecialty
- ☐ Selective
- ☐ Elective

Instructions to preceptors: Clinical rotation grades are based on this Student Assessment Form as completed by you. Each of ten rotation objectives is scaled from a least desirable (5) to a most desirable (10). Students should be evaluated in comparison to other students seen at similar levels of medical education. Please send this completed form, by fax to (606) 218-5168 or mail to PCSOM, Clinical Rotations Records Officer, 147 Sycamore Street, Pikeville, KY 41501, within seven days after the completion of the rotation. Note: For verification purposes, our office may call you.

<table>
<thead>
<tr>
<th>D.O.s – Please complete the following for CME Credit.</th>
<th>AOA Number</th>
<th>Number of Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| M.D.s – For accreditation purposes, enter the number of Contact Hours for possible CME Credit. | |

PRECEPTOR: Please complete the following or attach your business card.

<table>
<thead>
<tr>
<th>Print Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Address</td>
</tr>
<tr>
<td>City/State/Zip</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Business Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Fax</td>
</tr>
</tbody>
</table>

☐ D.O. ☐ M.D. Preceptor’s Signature Check One Date

Please utilize this space for any comments, descriptions or supporting statements. All information is held strictly confidential.

Evaluation continues on next page.
Ten (10) rated spheres are listed below. Each can earn up to 10 points. Seventy (70) points for the total of ten (10) spheres must be earned for the rotation grade to be considered passing.

<table>
<thead>
<tr>
<th>Sphere</th>
<th>5.0</th>
<th>6.0</th>
<th>6.5</th>
<th>7.0</th>
<th>7.25</th>
<th>7.5</th>
<th>7.75</th>
<th>8.0</th>
<th>8.25</th>
<th>8.5</th>
<th>8.75</th>
<th>9.0</th>
<th>9.25</th>
<th>9.5</th>
<th>9.75</th>
<th>10.0</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Professionalism (Demeanor, Appearance, Reliability)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major Concerns</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a. Interpersonal Relationships - Health Care Team</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Distant, strained, dysfunctional cool or awkward.</td>
<td>3.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forms constructive relationships.</td>
<td>3.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Constructive &amp; professional.</td>
<td>3.75</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High quality, accepted as team member.</td>
<td>4.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b. Interpersonal Relationships - Patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Distant, strained, dysfunctional cool or awkward.</td>
<td>3.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forms constructive relationships.</td>
<td>3.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Constructive and professional.</td>
<td>3.75</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High quality, accepted as team member.</td>
<td>4.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Basic Medical Knowledge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generally fair or good. Major deficiencies in important areas.</td>
<td>5.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generally good for student level.</td>
<td>6.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excellent depth in important areas.</td>
<td>6.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outstanding.</td>
<td>7.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Performance of History &amp; Physical Examinations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Usually elicits most relevant data &amp; identifies findings accurately.</td>
<td>5.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Almost always elicits all relevant data &amp; identifies findings accurately.</td>
<td>6.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elicits data efficiently &amp; in great depth; often discovers subtle physical findings.</td>
<td>6.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Diagnostic Test Selection &amp; Interpretation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Usually suggests &amp; interprets diagnostic tests appropriately.</td>
<td>5.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Almost always suggests &amp; interprets diagnostic tests appropriately.</td>
<td>6.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Always reveals exceptional insights.</td>
<td>6.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Usually suggests appropriate treatment plans.</td>
<td>5.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Almost always suggests appropriate treatment plans.</td>
<td>6.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exhibits exceptional insights in treatment plans.</td>
<td>6.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Charting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Notes are usually formatted properly, legible &amp; accurate, lists are updated.</td>
<td>5.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Notes are almost always well organized, concise &amp; demonstrate good synthesis.</td>
<td>6.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Notes are almost always well organized, concise, and demonstrate excellent synthesis.</td>
<td>6.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Clinical Reasoning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Usually practical &amp; logical.</td>
<td>5.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Almost always practical &amp; logical.</td>
<td>6.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequent astute insights.</td>
<td>6.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Progression Through Rotation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Showed good, consistent effort or gain.</td>
<td>5.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Showed strong effort or gain.</td>
<td>6.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Made extraordinary effort or gain.</td>
<td>6.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Osteopathic Manipulative Medicine Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occasionally performs structural exam. Acceptable OMT skills.</td>
<td>5.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Always performs structural exam. Excellent OMT skills.</td>
<td>6.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Student’s Signature ___________________________ Date ___________________________

Total ___________ Grade ___________ Signature, Associate Dean for Clinical Sciences ___________________________ Date ___________________________

Revised 4/2010
PCSOM Rotation Assessment Form – Class of 2013
(To be completed by STUDENT)

Check Year: □ OMS III □ OMS IV Rotation Dates: ________________

Preceptor: __________________________ Core Site: __________________

Please Check Appropriate Discipline:

□ Family Medicine □ General Internal Medicine □ Pediatrics
□ General Surgery □ Women’s Health □ Psychiatry
□ Selective ______________________________ □ Elective ______________________________

Please Circle Your Response:

<table>
<thead>
<tr>
<th></th>
<th>Describe how well this rotation prepared you for the rotation subject.</th>
<th>Excellent (1)</th>
<th>Good (2)</th>
<th>Fair (3)</th>
<th>Poor (4)</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Describe how receptive the attending physician(s) were to student questions.</td>
<td>Very Receptive (1)</td>
<td>Somewhat Receptive (2)</td>
<td>Somewhat Unreceptive (3)</td>
<td>Not Receptive (4)</td>
<td>N/A</td>
</tr>
<tr>
<td>3</td>
<td>Rate the quality of the didactic training.</td>
<td>Excellent (1)</td>
<td>Good (2)</td>
<td>Fair (3)</td>
<td>Poor (4)</td>
<td>N/A</td>
</tr>
<tr>
<td>4</td>
<td>Describe the extent to which you were allowed to participate in and/or perform medical procedures.</td>
<td>Excellent (1)</td>
<td>Good (2)</td>
<td>Fair (3)</td>
<td>Poor (4)</td>
<td>N/A</td>
</tr>
<tr>
<td>5</td>
<td>Describe the variety of patients and problems (pathology, scope and volume) you observed during this rotation.</td>
<td>Excellent (1)</td>
<td>Good (2)</td>
<td>Fair (3)</td>
<td>Poor (4)</td>
<td>N/A</td>
</tr>
<tr>
<td>6</td>
<td>Was osteopathic theory discussed on rounds and during presentations?</td>
<td>Daily (1)</td>
<td>Very Frequently (2)</td>
<td>Frequently (3)</td>
<td>Infrequently (4)</td>
<td>N/A</td>
</tr>
<tr>
<td>7</td>
<td>Were osteopathic techniques utilized on both office and hospital patients?</td>
<td>Daily (1)</td>
<td>Very Frequently (2)</td>
<td>Frequently (3)</td>
<td>Infrequently (4)</td>
<td>N/A</td>
</tr>
<tr>
<td>8</td>
<td>Describe the extent to which you had the opportunity to work with patients on a one-to-one basis.</td>
<td>Daily (1)</td>
<td>Very Frequently (2)</td>
<td>Frequently (3)</td>
<td>Infrequently (4)</td>
<td>N/A</td>
</tr>
<tr>
<td>9</td>
<td>Describe the extent which the attending physician(s)/preceptor(s) verbally quizzed you.</td>
<td>Excellent (1)</td>
<td>Good (2)</td>
<td>Fair (3)</td>
<td>Poor (4)</td>
<td>N/A</td>
</tr>
<tr>
<td>10</td>
<td>Describe the networking opportunities provided during the rotation. (e.g. introduction for future employment opportunities)</td>
<td>Excellent (1)</td>
<td>Good (2)</td>
<td>Fair (3)</td>
<td>Poor (4)</td>
<td>N/A</td>
</tr>
<tr>
<td>11</td>
<td>Describe how well you were received by office staff.</td>
<td>Excellent (1)</td>
<td>Good (2)</td>
<td>Fair (3)</td>
<td>Poor (4)</td>
<td>N/A</td>
</tr>
<tr>
<td>12</td>
<td>Was an instructional resource center (IRC) available for your use?</td>
<td>Yes (1)</td>
<td>No (2)</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Rate the following:

<p>| IRC Staff | Excellent (1) | Good (2) | Fair (3) | Poor (4) | N/A |
| Computers | Excellent (1) | Good (2) | Fair (3) | Poor (4) | N/A |
| Printers | Excellent (1) | Good (2) | Fair (3) | Poor (4) | N/A |
| Scanners | Excellent (1) | Good (2) | Fair (3) | Poor (4) | N/A |
| Hours of Operation | Excellent (1) | Good (2) | Fair (3) | Poor (4) | N/A |
| Inter-Library Access | Excellent (1) | Good (2) | Fair (3) | Poor (4) | N/A |
| Instructional Software | Excellent (1) | Good (2) | Fair (3) | Poor (4) | N/A |
| Simulation Equipment | Excellent (1) | Good (2) | Fair (3) | Poor (4) | N/A |
| Accessibility | Excellent (1) | Good (2) | Fair (3) | Poor (4) | N/A |
| Periodical Library | Excellent (1) | Good (2) | Fair (3) | Poor (4) | N/A |
| Reference Library | Excellent (1) | Good (2) | Fair (3) | Poor (4) | N/A |
| Internet Subscriptions | Excellent (1) | Good (2) | Fair (3) | Poor (4) | N/A |</p>
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many times per day were rounds conducted? (Please enter a number.)</td>
<td></td>
</tr>
<tr>
<td>How long did it take you to drive from your core site to this rotation?</td>
<td></td>
</tr>
<tr>
<td>How many weekends did you work during this rotation?</td>
<td></td>
</tr>
<tr>
<td>What were the daily hours for this rotation?</td>
<td></td>
</tr>
<tr>
<td>Were you provided meals on this rotation?</td>
<td></td>
</tr>
<tr>
<td>What reading/reference materials do you recommend that might benefit a student about to begin this rotation?</td>
<td></td>
</tr>
<tr>
<td>Please discuss any preparations or advance arrangements, if any, not covered by the AHEC or the Dept. of Family Medicine that must be made prior to requesting/beginning this rotation?</td>
<td></td>
</tr>
<tr>
<td>Please list the strengths of this rotation.</td>
<td></td>
</tr>
<tr>
<td>Please list the weaknesses of this rotation.</td>
<td></td>
</tr>
<tr>
<td>Additional Comments:</td>
<td></td>
</tr>
</tbody>
</table>

Revised 8/2009