



# UNIVERSITY OF PIKEVILLE

KENTUCKY COLLEGE OF OSTEOPATHIC MEDICINE

## CLINICAL ROTATIONS MANUAL

2021-2022

# TABLE OF CONTENTS

KYCOM CORE ROTATION SITES.....	4
CLASS OF 2023 CLINICAL ROTATION PROGRAM.....	6
KYCOM ABSOLUTES.....	6
INTRODUCTION.....	8
ELECTIVE TIME.....	9
COMPLEX BOARD REVIEW GUIDELINES.....	9
INDEPENDENT STUDY – OST 799 AND OST 899.....	10
SELECTIVE ROTATIONS.....	10
COMPLEX-USA POLICY.....	11
OBJECTIVES.....	13
STUDENT ELIGIBILITY FOR CLINICAL ROTATIONS.....	14
DRUG SCREEN POLICY.....	14
CRIMINAL BACKGROUND CHECK POLICY.....	14
IMMUNIZATIONS.....	15
ACADEMICS.....	16
ATTESTATION FORM.....	16
STUDENT RESPONSIBILITIES.....	16
REPORT FOR ROTATION.....	16
ATTENDANCE.....	16
SUBMISSION OF STUDENT CASE LOGS AND ROTATION EVALUATION.....	17
MEDICAL INSURANCE.....	17
HOUSING.....	17
PROFESSIONALISM.....	17
APPROVED ABSENCE AND LEAVE POLICIES.....	22
PERSONAL ILLNESS.....	23
TEMPORARY ABSENCE.....	23
ATTENDANCE AT PROFESSIONAL CONFERENCES.....	23
INTERVIEW POLICY.....	23
VACATIONS AND HOLIDAYS.....	24
EXTENDED LEAVE.....	24
GENERAL ROTATIONS INFORMATION.....	24
STUDENT LIABILITY INSURANCE.....	25
STUDENT EVALUATION (GRADE).....	25
GRADE APPEALS.....	25
REMEDICATION POLICY.....	26
BLOOD BORNE PATHOGEN EXPOSURE AND POST-EXPOSURE PROPHYLAXIS.....	26
PREPARATION FOR RESIDENCY.....	28
SCHEDULING OF CORE CLINICAL ROTATIONS.....	29
SCHEDULING OF ELECTIVE CLINICAL ROTATIONS.....	29
SCHEDULING OF SELECTIVE CLINICAL ROTATIONS.....	29
VISITING STUDENT APPLICATION SYSTEM (VSAS).....	30
CHANGES IN CORE CLINICAL ROTATIONS.....	30
CHANGES IN ELECTIVE CLINICAL ROTATIONS.....	30
THE CLINICAL COMPETENCY PROGRAM.....	30
INTRODUCTION.....	30
CLINICAL JOURNAL CLUB.....	31
END OF SERVICE EXAMINATION MODULES COMAT.....	32
OPC V AND OPC VI.....	33
EDUCATIONAL VIDEOS AND PROGRAMS.....	34
CLINICAL CAPSTONE COURSE.....	34
AWARD OF HONORS.....	36
GUIDELINES FOR PRECEPTORS.....	37
PRECEPTOR EDUCATIONAL RESPONSIBILITIES.....	37
INSTRUCTIONAL OBJECTIVES FOR PRECEPTORS.....	37
ATTENDING PHYSICIAN RESPONSIBILITIES.....	37
STUDENT RECORD KEEPING.....	38
LOGS.....	38
GRADUATION REQUIREMENTS.....	39

COURSE SYLLABI.....	40
CORE ROTATION CURRICULUM.....	49
SELECTIVE ROTATION CURRICULUM.....	69
ELECTIVE ROTATION CURRICULUM .....	80
ONLINE/VIRTUAL ROTATION CURRICULUM .....	80
REQUEST FORMS AND EVALUATION FORMS.....	110

# **KYCOM CORE ROTATIONS SITES**

## **Kentucky Core Sites**

### **Pikeville Core Site**

- Pikeville Medical Center, Pikeville, Kentucky
- Highlands ARH, Prestonsburg, Kentucky
- ARH Our Lady of the Way, Martin, Kentucky
- Paul B. Hall Medical Center, Paintsville, Kentucky
- McDowell ARH Hospital, McDowell, Kentucky
- Tug Valley ARH Hospital, South Williamson, Kentucky

### **Hazard Core Site**

- Hazard ARH Regional Medical Center, Hazard, Kentucky
- Kentucky River Medical Center, Jackson, Kentucky

### **Henderson Core Site**

- Deaconess Henderson Hospital, Henderson, Kentucky

### **Lexington Core Site**

- Saint Joseph Health, Lexington, Kentucky
- Baptist Health Hospital, Lexington, Kentucky

### **Lincoln Trail Core Site**

- Owensboro Health Twin Lakes Medical Center, Leitchfield, Kentucky

### **Louisville Core Site**

- Norton Healthcare, Louisville, Kentucky

### **Northeast Kentucky Area Health Education Center Core Site**

- Clark Regional Medical Center, Winchester, Kentucky
- King's Daughters Medical Center, Ashland, Kentucky
- Meadowview Regional Medical Center, Maysville, Kentucky
- St. Claire Regional Medical Center, Morehead, Kentucky
- Saint Joseph Mount Sterling, Mount Sterling, Kentucky
- Three Rivers Medical Center, Louisa, Kentucky

### **Northern Kentucky Core Site**

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

### **Owensboro Kentucky Core Site**

- Owensboro Medical Health System, Owensboro, Kentucky

### **Prestonsburg Kentucky Core Site**

- Highlands ARH Regional Medical Center, Prestonsburg, Kentucky

**Purchase Area Health Education Center Core Site**

- Crittenden Health Systems, Marion, Kentucky
- Jackson Purchase Medical Center, Mayfield, Kentucky
- Livingston Hospital and Healthcare Services, Salem, Kentucky
- Lourdes Hospital, Paducah, Kentucky
- Marshall County Hospital, Benton, Kentucky
- Murray-Calloway County Hospital, Murray, Kentucky
- Baptist Health, Paducah, Kentucky

**Somerset Core Site**

- Lake Cumberland Regional Hospital, Somerset, Kentucky

**South Central Kentucky Area Health Educations Center Core Site**

- Graves Gilbert Clinic, Bowling Green, Kentucky
- TriStar Greenview Regional Hospital, Bowling Green, Kentucky

**Southern Kentucky Area Health Education Center Core Site**

- Russell County Hospital, Russell Springs, Kentucky
- Baptist Health, Corbin, Kentucky
- Baptist Health, Richmond, Kentucky

**Whitesburg Core Site**

- Harlan ARH, Harlan, Kentucky
- Whitesburg ARH, Whitesburg, Kentucky

**Other Regional Core Sites****Indiana Core Site**

- King's Daughters Health, Madison, Indiana
- Reid Health, Richmond, Indiana

**Michigan Core Site**

- McLaren Bay Region Medical Center, Bay City Michigan
- McLaren Oakland Hospital, Pontiac, Michigan

**Mississippi Core Site**

- Rush Foundation Hospital, Meridian, Mississippi
- Regency Hospital Company, Meridian, Mississippi

**Ohio Core Sites**

- Adena Medical Center, Chillicothe, Ohio
- Mercy Health – St. Rita's Medical Center, Lima, Ohio

**Virginia Core Sites**

- Norton Community Hospital, Norton, Virginia
- Lonesome Pine Hospital, Big Stone Gap, Virginia

# CLASS OF 2023 CLINICAL ROTATION PROGRAM

## KYCOM ABSOLUTES

- This manual is required reading for all third and fourth-year students. Submittal of the attestation form, located in the *Request Forms, Case Logs and Evaluation Forms* section of this manual, is required before entry to clinical rotations. All items under *Student Eligibility for Clinical Rotations* must be completed before entry to clinical rotations.
- KYCOM requires all students to use and check the UPIKE email **DAILY** for communication with the school and to maintain the UPIKE inbox at a level whereas it can accept correspondence.
- All students are expected, unless excused by their attending physician, to attend morning reports, M&M rounds, and all site scheduled didactics and workshops. These didactic programs are part of your rotation and do not meet your requirement for Clinical Competency #4. Attendance at Educational Programs.
- The Comprehensive Osteopathic Medical Self-Assessment Examination (COMSAE) must be taken, and approval received, before any student may sit for either Level 1 or Level 2 CE of the Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA). See *COMLEX-USA Policy*.
- The COMLEX-USA Level 2 PE may not be taken before completion of the clinical capstone course. See *The Clinical Competency Program*.
- The COMLEX-USA Level 2 CE may not be taken before successful completion of all third-year core rotations. See *The Clinical Competency Program*.
- All log items must be completed and submitted electronically within nine (9) calendar days from the last day of the rotation, or will be incomplete. If the completed logs are received after nine, but within fourteen (14) days, the grade may be raised to a maximum of 70% at the discretion of the Associate Dean for Clinical Affairs. After fourteen (14) days, if the completed logs have not been received, a grade of 69% will be entered on the transcript, resulting in a failing grade for this rotation. **The last date that activity is logged into E\*Value will be considered the last date of the rotation and late logs will be calculated using that date, regardless of any “scheduled date” listed on VSLO or the Rotation Request Form.**
- Viewing of two educational videos per core rotation block is required, **even when off rotation for board study**. (OPC V and OPV VI courses for third year students) These are pass/fail courses during the Fall and Spring semesters of third year. A minimum of 70% must be obtained on the total quizzes for each semester in order to pass the course. If a failure is received for the Fall semester, the course will be remediated during Winter Break. If a failure is received for the Spring semester, the course will be remediated during the Capstone Course and you will be referred to the Promotion and Matriculation Committee.

- Viewing of two educational videos, is required per fourth year selective clinical rotation a maximum of two video receipts will be accepted (for credit) per rotation month, and submitted as part of rotation log items. (See *THE CLINICAL COMPETENCY PROGRAM* for further explanation.) During your third year, you are required to participate in one Aquifer and/or iHuman case each block. Attendance at one Journal Club meeting is required during your fourth year. Journal Club dates are assigned. Substitution of assigned dates is the responsibility of the student. Changes to the schedule must be reported to the Associate Dean for Clinical Affairs at least 24 hours before the Journal Club meeting. See *Clinical Journal Club*.
- KYCOM maintains a “No Tolerance Policy” for violations of the dress code. See, *Student Responsibilities - Dress*.
- Denial for Conference and Rotation requests will be issued for submittals beyond the required timeline. See, *Attendance at Professional Conferences* and, *Scheduling of Elective/Selective Clinical Rotations*.
- Students on rotation during the “Make-up” block in April of 4<sup>th</sup> year will not receive a diploma at the graduation ceremony. The diploma will be awarded to the student once all rotation log documents are submitted and reviewed and all graduation requirements listed, in *Graduation Requirements*, have been satisfied.
- All times indicated are Eastern Time.

### **Patient Care (Amended 10/8/2021)**

University of Pikeville, Kentucky College of Osteopathic Medicine (KYCOM) students may only be involved in patient care activities as part of an approved activity and under the supervision of an assigned clinical faculty member/preceptor. KYCOM students are not legally or ethically permitted to practice medicine or assume responsibility for patients. The student’s assigned clinical site will determine the degree of student involvement in patient care activities and the supervising clinical faculty/preceptor is ultimately responsible for the patient care. Students are required to comply with all general and specific rules and medical ethics established by the clinical rotation site at which they are placed.

Students are not permitted to provide any type of medical procedures, without the direct supervision of an assigned clinical faculty member/preceptor. If a student receives approval, they may take histories, perform physical examinations, and enter findings into the patient’s chart. Students may not perform any medical treatment, procedures, or invasive examinations without appropriate supervision of the faculty member/preceptor. Students are not permitted to write or enter patient care orders independently and/or issue prescriptions, any such orders/prescriptions must be reviewed and approved by the clinical faculty member/preceptor.

KYCOM students should accurately represent themselves as an “osteopathic medical student” or “student doctor.” If any entries are made into patient medical records, student signatures should be followed by “OMS-III” or “OMS-IV” written legibly or entered electronically. Students are not permitted to introduce themselves as “Doctor” at any time, regardless of any previous degrees they may hold. Students should never provide care beyond what is appropriate for their level of training, even under supervision.

## **INTRODUCTION**

The mission of University of Pikeville Kentucky College of Osteopathic Medicine (KYCOM) includes preparation of our graduates for competency in the world of primary care medicine. A successful KYCOM 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, KYCOM and the host hospitals and physicians that provide the clinical experiences.

All hospital sites are required to maintain affiliation agreements with KYCOM, are credentialed by the Joint Commission (JCAHO) or the Healthcare Facilities Accreditation Program (HFAP), and are duly licensed within their jurisdiction. All adjunct clinical faculty are required to re-credential with KYCOM every three years, are actively licensed in their respective jurisdictions, maintain specialty board certification, 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 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 students through clinical rotations, rounds and conferences.

### **Professional Student Behavior as defined by KYCOM 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.

During the 3<sup>rd</sup> and 4<sup>th</sup> years, a total of nineteen four-week rotation blocks have been provided to complete 76 weeks of clinical requirements, which include:

1. 36 weeks of required Core rotations (9 blocks)
2. 16 weeks of required Selective rotations (4 blocks)
3. 24 weeks of Elective rotations (6 blocks)
4. Up to 8 weeks for COMLEX preparation (2 blocks) if needed.

**Completing additional rotations, either for credit or not for credit, will not be approved and could result in disciplinary action.**

The schedule includes two weeks in the 3<sup>rd</sup> year devoted to clinical skills evaluation and a mandatory class meeting, and four weeks of winter holiday breaks (2 weeks per year, per KYCOM calendar).

The Promotion and Matriculation Committee regularly reviews the academic progress of students. Upon completion of each course, students receive notification of their grades and grade reports are reviewed by the P & M Committee.



## Core Rotation Requirements

<u>Rotation</u>	<u>Length of rotation</u>
Family Medicine (Required and assigned)	<i>two</i> 4-week blocks
General Internal Medicine (Required and assigned) General	<i>two</i> 4-week blocks
Surgery (Required and assigned)	<i>one</i> 4-week block
Osteopathic Principles and Practice (Required and assigned)	<i>one</i> 4-week block
Pediatrics - Neonate (Required and assigned)	<i>one</i> 4-week block
Psychiatry (Required and assigned)	<i>one</i> 4-week block
Women's Health (Required and assigned)	<i>one</i> 4-week block

Commission on Osteopathic College Accreditation (COCA), requires that students, during third year, must have one in-patient rotation, one out-patient rotation, and one rotation having interaction with residents. KYCOM will work with every student to make sure they satisfy these requirements.

### **ELECTIVE TIME**

Elective rotations are intended to fulfill the interests of the osteopathic medical student and provide residency audition opportunities. Approval from the Associate Dean for Clinical Affairs is required; however, both the location and the preceptor are chosen by the student. Twenty-four (24) weeks of elective time are required during the clinical years. **Elective time must be utilized and logs must be submitted for audition/elective rotations.**

Elective time may be utilized as follows:

1. Can be in an in-patient or out-patient setting, and chosen from any medical or surgical subspecialty; however, must be served for a minimum of two weeks. See Course Descriptions in Selective/Elective section of manual for suggested endeavors.
2. Clinical Research – maximum of eight (8) weeks – See OST 897 – Clinical Research
3. Electives may be completed in two-week or four-week blocks. (No more than two, four-week time periods can be divided into four, two-week rotations per year.)

### **COMLEX BOARD REVIEW GUIDELINES**

#### **Description**

The third-year osteopathic medical student may elect to utilize up to eight weeks to prepare for COMLEX. The student is expected to perform independently and adhere to established study protocols, and subject content. An approved form of the COMSAE is part of the study plan, and is taken at the determined point within the scheduled study program and results submitted for KYCOM review, BEFORE COMLEX IS TAKEN.

#### **Location**

The study program may be offered commercially, or completed privately within a private residence, a library or within a study carrel. The program site may be remote from KYCOM or on campus.

## INDEPENDENT STUDY – OST 799 AND OST 899

**Course Description:** This is an independent study course in which students will be provided a detailed individualized study plan to prepare them for their COMLEX-USA Level 1, Level 2 CE or Level 2 PE examination. The study plan will include required assessments to provide benchmarks for preparedness, as well as usage of specified question banks and study resources.

This course will be four weeks in duration, but can be continued in four week increments as approved by the course director as long as the student is preparing for their COMLEX-USA retake examination. In addition, if the student's board examination retake is not passed, this course may be repeated if approved by the course director and the Promotions and Matriculation Committee

**Course Goal:** The primary goal of this course is to provide the student additional time and structure to prepare for the COMLEX-USA examination.

**Course Format:** Students will have an individual study plan to follow with built-in assessments and question bank goals to serve as benchmarks for preparedness to retake their COMLEX-USA board examination.

**Grades:** Grades will be reported as Pass or Fail. Students following the assigned study plan and taking the COMLEX-USA examination on their assigned date will Pass. Students who do not follow the assigned study plan or who do not take their COMLEX on the assigned date will fail this course. Failure of this course can be grounds for dismissal from KYCOM.

## SELECTIVE ROTATIONS

Pre-Requisite Courses: General Internal Medicine I, Family Medicine I, General Surgery I and Pediatrics are recommended for completion prior to the selective rotation experience. See individual "OST" course descriptions for specific pre-requisite requirements.

Selective rotations are intended to transition the osteopathic medical student from active learner to active medical decision maker and care planner. Four (4) selectives are required for a total of sixteen (16) weeks within the two-year clinical schedule. Approval from the Associate Dean for Clinical Affairs is required, however; both the location and the preceptor are chosen by the student. See course descriptions for selectives in Medicine, Surgery, Rural Health and Emergency Medicine for specific course details.

The rotation can be arranged as one four-week block or two, two-week blocks. A total of four weeks must be devoted to each of the SELECTIVE categories, i.e. Medicine, Surgery, Rural Health, and Emergency Medicine.

- No more than two, four-week time periods (selective or elective) can be divided into four two-week rotations per year.

### Selective Rotation Requirements

<u>Rotation</u>	<u>Length of rotation</u>
Emergency Medicine	<i>one 4-week block</i>
Medicine subspecialty	<i>one 4-week block</i>
Rural Medicine	<i>one 4-week block</i>
Surgical subspecialty	<i>one 4-week block</i>

## **COMLEX-USA Policy**

Graduation requirements from KYCOM include successful completion of COMLEX-USA Level 1, Level 2 CE, and Level 2 PE. KYCOM requires Level 1 to be taken upon successful completion of years one and two of osteopathic medical education. KYCOM requires Level 2 CE to be taken after successful completion of Level 1 and years one, two, and three of osteopathic medical education, which includes successful completion of all core rotations. The Capstone course must be completed before taking COMLEX Level 2 PE.

KYCOM will use student performance on their third year Comprehensive Osteopathic Medical Achievement Tests (COMATs), performance on the COMSAE Phase 2, and performance on KYCOM-purchased question banks and assessment tests, as indicators of readiness to pass the COMLEX Level 2 CE exam. Students may be advised to take additional COMSAEs or practice exams.

KYCOM will use student performance in their clinical Capstone course as an indicator of readiness for the COMLEX Level 2 PE. Students will be required to remediate their Capstone course if their performance is unsatisfactory.

All students are limited to a maximum of four attempts to pass each required COMLEX-USA examination in order to meet graduation requirements. Failure of four attempts on any COMLEX-USA examination will result in dismissal from KYCOM.

**Level 1.** Before entry into the third year of osteopathic medical education, all students must sit for COMLEX-USA Level 1 on a date agreed upon by the Associate Dean for Academic Affairs. Delays from this schedule will prevent the start of the third year of study and require pre-approval from the P and M Committee. When the Level 1 exam is taken, the student will be permitted to enter third year clinical rotations at the beginning of the next scheduled rotation period.

Failure of the Level 1 examination will result in removal from third year clinical rotations at the end of the current rotation. A plan of study will be developed by the student and approved by the P and M Committee to assist students to prepare for a retake of the examination. The student will be enrolled in course 799 and remain off rotations until the Level 1 examination has been retaken. Failure to retake this examination in the period of time allotted by the P and M Committee will result in a meeting with this Committee to determine disciplinary consequences. Following the initial retake of the examination, the student will be permitted to return to clinical rotations while awaiting results. However, after two or more failures, the student will be removed from rotations until a passing score is received and a return to rotations is approved by the P and M Committee.

The P and M Committee will determine the appropriate length of time to be devoted to studying for a retake of the examination. Under no circumstances will a period of time greater than one semester be granted to study for a retake of the examination. Failure to follow the study plan or take the examination in the period of time allotted by the P and M Committee will result in a disciplinary hearing.

Failure to achieve a passing score by December 31st of the third year will result in removal from clinical rotations and review by the P and M Committee. The student will be allowed to return to clinical rotations only after a passing score has been received by KYCOM. The Associate Dean for Clinical Affairs will determine student placement in accordance with scheduling and curricular requirements.

**Level 2 CE and Level 2 PE.** KYCOM requires the Level 2 CE examinations be taken after successful completion of Level 1 and years one, two, and three of osteopathic medical education, which includes successful completion of all core rotations. COMLEX Level 2 PE may be taken any time after successful completion of the Clinical Capstone Course. Upon successful completion of COMLEX-USA Level 1, NBOME will notify students of their eligibility to schedule their COMLEX-USA Level 2 examinations. All students are required to take both the Level 2 CE and Level 2 PE examinations between the start of the fourth year and December 1st of the fourth year of study. The student has the option to take Level 2 CE or Level 2 PE in any order. Failure to take the exams prior to December 1st of the fourth year will result in a referral to the KYCOM Promotion and Matriculation Committee for consideration of disciplinary action.

Failure of the Level 2 CE examination will result in the removal of the student from clinical rotations and being enrolled in course 899. A plan of study will be developed by the student and approved by the P and M Committee to assist students to prepare for a retake of this examination. Following the first retake of this examination, the student will be permitted to return to clinical rotations while awaiting results. However, after two or more failures, the student will be removed from rotations until a passing score is received and a return to rotations is approved by the P and M Committee.

The P and M Committee will determine the appropriate length of time to be devoted to studying for a retake of the examination. Under no circumstances will a period of time greater than one semester be granted to study for a retake of the examination. Failure to take the examination in the period of time allotted by the P and M Committee will result in a disciplinary hearing.

Failure of the Level 2 PE will require a mandatory remediation course be completed prior to a retake of the examination. If a student fails the exam two or more times, this may result in the removal of the student from clinical rotations pending review by the Associate Dean for Clinical Affairs and a study plan to be developed by the P and M Committee. This plan may include (a) the student being counseled on how to prepare for the examination or (b) being removed from clinical rotations, and (c) matriculation into a review course at student expense.

Failure to successfully complete the COMLEX-USA graduation requirements within two years from the start of the student's fourth year of study will result in dismissal from KYCOM.

SAMPLE CALENDAR					
Start Date	End Date	Third Year	Start Date	End Date	Fourth Year
7/26/21	8/20/21	Core #1	6/27/22	7/22/22	Board Study, Selective or Elective
8/23/21	9/17/21	Core #2	7/25/22	8/19/22	Selective or Elective
9/20/21	10/15/21	Core #3	8/22/22	9/16/22	Selective or Elective
10/18/21	11/12/21	Core #4	9/19/22	10/14/22	Selective or Elective
11/15/21	12/10/21	Core #5	10/17/22	11/11/22	Selective or Elective
12/13/21	12/24/21	<i>Winter Break</i>	11/14/22	12/9/22	Selective or Elective
12/27/21	1/22/22	Core #6	12/12/22	12/23/22	<i>Winter Break</i>
1/24/22	2/18/22	Core #7	12/26/22	1/20/23	Selective or Elective
2/21/22	3/18/22	Core #8	1/23/23	2/17/23	Selective or Elective
3/21/22	4/15/22	Core #9	2/20/23	3/17/23	Selective or Elective
4/18/22	5/13/22	Board Study, Selective or Elective	3/20/23	4/14/23	Selective or Elective
5/16/22	5/27/22	<i>Tentative Clinical Capstone Course</i>	<b>5/6/23</b>		Graduation
5/30/22	6/24/22	Board Study			

## OBJECTIVES

The clinical years at KYCOM are a transition from the pre-clinical experience to the world of integrative, experience based medicine. In twenty-one months, KYCOM aims to see the student successfully achieve comprehension and skills, at the supervised level, of the “Seven Core Competencies” as outlined by the National Board of Osteopathic Medical Examiners, and evaluated by both KYCOMs internal 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.)

**Required Encounters:**

Over the course of the third and fourth year clinical experience at KYCOM, all osteopathic medical students must encounter and assess the following clinical conditions:

1. Ischemic heart disease/coronary artery disease
2. Cerebrovascular accident
3. Liver disease
4. Renal disease
5. Substance abuse
6. Mental health disorders such as anxiety/depression
7. Neuromuscular trauma
8. Hypertension
9. Diabetes Mellitus
10. Pregnancy
11. Otitis Media
12. Hypercholesterolemia
13. Abdominal pain
14. Asthma
15. Chronic Obstructive Pulmonary Disorder (COPD)
16. Well-child care

## **STUDENT ELIGIBILITY FOR CLINICAL ROTATIONS**

### **1. DRUG SCREEN POLICY**

KYCOM requires a urine screen for drugs immediately after matriculation with KYCOM, prior to the beginning of third and fourth year clinical clerkships. Students are responsible for the expense involved with this evaluation. Positive findings will be reviewed by the Assistant Dean of Student Affairs for Graduate and Health Professions and/or the Associate Dean for Clinical Affairs and be referred to the P&M Committee. Further evaluation by external professional consultants may be required. A positive test result may become grounds for dismissal.

**Drug Testing on Demand** – Any student may be required to submit to drug and/or alcohol testing at any time based on reasonable suspicion.

### **2. CRIMINAL BACKGROUND CHECK**

KYCOM requires criminal background checks for all students prior to matriculating to KYCOM and prior to the beginning of third year clinical rotations. Students will be responsible for the

expenses involved with this evaluation. The mechanism for evaluation will be determined by the Assistant Dean of Student Affairs for Graduate and Health Professions and/or the Associate Dean for Clinical Affairs. Infractions may be referred to the Promotion and Matriculation Committee.

### **Mandatory Self-Reporting for Criminal Behavior**

All accepted and currently enrolled medical students are required to promptly (within 10 calendar days) report any criminal charges filed against them to the Assistant Dean for Professional Student Affairs. Criminal behavior includes any felony and misdemeanor violations of the law, but excludes minor traffic violations, such as parking tickets. Any charges that were previously disclosed on the AACOMAS application need not be reported again. Student violations of the law will be reviewed by the Assistant Dean for Professional Student Affairs in the context of future implications for licensure, threat to patient safety, and the ability to be an appropriate member of the osteopathic medical profession. Depending on the nature and severity of the criminal offense, student suspension or dismissal is possible.

### **3. IMMUNIZATIONS**

KYCOM, 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
  - i. Chest radiography, every three years, if TB test is considered positive
  - ii. If previously received the BCG vaccination, the Interferon Gold or T-Spot blood test is required
- b. Tdap immunization once during adulthood, followed by the Tetanus toxoid immunization, every ten years
- c. Measles, Mumps, Rubella, and Varicella immunity, established by documented immunizations
- d. Hepatitis B immunity, established by documented immunizations and antibody titer
- e. Influenza immunization yearly
- f. COVID-19 immunizations may be required by individual facilities/sites.

UPIKE/KYCOM does not currently require the COVID-19 vaccination; however, many of KYCOM's clinical partners do require proof of immunization to train at their facility. Students are guests in these clinical facilities/sites and KYCOM has no control over the policies they set in place. A clinical partner may provide a pathway to request a reasonable accommodation based on a medical necessity or a sincerely held religious belief.

**ALL** TB tests must be current by June 1 of each year of clinical rotations. A current, updated documentation of TB evaluation must be uploaded into E\*Value 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. **ALL** Influenza vaccinations must be current by October 1 of each year of clinical rotations. A current, updated documentation of Influenza vaccine must be uploaded into E\*Value prior to that date. Failure to provide proof of current vaccine will prevent the student from participating in any clinical activities, which will result in delay and/or failure to achieve graduation.

- It is policy that all Measles, Mumps, Rubella, Varicella and Hepatitis B immunity documentation will be completed on June 1 of the first year of school. This documentation must be uploaded into E\*Value. Failure to provide a completed documentation will prevent the student from participating in any clinical activities, which will result in delay and/or failure to achieve graduation.
- Immunizations must be administered within the CDC recommended time frame, or you could be required to repeat the series.

Documentation of an updated tetanus vaccination is required prior to matriculation to KYCOM. This must be on file in E\*Value.

#### 4. ACADEMICS

- a. All pre-clinical courses will have been completed before entry into the 3<sup>rd</sup> clinical year rotation schedule.
- b. COMLEX Level 1 must be taken before entry into the 3<sup>rd</sup> clinical year rotation schedule.

#### 5. ATTESTATION FORM

Submittal of the signed and dated form which attests that the clinical rotations manual has both been completely read and understood is a mandatory requirement before entry into the third year of osteopathic medical study. This must be uploaded to eValue prior to starting clinical activities.

### STUDENT RESPONSIBILITIES

KYCOM maintains a “**NO TOLERANCE**” policy for diversions from the mandatory guidelines below:

#### 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. One week prior to the start date of each rotation, it is the responsibility of the student to send contact information to the Director of Clinical Rotations for scheduling in E\*Value and to ensure that a COMAT exam is scheduled.

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 Affairs at KYCOM. 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 a minimum of 20 days each four-week rotation period and 10 days each two-week rotation period. The expectation is that students work Monday through Friday with weekends off. However, the work day will vary by rotation. If the preceptor works weekends, the student is expected to work weekends also. Attendance is mandatory for all clinical rotations. On occasion, a student may need to miss days from a clinical rotation. A maximum of three (3) days **for excused absence** is permitted, ***only if prior approval is given by the KYCOM Clinical Affairs Department***, 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. If a pattern of missing three days for each rotation is noted by KYCOM staff, it will be referred to the Promotions and Matriculation Committee. Unexcused absence constitutes referral to the Promotions and Matriculation Committee, and may result in failure of the clinical rotation. **An example of an unexcused absence includes, but is not limited to, taking a study day for the COMAT exam.**

### **3. SUBMISSION OF STUDENT CASE LOGS AND ROTATION EVALUATION**

All students are required to submit a complete electronic case log for each clinical rotation within nine (9) calendar days of the last day of the rotation. The Case Log consists of the student's daily activities. e.g. all patient contact, all procedures performed, all readings (assigned and unassigned), conferences attended, etc. and is submitted within nine (9) calendar days of the last rotation day. Logs not submitted within nine (9) calendar days are considered late and an incomplete grade will be entered for this rotation and may result in a referral to the Promotions & Matriculation Committee. If the completed logs are received after nine (9) but within fourteen (14) days, the incomplete grade may be raised to a maximum of 70% at the discretion of the Associate Dean for Clinical Affairs. After fourteen (14) days, if the completed logs have not been received, a grade of 69% will be entered on the transcript for this rotation.

- a. All students are required to include their level of participation in each activity. Level of participation – (1) Observed, (2) Assisted, (3) Managed Under Supervision.
- b. The student is required to evaluate each rotation electronically. This evaluation will reflect the student's attitude and observations regarding the quality of training received on each rotation.
- c. In the event of late submittal of log materials (within fourteen (14) days), if acceptable to the Associate Dean for Clinical Affairs, the rotation grade will be converted from an incomplete to an absolute maximum score of 70%. If the late log materials are not received within fourteen (14) days, students will receive a 69% (Failure) for the rotation.
- d. Clinical rotation failures are reviewed by the P and M Committee. Failure of more than two clinical rotations is grounds for dismissal.

### **4. MEDICAL INSURANCE**

Students must maintain personal health insurance throughout their enrollment and present documentation of health insurance coverage as instructed by the KYCOM Office of Professional Affairs prior to the start of each academic year. KYCOM students are responsible for the costs of their health insurance.

### **5. HOUSING**

All housing needs while the students have relocated to the individual rotation sites are at the student's expense. Neither KYCOM nor the individual rotation site is responsible for student housing.

### **6. PROFESSIONALISM**

As a representative of both KYCOM and the osteopathic profession, it is the student's responsibility to maintain professional deportment at all times.

**a. DRESS**

KYCOM students are expected to dress professionally at all times and to be attentive to personal hygiene and cleanliness. It is the right of patients, peers and healthcare staff to expect a safe, non-offensive, non-infective, and non-allergenic environment. Personal appearance and hygiene reflect concern and respect for both staff and patient safety. It contributes to the delivery of quality health care, and sends a message to the public that the healthcare facility maintains a positive, respectful and safe environment. Unclean and unkempt individuals provoke discomfort, and create a barrier to healthcare access. KYCOM maintains a “**NO TOLERANCE**” policy for diversions from the mandatory guidelines below:

1. At all times a student must be clearly identified as a KYCOM student.
2. Short white lab coats with KYCOM identification are expected to be worn unless specifically instructed otherwise by the healthcare facility or preceptor physician.
3. Scrub suits are to be worn in the operating room, procedure rooms, during call hours, and at the discretion of individual preceptor physician and/or healthcare facility.
4. Clothing, at all times, must be neat, clean and free from offensive odors. Clothing must be professional, consistent with the standards for a professional environment, and not attract undue attention or serve as a distraction to others. Clothing that contains unprofessional or offensive writing or caricatures may not be worn. Students should dress in a non-provocative manner that demonstrates respect for patients, fellow students, and staff. It must also be appropriate to the type of work being performed and take into account the potential expectations of patients, staff or fellow students.
5. Open-toed and casual shoes, such as sandals and flip-flops are not considered professional attire.
6. Jewelry, neckwear, scarves and accessories can be worn; however, must be removed if either preceptor or healthcare facility consider them to interfere with duty, or a potential for infection and possible harm to patients, staff or self exists.
7. Tattoos and body art can often be perceived as affronts or threats to religion and family. Tattoos and body art should be covered to prevent potential for offensive reactions from patients, peers or staff.
8. KYCOM students must be physically clean, well groomed, and take steps to prevent and/or address problems of offensive body odor.
  - a. Avoid excessive use of fragrances – scented chemicals pose a threat for allergic and/or adverse reactions by patients, peers and healthcare staff.
  - b. Hairstyle and length (including mustaches and beards) must be clean, neat and controlled. Hair should not interfere with duties or pose a threat to infection for patient, peer or healthcare staff.

**b. SEXUAL HARASSMENT**

Any incident of suspected sexual harassment must be reported immediately to the Supervising Physician, Associate Dean for Clinical Affairs and the Assistant Dean of

Student Affairs for Graduate and Health Professions. Any student involved in sexual harassment will be referred to the Assistant Dean of Student Affairs for Graduate and Health Professions and the University Title IX Coordinator for further action.

**c. STUDENT/PATIENT/PHYSICIAN RELATIONSHIPS**

The relationship between an osteopathic medical student and a patient must 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 KYCOM. KYCOM directs that no member of its faculty establish or maintain a therapeutic relationship with any KYCOM student. A therapeutic relationship exists when a physician/patient relationship is established between a KYCOM employee and a KYCOM student. In the event a therapeutic relationship is established or in any way is maintained by and between a KYCOM employee and a KYCOM student, the employee must identify and recuse themselves from any academic assessment or promotion of the student with whom the employee has the therapeutic relationship. KYCOM also requires that all clinical preceptors complete an attestation that they do not maintain a physician/patient relationship with the student being evaluated.

**d. KYCOM PHARMACEUTICAL AND INDUSTRY REPRESENTATIVE POLICY**

**Introduction**

Kentucky College of Osteopathic Medicine (KYCOM) operates as a not-for-profit osteopathic medical educational institution engaged in educating osteopathic medical students and advancing osteopathic medical education. KYCOM 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 KYCOM 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**

KYCOM is guided by Section 17 of the American Osteopathic Association Code of Ethics<sup>1</sup> 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 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.

<sup>1</sup> American Osteopathic Association Code of Ethics adopted July 2003, updated July 2016.

3. Pharmaceutical companies may offer gifts to physicians from time to time. These gifts should be appropriate to patient care or the practice of medicine. Gifts unrelated to patient care are generally 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)<sup>2</sup>**

Guidelines from the PhRMA code, developed voluntarily by the pharmaceutical industry, and adhered to by KYCOM 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 (\$100.00 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 KYCOM 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

<sup>2</sup> Code on Pharmaceutical Company Interactions with Healthcare Professionals, originally adopted in July 2002, and amended in January 2009.

include physicians' offices, hospital clinics and hospitals, and "pre-approved" attendance at graduate medical education programs. KYCOM students are professionally bound by the applicable sections of the AOA Code of Ethics.

### **Summary**

The pharmaceutical and pharmaceutical research industry is a recognized member of the healthcare team that is voluntarily bound by a set of guidelines. KYCOM 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**

1. 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.
2. If necessary, it is the student's responsibility to notify the regional coordinator and/or KYCOM of any critical issue(s) that affect him/her during the rotation.

#### **f. FINANCIAL COMPENSATION**

A KYCOM 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 KYCOM and the core site.

#### **g. MOBILE TELEPHONES AND HANDHELD DEVICES**

KYCOM students are welcomed guests at clinical rotation sites. They are given the courtesy to participate as a member of the staff; however, as guests, should be mindful that mechanical sounds, attention to electronic messages and use of keyboards within the confines of examination rooms, operating rooms, procedure rooms and at bedside can both be perceived (by patients and staff) as a lack of interest, and potentially distract preceptor physicians and healthcare staff from the delivery of safe healthcare. The following guidelines for the use of mobile devices are mandated by KYCOM:

1. Handheld devices are not to be used to take photographs of patients, patient's records, or to store patient's confidential information.
2. No handheld device is to be carried into operating or procedure rooms.
3. Upon entry into a hospital or outpatient facility, all ringers are to be set for "QUIET" or "VIBRATE", and alarms disabled.
4. Ringers and alarms for handheld devices must be disabled or set to "QUIET" or "VIBRATE" at all conferences.
5. Handheld devices may be used on patient rounds, and within patient rooms ONLY if permission is obtained from the preceptor physician and the patient.
6. Handheld devices may be used at nurses' stations, the intensive care unit(s), and within the emergency department, with preceptor physician and nursing approval ONLY.

7. Handheld devices may be used within the confines of on-call rooms and hospital cafeterias.

#### **h. SOCIAL MEDIA EXPECTATIONS**

KYCOM students are expected to adhere to standards of professionalism and abide by applicable laws, policies, and rules that govern privacy and the dissemination of protected information (e.g., HIPAA). When using social media and other internet sites that involve postings, comments, and images, students are expected to refrain from posting protected information, disparaging others, or otherwise conducting themselves in a way that could reasonably be perceived as unethical or unprofessional. Care should be taken when expressing opinions. When expressing opinions, particularly opinions about medical or health care issues, students should clearly state that their viewpoints are their own and do not necessarily represent the views of KYCOM or others. Further, cyber stalking and similarly inappropriate online activity can be viewed as forms of harassment. KYCOM students should be mindful of the fact that social media and other internet sites are never completely secure; what is posted can be seen by many, including prospective residency programs and future employers.

Social media conduct that is contrary to this policy may result in disciplinary action (up to and including dismissal from KYCOM and in some instances, legal action, if postings violate applicable laws).

#### **i. STUDENT IN “GOOD STANDING” DESIGNATION**

KYCOM defines a student in “Good Standing” as an individual who has conformed to established policy guidelines, passed, or is in the process of passing, all required milestone examinations to date, satisfied all course requirements to date, and has maintained all records and supporting documents, including immunizations as required by the student handbook.

### **APPROVED ABSENCE AND LEAVE POLICIES**

Absence of the attending physician or the student, from rotation for a period greater than one day, requires the student to notify the office for Clinical Affairs, of the interruption of activity. Only the Supervising Physician and the Associate Dean for Clinical Affairs may grant time off during a prescribed clinical rotation. At the discretion of the Associate Dean for Clinical Affairs either a reading assignment or alternate duty assignment will be made.

Reasons for approved absence may include illness, pre-approved conference attendance or extended leave.

Any unexcused absence will be referred to the Promotions and Matriculation Committee with a recommendation of failure for the clinical rotation.

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 Affairs and the attending physician. Departures 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.

**a. 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 Affairs of KYCOM 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.

**b. TEMPORARY ABSENCE**

A “short period of time” is defined as less than one day and may be requested to attend to personal business (e.g. banking, child care, etc.). 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.

**c. ATTENDANCE AT PROFESSIONAL CONFERENCES**

Kentucky College 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 Associate Dean for Clinical Affairs.

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 Affairs 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 Affairs on an individual basis.
3. Students must obtain permission from both the Associate Dean for Clinical Affairs and the supervising preceptor and be in good standing, see Student Responsibilities section of this manual.
4. A student travel request will be denied if the student is not in good standing or at the discretion of the Associate Dean for Clinical Affairs.
5. Each student will be required to submit a one-page report on the meeting, and the value added to the student’s education, in E\*Value. Participation of professional meetings outside of normal KYCOM curriculum is considered a privilege and honor. Students must document meeting attendance in their eValue daily logs.

**d. INTERVIEW POLICY**

The following policy has been adopted regarding residency/internship interviews:

1. Students will be required to submit an **Interview 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 Affairs, 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. Students that require time away from the rotation, that would jeopardize the attendance policy, may request for individual consideration from the Associate Dean for Clinical Affairs.

**e. VACATIONS AND HOLIDAYS**

Two winter breaks and the clinical capstone course are the only pre-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 KYCOM during the clinical rotations.** Additional vacation time beyond what has already been described, can be requested and scheduled during the clinical rotation period, and requires a submitted request, sixty (60) days in advance of the event.

**f. EXTENDED LEAVE**

Direct written requests for extended leave to the Assistant Dean for Professional Student Affairs. The Associate Dean for Clinical Affairs should be copied on all correspondence. A leave of absence may be granted for one of the following reasons:

1. Health
2. Personal / Family
3. Financial Hardship
4. Pursuit of a graduate degree at this or another college or university

Extended leave of absence, for a maximum period of one year, may be granted by the KYCOM Dean. Following an extended leave of absence, a student must submit a written request to return to KYCOM to the KYCOM Dean.

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

## **GENERAL ROTATIONS INFORMATION**

**Student responsibilities listed below are expected of all KYCOM students, and subject to individual hospital policies:**

1. Students will write daily notes on all patients during rounds.
2. Student 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 in E\*Value on all patients seen.

### **STUDENT LIABILITY INSURANCE**

KYCOM 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 Affairs 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 Affairs.

### **STUDENT EVALUATION (GRADE)**

1. The student will be evaluated for each clinical rotation.
2. Only one grade will be applied per clinical rotation. The Associate Dean for Clinical Affairs is responsible for the verification of all clinical rotation grades.
3. The evaluation is intended to measure the student in comparison to others at the same level of education.
4. The “KYCOM Student Assessment Form” for in-person clinical rotations 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. The “KYCOM Student Assessment Form” for non in-person clinical experiences measures;
  - a. Completion of all assigned readings
  - b. Completion of all quizzes
  - c. Completion of all assigned iHuman cases
  - d. Completion of all assigned Aquifer cases
  - e. Completion of at least 3 unique/original board type questions for each assigned reading, with documentation
  - f. Any acts of plagiarism
  - g. Any acts of unprofessional behavior
6. Specific documentation of a failing grade should accompany the evaluation.
7. At the midpoint of the clinical rotation, a student-preceptor conference should 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.
8. The Associate Dean for Clinical Affairs will refer a failing grade to the Promotions and Matriculation Committee for further action or remediation.
9. Clinical grades may be reported as numeric scores or Pass/Fail as outlined in the course syllabus.

### **GRADE APPEALS**

A student who seeks to appeal a particular rotation grade must file a written request with supporting documents for grade review within one month of the rotation grade being recorded.

The Associate Dean for Clinical Affairs will inform the student in writing of their decision to either uphold or change the rotation grade. If the Associate Dean for Clinical Affairs denies the grade appeal, the student may appeal to the P&M Committee for a final appeal of the grade. The recommendation of the Committee will be forwarded to the Dean for a final decision on the student's grade. The decision of the Dean will be sent in writing to the student, P&M Committee, Associate Dean for Clinical Affairs, and the Office of Academic Affairs.

### **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.

### **EMERGENCY PREPAREDNESS PLAN:**

The University of Pikeville, which includes KYCOM, has undertaken an extensive risk analysis and has approved protocols for a variety of potential disasters and emergencies. However, because every emergency and/or disaster, whether natural or manmade, is unique and one or even several plans cannot cover all scenarios; KYCOM students, faculty and staff are instructed to follow these directions.

1. Any disaster or emergency announcement/instructions involving the University of Pikeville or Pikeville community will be transmitted to all UPIKE individuals, including KYCOM students, through the Alertus emergency notification system and via UPIKE email. Responses to on campus emergencies come from the University President or his/her designee.
2. In the event of an emergency or disaster at any KYCOM affiliated clinical site, the student should refer to and follow the local emergency preparedness disaster plan and instructions for that healthcare facility or site.

### **BLOOD BORNE PATHOGEN EXPOSURE AND POST-EXPOSURE PROPHYLAXIS**

1. **GENERAL:** 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 KYCOM. The Blood Borne Pathogen (BBP) policy includes three (3) components;
  - a. Education.
  - b. Immediate post-mishap evaluation of exposure risk, as outlined by current Center for Disease Control and Prevention (CDC&P) guidance and recommendations.
  - c. Appropriate follow-up.
2. **EDUCATION:** All KYCOM 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.

### 3. 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 KYCOM 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 Office of Clinical Affairs of the incident.
- d. The goals of the student reporting to the ER for BBP/HIV exposure are:
  - i. To help the student assess whether the exposure is low or high risk using the most current CDC&P guidelines.
  - ii. 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.
  - iii. Counseling the student on medication side effects and clarifying the benefit/risk ratio of their use.
  - iv. Check baseline labs: HIV antibody testing, complete blood count, renal and hepatic chemistry profile, and hepatitis evaluation.
- e. The Associate Dean for 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:
  - i. Insuring HIV antibody testing is done at 12 weeks and 6 months and results checked.
  - ii. Writing prescriptions for the four-week drug regimen if needed.
  - iii. Repeating complete blood count and renal and hepatic chemistry profiles at the discretion of treating physician.

## **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 which details the student in comparison to the entire class. In order to assist in the preparation of the letter, the Office of Academic Affairs will need the following before June 30th of the third year of study:

1. Three (3) bullet points of your most noteworthy accomplishments. Each bullet should be no longer than 2 sentences long and can be in any of the following areas:
  - a) Academic Achievements
  - b) Community Service
  - c) Research/Scholarly Activity
  - d) Leadership Activities
  - e) Awards, and/or Fellowships

Bullets are to be written in the third person (i.e. he, she, NOT I ) in a Word Document naming it “your last name, first initial” (i.e. Doe, J.doc) and send it to Cathy Derry at [cathyderry@upike.edu](mailto:cathyderry@upike.edu) before June 30th.

2. You will be sent a survey via email to complete and return via email. The survey will be used to determine your recommendation. Recommendations are based on:
  - a) Academic Performance
  - b) Leadership Activities
  - c) Extracurricular Activities

Upon completion of the survey, save it as a Word document, naming it “your last name, first initial survey” (i.e., Doe, J Survey.doc), and send it to Cathy Derry at [cathyderry@upike.edu](mailto:cathyderry@upike.edu) before June 30th.

3. Your Core Rotation Grades and Comments. Please check your grades via Webadvisor on a monthly basis to ensure your preceptors are submitting your grades in a timely basis. You will also want to encourage your preceptors to provide comments on your performance via E\*Value. Your core rotations grades will be presented in graphs comparing your performance to the class average and accompanied by the coordinating comments from your preceptors.

If time allows, you will be provided an unsigned copy of your letter to review for accuracy. You will have 3 business days to submit any corrections that are needed before the letter is signed and finalized.

All letters will be uploaded prior to the deadline for Medical Student Performance Evaluations.

## SCHEDULING OF CORE CLINICAL ROTATIONS

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

## SCHEDULING OF ELECTIVE CLINICAL ROTATIONS

1. Twenty-four weeks of elective rotations are at the discretion of the individual student with the approval of the Associate Dean for Clinical Affairs. Good Standing, as defined in Student Responsibilities section of this manual, is required to apply.
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 week. Two elective rotation blocks may be divided into two, two-week blocks with approval from the Associate Dean for Clinical Affairs.
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. Twenty 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.
5. Some sites require payment for completed elective rotations, which will be paid by the student. Check with site coordinator before scheduling.

## SCHEDULING OF SELECTIVE CLINICAL ROTATIONS

Selective rotations must include **Emergency Medicine, Rural Medicine, Surgical Subspecialty and Medicine Subspecialty**. See the course descriptions of these rotations for more detailed information.

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 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 specialist in the care of hospitalized patients. Students must follow the following procedure:

1. Submit a Selective Request Form to 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 Affairs. Students must be in Good Standing, as defined in Student Responsibilities section of this manual in order to apply. Selective rotation requests may be denied if requests are submitted without sufficient time to process them.

## **VISITING STUDENT LEARNING OPPORTUNITIES (VSLO)**

VSLO® is an electronic application service designed to streamline the application process for senior selective/elective rotations at U.S. hospitals and medical centers that are members of the Council of Teaching Hospitals and Health Systems (COTH). The service requires only one application for all participating institutions, effectively reducing paperwork, miscommunication, and time.

KYCOM is a member of the Visiting Student Learning Opportunities (VSLO). KYCOM students may apply for multiple rotations using the VSLO website. During February of the third year of study, you will receive instructions on how to gain access to the VSLO website, via UPIKE e-mail. Most programs begin accepting applications by May 1<sup>st</sup> of the third year of study. When given access, you will need to complete your profile information and upload a photograph. Students can upload all information, EXCEPT the transcript. The transcript will be uploaded into your file by the UPIKE registrar's office once your application has been submitted. Credentialing documents, e.g. immunization records, letter of good standing or criminal background check can be uploaded by the Clinical Affairs Office. However, **KYCOM cannot upload any document until the application is submitted by the student. Due to the ongoing COVID-19 pandemic, all students should be aware that VSLO applications and procedures may be modified throughout the year.**

## **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 Affairs. The decision as to the ability to change schedules will be at the discretion of the Associate Dean for Clinical Affairs.

## **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 Affairs 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 Affairs. 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 iHuman and/or Aquifer Supplemental Cases, 3<sup>rd</sup> year and Clinical Journal Club, 4<sup>th</sup> year
2. The “End of Service” (COMAT) Exam Modules and COMSAE Exam
3. OPC V and OPC VI
4. Viewing of Educational Videos – During 4<sup>th</sup> year unless approved otherwise.
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. “Fail” is defined as any numerical score < 70 points.

#### **1A. iHUMAN / AQUIFER SUPPLEMENTAL CASES - 3rd Year**

iHuman and/or Aquifer Cases are assigned to the 3<sup>rd</sup> year osteopathic medical student each block by the Clinical Affairs Department as an additional educational tool.

##### **Objectives**

- a. To broaden medical knowledge
- b. To allow osteopathic medical students to obtain a step by step approach on how to perform a history and physical examination on a simulated patient.
- c. To allow the osteopathic medical student to practice valuable skills such as formulating a differential diagnosis, assessment, and plan for each patient.
- d. To provide the osteopathic medical student with valuable feedback regarding their performance on their simulated case experiences.

##### **Format**

All 3<sup>rd</sup> year students are required to complete all assigned cases each block. iHuman and/or Aquifer assignments will be sent to the website by the Department of Clinical Affairs and students will have access to them on the first day of each clinical rotation.

##### **Student Responsibilities**

Complete the case each block, as assigned.

##### **Grading**

The grade will be based on adequate time spent on and the completion of the assigned cases. Participation is Pass/Fail.

#### **1B. CLINICAL JOURNAL CLUB - 4th Year**

Articles will be chosen by KYCOM faculty. The 4th year osteopathic medical student is partnered with peers and 4th year colleagues to review current topics in the medical literature.

## **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 4<sup>th</sup> year students are required to attend one journal club. Students will connect to the program from their personal computers. Meeting assignments will be issued by the Associate Dean for Clinical Affairs as follows:

- a. Journal Club date assignments will be sent by University of Pikeville (UPIKE) e-mail to all class members no later than the first day of rotations. Substitution of assigned dates is the responsibility of the student. Changes to the schedule must be reported to the Associate Dean for Clinical Affairs at least 24 hours before the planned Journal Club meeting.
- b. Notification of assigned journal articles will be released via Upike e-mail no later than one week before the assigned date. At the conclusion of each journal club session, the facilitator will assign five questions to be answered via e-mail by noon eastern the following day.
- c. Failure to pass or complete questions by noon eastern the following day will result in the failure of Journal Club and student must repeat.

## **Student Responsibilities**

- a. Read and outline the assigned journal article in advance of the meeting.
- b. Be prepared to be called upon during the online meeting to discuss the article content, related theory/clinical practice or study question material.
- c. Submission of completed facilitator questions before 12:00 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 Go To Webinar.
- b. If absences are reported to the Associate Dean for Clinical Affairs, prior to airtime, a make-up date or alternate assignment will be given.
- c. Failure to notify the Associate Dean for Clinical Affairs about unavoidable absence from journal club requires a written explanation. Remediation will be at the discretion of the Associate Dean for Clinical Affairs.

## **Grading**

The grade will be based on successful completion of the five quiz questions, and verified attendance. Study questions submitted by absentees or submitted beyond the deadline will not be accepted. The question responses will be due the morning after the session, and should be e-mailed to the program facilitator.

## **2. END OF SERVICE EXAMINATION MODULES - COMAT**

- a. Completion of on-line examination modules in the areas of Family Medicine, Emergency Medicine, Internal Medicine, Surgery, Pediatrics, Women's Health, Osteopathic Principles & Practices, and Psychiatry is a mandatory



requirement to receive full credit for each of the above rotation disciplines. The modules are prepared by the National Board of Osteopathic Medical Examiners and entitled “Comprehensive Osteopathic Medical Achievement Test” (COMAT). 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 KYCOM 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. family medicine exams will be completed during the fourth week of *both* rotations (Rotation grades for each discipline will be considered an “**incomplete**” until the exam result is received by the Associate Dean for Clinical Affairs.
- d. The exam will account for 50% of the rotation grade.

**Class of 2023 COMAT Grading Chart**

0	55	60	65	70	75	80	85	90	95	100
<74	75-79	80-81	82-84	85-87	88-92	93-97	98-102	103-106	107-109	≥110

### 3. OPC V AND OPC VI

**OST 703 AND OST 704 Course Description:** OPC V and VI are designated for (1) one credit hour each. These third-year courses are a continuation of the OPC I-IV course(s) and will serve to further expand and develop the world of osteopathic patient care through a multifaceted approach. These courses will be a standard didactic program for third year students. Students will be required to complete 2 video modules per 4-week block. **These must be completed during each block, even if the student is off rotation for board study.** All modules will be presented on the Panopto Video Center. Sessions will work in conjunction with the scheduled third year rotations.

**Grading Policy:** Students must complete a post-exam. Each post-exam will be worth 5 points. There will be 5 post-exam questions per module.

OPC V Post-Exam (5 points)	50 Points
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Total Possible Points for the Course:

Course Passage = 70% or 35 of the total points available	50 Points
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OPC VI Post-Exam (5 points)

Total Possible Points for the Course:	50 Points
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Course Passage = 70% or 35 of the total points available	50 Points
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**Remediation Policy:** Students who do not achieve 70% or better in the course have failed the OPC course. According to the KYCOM Student Handbook, **all** failures are reviewed by the Promotion & Matriculation Committee and a decision is made whether or not a student is allowed to remediate failed courses. If the Promotion & Matriculation Committee decides a student is allowed remediate OPC, the student

will revisit and pass the modules failed. Remediation will be required during winter break for OPC V and during the clinical capstone course for OPC VI.

#### **4. EDUCATIONAL VIDEOS AND PROGRAMS**

Each student is required to view or attend a minimum of ten (10) clinical programs (your choice) during fourth year. The program(s), viewed and/or attended, must have the capacity to issue a certificate of successful completion. A limit of two completed program certificates must be earned per clinical rotation period, and submitted via e-mail to your clinical clerkship coordinator. 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.

Grading is “Pass/Fail” and remediation is at the discretion of the Associate Dean for Clinical Affairs. Logs are considered INCOMPLETE without submittal of the two (2) required certificates.

KYCOM allows the student to opt to attend AOA/AMA credentialed Continuing Medical Education Programs (CMEs) held at the student’s host hospital or medical center, on campus in Pikeville, on-line with UPIKE or at another COCA accredited osteopathic medical school, or on-line or in-person at one of the two other Kentucky medical schools. These do not include scheduled didactic education meetings such as Morning Report, Tumor Board, rotation assignments, UpToDate, or Clinical Key, etc. Alternative educational resources include:

- Annual KYCOM Pediatrics Symposium attendance – Equivalent to two (2) certificates
- Annual KYCOM Alumni CME attendance – Equivalent to two (2) certificates
- On-line viewing of A-OPTIC monthly Grand Rounds – Equivalent to one (1) certificate. ([www.A-OPTIC.org](http://www.A-OPTIC.org))
- On-line viewing of University of Kentucky CE CENTRAL video series – Equivalent to one (1) certificate, regardless of the credit hours received per certificate. ([www.CECENTRAL.com](http://www.CECENTRAL.com))

#### **5. THE CLINICAL CAPSTONE COURSE - TENTATIVE SCHEDULE**

##### **Introduction**

A two-week period is provided on KYCOM campus to prepare the osteopathic medical student for the challenges of both the 4<sup>th</sup> year of study and COMLEX Level 2 Performance Evaluation. Housing is provided. The student is responsible for their own bedding, towels, toiletry items and meals. Program segments include:

- a. WELCOME
  - i. Update contact information
  - ii. Complete order forms for graduation regalia
  - iii. Update financial aid information
  - iv. Introduction to the Clinical Skills Testing Performance Evaluation
- b. PREPARATION FOR RESIDENCY - An on-line recorded program will be available for off-campus viewing, for each of the following topics.
  - a) Electronic Residency Application Service (ERAS)

- b) Medical Student Performance Evaluation – refer to General Rotations Information: “Preparation for Residency” for submittal information deadlines and content.
- c. CLINICAL SKILLS TESTING PERFORMANCE EVALUATION
- d. DRUG SCREEN
- e. PROFESSIONALISM
- f. MENTAL HEALTH
- g. TITLE IX

### **Objectives**

- a. To strengthen the level of competency in clinical skills possessed by the osteopathic medical student-in-training.
- b. To determine necessary areas of concentration to achieve successful professional competency.
- c. To evaluate the osteopathic medical student’s readiness toward professional competency.
- d. To evaluate the osteopathic medical student’s readiness for graduation from medical school.
- e. To aim for success in the COMLEX Level 2 Performance Evaluation

### **Description**

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, and scheduled to sequentially rotate through simulated patient encounters. The student will 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. At the end of each encounter, the student will leave the room, and report to the “SOAP Note Writing Station”. All SOAP notes (for proper credit) must be generated and stored on the assigned computer. The student will 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.

**Evaluation**

The student's clinical performance will be graded by KYCOM clinicians in the departments of Family Medicine, Osteopathic Principles and Practice and Bio 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.).

**Remediation**

Students who are unsuccessful during the capstone course must attend a remediation session on campus at KYCOM prior to taking the COMLEX Level 2 PE. The date of the remediation will be determined by the Associate Dean for Clinical Affairs.

**Suggested References**

Le, Tao, First Aid for the USMLE Step 2 CS, latest edition

Savarese, Robert G., OMT Review, latest edition

Nelson, Kenneth E., Somatic Dysfunction in Osteopathic Family Medicine, latest edition

Porter, Robert, The Merck Manual, 20th Ed., 2011.

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

Gomella and Haist, Clinician's Pocket Reference, 11<sup>th</sup> Ed., McGraw-Hill Co., latest edition

**Award of Honors**

For the KYCOM Class of 2015 and subsequent KYCOM classes, class ranks are no longer reported on student transcripts. Beginning with the 2021-2022 academic year, KYCOM will recognize superior student achievement with the designation of Honors for any course or clinical rotation in which the students achieves a 90% or greater final grade on core rotations.

The award of Honors recognizes superior student achievement and will be reported on the student transcript. In order to be eligible for Honors, students must be in good academic standing with no course or COMLEX board exam failures earned during the term or year under consideration.

Further, students cannot be on a partial or decelerated schedule or repeating a course previously taken to be considered for Honors designation.

# **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 KYCOM Associate Dean for Clinical Affairs 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 KYCOM. 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 KYCOM 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 "KYCOM 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 an accurate electronic log of every patient seen each day 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 completed within fourteen (14) calendar days from the last day of the rotation. After 14 days, if logs are not completed, the maximum rotation score will be 70% and the student will be referred to the P&M Committee for further action.

The following Case Log components are mandatory:

1. Student Assessment Form
2. 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

4. 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.
5. Student Log – Obstetrics – utilized on all obstetrical cases.
6. Student Log – Special Procedures – examples such as laceration repair, Pap smear, Electrocardiography, Surgical biopsy, Cardiac stress test, etc.
7. Student Log – Educational Programs – listing of all clinical didactic lecture activities including Journal Club, Morbidity & Mortality Review, Tumor Board, Videoconferences, County Medical Society, etc.
8. 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. For purposes of credentialing, gaining future practice privileges or certification, students should permanently keep signed copies of their logs. This can be done by exporting the log documents from E\*Value to Microsoft Excel. KYCOM 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 Educational Programs
3. Completion of Capstone Course
4. Completion of Clinical Journal Club and iHuman and/or Aquifer modules
5. Successful completion of end-of-service examination modules in Internal Medicine, Family Medicine, Pediatrics, General Surgery, Women’s Health, Osteopathic Manipulative Medicine, Psychiatry and Emergency Medicine.
6. Successful completion of OPC V and OPC VI.
7. Successful Completion of all clinical rotations and submittal of all documentation
  - a. Submittals of all clinical rotation logs
  - b. Student Assessment Forms
  - c. Documentation of required encounters
8. Attendance at all class meetings
  - a. Class meeting at conclusion of the 3<sup>rd</sup> year of study
  - b. Exit class meeting at conclusion of 4<sup>th</sup> year of study
  - c. Attendance at graduation exercises

## COURSE SYLLABI



## OST 799 INDEPENDENT STUDY I

**Faculty:** Dr. Joshua Crum (Course Director)  
Office: Coal Building 611  
Hours: By appointment  
E-mail: joshuacrum@upike.edu

**Texts:** N/A

**Supplemental Texts:** N/A

Hours: 4.0 credit hours

Every four-credit course as outlined in this policy, and the appropriate grade will be part of the student's permanent KYCOM transcript. However, credits earned in this course will NOT take the place of any clinical rotation requirements as outlined in the Student Handbook and Clinical Rotations Manual. The credit hours earned in this course will not be calculated into the student's grade point average.

**Course Description:** This is an independent study course in which students will be provided a detailed individualized study plan to prepare them for their COMLEX-USA Level 1 examination. The study plan will include required assessments to provide benchmarks for preparedness, as well as usage of specified question banks and study resources.

This course will be four weeks in duration, but can be continued in four week increments as approved by the course director as long as the student is preparing for their COMLEX-USA retake examination. In addition, if necessary, this course may be repeated approved by the course director and the Promotions and Matriculation Committee if the student's board examination retake is not passed.

**Course Goal:** The primary goal of this course is to provide the student additional time and structure to prepare for the COMLEX-USA Level 1 examination.

**Course Attendance:** N/A.

**Course Format:** Students will have an individual study plan to follow with built-in assessments and question bank goals to serve as benchmarks for preparedness to retake their COMLEX-USA board examination.

**Grades:** Grades will be reported as Pass or Fail. Students following the assigned study plan and taking the COMLEX-USA Level 1 examination on their assigned date will Pass. Students who do not follow the assigned study plan or who do not take their COMLEX Level 1 on the assigned date will fail this course. Failure of this course can be grounds for dismissal from KYCOM.

**Examination Policy:** There are no examinations in this course other than the assigned assessment tests.

**Challenge of Examination Questions:** N/A

**Remediation Policy:** According to the KYCOM Student Handbook, all failures are reviewed by the Promotion & Matriculation Committee and a decision is made whether or not a student is allowed to remediate failed courses. The Promotion & Matriculation Committee could recommend dismissal or decide a student may remediate Independent Study 1. Should remediation be recommended the student will meet with Dr. Crum to develop a new study plan and set new dates for assessments and the COMLEX-USA Level 1 examination. The format for remediation will be at the discretion of Dr. Crum but may require the student to purchase/attend a third-party preparatory course.

## OST 899 INDEPENDENT STUDY II

**Faculty:** Dr. Joshua Crum (Course Director)  
Office: Coal Building 611  
Hours: Anytime or by appointment  
E-mail: joshuacrum@upike.edu

**Texts:** N/A  
**Supplemental Texts:** N/A

**Hours:** 4.0 credit hour

Every four-credit course as outlined in this policy, and the appropriate grade will be part of the student's permanent KYCOM transcript. However, credits earned in this course will NOT take the place of any clinical rotation requirements as outlined in the Student Handbook and Clinical Rotations Manual. The credit hours earned in this course will not be calculated into the student's grade point average.

**Course Description:** This is an independent study course in which students will be provided a detailed individualized study plan to follow to prepare them for their COMLEX-USA Level 2CE or Level 2 PE examination. The study plan will include required assessments to provide benchmarks for preparedness, as well as usage of specified question banks and study resources.

**Course Goal:** The primary goal of this course is to provide the student additional time and structure to prepare for the COMLEX-USA Level 2CE or Level 2PE examination.

**Course Attendance:** N/A.

**Course Format:** Students will have an individual study plan to follow with built-in assessments and question bank goals to serve as benchmarks for preparedness to retake their COMLEX-USA board examination.

**Grades:** Grades will be reported as Pass or Fail. Students following the assigned study plan and taking the COMLEX-USA Level 2CE or Level 2 PE examination on their assigned date will Pass. Students who do not follow the assigned study plan or who do not take their COMLEX Level 2CE or Level 2 PE on the assigned date will fail this course. Failure of this course can be grounds for dismissal from KYCOM.

**Examination Policy:** There are no examinations in this course other than the assigned assessment tests.

**Challenge of Examination Questions:** N/A

**Remediation Policy:** According to the KYCOM Student Handbook, all failures are reviewed by the Promotion & Matriculation Committee and a decision is made whether or not a student is allowed to remediate failed courses. The Promotion & Matriculation Committee could recommend dismissal or decide a student may remediate Independent Study Level II. Should remediation be recommended the student will meet with Dr. Crum to develop a new study plan and set new dates for assessments and the COMLEX-USA Level 2CE or Level 2 PE examination. The format for remediation will be at the discretion of Dr. Crum but may require the student to purchase/attend a third-party preparatory course.

## **OSTEOPATHIC PATIENT CARE (OPC) V**

**Faculty:** Joshua Crum, D.O., Course Director  
Laura Griffin, D.O., et al.

**Course Hours:** OPC V is designated for (1) one credit hour. Training modules are scheduled to be recorded and made available via Panopto Video System and/or the AOPTIC website. Please refer to the lecture schedule on CANVAS for instructions on how to access videos and the days and times as to when these training modules will be made available. The course extends from the first day of clinical rotation, 3<sup>rd</sup> year, until the last day of the fifth clinical rotation, 3<sup>rd</sup> year.

**Course Description:** This third-year course is a continuation of the OPC I-IV course(s) and will serve to further expand and develop the world of osteopathic patient care through a multifaceted approach. The course will be a standard didactic program for third year students. This course will consist of recorded modules and online exercises (*via* Panopto Video Center and/or the AOPTIC website in addition to pre-video and post-video exams on CANVAS). Essential components of the course will include reinforcement of principles of medical issues incurred after graduation including but not limited to, osteopathic manipulative treatment, physicians' relationship with patients and social dilemmas in medicine, pain management, physician payment systems, substance abuse, landmark trials and Good Samaritan laws.

### **Course Goals:**

1. To integrate Osteopathic Principles and Practices throughout the third year clinical clerkship experience.
2. To standardize the clinical curriculum and to further develop an appreciation of the:
  - a. Ethical issues relevant to practicing medicine.
  - b. Patient's role in his/her healthcare.
  - c. The key issues in relationships between physicians and patients.
  - d. Professionalism needed in healthcare profession
  - e. The potential impact of working with patients and others with different moral, cultural, and religious views etc.
  - f. Domestic violence and Abuse, Substance abuse and Disorders, Right to Die, Pain management, Global issues in Medicine, billing systems and laws affecting the healthcare profession.
3. To further develop medical decision making skills.
4. To hone diagnostic and treatment/management skills.
5. To hone effective physician-patient communication skills.
6. To further develop and maintain a good physician and patient relationship and continue to master the art of osteopathic manipulative treatment.

### **Course Format:**

Students will be required to complete 2 video modules per rotation. This course will consist of 5 rotations (August -December) and 10 modules. All modules will be presented on the Panopto

Video Center and/or AOPTIC websites. After viewing each module, students will take a post-exam on CANVAS. Sessions will work in conjunction with the scheduled third year rotations, and designed to meet the course objectives noted above. **These videos must be completed during each block, even if you are off rotations for board study.**

**Grading Policy:** Students will complete a post-exam worth 5 points (5 questions).

<u>10 Post-Exams (5 points each)</u>	<u>50 Points</u>
<u>Total Possible Points for the Course:</u>	<u>50 Points</u>
Course Passage = 70% or 35 of the total points available	

**Examination Policy:** The examination policy for UP-KYCOM will be followed for all block exams (*if applicable*).

**Remediation Policy:** Students who do *not* achieve 70% or (35) cumulative points or better in the course have *failed* the OPC V course. According to the KYCOM Student Handbook, all failures are reviewed by the Promotion & Matriculation Committee and a decision is made whether or not a student is allowed to remediate failed courses. If the Promotion & Matriculation Committee decides a student is allowed remediate OPC V, the student will revisit and pass the modules failed. Remediation will be required during Winter Break of third year.

## OSTEOPATHIC PATIENT CARE (OPC) VI

**Faculty:** Joshua Crum, D.O., Course Director  
(606) 218-5428  
Laura Griffin, D.O., et al.

**Course Hours:** OPC VI is designated for (1) one credit hour(s). Training modules are scheduled to be recorded and made available via Panopto Video System and/or the AOPTIC website. Please refer to the lecture schedule on CANVAS for instructions on how to access videos and the days and times as to when these training modules will be made available. The course extends from the first day of the sixth clinical rotation, 3<sup>rd</sup> year, through the last day of the eleventh clinical rotation, 3<sup>rd</sup> year.

**Course Description:** This third-year course is a continuation of the OPC I-V course(s) and will serve to further expand and develop the world of osteopathic patient care through a multifaceted approach. The course will be a standard didactic program for third year students. This course will consist of recorded modules and online exercises (*via* Panopto Video Center and/or the AOPTIC website with post-video exams on CANVAS). Essential components of the course will include reinforcement of principles of medical issues incurred after graduation including but not limited to, osteopathic manipulative treatment, physicians' relationship with patients and social dilemmas in medicine, pain management, physician payment systems, substance abuse, landmark trials and Good Samaritan laws.

### Course Goals:

1. To integrate Osteopathic Principles and Practices throughout the third-year clinical clerkship experience.
2. To standardize the clinical curriculum and to further develop an appreciation of the:
  - a. Ethical issues relevant to practicing medicine.
  - b. Patient's role in his/her healthcare.
  - c. The key issues in relationships between physicians and patients.
  - d. Professionalism needed in healthcare profession
  - e. The potential impact of working with patients and others with different moral, cultural, and religious views etc.
  - f. Domestic violence and Abuse, Substance abuse and Disorders, Right to Die, Pain management, Global issues in Medicine, billing systems and laws affecting the healthcare profession.
3. To further develop medical decision-making skills.
4. To hone diagnostic and treatment/management skills.
5. To hone effective physician-patient communication skills.
6. To further develop and maintain a good physician and patient relationship and continue to master the art of osteopathic manipulative treatment.

**Course Format:**

Students will be required to complete 2 videos per 4-week block. All modules will be presented on the Panopto Video Center and/or AOPTIC websites. Sessions will work in conjunction with the scheduled third year rotations, and designed to meet the course objectives noted above. All students must complete the sessions even if rotations are suspended for board study due to a board failure.

**Grading Policy:** Each post-exam will be worth 5 points. There will be 5 post-exam questions per module.

Post-Exam (5 points)	50 Points
Total Possible Points for the Course:	50 Points
Course Passage = 70% or 35 of the total points available	

**Examination Policy:** The examination policy for UP-KYCOM will be followed for all block exams (*if applicable*).

**Remediation Policy:** Students who do *not* achieve 70% or (35) cumulative points or better in the course have *failed* the OPC VI course. According to the KYCOM Student Handbook, all failures are reviewed by the Promotion & Matriculation Committee and a decision is made whether or not a student is allowed to remediate failed courses. If the Promotion & Matriculation Committee decides a student is allowed remediate OPC VI, the student will revisit and pass the modules failed. Remediation will be required in May, prior to the beginning of fourth year.



# CORE ROTATION CURRICULUM

The following applies to all core rotations:

## Student Hours

Daily hours are to parallel the hours of the attending physician, however, the following guidelines are suggested:

1. A work day may be considered 12 hours in duration.
2. A work week may be considered typically 72 hours, **however, should not exceed 80 hours in duration.**
3. Maximum continuous **duty should not exceed 24** hours and should be followed by a minimum of 12 hours off duty.
4. Two days out of every 14 days **should** be provided as a weekend break.
5. Students are required to work a minimum of 40 hours per week.

## Location

The physician's office, outpatient clinic, and/or participating hospital(s) within the core site.

## Dress

At all times, KYCOM students will act as a representative of the school, and be attentive to personal hygiene, cleanliness and personal demeanor. Short white lab coats with KYCOM 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 KYCOM student. See Student Responsibilities section of this manual for clarification.

## Attendance

Prompt student attendance is expected for a minimum of 20 days each four-week rotation period and 10 days for each two-week rotation period. The expectation is that students work Monday through Friday with weekends off. However, the work day will vary by rotation. If the preceptor works weekends, the student is expected to work weekends also. The activities of each day must be recorded on student logs for the rotation. A maximum of three (3) days for absence is permitted, with prior approval by the associate dean for Clinical Affairs, 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 Affairs, of the interruption of activity. At the discretion of the associate dean for Clinical Affairs 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 KYCOM. It is expected that the student will attend a minimum of 70% of each kind of event.

### **Grading**

The KYCOM Student Assessment Form for CORE (and EM) rotations, which is completed by the attending physician, comprises 50% of the rotation grade. The COMAT examination score comprises the balance of the grade. Upon receipt and review of all information, the associate dean for Clinical Affairs evaluates the material, and assigns a numerical grade, as per the Clinical Rotations Manual, Student Evaluation (Grade). The evaluation is intended to measure the student in comparison to others at the same level of education.

The KYCOM 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 Affairs. 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. Upon successful completion of the repeated rotation, a maximum grade of 70% will be recorded on the student transcript.

## **OST 700: Clinical Osteopathic Medicine**

### **Course Description**

Clinical Osteopathic Medicine is a mandatory CORE 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. The osteopathic medical student is introduced to the evaluation and management of medical/surgical patients in both the out-patient and in-hospital setting.

### **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 “Osteopathic Cranial Manipulative Medicine” to treatment of cranial and sacral somatic dysfunction.
  - e. Application of “Progressive Inhibition of Neuromusculoskeletal Structures” to restricted soft tissue structures.
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 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.
  - d. Participation in “after-hours” call rotation.

- e. Attendance at hospital conferences.
- 2. Completion of an “End of Service” examination (COMAT) administered by the National Board of Osteopathic Medical Examiners, during the fourth week of the rotation.

**Related Reading**

See CANVAS on the University of Pikeville website.

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

**See also the CORE ROTATION CURRICULUM cover page in this manual.**

## **OST 708: 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.
  - d. The roles of the "International Classification of Diseases" and "Current Procedural Terminology" and their impact on physician reimbursement.
  - 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 gowning
5. Completion of an “End of Service” examination (COMAT) administered by the National Board of Osteopathic Medical Examiners, during the fourth week of the rotation.

### **Related Reading**

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

**See also the CORE ROTATION CURRICULUM cover page in this manual.**

## **OST 709: Family Medicine II**

### **Course Description**

Family Medicine II is a mandatory, third year, upper level, four-week core rotation, that may be served in either the in-patient or out-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.

### **Prerequisite: 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.
  - d. Gain a working knowledge of the "International Classification of Diseases" and "Current Procedural Terminology" and their impact on physician reimbursement.
  - 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.
- 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.
3. Completion of an “End of Service” examination (COMAT) administered by the National Board of Osteopathic Medical Examiners, during the fourth week of the rotation.

### **Related Reading**

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

See also the **CORE ROTATION CURRICULUM** cover page in this manual.



## **OST 720: General Internal Medicine I**

### **Course Description**

General Internal 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 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 a multi-disciplinary internal medicine “teaching” service, under the supervision of hospitalists, general internists, and medicine subspecialists, 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 need for preventive medical care as part of the total treatment regimen for the medical patient.
6. To learn the principles of the production and implementation of a total treatment plan.
7. 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.
8. 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.

1. Performance of admission histories and physicals for the patients of “teaching” attending physicians
2. Completion of rounds on all in-patients of “teaching” attending physicians.
3. Performance of afterhours call.
4. Attendance at hospital conferences.
5. Performance, under supervision, of minor bedside procedures.
6. Completion of an “End of Service” examination (COMAT) administered by the National Board of Osteopathic Medical Examiners, during the fourth week of the rotation.

### **Related Reading**

- Gomella, Leonard and Steven Haist, Clinicians Pocket Reference, Latest Edition
  - Ch. 2: Chartwork
  - Ch. 15: Imaging Studies
  - Ch. 19: Basic ECG Reading
- Thaler, Malcolm, The Only EKG Book You’ll Ever Need, 9th ed.
  - Ch. 8: Putting It All Together – 11Step Method for EKG Reading
- Simon, Roger P., Greenberg, David A., and Michael Aminoff, Lange Clinical Neurology, Latest Edition
  - Ch. 1 Ch. 1 Neurologic History & Examination or Appendix: Clinical Examination of Common Isolated Peripheral Nerve Disorders
- <https://www.nbome.org/exams-assessments/comat/clinical-subjects/comat-internal-medicine/>

**See also the CORE ROTATION CURRICULUM cover page in this manual.**

## **OST 721: General Internal Medicine II**

### **Course Description**

General Internal Medicine II is a mandatory, four-week core rotation that may be served in either the in-patient or out-patient setting. The osteopathic medical student, under the supervision of either a general internist, or medical subspecialist 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
6. Completion of an “End of Service” examination (COMAT) administered by the National Board of Osteopathic Medical Examiners, during the fourth week of the rotation.

### **Related Readings**

- Longo, Fauci, Kasper, Hauser, Jameson & Loscalzo, Harrison’s Manual of Medicine, McGraw Hill, Latest Edition
  - Ch. 5: Principles of Critical Care Medicine
  - Ch. 7: Assessment of Nutritional Status
  - Ch. 14: Sepsis and Septic Shock
  - Ch. 16: Acute Respiratory Distress Syndrome
  - Ch. 19: Stroke

- Ch. 121: ST-Segment Elevation Myocardial Infarction (STEMI)
- Ch. 122: Unstable Angina and Non-ST-Elevation Myocardial Infarction
- Ch. 140: Chronic Obstructive Pulmonary Disease
- <https://www.nbome.org/exams-assessments/comat/clinical-subjects/comat-internal-medicine/>

**See also the CORE ROTATION CURRICULUM cover page in this manual.**

## **OST 740: General Surgery**

### **Course Description**

General Surgery I is a mandatory third year core rotation. The third year osteopathic medical student is introduced to the department of surgery within the hospital. Assignments are interdisciplinary, and subject to the operative schedule. The osteopathic medical student is given the opportunity to explore the evaluation and management of the surgical patient, pre-operatively, intra-operatively and during the post-operative period.

### **Course Objectives**

1. To provide a framework for care of the surgical patient.
2. To provide a review of:
  - a. Aseptic technique
  - b. Gowning and gloving
  - c. Methods for entry/departure from the surgical theatre
3. To identify and apply core osteopathic concepts to the care of the surgical patient.
4. To experience the pathophysiology relevant to affected organ systems, and the efficacy of surgical care.
5. 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
6. 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 (may 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 – aimed to:
  - a. Gain Surgical knot tying experience
  - b. Gain wound closure experience
  - c. Properly identify anatomic structures and provide surgical retraction for the attending surgeon.
  - d. Experience methods for circulation of Surgical Tools
4. Perform essential study and preparation for each planned procedure on the attending surgeon's surgical schedule.
5. Completion of an "End of Service" examination (COMAT) administered by the National Board of Osteopathic Medical Examiners, during the fourth week of the rotation.

**Related Reading**

Lawrence, Peter F., Essentials of General Surgery and Surgical Specialties, 6th ed.

- Ch. 1: Perioperative Evaluation and Management of Surgical Patients
- Ch. 2: Fluids, Electrolytes and Acid Base Balance
- Ch. 3: Surgical Nutrition
- Ch. 7: Wounds and Wound Healing
- Ch. 8: Surgical Infections

Gomella, Leonard G., and Steven A. Haist, Clinician's Pocket Reference, Latest Edition

- Ch. 2: Chartwork
- Ch. 16: Introduction to the Operating Room

Ch. 17: Suturing Techniques and Wound Care <https://www.nbome.org/exams-assessments/comat/clinical-subjects/comat-surgery/>

**See also the CORE ROTATION CURRICULUM cover page in this manual.**

## **OST 706: Pediatrics**

### **Course Description**

Pediatrics 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:
  - a. Daily examination and evaluation of clinical status
  - 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
6. Completion of an “End of Service” examination (COMAT) administered by the National Board of Osteopathic Medical Examiners, during the fourth week of the rotation.

### **Related Reading**

- Behrman, Kleigman and Jenson, Nelson Textbook of Pediatrics, Latest Edition
  - Chapters 68-71: Fluid and Electrolyte Disorders
  - Chapters 166-177: Allergic Disorders
  - Chapters 195-330: Infectious Diseases
  - Chapters 400-446: The Respiratory System
  - Chapters 654-662: The Ear
- Marcdante, K and R. Kliegman, H. Jenson & R. Behrman, Nelson Essentials of Pediatrics, Latest Edition
  1. Ch. 67: Overview and Assessment of Adolescents
  2. Ch. 68: Well-Adolescent Care
- <https://www.nbome.org/exams-assessments/comat/clinical-subjects/comat-pediatrics/>

**See also the CORE ROTATION CURRICULUM cover page in this manual.**



## OST 718: Psychiatry

### Course Description

Psychiatry is a mandatory, third year, four-week core rotation, that may be served in either the in-patient or out-patient setting. The osteopathic medical student is, under preceptor supervision, actively engaged in the evaluation and care for the 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.
    - Includes understanding of the DSM Multi-Axial Classification System
  - d. To establish a working diagnosis with reference to The Diagnostic and Statistical Manual IV.
    - Includes the medical work-up for the psychiatric patient
  - 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, which include:
    - i. The mechanism of action for psychotherapeutic agents.
    - ii. The role of psychopharmacology, and side-effect profiles
    - iii. The treatment of Axis III comorbid states
    - iv. Awareness of procedural alternatives to chemical therapies, e.g. cognitive treatment.
2. To gain 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. The need for 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. To include:
  - a. A complete mental status examination
  - b. A global assessment of functioning
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.
5. Completion of an “End of Service” examination (COMAT) administered by the National Board of Osteopathic Medical Examiners, during the fourth week of the rotation.

## **Related Reading**

- Black, Donald and Andreasen, Nancy: Introductory Textbook of Psychiatry, Latest Edition
  - Ch. 1 – Diagnosis and Classification
  - Ch. 2 – Interviewing and Assessment
  - Ch. 4 – Neurodevelopmental (Child) Disorders
  - Ch. 6 – Mood Disorders
  - Ch. 7 – Anxiety Disorders
  - Ch. 15 – Substance-Related and Addictive Disorders.
  - Ch. 16 – Child Psychiatry.
  - Ch. 21 – Psychopharmacology and Electroconvulsive Therapy
- <https://www.nbome.org/exams-assessments/comat/clinical-subjects/comat-psychiatry/>

**See also the CORE ROTATION CURRICULUM cover page in this manual.**

## **OST 705: 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 pregnant patient, preventive care regimens, family planning, malignancy, diagnosis and treatment of infectious diseases, urinary, ovarian and uterine disorders, and endocrine disorders. The experience serves primarily the in-patient woman at her time of confinement, however, may include out-patient gynecologic care. The experience may be served within a multi-practitioner service, or on the service of one obstetrician/gynecologist.

### **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 host hospital's women's health department service. 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, and may include some office duty.
  - a. Office procedures may include: Pelvic Examination
    - i. Breast Examination
    - ii. Biopsy
    - iii. Preparation of pathologic specimens
    - iv. 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.
5. Completion of an "End of Service" examination (COMAT) administered by the National Board of Osteopathic Medical Examiners, during the fourth week of the rotation.

**Related Reading**

Beckmann, Charles et al, Obstetrics and Gynecology, Latest Edition

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

**See also the CORE ROTATION CURRICULUM cover page in this manual.**

# SELECTIVE ROTATION CURRICULUM

The following applies to all selective rotations:

## Student Hours

Daily hours are to parallel the hours of the attending physician, however, the following guidelines are suggested:

1. A work day may be considered 12 hours in duration.
2. A work week may be considered typically 72 hours, **however, should not exceed 80 hours in duration.**
3. Maximum continuous **duty should not exceed 24** hours and should be followed by a minimum of 12 hours off duty.
4. Two days out of every 14 days **should** be provided as a weekend break.

## Location

The physician's office, outpatient clinic, approved hospital or medical center. **See "Requisites" specific to the Rural Medicine Selective.**

## Dress

At all times, KYCOM students will act as a representative of the school, and be attentive to personal hygiene, cleanliness and personal demeanor. Short white lab coats with KYCOM 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 KYCOM student. See Student Responsibilities section of this manual for clarification.

## Attendance

Prompt student attendance is expected for a minimum of 20 days for each four-week rotation period and 10 days for each two-week rotation period. The expectation is that students work Monday through Friday with weekends off. However, the work day will vary by rotation. If the preceptor works weekends, the student is expected to work weekends also. The activities of each day must be recorded on student logs for the rotation. A maximum of three (3) days for absence is permitted, with prior approval by the associate dean for Clinical Affairs, 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 Affairs, of the interruption of activity. At the discretion of the associate dean for Clinical Affairs 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 KYCOM. It is expected that the student will attend a minimum of 70% of each kind of event.

### **Grading**

The KYCOM Student Assessment Form for CORE rotations, which is completed by the attending physician, comprises 50% of the rotation grade. The COMAT examination score comprises the balance of the grade. Upon receipt and review of all information, the associate dean for Clinical Affairs evaluates the material, and assigns a numerical grade, as per the Clinical Rotations Manual, Student Evaluation (Grade). The evaluation is intended to measure the student in comparison to others at the same level of education.

The KYCOM 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 Affairs. 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. Upon successful completion of the repeated rotation, a maximum grade of 70% will be recorded on the student transcript.

## **OST 804 Emergency Medicine Selective**

### **Course Description**

Emergency Medicine is a mandatory, four-week, hospital based, third or fourth 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, Pediatrics, 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.
5. Completion of an “End of Service” examination (COMAT) administered by the National Board of Osteopathic Medical Examiners, during the fourth week of the rotation.

### **Related Reading**

- Case Files Emergency Medicine, Lange case files
- <https://www.nbome.org/exams-assessments/comat/clinical-subjects/comat-emergency-medicine/>

### **Suggested Topics to Review**

Chest Pain - UA, NSTEMI, STEMI, Thoracic Aortic Aneurysm, Pulmonary Embolism, Acute Exacerbation Of COPD, Asthma, CHF, AFIB, HTN Urgency And Emergency, Pneumonia - HCAP, CAP, Stroke, Dizziness, Bell's Palsy, Headache, Seizure, Musculoskeletal Pain - Neck Pain, Back Pain, Acute Injuries Like Ankle/Knee Sprain, Shoulder Pain, Fracture Evaluation And Management, Hip Fracture, Abdominal Pain - Appendicitis, Cholecystitis, Pancreatitis, Diverticulitis, Pyelonephritis, Gastroenteritis, UTI, Kidney Stone, Gastric/Duodenal Ulcers, Small Bowel Obstruction, Ileus, Mesenteric Ischemia, GI Bleed, AAA, OB/Gyn - Vaginal Bleeding, Vaginal Discharge, Miscarriage, Pregnancy Management, Ovarian Cyst/Torsion Prostatitis, Orchitis, Testicular Torsion, Epididymitis, ACLS, ATLS - Trauma Evaluation - Primary Survey and Secondary Survey, Burns, DKA, Laceration Care, SIRS/Sepsis, Meningitis, Alcohol and Other Drug Intoxication/Withdrawal/Overdose

**See also the SELECTIVE ROTATION CURRICULUM cover page in this manual.**



## **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 Internal Medicine I, Family Medicine I and Pediatrics**

### **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/information needed, when specialty consultation is contemplated.
  - b. Evaluation and management of adult or pediatric medical disorders.
  - c. Communication process between the primary care physician and the specialty physician.
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.

**See also the SELECTIVE ROTATION CURRICULUM cover page in this manual.**

## **OST 865: Radiology**

### **Course Description**

Radiology may be a two or four-week clinical rotation. The Radiology rotation can fulfill the medical selective requirement or can serve as elective time. It can be served with a radiologist within the following areas: general diagnostic radiology, pediatric radiology, vascular and interventional radiology, nuclear radiology, or neurological radiology. The osteopathic medical student is given the opportunity to observe and perhaps participate in the interpretation, performance and care of patients referred for imaging, and/or consultation. The experience can serve either the in-patient or out-patient population. Suggested areas of study may include:

Computed Tomography of the Head, Neck, Abdomen & Axial Skeleton

Magnetic Resonance Imaging of Neural and Vascular Structures

Diagnostic Ultrasound of vascular structures, abdomen and pelvis

Screening or Diagnostic Mammography

Nuclear Radiology for Endocrine, Vascular and Skeletal Diagnosis

**Prerequisites: General Internal Medicine I or Family Medicine I, Women's Health, Pediatrics & General Surgery.**

### **Course Objectives**

1. To recognize the role of the radiologist in the general management of the adult or pediatric medical/surgical patient.
2. To develop an understanding of the influences that third party insurances have on medical/surgical decision-making, and the choice and/or necessity for medical/surgical imaging.
3. To experience the criteria to be considered, when radiology consultation is contemplated.
4. To experience the information needed from the ordering physician for the optimal interpretation of diagnostic studies ordered for medical/surgical patients.
5. To experience the role of the radiologist in the Evaluation and Management of adult or pediatric medical/surgical disorders.
6. To experience atypical pathophysiologies and their diagnostic work-up
7. To expand personal interpretation skills.
8. To see how outcomes evidence serves as the basis for consultant recommendations.

### **Student Duties**

The student participates as both an observer and an assistant within the Radiology Suite.

Responsibilities may include:

1. Performance of patient histories
2. Review of outcomes on preceptor selected in-patients. This may include:
  - a. Investigation of all diagnostic studies ordered for the patient.
  - b. Participation in case reviews, e.g. Morbidity & Mortality Conference
3. Assist within the procedure room suite
4. Essential study and preparation for each planned radiologic procedure on preceptor's schedule.
5. Preparation for daily and/or weekly recitation, which may include, self-interpretation of studies under preceptor supervision, review of recent cases or discussion of preceptor reading assignments.

**Suggested Reading**

- Holmes, Erskine, J.; Forrest-Hay, Anna C.; Misra, Rakesh R.: Interpretation of Emergency Head CT: A Practical Handbook, Cambridge University Press, Latest Edition.
- Mirvis, Stuart E; Shanmuganathan, K.; Miller, Lisa A.; Sliker, C.W.: Emergency Radiology: Case Review Series, Mosby, Latest Edition.
- Novelline, Robert A.: Squire's Fundamentals of Radiology, Harvard University Press, Latest Edition.

**See also the SELECTIVE ROTATION CURRICULUM cover page in this manual.**

## OST 809: Rural Medicine

### Course Description

Rural Medicine is a mandatory primary care 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. **For more information visit this website:**

<https://data.hrsa.gov/tools/shortage-area/by-address>

**Requisites:** Community Population  $\leq$  5000 people, Nearest Full Service Hospital  $\geq$  50 miles, Local Hospital Bed Capacity  $\leq$  100 beds, and Preceptor Specialty may include Family Medicine, Internal Medicine, Pediatrics, or Women's Health.

**Prerequisites:** Family Medicine I, Family Medicine II, General Internal Medicine I, Pediatrics, 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 or surgical 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 or surgical 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
  - c. Evaluate patients in the emergency department
    - i. Write admit orders
    - ii. Develop a care plan
    - iii. Request consultation(s)
  - d. Assistance or Performance of Procedures within local hospital procedure room.
    - i. Surgery
    - ii. Wound Repair
    - iii. Line insertion/Removal

**See also the SELECTIVE ROTATION CURRICULUM cover page in this manual.**

## **Surgery Selective Guidelines**

### **Course Description**

The surgery selective is a hospital based, four-week clinical rotation that may be served with the subspecialists from the surgery field. The fourth 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. Assignments are inter-disciplinary, and subject to the operative schedule. Suggested surgical departments may include:

- Colorectal
- Urologic
- Head & neck
- Cardiovascular
- Peripheral-vascular
- Thoracic
- Neurosurgery

### **Prerequisite: General Surgery**

#### **Course Objectives**

1. To provide a framework for care of the surgical patient, which include:
  - 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 may 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 operative procedures, and their 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 (may 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.

**Related Reading**

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

**See also the SELECTIVE ROTATION CURRICULUM cover page in this manual.**

# **ELECTIVE ROTATION CURRICULUM**

The following applies to all elective rotations:

## **Student Hours**

Daily hours are to parallel the hours of the attending physician, however, the following guidelines are suggested:

1. A work day may be considered 12 hours in duration.
2. A work week may be considered typically 72 hours, however, should not exceed 80 hours in duration.
3. Maximum continuous duty should not exceed 24 hours and should be followed by a minimum of 12 hours off duty.
4. Two days out of every 14 days should be provided as a weekend break.

## **Location**

The physician's office and the participating locations where the preceptor provides care.

## **Dress**

At all times, KYCOM students will act as a representative of the school, and be attentive to personal hygiene, cleanliness and personal demeanor. Short white lab coats with KYCOM 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 KYCOM student. See Student Responsibilities section 8.a. of this manual for clarification.

## **Attendance**

1. Prompt student attendance is expected for the a minimum of 20 days each four-week rotation period and 10 days each two-week rotation period. The expectation is that students work Monday through Friday with weekends off. However, the work day will vary by rotation. If the preceptor works weekends, the student is expected to work weekends also. The activities of each day must be recorded on student logs for the rotation. A maximum of three (3) days for absence is permitted, with prior approval by the associate dean for Clinical Affairs, 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.
2. 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 Affairs, of the interruption of activity. At the discretion of the associate dean for Clinical Affairs either a reading assignment or alternate duty assignment will be made.
3. Lectures and Meetings

## **Grading**

The basis for the rotation grade is the KYCOM Student Assessment Form for **Selective/Elective Rotations**, which is completed by the attending physician. Upon receipt and review of all



information, the associate dean for clinical affairs 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 KYCOM 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 Affairs. 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. Upon successful completion of the repeated rotation, a maximum grade of 70% will be recorded on the student transcript.

## **OST 808: Addiction Medicine**

### **Course Description**

Addiction Medicine is an elective, third or fourth year medical student, four-week rotation, served primarily in an in-patient setting. The elective is intended for the osteopathic medical student to experience the reality of the physician-patient relationship through an active and observational clinical experience. The osteopathic medical student is, under preceptor supervision, and actively engaged in the evaluation and care for both the hospitalized and ambulatory 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 assessments and care plans on all patients seen.

### **Course Objectives**

1. To develop evaluative and management skills for the care of the patient with addiction, through observation and interaction with physicians in a real world environment.
  - a. To conduct an age, gender and problem associated patient interview and physical examination.
  - b. To perform a mental status examination
  - c. To demonstrate effective communication and interaction with patients and families with a broad range of demographic, socioeconomic, ethnic, cultural, and religious backgrounds and to develop effective skills in interviewing and data-gathering, and demonstrate empathic attunement and boundary establishment. To allow the student to experience the development of those important communication skills while interacting with physicians, support staff, and patients.
  - d. To conduct a comprehensive diagnostic assessment and treatment formulation, and view the role of evidence based medicine to treatment decision-making.
  - e. To apply core osteopathic principles and practices to the care of the patient with addiction.
  - f. To participate with available social and medical resources as part of the comprehensive treatment plan.
  - g. To view the availability of support services and its impact on patient care.
  - h. To view the effect of outside influences, e.g. third party insurance, on medical decision-making.
  - i. To view routine detoxification protocols, both inpatient and outpatient, and smoking cessation approaches.
  - j. To demonstrate knowledge about the variety of psychopharmacological, psychotherapeutic, group, religious, and residential treatments.
  - k. To view the efficacy of psychotherapeutic treatment modalities, which include:
    - The mechanism of action for psychotherapeutic agents.
    - The role of psychopharmacology, and side-effect profiles.
    - Maintenance drug therapies, which include naltrexone, buprenorphine, methadone, disulfiram, acamprosate, and nicotine replacements.
  - l. To allow students to understand the construction of treatment plans.
2. 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.

**Related Reading**

Black, Donald and Andreasen, Nancy: Introductory Textbook of Psychiatry, Latest Edition

- Ch. 2 – Interviewing and Assessment
- Ch. 15 – Substance-Related and Addictive Disorders
- Ch. 21 – Psychopharmacology and Electroconvulsive Therapy

Principles of Addiction Medicine: The Essentials, <https://go.openathens.net/redirector/upike.edu?url=https%3A%2F%2Fclerkship.lwwhealthlibrary.com%2Fbook.aspx%3Fbookid%3D1276>

**Student Duties**

The student participates as a member of the unit staff. Responsibilities include:

1. Performance of admission histories and physicals. To include:
  - a. A complete mental status examination
  - b. A global assessment of functioning
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 treatment sessions for assigned patients.
4. Attend and observe, with preceptor permission, family care plan meetings.

**See also the ELECTIVE ROTATION CURRICULUM cover page in this manual.**

## **OST 897: Research**

### **Course Description**

#### **Prerequisites: All Core Rotations**

Complete the Research Elective Form found in the back of your manual.

Attach a brief description of the project, detailing your study and what you wish to accomplish. This should include an overview of the hypothesis, the methods that will be employed, and the expected outcomes and analytic methods that will be used. Specific details of the student role in the proposed project should be outlined. The osteopathic medical student must present the goals, objectives and expectations of the rotation to the Associate Dean of Clinical Affairs to obtain approval before the rotation will begin. The student must present the research request form and outline for the project at least 30 days prior to the start of the rotation.

Attach a statement asserting that the amount of time spent in the lab/etc. on your research project will be greater than and or equal to 40 hours per week.

The research rotation length must be a minimum of 2 weeks but no more than 4 weeks. The purpose of the research rotation is to allow the student an opportunity to engage in clinical or bench research, to learn the principles of research, study, design and data analysis.

The principal teaching method of the research rotation will be participation in a structured research activity with supervision and assistance provided by an experienced, approved faculty or preceptor.

At the conclusion of the rotation a brief narrative of the research activities and outcome results must be submitted to the Associate Dean of Clinical Affairs. Upon receipt, review, and evaluation of all material and information, a Pass/Fail grade shall be assigned by the Associate Dean of Clinical Affairs.

## **OST 896: International Rotation**

### **Course Description**

This international rotation is a four-week fourth year rotation that is completed in an outpatient or inpatient setting. 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. A maximum of eight weeks may be completed on an international rotation. See the U.S. Department of State website for travel advisory levels. Only Level 1 or Level 2 travel advisory areas will be approved.

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

### **Course Objectives**

1. To experience the unique challenges of medical practice in a medically underserved international area.
2. To apply the knowledge, skill sets, experience, values, and behaviors seen previously in a more structured settings, to meet the needs of the region served.
3. Recognize cultural and regional influences that affect access to, implementation, and effectiveness of medical care.
4. To utilize practice skills, supported by the best available medical evidence, that serve the best interest, well-being and health of the patient.
5. To demonstrate competency in primary care medicine.
6. 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.
7. To develop an understanding of the operation of an international health facility.
  - a. Examine the roles of staff and physician(s) in the delivery of healthcare.
  - b. Develop an understanding of the influences that national health insurances and mission organizations have on medical decision-making.
  - c. Develop an inventory of necessary property and supplies for the daily operation of an international medical clinic.
8. 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.
- e. Recognize unique challenges to care when providing care in a non-native language, using interpreters, and utilizing non-medical providers in medical situations.

### **Student Hours**

About 25% of rotation time (at discretion and approval by Associate Dean for Clinical Affairs and clinical preceptor) may be spent in preparation for in country experience including language familiarity, review of country/region specific medical problems, review of public health policies for the country/region, and preparation of a research project related to this international rotation.

### **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:
  - b. Osteopathic Manipulative Treatment
  - c. Preventive health screens
  - d. Minor surgery
  - e. Attend and observe family meetings when appropriate.
5. Complete a case presentation in written form
6. 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 – include unique aspects of the case relevant to presentation in this international context.

**See also the ELECTIVE ROTATION CURRICULUM cover page in this manual.**

## ONLINE/VIRTUAL ROTATION CURRICULUM



## **ONLINE/VIRTUAL ROTATION CURRICULUM**

The following applies to all online/virtual rotations:

### **Student Hours**

The student will be expected to devote at least 40 hours per week for online rotations.

### **Attendance**

Prompt student attendance is expected for the a minimum of 20 days each four-week rotation period and 10 days each two-week rotation period. The expectation is that students work Monday through Friday with weekends off. The activities of each day must be recorded on student logs for the rotation. A maximum of three (3) days for absence is permitted, with prior approval by the Associate Dean for Clinical Affairs, 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.

### **Grading**

The basis for the rotation grade is reported as Pass/Fail.

### **Challenge of Grades**

Any challenges or questions are to be directed to the Associate Dean for Clinical Affairs. 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. Upon successful completion of the repeated rotation, a maximum grade of 70% will be recorded on the student transcript.

## **OST 708: Family Medicine I Online**

### **Course Description**

Family Medicine I is a four-week, third-year core clinical experience. 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. Preventive care, family planning, end of life care, acute and chronic care, applied across all age groups, 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.
  - d. The roles of the "International Classification of Diseases" and "Current Procedural Terminology" and their impact on physician reimbursement.
  - 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.

### **Student Duties**

- 2 Aquifer and/or iHuman cases per day; estimated to take 4 hours
  - Assigned by the website. Choose 38 cases from those provided.
- Assigned reading; 3 chapters / 3 hours per day
  - Each reading assignment (chapter) requires 3 questions, with answers, be submitted. Questions are to be unique/original board type questions with documentation as to why your chosen answer is correct.
- COMAT / COMLEX Study; 1 hour per day
  - <https://www.nbome.org/exams-assessments/comat/clinical-subjects/comat-family-medicine/>
- E\*Value Summaries
- COMAT Exam

### **Related Reading**

***THE WASHINGTON MANUAL® OF MEDICAL THERAPEUTICS, 36th Edition***

[https://bookshelf.vitalsource.com/#/books/9781496361363/cfi/6/2\[;vnd.vst.idref=Bhat\\_Cover.xhtml\]!](https://bookshelf.vitalsource.com/#/books/9781496361363/cfi/6/2[;vnd.vst.idref=Bhat_Cover.xhtml]!)

**See also the ONLINE/VIRTUAL ROTATION CURRICULUM cover page in this manual.**

## **OST 709: Family Medicine II Online**

### **Course Description**

Family Medicine II is a third year four-week core clinical experience. During the four weeks, the osteopathic medical student will evaluate patients, develop comprehensive care plans and experience the responsibilities associated with physician actions.

### **Prerequisite: 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.
    - iv. To view the role of experience based medicine to medical decision-making.
    - v. To view the availability of services and its impact on patient care.
    - vi. 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.
  - d. Gain a working knowledge of the "International Classification of Diseases" and "Current Procedural Terminology" and their impact on physician reimbursement.
  - 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.
    - iv. Confidentiality
    - v. Hazardous waste removal
    - vi. 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.

### **Student Duties**

- 2 Aquifer and/or iHuman cases per day; estimated to take 4 hours
  - Assigned by the website. Choose 38 cases from those provided.
- Assigned reading; 3 chapters / 3 hours per day
  - Each reading assignment (chapter) requires 3 questions, with answers, be submitted. Questions are to be unique/original board type questions with documentation as to why your chosen answer is correct.
- COMAT / COMLEX Study; 1 hour per day
  - <https://www.nbome.org/exams-assessments/comat/clinical-subjects/comat-family-medicine/>
- E\*Value Summaries
- COMAT Exam

### **Related Reading**

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

<https://bookshelf.vitalsource.com/#/books/9780323112406/cfi/6/2!/4/2@0:0>

***Textbook of Family Medicine, 9<sup>th</sup> Edition***

<https://www.clinicalkey.com#!/browse/book/3-s2.0-C20130000850>

***Clinician's Pocket Reference, 11<sup>th</sup> Edition***

<https://libguides.library.upike.edu/c.php?g=970657&p=7014938>

**See also the ONLINE/VIRTUAL ROTATION CURRICULUM cover page in this manual.**

## **OST 720: General Internal Medicine I Online**

### **Course Description**

General Internal Medicine I is four-week third year core clinical experience. The pathophysiology of cardiovascular, cerebrovascular, pulmonary, renal, gastrointestinal and endocrine disorders are among the patient population seen.

### **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 need for preventive medical care as part of the total treatment regimen for the medical patient.
6. To learn the principles of the production and implementation of a total treatment plan.
7. 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.
8. 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**

- 2 Aquifer and/or iHuman cases per day; estimated to take 4 hours
  - Assigned by the website. Choose 38 cases from those provided.
- Assigned reading; 3 chapters / 3 hours per day

- Each reading assignment (chapter) requires 3 questions, with answers, be submitted. Questions are to be unique/original board type questions with documentation as to why your chosen answer is correct.
- COMAT / COMLEX Study; 1 hour per day
  - <https://www.nbome.org/exams-assessments/comat/clinical-subjects/comat-internal-medicine/>
- E\*Value Summaries
- COMAT Exam

**Related Reading**

***Harrison's Principles of Internal Medicine, 20<sup>th</sup> Edition***

<https://bookshelf.vitalsource.com/#/books/9780071802161/cfi/6/2!/4/2@0:0>

**See also the CORE ROTATION CURRICULUM cover page in this manual.**

## **OST 721: General Internal Medicine II Online**

### **Course Description**

General Internal Medicine II is a four-week core clinical experience. The osteopathic medical student 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**

- 2 Aquifer and/or iHuman cases per day; estimated to take 4 hours
  - Assigned by the website. Choose 38 cases from those provided.
- Assigned reading; 3 chapters / 3 hours per day
  - Each reading assignment (chapter) requires 3 questions, with answers, be submitted. Questions are to be unique/original board type questions with documentation as to why your chosen answer is correct.
- COMAT / COMLEX Study; 1 hour per day
  - <https://www.nbome.org/exams-assessments/comat/clinical-subjects/comat-internal-medicine/>
- E\*Value Summaries
- COMAT Exam

### **Related Readings**

***Harrison's Principles of Internal Medicine, 20<sup>th</sup> Edition***

<https://bookshelf.vitalsource.com/#/books/9780071802161/cfi/6/2!/4/2@0:0>

**See also the ONLINE/VIRTUAL ROTATION CURRICULUM cover page in this manual.**



## **OST 740: General Surgery Online**

### **Course Description**

General Surgery Online is a third year clinical experience designed to introduce the student to the department of surgery.

### **Course Objectives**

1. To provide a framework for care of the surgical patient.
2. To provide a review of:
  - a. Asceptic technique
  - b. Gowning and gloving
  - c. Methods for entry/departure from the surgical theatre
3. To identify and apply core osteopathic concepts to the care of the surgical patient.
4. To experience the pathophysiology relevant to affected organ systems, and the efficacy of surgical care.
5. 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
6. To provide knowledge of common operative procedures, and equipment.

### **Student Duties**

- 2 Aquifer and/or iHuman cases per day; estimated to take 4 hours
  - Assigned by the website. Choose 38 cases from those provided.
- Assigned reading; 3 chapters / 3 hours per day
  - Each reading assignment (chapter) requires 3 questions, with answers, be submitted. Questions are to be unique/original board type questions with documentation as to why your chosen answer is correct.
- COMAT / COMLEX Study; 1 hour per day
  - <https://www.nbome.org/exams-assessments/comat/clinical-subjects/comat-surgery/>
- E\*Value Summaries
- COMAT Exam

### **Related Reading**

***Essentials of General Surgery & Surgical Specialties, 6<sup>th</sup> Edition***

<https://bookshelf.vitalsource.com/#/books/9781975107123/cfi/6/2!/4/2@0.00:0.00>

***Essentials of General Surgery, 5<sup>th</sup> Edition***

<https://bookshelf.vitalsource.com/#/books/9781469819181/cfi/6/2!/4/2@0:0>

***Clinician's Pocket Reference, 11<sup>th</sup> Edition***

<https://libguides.library.upike.edu/c.php?g=970657&p=7014938>

**See also the ONLINE/VIRTUAL ROTATION CURRICULUM cover page in this manual.**

## **OST 706: Pediatrics Online**

### **Course Description**

Pediatrics is a four-week, third year core clinical experience. The third year osteopathic medical student is progressed from the second year introductory pediatrics course, to experience the care of infants, children and adolescents. Common childhood diseases, genetic and developmental disorders, preventive health care, 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 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.

### **Student Duties**

- 2 Aquifer and/or iHuman cases per day; estimated to take 4 hours
  - Assigned by the website. Choose 38 cases from those provided.
- Assigned reading; 3 chapters / 3 hours per day
  - Each reading assignment (chapter) requires 3 questions, with answers, be submitted. Questions are to be unique/original board type questions with documentation as to why your chosen answer is correct.
- COMAT / COMLEX Study; 1 hour per day
  - <https://www.nbome.org/exams-assessments/comat/clinical-subjects/comat-pediatrics/>
- E\*Value Summaries

- COMAT Exam

**Related Reading**

*Nelson Essentials of Pediatrics*, 7<sup>th</sup> Edition

<https://bookshelf.vitalsource.com/#/books/978-1-4557-5980-4/cfi/6/2!/4/2@0:0.131>

See also the **ONLINE/VIRTUAL ROTATION CURRICULUM** cover page in this manual.

## **OST 718: Psychiatry Online**

### **Course Description**

Psychiatry is a mandatory, third year, four-week core clinical experience. During the four weeks, the osteopathic medical student will learn to interview and evaluate patients, perform an admission history and physical on all admitted patients, and develop multi-axial assessments.

### **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.
    - Includes understanding of the DSM Multi-Axial Classification System
  - d. To establish a working diagnosis with reference to The Diagnostic and Statistical Manual V.
    - Includes the medical work-up for the psychiatric patient
  - 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, which include:
    - i. The mechanism of action for psychotherapeutic agents.
    - ii. The role of psychopharmacology, and side-effect profiles
    - iii. The treatment of Axis III comorbid states
    - iv. Awareness of procedural alternatives to chemical therapies, e.g. cognitive treatment.
2. To gain 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. The need for 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**

- 2 Aquifer and/or iHuman cases per day, if available on the website; estimated to take 4 hours

- Assigned by the website. Choose 38 cases from those provided.
- Assigned videos from Symptom Media
  - <https://symptommedia.com>
    - Username: UPikeCOM
    - Password: UPikeCOM415
- Assigned reading; 3 chapters / 3 hours per day
  - Each reading assignment (chapter) requires 3 questions, with answers, be submitted. Questions are to be unique/original board type questions with documentation as to why your chosen answer is correct.
- COMAT / COMLEX Study; 1 hour per day
  - <https://www.nbome.org/exams-assessments/comat/clinical-subjects/comat-psychiatry/>
- E\*Value Summaries
- COMAT Exam

### **Related Reading**

**KAPLAN & SADOCK'S Concise Textbook of Clinical Psychiatry, 4th ed.** <https://go.openathens.net/redirector/upike.edu?url=https%3A%2F%2Fclerkship.lwwhealthlibrary.com%2Fbook.aspx%3Fbookid%3D2067>

**See also the ONLINE/VIRTUAL ROTATION CURRICULUM cover page in this manual.**

## **OST 705: Women's Health Online**

### **Course Description**

Women's Health is a mandatory third year core clinical experience. The third year osteopathic medical student is introduced to the evaluation and management of the pregnant patient, preventive care regimens, family planning, malignancy, diagnosis and treatment of infectious diseases, urinary, ovarian and uterine disorders, and endocrine disorders.

### **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**

- 2 Aquifer and/or iHuman cases per day; estimated to take 4 hours
  - Assigned by the website. Choose 38 cases from those provided.
- Assigned reading; 3 chapters / 3 hours per day
  - Each reading assignment (chapter) requires 3 questions, with answers, be submitted. Questions are to be unique/original board type questions with documentation as to why your chosen answer is correct.
- COMAT / COMLEX Study; 1 hour per day
  - <https://www.nbome.org/exams-assessments/comat/clinical-subjects/comat-obgyn/>
- E\*Value Summaries
- COMAT Exam

### **Related Reading**

***Obstetrics and Gynecology, 7th Edition***

<https://bookshelf.vitalsource.com/#/books/978-1-4698-3679-9/cfi/6/2!/4/2@0:0>

**See also the ONLINE/VIRTUAL ROTATION CURRICULUM cover page in this manual.**

## **Surgery Selective Online Guidelines**

### **Course Description**

The surgery selective is a four-week clinical experience designed to aid the fourth year osteopathic medical student in exercising diagnostic skills to evaluate the surgical patient and develop an appreciation for evidence based surgical care criteria.

### **Course Objectives**

1. To provide a framework for care of the surgical patient, which include:
  - 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 may 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 operative procedures, and their associated equipment.

### **Student Duties**

- 2 Aquifer and/or iHuman cases per day; estimated to take 4 hours
- Assigned reading; 3 cases / 3 hours per day
  - Each reading assignment (case) requires 3 questions, with answers, be submitted. Questions are to be unique/original board type questions with documentation as to why your chosen answer is correct.
- COMLEX Study; 1 hour per day
- E\*Value Summaries

### **Related Reading**

***CASE FILES SURGERY, 5th Edition, ISBN 9781259585227***

<https://casefiles.mhmedical.com/CaseTOC.aspx?gbosContainerID=92&categoryID=40971>

**See also the ONLINE/VIRTUAL ROTATION CURRICULUM cover page in this manual.**

## Women's Health Selective Online

### Course Description

Women's Health is a mandatory third year core clinical experience. The third year osteopathic medical student is introduced to the evaluation and management of the pregnant patient, preventive care regimens, family planning, malignancy, diagnosis and treatment of infectious diseases, urinary, ovarian and uterine disorders, and endocrine disorders.

### 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:
  - e. Physical examination
  - f. The gynecologic and medical/surgical history
  - g. Laboratory and Diagnostic Testing
  - h. Experience based medicine
6. To provide knowledge of gynecologic and obstetrical office and operative procedures, and their associated equipment.

### Student Duties

- 2 Aquifer and/or iHuman cases per day; estimated to take 4 hours
  - Assigned by the website. Choose 38 cases from those provided.
- Assigned reading; 3 chapters / 3 hours per day
  - Each reading assignment (chapter) requires 3 questions, with answers, be submitted. Questions are to be unique/original board type questions with documentation as to why your chosen answer is correct.
- COMAT / COMLEX Study; 1 hour per day
  - <https://www.nbome.org/exams-assessments/comat/clinical-subjects/comat-obgyn/>
- E\*Value Summaries
- COMAT Exam

### Related Reading

***Obstetrics and Gynecology, 7th Edition***

<https://bookshelf.vitalsource.com/#/books/978-1-4698-3679-9/cfi/6/2!/4/2@0:0>

***HARRISON'S™ PRINCIPLES OF INTERNAL MEDICINE, 20th Edition***

<https://bookshelf.vitalsource.com/#/books/9780071748902/cfi/6/2!/4/2@0:0.125>

See also the ONLINE/VIRTUAL ROTATION CURRICULUM cover page in this manual.



## **OST 865: Radiology Online**

### **Course Description**

Diagnostic Radiology is a four-week course to be completed online through Canvas. The Radiology course can fulfill the medical selective requirement or can serve as elective time. This online course will cover: general diagnostic radiology, pediatric radiology, vascular and interventional radiology, nuclear radiology, neurological radiology, and breast imaging. This course will serve to further expand and develop the world of radiology to the osteopathic medical student. Suggested areas of study may include:

Computed Tomography of the Head, Neck, Abdomen & Axial Skeleton  
Magnetic Resonance Imaging of Neural and Vascular Structures  
Diagnostic Ultrasound of vascular structures, abdomen and pelvis  
Screening or Diagnostic Mammography  
Nuclear Radiology for Endocrine, Vascular and Skeletal Diagnosis

### **Course Objectives**

1. To recognize the role of the radiologist in the general management of the adult or pediatric patient.
2. To develop an understanding of the influences that third party insurances have on decision-making, and the choice and/or necessity for medical/surgical imaging.
3. To experience the criteria to be considered, when radiology consultation is contemplated.
4. To experience the information needed from the ordering physician for the optimal interpretation of diagnostic studies ordered for medical/surgical patients.

### **Student Duties**

The student will be required to complete 1 video lecture from Dr. Joshua Crum and 1 quiz per week with a summary to be completed at the end of the 4-week cycle. A total of 4 video lectures, 4 quizzes and 1 summary question must be successfully completed and passed in order to receive full (4-hour) credit for course.

### **Grading Policy**

Students must complete viewing the required lectures and 1 quiz per week. A written summary will need to be completed at the end of the 4-week rotation cycle to summarize outcome results of the course contents. The written summary should be submitted directly to Dr. Joshua Crum via email. The summary should include but not limited to how this course was beneficial to each student and how this course will help the student as they progress in their medical education. Each (4) quiz will contain 5 questions each with (1) written summary question to be graded on a case by case basis. These will be worth 20 points each.

**Quizzes = 80%**  
**Course Written Summary = 20%**  
**Course Passage = 70%**

**Responsibilities may include:**

1. Viewing Dr. Joshua Crum's lecture modules (4 per month)
2. View lectures as assigned on [www.learningradiology.com](http://www.learningradiology.com)
3. Successfully complete 1 quiz per lecture (4 per month)
4. Complete essay to summarize course contents
5. Reading suggested material

**Suggested Reading**

- [www.learningradiology.com](http://www.learningradiology.com)
- [www.radiology.com](http://www.radiology.com)
- <https://libguides.library.upike.edu/radiology>
- Canvas: Radiology #865 Lecture and quizzes (4)

**Remediation Policy:** Students who do *not* achieve 70% or better in the course *fail* this course. According to the KYCOM Student Handbook, all failures are reviewed by the Promotion & Matriculation Committee and a decision is made whether or not a student is allowed to remediate failed courses. If the Promotion & Matriculation Committee decides a student is allowed to remediate, the student will revisit and pass the modules failed.

**See also the ONLINE/VIRTUAL ROTATION CURRICULUM cover page in this manual.**

## **OST 804 Emergency Medicine Selective Online**

### **Course Description**

Emergency Medicine is a mandatory, four-week, third or fourth year selective clinical experience. 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, Pediatrics, 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.

**Related Reading**

*Rosen's Emergency Medicine: Concepts and Clinical Practice, 9<sup>th</sup> Edition*

<https://www.clinicalkey.com/#!/browse/book/3-s2.0-C20141019850>

**Suggested Topics to Review**

Chest Pain - UA, NSTEMI, STEMI, Thoracic Aortic Aneurysm, Pulmonary Embolism, Acute Exacerbation Of COPD, Asthma, CHF, AFIB, HTN Urgency And Emergency, Pneumonia - HCAP, CAP, Stroke, Dizziness, Bell's Palsy, Headache, Seizure, Musculoskeletal Pain - Neck Pain, Back Pain, Acute Injuries Like Ankle/Knee Sprain, Shoulder Pain, Fracture Evaluation And Management, Hip Fracture, Abdominal Pain - Appendicitis, Cholecystitis, Pancreatitis, Diverticulitis, Pyelonephritis, Gastroenteritis, UTI, Kidney Stone, Gastric/Duodenal Ulcers, Small Bowel Obstruction, Ileus, Mesenteric Ischemia, GI Bleed, AAA, OB/Gyn - Vaginal Bleeding, Vaginal Discharge, Miscarriage, Pregnancy Management, Ovarian Cyst/Torsion Prostatitis, Orchitis, Testicular Torsion, Epididymitis, ACLS, ATLS - Trauma Evaluation - Primary Survey and Secondary Survey, Burns, DKA, Laceration Care, SIRS/Sepsis, Meningitis, Alcohol and Other Drug Intoxication/Withdrawal/Overdose

**See also the ONLINE/VIRTUAL ROTATION CURRICULUM cover page in this manual.**

## **OST 805 Emergency Medicine Elective Online**

### **Course Description**

Emergency Medicine is a four-week fourth year elective clinical experience. 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, Pediatrics, Woman's Health and Emergency Medicine Selective**

### **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.

### **Related Reading**

*Rosen's Emergency Medicine: Concepts and Clinical Practice, 9<sup>th</sup> Edition*

<https://www.clinicalkey.com/#!/browse/book/3-s2.0-C20141019850>

**See also the ONLINE/VIRTUAL ROTATION CURRICULUM cover page in this manual.**

## REQUEST FORMS AND EVALUATION FORMS

**University of Pikeville  
Kentucky College of Osteopathic Medicine**

**Conference Attendance Request**

Student's Name \_\_\_\_\_ **Class of 2023**

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** \_\_\_\_\_  
Preceptor at time of absence

**KYCOM Approval** \_\_\_\_\_  
Associate Dean for Clinical Affairs

Date: \_\_\_\_\_

**UNIVERSITY OF PIKEVILLE  
KENTUCKY COLLEGE OF OSTEOPATHIC MEDICINE**

**SELECTIVE REQUEST FORM**

Student Name \_\_\_\_\_ Class of 2022

E-Mail Address \_\_\_\_\_ Phone # \_\_\_\_\_

Rotation Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Selective Rotation:**

- ☐ **Emergency Medicine**
- ☐ **Medicine Subspecialty**
- ☐ **Surgical Subspecialty**
- ☐ **Rural Medicine**

**Preceptor's Specialty / Board Certification:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did **your** Core Site Coordinator arrange this rotation? ☐ Yes ☐ No

Preceptor: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Hospital preceptor affiliated with: \_\_\_\_\_

Hospital Address: \_\_\_\_\_  
Street City State Zip

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

***Office use only:***

Date Received \_\_\_\_\_ Mailed \_\_\_\_\_

Faxed \_\_\_\_\_ E-mailed \_\_\_\_\_



**UNIVERSITY OF PIKEVILLE  
KENTUCKY COLLEGE OF OSTEOPATHIC MEDICINE**

**ELECTIVE REQUEST FORM**

Student Name: \_\_\_\_\_ Class of 2023

E-Mail Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Rotation Type: \_\_\_\_\_

Rotation Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Preceptor (If known): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Preceptor Email Address: \_\_\_\_\_

Hospital preceptor affiliated with: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact / Coordinator E-mail address:

\_\_\_\_\_ Contact phone number:

\_\_\_\_\_ Fax number: \_\_\_\_\_

**Below for KYCOM Office Use Only**

\_\_\_\_ Approved    \_\_\_\_ Not Approved

\_\_\_\_ Medicine    \_\_\_\_ Surgery

Office use only:

Received \_\_\_\_\_

Mailed \_\_\_\_\_

Faxed \_\_\_\_\_

E-mailed \_\_\_\_\_

**University of Pikeville**  
**Kentucky College of Osteopathic Medicine**  
**Interview Request Form**

Name \_\_\_\_\_ Class of 2023

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 \_\_\_\_\_

KYCOM Approval \_\_\_\_\_ Date \_\_\_\_\_  
Associate Dean for Clinical Affairs

**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 \_\_\_\_\_

KYCOM Approval \_\_\_\_\_ Date \_\_\_\_\_  
Associate Dean for Clinical Affairs

**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 \_\_\_\_\_

KYCOM Approval \_\_\_\_\_ Date \_\_\_\_\_  
Associate Dean for Clinical Affairs



**KYCOM Class of 2023**  
**Student Assessment Form**  
**Core Rotations & Emergency Medicine**  
(To be completed by PRECEPTOR)

Student \_\_\_\_\_ Rotation Dates: \_\_\_\_\_

Preceptor: \_\_\_\_\_ Primary Hospital: \_\_\_\_\_

**Please Check Appropriate Discipline**

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> OST 708 Family Medicine I  | <input type="checkbox"/> OST 720 General Internal Medicine I  | <input type="checkbox"/> OST 740 General Surgery | <input type="checkbox"/> OST 706 Pediatrics |
| <input type="checkbox"/> OST 709 Family Medicine II | <input type="checkbox"/> OST 721 General Internal Medicine II | <input type="checkbox"/> OST 700 OP&P            | <input type="checkbox"/> OST 718 Psychiatry |
| <input type="checkbox"/> OST 705 Women's Health     | <input type="checkbox"/> OST 804 Emergency Med Selective      |  |   |

**Instructions to preceptors:** Clinical rotation grades are based 50% on this form, as completed by you, and 50% their score on the COMAT exam. Each of 9 rotation objectives is scaled from a least desirable (50) to a most desirable (100). Students should be evaluated in comparison to other students seen at similar levels of medical education. Please fax this completed form to (606) 218-5168 within 7 days after the completion of the rotation.

**D.O.s** – Please complete the following for CME Credit.

AOA Number

**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.**

Print Name

Email Address

Street Address

Business, City/State/Zip

Business Telephone

Business Fax

At the time of this rotation, did you have a physician-patient relationship with this student. ☐ Yes ☐ No

Preceptor's Signature

☐ D.O. ☐ M.D.

Check One

Date

**Please utilize this space for any comments, descriptions or supporting statements. All information is held confidential for internal purposes only.**

**List any comments you wish to include in the student's MSPE/Dean's Letter**

**Evaluation continues on next page.**

Student \_\_\_\_\_ KYCOM ID \_\_\_\_\_

Nine (9) rated spheres are listed below. Each can earn up to 100 points.

<b>1.</b>	<b>Professionalism (Demeanor, Appearance, Reliability)</b>																		
	50	60	65	68		70	73	75	78	80	83	85	88	90	93	95	98	100	NA
	Major Concerns.				◀	Appropriate.				Above average.				Exemplary.					

<b>2.</b>	<b>Interpersonal Relationships - Health Care Team/Patients</b>																		
	50	60	65	68		70	73	75	78	80	83	85	88	90	93	95	98	100	NA
	Distant, strained, dysfunctional cool or awkward.				F	Forms constructive relationships.				Constructive & professional.				High quality, accepted as team member.					

<b>3.</b>	<b>Performance of History &amp; Physical Examinations</b>																		
	50	60	65	68		70	73	75	78	80	83	85	88	90	93	95	98	100	NA
	Often misses major, important findings & relevant data.				A	Usually elicits most relevant data & identifies findings accurately.				Almost always elicits all relevant data & identifies findings accurately.				Elicits data efficiently & in great depth; often discovers subtle physical findings.					

<b>4.</b>	<b>Diagnostic Test Selection &amp; Interpretation</b>																		
	50	60	65	68		70	73	75	78	80	83	85	88	90	93	95	98	100	NA
	Frequently suggests or interprets diagnostic tests inappropriately.				I	Usually suggests & interprets diagnostic tests appropriately.				Almost always suggests & interprets diagnostic tests appropriately.				Always reveals exceptional insights.					

<b>5.</b>	<b>Treatment</b>																		
	50	60	65	68		70	73	75	78	80	83	85	88	90	93	95	98	100	NA
	Demonstrates major misunderstandings about treatment plans.				L	Usually suggests appropriate treatment plans.				Almost always suggests appropriate treatment plans.				Exhibits exceptional insights in treatment plans.					

<b>6.</b>	<b>Charting</b>																		
	50	60	65	68		70	73	75	78	80	83	85	88	90	93	95	98	100	NA
	Notes are often formatted improperly, illegible, inaccurate, or lists are not updated.				I	Notes are usually formatted properly, legible & accurate, lists are updated.				Notes are almost always well organized, concise & demonstrate good synthesis.				Notes are always well organized, concise, and demonstrate excellent synthesis.					

<b>7.</b>	<b>Clinical Reasoning</b>																		
	50	60	65	68		70	73	75	78	80	83	85	88	90	93	95	98	100	NA
	Frequently illogical or impractical.				N	Usually practical & logical.				Almost always practical & logical.				Frequent astute insights.					

<b>8.</b>	<b>Progression Through Rotation</b>																		
	50	60	65	68		70	73	75	78	80	83	85	88	90	93	95	98	100	NA
	Minimal or inconsistent effort or gain.				G	Showed good, consistent effort or gain.				Showed strong effort or gain.				Made extraordinary effort or gain.					

<b>9.</b>	<b>Osteopathic Manipulative Medicine Skills</b>																		
	50	60	65	68		70	73	75	78	80	83	85	88	90	93	95	98	100	NA
	Fails to perform structural exam. Unsatisfactory OMT skills.				◀	Occasionally performs structural exam. Acceptable OMT skills.				Routinely performs structural exam. Above average OMT skills.				Always performs structural exam. Excellent OMT skills.					

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

Total \_\_\_\_\_ Grade \_\_\_\_\_

Signature, Associate Dean for Clinical Affairs \_\_\_\_\_

Date \_\_\_\_\_



**KYCOM Class of 2023**  
**Student Assessment Form – Selective/Elective**  
*(To be completed by PRECEPTOR)*

**Student** \_\_\_\_\_ **Rotation Dates:** \_\_\_\_\_

**Preceptor:** \_\_\_\_\_ **Primary Hospital:** \_\_\_\_\_

**Please Check Appropriate Discipline:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> OST 809 Rural Health Selective | <input type="checkbox"/> OST _____ Surgical Selective | <input type="checkbox"/> OST _____ Medicine Selective |
| <input type="checkbox"/> OST _____ Elective #1 _____    | <input type="checkbox"/> OST _____ Elective #2 _____  | <input type="checkbox"/> OST _____ Elective #3 _____  |
| <input type="checkbox"/> OST _____ Elective #4 _____    | <input type="checkbox"/> OST _____ Elective #5 _____  | <input type="checkbox"/> OST _____ Elective #6 _____  |

**Instructions to preceptors:** Clinical rotation grades are based on this Student Assessment Form as completed by you. Each of 10 rotation objectives is scaled from a least desirable (50) to a most desirable (100). Students should be evaluated in comparison to other students seen at similar levels of medical education. Please fax this completed form to (606) 218-5168 within 7 days after the completion of the rotation.

<b>D.O.s</b> – Please complete the following for CME Credit.	AOA Number	
--	------------	--

<b>M.D.s</b> –For accreditation purposes, enter the number of Contact Hours for possible CME Credit.	
--	--

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

Print Name	Email Address
Street Address	
Business City/State/Zip	
Business Telephone	Business Fax

**At the time of this rotation, did you have a physician-patient relationship with this student.**    ☐ Yes ☐ No

Preceptor's Signature	<input type="checkbox"/> <b>D.O.</b> <input type="checkbox"/> <b>M.D.</b>	Date
Check One		

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

**List any comments you wish to include in the student's MSPE / Dean's Letter.**

**Evaluation continues on next page.**

Student \_\_\_\_\_ KYCOM ID \_\_\_\_\_

*Ten (10) rated spheres are listed below. Each can earn up to 100 points.*

<b>1.</b>	<b>Professionalism (Demeanor, Appearance, Reliability)</b>																		
	50	60	65	68		70	73	75	78	80	83	85	88	90	93	95	98	100	NA
	Major Concerns.				◀	Appropriate.				Above average.				Exemplary.					

  

<b>2.</b>	<b>Interpersonal Relationships - Health Care Team/Patients</b>																		
	50	60	65	68		70	73	75	78	80	83	85	88	90	93	95	98	100	NA
	Distant, strained, dysfunctional cool or awkward.				F	Forms constructive relationships.				Constructive & professional.				High quality, accepted as team member.					

  

<b>3.</b>	<b>Basic Medical Knowledge</b>																		
	50	60	65	68		70	73	75	78	80	83	85	88	90	93	95	98	100	NA
	Generally fair or good. Major deficiencies in important areas.				A	Generally good for student level.				Excellent depth in important areas.				Outstanding.					

  

<b>4.</b>	<b>Performance of History &amp; Physical Examinations</b>																		
	50	60	65	68		70	73	75	78	80	83	85	88	90	93	95	98	100	NA
	Often misses major, important findings & relevant data.				I	Usually elicits most relevant data & identifies findings accurately.				Almost always elicits all relevant data & identifies findings accurately.				Elicits data efficiently & in great depth; often discovers subtle physical findings.					

  

<b>5.</b>	<b>Diagnostic Test Selection &amp; Interpretation</b>																		
	50	60	65	68		70	73	75	78	80	83	85	88	90	93	95	98	100	NA
	Frequently suggests or interprets diagnostic tests inappropriately.				L	Usually suggests & interprets diagnostic tests appropriately.				Almost always suggests & interprets diagnostic tests appropriately.				Always reveals exceptional insights.					

  

<b>6.</b>	<b>Treatment</b>																		
	50	60	65	68		70	73	75	78	80	83	85	88	90	93	95	98	100	NA
	Demonstrates major misunderstandings about treatment plans.				I	Usually suggests appropriate treatment plans.				Almost always suggests appropriate treatment plans.				Exhibits exceptional insights in treatment plans.					

  

<b>7.</b>	<b>Charting</b>																		
	50	60	65	68		70	73	75	78	80	83	85	88	90	93	95	98	100	NA
	Notes are often formatted improperly, illegible, inaccurate, or lists are not updated.				N	Notes are usually formatted properly, legible & accurate, lists are updated.				Notes are almost always well organized, concise & demonstrate good synthesis.				Notes are always well organized, concise, and demonstrate excellent synthesis.					

  

<b>8.</b>	<b>Clinical Reasoning</b>																		
	50	60	65	68		70	73	75	78	80	83	85	88	90	93	95	98	100	NA
	Frequently illogical or impractical.				G	Usually practical & logical.				Almost always practical & logical.				Frequent astute insights.					

  

<b>9.</b>	<b>Progression Through Rotation</b>																		
	50	60	65	68		70	73	75	78	80	83	85	88	90	93	95	98	100	NA
	Minimal or inconsistent effort or gain.				◀	Showed good, consistent effort or gain.				Showed strong effort or gain.				Made extraordinary effort or gain.					

  

<b>10.</b>	<b>Osteopathic Manipulative Medicine Skills</b>																		
	50	60	65	68		70	73	75	78	80	83	85	88	90	93	95	98	100	NA
	Fails to perform structural exam. Unsatisfactory OMT skills.				◀	Occasionally performs structural exam. Acceptable OMT skills.				Routinely performs structural exam. Above average OMT skills.				Always performs structural exam. Excellent OMT skills.					

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Total** \_\_\_\_\_ **Grade** \_\_\_\_\_

Signature, Associate Dean for Clinical Affairs \_\_\_\_\_

Date \_\_\_\_\_

Revised 5/2020



## KYCOM Rotation Assessment Form – Class of 2023

(To be completed by STUDENT)

Check Year: ☐ OMS III

☐ OMS IV

Rotation Dates: \_\_\_\_\_

Preceptor: \_\_\_\_\_

Core Site: \_\_\_\_\_

### Please Check Appropriate Discipline:

- ☐ Family Medicine
- ☐ General Surgery
- ☐ OP&P

- ☐ General Internal Medicine
- ☐ Women's Health
- ☐ Selective \_\_\_\_\_

- ☐ Pediatrics
- ☐ Psychiatry
- ☐ Elective \_\_\_\_\_

### Please Circle Your Response:

1	Describe how well this rotation prepared you for the rotation subject.	Excellent (1)	Good (2)	Fair (3)	Poor (4)	NA
2	Describe how receptive the attending physician(s) were to student questions.	Very Receptive (1)	Somewhat Receptive (2)	Somewhat Unreceptive (3)	Not Receptive (4)	NA
3	Rate the quality of the didactic training.	Excellent (1)	Good (2)	Fair (3)	Poor (4)	NA
4	Describe the extent to which you were allowed to participate in and/or perform medical procedures.	Excellent (1)	Good (2)	Fair (3)	Poor (4)	NA
5	Describe the variety of patients and problems (pathology, scope and volume) you observed during this rotation.	Excellent (1)	Good (2)	Fair (3)	Poor (4)	NA
6	Was osteopathic theory discussed on rounds and during presentations?	Daily (1)	Very Frequently (2)	Frequently (3)	Infrequently (4)	NA
7	Were osteopathic techniques utilized on both office and hospital patients?	Daily (1)	Very Frequently (2)	Frequently (3)	Infrequently (4)	NA
8	Describe the extent to which you had the opportunity to work with patients on a one-to-one basis.	Daily (1)	Very Frequently (2)	Frequently (3)	Infrequently (4)	NA
9	Describe the extent which the attending physician(s)/preceptor(s) verbally quizzed you.	Excellent (1)	Good (2)	Fair (3)	Poor (4)	NA
10	Describe the networking opportunities provided during the rotation. (e.g. introduction for future employment opportunities)	Excellent (1)	Good (2)	Fair (3)	Poor (4)	NA
11	Describe how well you were received by office staff.	Excellent (1)	Good (2)	Fair (3)	Poor (4)	NA
12	How many times per day were rounds conducted? (Please enter a number.)			_____ times per day		
13	How long did it take you to drive from your core site to this rotation?			_____ hrs. _____ mins.		
14	How many weekends did you work during this rotation?			_____ weekends		
15	What were the daily hours for this rotation?			_____ to _____		
16	Were you provided meals on this rotation?			Yes (1)	No (2)	NA
17	What reading/reference materials do you recommend that might benefit a student about to begin this rotation?					
18	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?					

19	Please list the strengths of this rotation.		
20	Please list the weaknesses of this rotation.		
21	Additional Comments:		
22	Was an instructional resource center (IRC) available for your use?	Yes (1)	No (2)

**Rate the following:**

IRC Staff	Excellent (1)	Good (2)	Fair (3)	Poor (4)	NA
Computers	Excellent (1)	Good (2)	Fair (3)	Poor (4)	NA
Printers	Excellent (1)	Good (2)	Fair (3)	Poor (4)	NA
Scanners	Excellent (1)	Good (2)	Fair (3)	Poor (4)	NA
Hours of Operation	Excellent (1)	Good (2)	Fair (3)	Poor (4)	NA
Inter-Library Access	Excellent (1)	Good (2)	Fair (3)	Poor (4)	NA
Instructional Software	Excellent (1)	Good (2)	Fair (3)	Poor (4)	NA
Simulation Equipment	Excellent (1)	Good (2)	Fair (3)	Poor (4)	NA
Accessibility	Excellent (1)	Good (2)	Fair (3)	Poor (4)	NA
Periodical Library	Excellent (1)	Good (2)	Fair (3)	Poor (4)	NA
Reference Library	Excellent (1)	Good (2)	Fair (3)	Poor (4)	NA
Internet Subscriptions	Excellent (1)	Good (2)	Fair (3)	Poor (4)	NA

**Core Site Facilities Survey**

Number of Students During the Rotation		
WiFi Access	Yes (1)	No (2)
Call Room	Yes (1)	No (2)
Shower	Yes (1)	No (2)
Secured Storage Area	Yes (1)	No (2)
Student Study Space	Yes (1)	No (2)
Dining Room	Yes (1)	No (2)
Classroom with Video Conference Capability	Yes (1)	No (2)



**University of Pikeville**  
**Kentucky College of Osteopathic Medicine**

**OST 897: Research Request Form**

Student name \_\_\_\_\_ **Class of 2023**

Student email \_\_\_\_\_

Research title \_\_\_\_\_

Preceptor name \_\_\_\_\_

Preceptor email \_\_\_\_\_

Research Begin Date \_\_\_\_\_ End Date \_\_\_\_\_

Location \_\_\_\_\_

**Student's Signature** \_\_\_\_\_

**Preceptor's Signature** \_\_\_\_\_

**KYCOM Approval** \_\_\_\_\_

Associate Dean for Clinical Affairs

Date: \_\_\_\_\_



# READ RECEIPT

I attest that I have read the KYCOM Clinical Rotations Manual released for use by the Class of 2023. I further acknowledge that I accept all of the rules and regulations within the text, and am bound to follow them as written. I understand that submittal of this attestation form is a requisite to begin the clinical rotation experience.

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Signature

Date

---

Printed Name



