



UNIVERSITY OF PIKEVILLE

KENTUCKY COLLEGE OF OSTEOPATHIC MEDICINE

CLINICAL ROTATIONS MANUAL

Class of 2025

Academic Year 2023-2024

A Message from the Associate Dean of Clinical Affairs

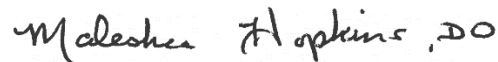
Class of 2025 Student Doctors,

Congratulations! You have completed the preclinical portion of your medical school training. You are entering a very dynamic chapter of your lives, a chapter filled with patient encounters, didactics, and self-directed learning. You will need to be disciplined in listening to patients and attendings, in studying disease processes in the evenings, and in staying focused on successful completion of your next board exam. Be diligent and stay dedicated. The impact you can and will have on the medical profession is tremendous.

You will encounter many teachers along the way—your patients and their families, your attendings, your training hospitals and clinic support staff. All are so important in the successful progression of healthcare. Be proactive, practice active listening, welcome constructive criticism, and be a patient advocate. Every experience will shape the physician you will become.

Know that KYCOM and the Office of Clinical Affairs are so proud of your accomplishments. For us, it is an honor to accompany you in this process. We eagerly await what your futures hold. Please know we are here to support you throughout the rest of your journey.

Have a wonderful year,



Maleshea Hopkins, DO

Associate Dean of Clinical Affairs

Associate Professor of Family Medicine

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ACCREDITATION

The Kentucky College of Osteopathic Medicine (KYCOM) is accredited by the Commission on Osteopathic College Accreditation (COCA) of the American Osteopathic Association (AOA).

COCA is the only accrediting agency which is recognized by the United States Department of Education (USDE) for accrediting institutions regarding predoctoral education of osteopathic physicians in the United States.

The address and phone number of the accrediting agency are:

Secretary, Commission on Osteopathic College Accreditations; American Osteopathic Association

142 East Ontario Street

142 E. Ontario Street.

Chicago, IL 606011

(312) 202-8124

(313) 202-8424 (fax)

predoc@osteopathic.org

KYCOM is committed to complying with and exceeding the accreditation standards set by the American Osteopathic Association (AOA) Commission on Osteopathic College Accreditation (COCA). According to the AOA, “Accreditation signifies that a college of osteopathic medicine has met or exceeded the AOA standards for educational quality with respect to mission, goals, and objectives; governance, administration, and finance; facilities, equipment, and resources; faculty; student admissions, performance, and evaluation; preclinical and clinical curriculum; and research and scholarly activity.”

The COCA accreditation standards and procedures can be found on the **<https://osteopathic.org/accreditation/>** website under predoctoral accreditation.

KYCOM CORE ROTATIONS SITES

Kentucky Core Sites

Pikeville Core Site

Coordinator: Stephanie Roberts, stephanie.roberts@pikevillehospital.org

- Pikeville Medical Center, Pikeville, Kentucky

Hazard Core Site

Coordinator: Kathy Sampsell, ksampsell0001@kctcs.edu

- Hazard ARH Regional Medical Center, Hazard, Kentucky

Henderson Core Site

Coordinator: Suzanne Seibert, Suzanne.seibert@deaconess.com

- Deaconess Henderson Hospital, Henderson, Kentucky

Lexington Core Site

Coordinator: Jillian Edwards, jillianedwards@sjhlex.org

- Saint Joseph Health, Lexington, Kentucky

Louisville Core Site

Coordinator: Terri Ormes, terriormes@nortonhealthcare.org

- Norton Healthcare, Louisville, Kentucky

Northeast Kentucky Area Health Education Center Core Site

Coordinator: Jessica Pennington, Jessica.pennington@st.claire.org

- 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

Northern Kentucky Core Site**Coordinator: Stefka Zilberg, stefka.zilbert@kctcs.edu**

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

Owensboro Kentucky Core Site**Coordinator: Madalyn Duty, Madalyn.duty@owensborohealth.org**

- Owensboro Medical Health System, Owensboro, Kentucky

Prestonsburg Kentucky Core Site**Coordinator: Cheryl Blair, cblair3@arh.org**

- Highlands ARH Regional Medical Center, Prestonsburg, Kentucky

Purchase Area Health Education Center Core Site**Coordinator: Janeen Winters, jwinters@murraystate.edu**

- 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**Coordinator: Lori Bradshaw, lori.bradshaw@lpnt.net**

- Lake Cumberland Regional Hospital, Somerset, Kentucky

South Central Kentucky Area Health Educations Center Core Site**Coordinator: Allie Pardue, allie.pardue@wku.edu**

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

Southern Kentucky Area Health Education Center Core Site**Coordinator: Sherry Spragens, sspragens@soahec.org**

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

Whitesburg Core Site

Coordinator: Melody Howard, mhoward6@arh.org

- Whitesburg ARH, Whitesburg, Kentucky

Other Regional Core Sites

Indiana Core Site

- King's Daughters Health, Madison, Indiana
- **Coordinator: Cheri Brown, browche@kdhmadison.org**
- Reid Health, Richmond, Indiana
- **Coordinator: Tiffany Ridge, tiffany.ridge@reidhealth.org**

Michigan Core Site

- McLaren Bay Region Medical Center, Bay City, Michigan
- **Coordinator: Stacy Denham, stacy.denham@mclaren.org**
- Pontiac General Hospital, Pontiac, Michigan
- **Coordinator: Dr. Brandon Krout, associate.clinicaldean@martinus.edu**

Mississippi Core Site

Coordinator: Angie Burks, echealthnet@gmail.com

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

Ohio Core Site

- Adena Medical Center, Chillicothe, Ohio
- **Coordinator: Joei Gill, jgill2@adena.org**
- Mercy Health – St. Rita's Medical Center, Lima, Ohio
- **Coordinator: Bailey Kill, bkill@mercy.com**
- The Christ Hospital, Cincinnati, Ohio
- **Coordinator: Tena Toft, tena.toft@thechristhospital.com**

Texas Core Site

Coordinator: Joanne Dixon, joanne.dixon@thcs.org

- Texoma Medical Center, Denison, Texas

Virginia Core Site

Coordinator: Heather Crum, heather.crum@balladhealth.org

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

CLINICAL ROTATION CONTACTS

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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, which 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 3rd and 4th 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 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.

OSTEOPATHIC OATH

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

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

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

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

Andrew Taylor Still.

AOA CODE OF ETHICS

The American Osteopathic Association (AOA) Code of Ethics is a document that applies to all physicians who practice osteopathically throughout the continuum of their careers, from enrollment in osteopathic medical college/school through post graduate training and the practice of osteopathic medicine. It embodies principles that serve as a guide to the prudent physician. It seeks to transcend the economic, political, and religious biases, when dealing with patients, fellow physicians, and society. It is flexible in nature in order to permit the AOA to consider all circumstances, both anticipated and unanticipated. The physician/patient relationship and the professionalism of the physician are the basis for this document.

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

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

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

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

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

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

Section 5. A physician should make a reasonable effort to partner with patients to promote their health and shall practice in accordance with the body of systematized and scientific knowledge related to the healing arts. A physician shall maintain competence in such systematized and scientific knowledge through study and clinical applications.

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

Section 7. Under the law a physician may advertise, but no physician shall advertise or solicit patients directly or indirectly through the use of matters or activities which are false or misleading. [View further interpretation.](#)

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

Section 9. A physician should not hesitate to seek consultation whenever she/he believes it is in the best interest of the patient.

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

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

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

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

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

Section 15. It is considered sexual misconduct for a physician to have sexual contact with any patient with whom a physician-patient relationship currently exists.

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

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

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

SECTION 19. When participating in research, a physician shall follow the current laws, regulations and standards of the United States or, if the research is conducted outside the United States, the laws, regulations and standards applicable to research in the nation where the research is conducted. This standard shall apply for physician involvement in research at any level and

degree of responsibility, including, but not limited to, research, design, funding, participation either as examining and/or treating provider, supervision of other staff in their research, analysis of data and publication of results in any form for any purpose.

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 1 & Level 2-CE 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:
 - g. Performance of medically ethical behavior
 - h. Cognizance of the concept of social accountability
 - i. 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.)

CLASS OF 2025 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 CE may not be taken before successful completion of all third-year core rotations. See *The Clinical Competency Program*.
- 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.
- 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). Attendance at one Journal Club meeting is required during your third and 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*.
- No student is allowed to rotate with a first-degree relative (mother, father, brother, sister, or spouse). Personal relationships can potentially interfere with the clinical evaluation process, therefore causing conflict of interest, and are thus prohibited.

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. Positive findings will be reviewed by the Assistant Dean for Graduate and Health Professions and/or the Office of 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 may be responsible for the expenses involved with this evaluation. The mechanism for evaluation will be determined by the Assistant Dean for Graduate and Health Professions and/or the Office of 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 Graduate and Health Professions. 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 Graduate and Health Professions 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
 - Chest radiography, every three years, if TB test is considered positive.
 - 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 November 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 may 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 eValue.

4. ACADEMICS

- a. All pre-clinical courses will have been completed before entry into the 3rd clinical year rotation schedule.
- b. COMLEX Level 1 must be taken before entry into the 3rd 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 unless otherwise determined by your core site. 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 their Clinical Clerkship Coordinator 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 Clinical Affairs at KYCOM. If an orientation is required at a clinical rotation site, it is mandatory 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 workday 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. Excused absences must be submitted through Maxient to the Clinical Affairs Department for approval. Absence more than 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. 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 may be referred to the P&M Committee for further action.

- 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 Office of 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 Student Affairs for Graduate and Health Professionals 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 always maintain professional deportment.

a. DRESS

KYCOM students are expected to always dress professionally 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:

- At all times a student must be clearly identified as a KYCOM student.
- Short white lab coats with KYCOM identification are expected to be worn unless specifically instructed otherwise by the healthcare facility or preceptor physician.

- 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.
- Clothing, always, 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 consider the potential expectations of patients, staff, or fellow students.
- Open-toed and casual shoes, such as sandals and flip-flops are not considered professional attire.
- 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.
- 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. However, visibility of tattoos and body art will be at the discretion of the facility.
- KYCOM students must be physically clean, well groomed, and take steps to prevent and/or address problems of offensive body odor.
- Avoid excessive use of fragrances – scented chemicals pose a threat for allergic and/or adverse reactions by patients, peers, and healthcare staff.
- 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, the Office of Clinical Affairs, and the Assistant Dean of Graduate and Health Professions. Any student involved in sexual harassment will be referred to the Assistant Dean 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 establishes 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 Ethics¹ which specifically relates to the interaction of physicians with pharmaceutical companies, and is clarified as follows:

- i. 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.
- ii. 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.
- iii. 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.
- iv. 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.

¹ American Osteopathic Association Code of Ethics adopted July 2003, updated July 2016.

Pharmaceutical Research and Manufacturers of America (PhRMA)²

Guidelines from the PhRMA code, developed voluntarily by the pharmaceutical industry, and adhered to by KYCOM include:

The Pharmaceutical Research and Manufacturers of America (PhRMA) represents research-based pharmaceutical and biotechnology companies. Our members develop and market new medicines to enable patients to live longer and healthier lives.

Ethical relationships with healthcare professionals are critical to our mission of helping patients by developing and marketing new medicines. An important part of achieving this mission is ensuring that healthcare professionals have the latest, most accurate information available regarding prescription medicines, which play an ever-increasing role in patient health care. This document focuses on our interactions with health care professionals that relate to the marketing of our products.

Appropriate marketing of medicines ensures that patients have access to the products they need and that the products are used correctly for maximum patient benefit. Our relationships with healthcare professionals are critical to achieving these goals because they enable us to:

- inform healthcare professionals about the benefits and risks of our products to help advance appropriate patient use,
- provide scientific and educational information,
- support medical research and education, and
- obtain feedback and advice about our products through consultation with medical experts.

In interacting with the medical community, we are committed to following the highest ethical standards as well as all legal requirements. We are also concerned that our interactions with health care professionals not be perceived as inappropriate by patients or the public at large. This Code is to reinforce our intention that our interactions with health care professionals are professional exchanges designed to benefit patients and to enhance the practice of medicine. The Code is based on the principle that a healthcare professional's care of patients should be based, and should be perceived as being based, solely on each patient's medical needs and the healthcare professional's medical knowledge and experience.

Therefore, PhRMA adopted this updated and enhanced voluntary code on relationships with U.S. health care professionals. PhRMA member companies' relationships with clinical investigators and other individuals and entities as they relate to the clinical research process are addressed in the PhRMA Principles on Conduct of Clinical Trials and Communication of Clinical Trial Results.

As a proud member of the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA), the PhRMA Code on Interactions with Health Care Professionals embodies the principles of the IFPMA Code and we strongly endorse the Ethos of trust that serves as the foundation for the IFPMA Code and industry's interactions with the health care community.

The PhRMA Code on Interactions with Health Care Professionals was last updated in August 2021.

For more information: <https://phrma.org/resource-center/Topics/STEM/Code-on-Interactions-with-Health-Care-Professionals>

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 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

- i. It is the student's responsibility to notify the preceptor and/or supervisory house staff of any critical issue(s) that affect the student doctor and/or his/her patient(s) during the rotation.
- ii. If necessary, it is the student's responsibility to notify the regional coordinator and/or 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 of Clinical Affairs, of the interruption of activity. Only the Supervising Physician and the Office of Clinical Affairs may grant time off during a prescribed clinical rotation. At the discretion of the Office of 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 Office of 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 Clinical Affairs 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, childcare, 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. 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 Office of Clinical Affairs.

1. Students on clinical rotations wishing to attend a provisionally approved professional meeting will submit a student travel request to the Office of 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 Office of Clinical Affairs on an individual basis.
 3. Students must obtain permission from both the Office of 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.

d. INTERVIEW POLICY

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

1. A maximum of three (3) days for absence is permitted, if approved by the Office of Clinical Affairs, and must be recorded on student logs for the rotation. Absence more than 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 Office of Clinical Affairs.

e. VACATIONS AND HOLIDAYS

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. LEAVE OF ABSENCE

Direct written requests for extended leave to the Assistant Dean of Graduate and Health Professions. The Office of 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.

For more information on Leave of Absence, please refer to the KYCOM Student Handbook.

REMEDIATION 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, an average of the two scores or a minimum 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. **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 Office of Clinical Affairs shall be a point of contact for any problem that may arise.
- f. The student shall report for follow-up to the previously identified physician who is the designated site clinical contact for BBP/HIV exposure. This individual will be designated by the Chief of Staff or Director of Medical Education at each of the core areas and be identified to the student prior to starting preceptorship/rotation. This physician shall, at a minimum, be responsible for:
 - 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.
- i. Check baseline labs: HIV antibody testing, complete blood count, renal and hepatic chemistry profile, and hepatitis evaluation.

GENERAL ROTATIONS INFORMATION

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

1. Students must be prepared to write daily notes on all patients during rounds.
2. Student will be prepared to present their patients on rounds.
3. Students will gather medical histories and conduct physical and osteopathic structural examinations on all assigned patients.
4. Students must be prepared to write discharge notes which include physical exam, diagnosis, medications list, and follow-up appointments.
5. Students will keep a log in E*Value on all patients seen.

PATIENT CARE

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.

STUDENT EVALUATION (GRADE)

1. The student will be evaluated for each clinical rotation.
2. Only one grade will be applied per clinical rotation. The Office of 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. For non-in-person clinical experiences measures:
 - a. Completion of all assigned readings
 - b. Completion of all quizzes
 - c. Completion of all assigned Aquifer cases
 - d. Completion of at least 3 unique/original board type questions for each assigned reading, with documentation
 - e. Any acts of plagiarism
 - f. 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 Office of 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 Office of Clinical Affairs will inform the student in writing of their decision to either uphold or change the rotation grade. If the Office of 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, Office of Clinical Affairs, and the Office of Academic Affairs.

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 Office of 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 Clinical Affairs.

Sample Calendar

3 rd Year			4 th Year		
7/31/23	8/25/23	Core Rotation 1	7/1/24	7/26/24	Selective/Elective
8/28/23	9/22/23	Core Rotation 2	7/29/24	8/23/24	Selective/Elective
9/25/23	10/20/23	Core Rotation 3	8/26/24	9/20/24	Selective/Elective
10/23/23	11/17/23	Core Rotation 4	9/23/24	10/11/24	Selective/Elective
11/20/23	12/15/23	Core Rotation 5	10/14/24	11/8/24	Selective/Elective
12/18/23	12/29/23	Winter Break	11/11/24	12/6/24	Selective/Elective
1/1/24	1/26/24	Core Rotation 6	12/9/24	12/20/24	2 Week Selective/Elective
1/29/24	2/23/24	Core Rotation 7	12/23/24	1/3/25	2 Week Winter Break *
2/26/24	3/22/24	Core Rotation 8	1/6/25	1/17/25	2 Week Selective/Elective
3/25/24	4/19/24	Core Rotation 9	1/20/25	2/14/25	Selective/Elective
4/22/24	5/17/24	Board Study, Selective or Elective	2/17/25	3/14/25	Selective/Elective
5/20/24	6/14/24	Board Study, Selective, or Elective	3/17/25	4/11/25	Selective/Elective
6/17/24	6/28/24	<u>Tentative</u> Capstone Review	May 3, 2025 - Graduation		

* Students must be in good academic standing and on track to graduate on time to be eligible for the 4th year two-week Winter Break.

Core Rotation Requirements

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

The Commission on Osteopathic College Accreditation (COCA) requires that students, for third year, must have more than one in-patient rotation, one rotation under the supervision of an osteopathic physician, and one rotation interacting with residents. KYCOM will work with every student to make sure they satisfy these requirements.

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.

CHANGES IN CORE CLINICAL ROTATION

Core rotations must be completed at the core site. 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 of Clinical Rotations. The decision as to the ability to change schedules will be at the discretion of the Associate Dean of Clinical Rotations.

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.

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 OPP.

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>
OPP	<i>one 4-week block</i>
Rural Medicine	<i>one 4-week block</i>
Surgical subspecialty	<i>one 4-week block</i>
Medical Subspecialty	<i>one 4-week block</i>

SCHEDULING OF SELECTIVE CLINICAL ROTATIONS

Selective rotations must include **OPP, 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 and your Clinical Clerkship Coordinator.
2. All requests must be submitted **at least 60 days prior** to the anticipated start date of the rotation. Students must be in Good Standing, as defined in Student Responsibilities section of this manual to apply. Selective rotation requests may be denied if requests are submitted without sufficient time to process them.

Elective Rotations

Elective rotations are intended to fulfill the interests of the osteopathic medical student and provide residency audition opportunities. 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 outpatient 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.)

SCHEDULING OF ELECTIVE CLINICAL ROTATIONS

1. Twenty-four weeks of elective rotations are at the discretion of the individual student. 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 Office of Clinical Affairs.
3. Elective Clinical Rotation Forms are available in the back of this manual and from the Director of Clinical Rotations. Elective Request forms must be completed and submitted to the Director of Clinical Rotations and your Clinical Clerkship Coordinator **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.

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 Director of Clinical Rotations as to the changes and the reasons for the change. Changes in confirmed electives will not be allowed without approval of the Director of Clinical Rotations. Any deviation from this policy will result in a referral to the Promotions and Matriculation Committee for further consideration.

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 November 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 March 1st 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.**

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. COMLEX readiness will be determined by the Associate Dean of Academic Affairs.

Location

The study program may be offered commercially or completed privately. The program site may be remote from KYCOM or on campus.

COMLEX-USA Policy

Graduation requirements from KYCOM include successful completion of COMLEX-USA Level 1 and Level 2 CE. 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.

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 1 exam. Students may be advised to take additional COMSAEs or practice exams.

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.

- Students who reach a score of 450 on the COMSAE will be expected to take their COMLEX Level 1 exam prior to beginning their clinical rotations
- Students who score 350-449 on the COMSAE will be required to take 1 month independent board study. They will be required to meet with their faculty advisor and the Associate Dean of Academic Affairs in conjunction with the Student Affairs Department to develop an individualized study plan. At the end of the independent study month and prior to the second block of rotations, students will take a subsequent COMSAE. If they achieve a score of 450, they may register to take the COMLEX Level 1 and begin clinical rotations. If they do not achieve a score of 450, they will generally continue to rotations, continue the personalized study plan/Intensive Board Review Course, and plan to sit for the COMLEX

Level 1 before December 31st of the third year. Additional COMSAE's can be arranged monthly until the COMLEX is taken. If the student is not able to achieve a 450 on a COMSAE and subsequently take COMLEX Level 1 prior to December 31st of their third year, they will be referred to the P & M Committee for further recommendations. Recommendation may include but is not limited to a leave of absence for the spring semester.

- Students who achieve a score of 350 or less on the COMSAE will be required to take a month of independent board study. They will also be required to meet with their faculty advisor and Associate Dean of Academic Affairs in conjunction with the Student Affairs Department to develop an individualized study plan. At the end of the independent board study month, they will take a subsequent COMSAE. A score of 450 or higher will return them to clinical rotations and to being able to register for the COMLEX LEVEL 1. A score below 450 will impose a leave of absence. They will return during the spring semester, joining the class in the subsequent year. They must sit for the COMLEX LEVEL 1 six weeks prior to returning from the leave of absence.

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

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 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. Be mindful that delays could affect the graduation date and Match deadlines.

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 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 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 Office of Clinical Affairs will determine student placement in accordance with scheduling and curricular requirements.

Level 2 CE. 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. 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 examinations between the start of the fourth year and November 1st of the fourth year of study. Failure to take the exams prior to November 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 may result in the removal of the student from clinical rotations. They will be 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 generally 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 greater than one semester be granted to study for a retake of the examination. Failure to take the examination in the period allotted by the P and M Committee will result in a disciplinary hearing.

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

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, they, 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 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 before June 30th.

3. Your Core Rotation Grades and Comments. Please check your grades via WebAdvisor monthly 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.

- The KYCOM Residency Advising Specialist will assist students in CV building, ERAS tokens, and career building.

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. Journal Club in both 3rd and 4th year
2. The “End of Service” (COMAT) Exam Modules and COMSAE Exam
3. OPC V and OPC VI
4. Viewing of Educational Videos – During 4th 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.

1. CLINICAL JOURNAL CLUB – 3rd and 4th Year

Articles will be chosen by KYCOM faculty. The 3rd and 4th year osteopathic medical student is partnered with peer’s 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 students are required to attend one journal club during each of their 3rd and 4th years. 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. 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.
- b. 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.
- b. If absences are reported to the Office of Clinical Affairs, prior to meeting, a make-up date or alternate assignment will be given.
- c. Failure to notify the Office of Clinical Affairs about unavoidable absence from journal club requires a written explanation. Remediation will be at the discretion of the Office of 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

Office of Clinical Affairs.

- d. The exam will account for 50% of the rotation grade.
- e. In the event that a student fails the COMAT but passes the rotation evaluation, they will be allowed to retake the COMAT within one week of the end of rotation. If the student passes the COMAT on the second attempt, they will receive a score of 70% for the COMAT. 70% will be averaged with the evaluation grade given by the preceptor to determine the final grade. If the student fails COMAT on the second attempt, they will have failed the rotation and will be referred to the P & M committee for further discussion and recommendation. If the student fails a preceptor evaluation, they will have failed the rotation regardless of the COMAT score. The student will be immediately referred to P & M for further discussion and recommendation.

Class of 2025 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.

4. EDUCATIONAL VIDEOS AND PROGRAMS

Each student is required to view or attend a minimum of ten (10) clinical programs (your choice) for 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)
- 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)

5. THE CLINICAL CAPSTONE COURSE - TENTATIVE SCHEDULE

Introduction

A two-week period, typically between mid-May and mid-June, is provided on KYCOM campus to prepare the osteopathic medical student for the challenges of both the 4th year of study and COMLEX Level 2 CE.

Objectives

- f. To strengthen the level of competency in clinical skills possessed by the osteopathic medical student-in-training.
- g. To determine necessary areas of concentration to achieve successful professional competency.
- h. To evaluate the osteopathic medical student's readiness toward professional competency.
- i. To evaluate the osteopathic medical student's readiness for graduation from medical school.

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 and adjunct teaching faculty 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. The date of the remediation will be determined by the Office of 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, 9th Ed.

Gomella and Haist, Clinician’s Pocket Reference, 11th Ed., McGraw-Hill Co., latest edition

Award of Honors

Class ranks are no longer reported on student transcripts. KYCOM now recognizes superior student achievement with the designation of Honors. Students must receive a final grade of 90% or greater on **all** core rotations to receive this designation.

The award of Honors recognizes superior student achievement and will be reported on the student transcript. 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.

GRADUATION REQUIREMENTS

1. Successful Completion of COMLEX level 1 and Level 2-CE.
2. Completion of Educational Programs
3. Completion of Capstone Course
4. Completion of Clinical Journal Club.
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 3rd year of study
 - b. Exit class meeting at conclusion of 4th year of study
 - c. Attendance at graduation exercises

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, they 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 they encounter 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
3. Student Log – Surgery – utilized during the surgical core and elective rotations noting the surgical procedures, level of participation, final diagnosis, and whether the procedure was performed on an inpatient or outpatient basis.
4. Student Log – Obstetrics – utilized on all obstetrical cases.
5. Student Log – Special Procedures – examples such as laceration repair, Pap smear, Electrocardiography, Surgical biopsy, Cardiac stress test, etc.
6. Student Log – Educational Programs – listing of all clinical didactic lecture activities including Journal Club, Morbidity & Mortality Review, Tumor Board, Videoconferences, County Medical Society, etc.
7. Student Log – Reading Program – noting the breadth and depth of the student’s professional reading experience during the clinical rotation. This would also include any references for research performed at the request of the preceptor. The log would list the names of books, journals, or other educational material completed during the log period.

No Case Logs will be considered complete without the appropriate completed component parts. 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.

TIPS FOR CLINICAL ROTATION SUCCESS

- Be interested, ask questions.
- Be on time.
- Dress and conduct yourself professionally.
- Be a team player.
- Read on disease processes encountered.
- Maximize downtime (read journals, complete rotation assignments, study for COMAT, limit unnecessary cell phone use).
- Ask the attending how you're doing at the midpoint of the rotation.
- Welcome constructive criticism.
- Take steps to contact your attending/rotation 1-2 weeks prior to the start date.
- Read your rotation manual in its entirety.
- Maintain clear communication with preceptors and the Office of Clinical Affairs.
- Be mindful of hierarchy and chain of command at all training locations.

COURSE SYLLABI

OST 799: Independent Study 1

Faculty: Dr. Joe Kingery / Dr. Maleshea Hopkins

Email: joekingery@upike.edu / malesheahopkins@upike.edu

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 course will be four weeks in duration.

Students must be approved to take this course by the Associate Dean for Academic Affairs in consultation with the Office of Clinical Affairs. Eligible students will have been required to delay the start of clinical rotations after any of the following: 1) scoring more than one standard deviation below the Class mean on the required March benchmark assessment; 2) scoring more than one standard deviation below the Class mean on the required May benchmark assessment; 3) scoring more than one standard deviation below the Class mean on the required June benchmark assessment; or, 4) failing to reach the benchmark score on the NBOME COMSAE Phase 1 examination or other assigned benchmark exam.

OST 799 can be repeated in four week increments as approved by the course director. Students must pass the course before being allowed to register for another course repeat and must be engaged in continuous preparation for the COMLEX-USA Level 1 examination. Failure to demonstrate adequate progress as indicated by increasing scores on course benchmark assessments may result in course failure. Students who miss more than one weekly check-in will also receive an OST 799 course failure.

If necessary, this course may be repeated when approved by the course director and the Promotions and Matriculation Committee. If the student fails the COMLEX-USA Level 1 board examination, a repeat of OST 799 will be required. 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. The course may be repeated a maximum of six times (6 months).

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 Format:

The study plan will include weekly assignments using specified question banks and study resources, a weekly check-in to monitor student progress, and a required assessment at the end of the course (during week 4) to provide a benchmark for preparedness. Some students may be required or may choose to work with a Boards Preparation Course provided by an external vendor (Boards Bootcamp, PASS Program, or WolfPACC program, for example). For those students, a FERPA waiver must be signed to allow the Program to provide

KYCOM with benchmarking data. Weekly meetings with other students who are registered in OST 799 may also be available for group support and study opportunities.

Grades:

Grades for OST 799 will be reported as Pass or Fail. Students who follow the assigned study plan, submit all required assessments, and take the COMLEX-USA Level 1 examination on their assigned date will Pass.

Students who do not follow the assigned study plan, including weekly check-ins, or who do not take the COMLEX-USA Level 1 examination on the assigned date will fail this course. Failure of this course can be grounds for dismissal from KYCOM.

OST 899: Independent Study 2

Faculty: Dr. Joe Kingery / Dr. Maleshea Hopkins

Email: joekingery@upike.edu / malesheahopkins@upike.edu

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 2CE examination. The course will be four weeks in duration.

Students must be approved to take this course by the Associate Dean for Academic Affairs in consultation with the Office of Clinical Affairs. Eligible students will be assigned to a delay in the rotation schedule after any of the following: 1) failing to reach the benchmark score on the NBOME COMSAE Phase 2 examination; 2) scoring more than one standard deviation below the Class mean on the March benchmark assessment; or, 3) scoring more than one standard deviation below the Class mean on the June benchmark assessment.

OST 899 can be repeated in four week increments as approved by the course director. Students must pass the course before being allowed to register for another course repeat and must be engaged in continuous preparation for the COMLEX-USA Level 2CE examination. Failure to demonstrate adequate progress as indicated by increasing scores on course benchmark assessments may result in course failure. Students who miss more than one weekly check-in will also receive an OST 899 course failure.

If necessary, this course may be repeated when approved by the course director and the Promotions and Matriculation Committee. If the student fails the COMLEX-USA Level 2CE board examination, a repeat of OST 899 will be required. 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. The course may be repeated a maximum of six times (6 months).

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 examination.

Course Format:

The study plan will include weekly assignments using specified question banks and study resources, a weekly check-in to monitor student progress, and a required assessment at the end of the course (during week 4) to provide a benchmark for preparedness. Some students may be required or may choose to work with a Boards Preparation Course provided by an external vendor (Boards Bootcamp, PASS Program or WolfPACC Program, for example). For those students, a FERPA waiver must be signed to allow the vendor to provide KYCOM with benchmarking data.

Grades:

Grades for OST 899 will be reported as Pass or Fail. Students who follow the assigned study plan, submit all required assessments, and take the COMLEX-USA Level 2CE examination on their assigned date will Pass. Students who do not follow the assigned study plan, including weekly check-ins, or who do not take the COMLEX-USA Level 2CE examination on the assigned date will fail this course. Failure of this course can be grounds for dismissal from KYCOM.

Syllabus for OST 750 and OST 751 Osteopathic Patient Care V and VI

Instructors

Course Director

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COURSE OVERVIEW

Course Description

The third-year courses are a continuation of the OPC I-IV courses and will serve to further develop the student's understanding of Osteopathic patient care through a multifaceted approach. The courses will consist of modules, videos, cases assignments, most with accompanying quizzes. They will also include many of the extra assignments typically done during the third year such as practice questions, journal club and other activities required to assist with preparation for application and interview season. The course materials will be found on CANVAS, with some videos on the A-OPTIC website.

Course Goals (Expected Student Outcomes)

Goals:

1. To integrate Osteopathic Principles and Practices throughout the third-year clinical clerkship experience.
2. To continue to master the art of osteopathic manipulative treatment in the context of overall patient care.
3. To standardize the clinical curriculum and to further develop the student's knowledge of non-clinical topics such as domestic violence, patient relationships and other related material.
4. To further develop medical decision-making skills.
5. To hone diagnostic and treatment/management skills.
6. To prepare students for the residency application and interview process

Learning Objectives

On successful completion of Osteopathic Patient Care V and VI, the student will:

1. be able to apply osteopathic philosophy in most clinical situations, via the five models of osteopathic treatment
2. have gained experience applying osteopathic treatment in clinical situations
3. know how to document OMT in the patient medical record
4. have used the True Learn question bank to prepare for their COMATs and COMLEX Level 2
5. have created and refined their curriculum vitae and personal statements
6. have developed a greater understanding of domestic violence, opioid dependency, opioid prescribing, relationships in patient care, palliative care
7. understand the how to review a journal article

Course Organization:

4 credit hours

Online, asynchronous

The fall term (OPC V/750) runs from 7/31/23 to 1/19/24 and the spring term (OPC VI/751) runs from 1/22/24 to 6/28/24.

All course requirements will be completed asynchronously. Students will be required to complete two (2) OPP topics in pdf format per core rotation (five in OPCV and four in OPC VI), in addition to assigned videos, associated Aquifer cases and COMAT practice questions. All materials will be presented on CANVAS or A-OPTIC websites. After reading on the topic, students will be required to take a quiz on CANVAS. Because all students are on different rotations, all the modules will be available but only the number that corresponds with the number of required rotations during that semester will be counted towards the final grade. The assignments for the courses are summarized here with specifics on individual assignments later in the document.

Assignments	OST 750/ OPC V	OST 751/ OPC VI
OPP Clinical Topics with quiz	5	4
Assigned videos/ lectures	as assigned	as assigned
Journal club/UpToDate summary	1	1
Article and review submission	1	1
OMT patient logs submission	5	5
Progress note on OMT patient	1	1
True Learn COMAT questions, 100 per rotation	500	400
True Learn COMLEX Level 2 Questions	500	500
Aquifer cases, 4 per rotation	20	16
CV	Draft 1	Draft 2
Personal statement	Draft 1	Draft 2
Big Interview	as assigned	as assigned
Careers in Medicine	as assigned	as assigned
MSPE materials	N/A	yes

COURSE EMPHASIS ON THE OSTEOPATHIC COMPETENCIES

AOA and KYCOM – Competencies -Course Title Course Prefix & Number		
Competency Domains	Competencies Covered in the Course (Check all that apply)	Methods of Assessment
Osteopathic Principles and Practices	<input type="checkbox"/> 1.1 Knowledge of OPP & OMT <input type="checkbox"/> 1.2 Skills in OPP & OMT <input type="checkbox"/> 1.3 Integration of OPP & OMT/Patient Care	quizzes, patient notes, article reviews
Osteopathic Patient Care & Procedural Skills	<input type="checkbox"/> 2.1 Data Gathering <input type="checkbox"/> 2.2 Differential Diagnosis <input type="checkbox"/> 2.3 Essential Clinical Procedures <input type="checkbox"/> 2.4 Patient Care Management <input type="checkbox"/> 2.5 Patient Education	quizzes, patient notes
Medical Knowledge	<input type="checkbox"/> 3.1 Foundational Biomed Science Knowledge <input type="checkbox"/> 3.2 Foundational Clinical Science Knowledge <input type="checkbox"/> 3.3 Lifelong Learning	quizzes
Practice-based Learning & Improvement	<input type="checkbox"/> 4.1 Fundamental Epidemiology <input type="checkbox"/> 4.2 Clinical Decision-Making Tools <input type="checkbox"/> 4.3 Evidence-Based Medicine <input type="checkbox"/> 4.4 Clinical Significance of Research <input type="checkbox"/> 4.5 Translational Medicine <input type="checkbox"/> 4.6 Continuous Feedback & Improvement	patient notes, quizzes, article reviews
Interpersonal & Communication Skills	<input type="checkbox"/> 5.1 Eliciting Information <input type="checkbox"/> 5.2 Rapport Building <input type="checkbox"/> 5.3 Information Giving <input type="checkbox"/> 5.4 Written/Electronic Communication	
Professionalism	<input type="checkbox"/> 6.1 Ethics and Professionalism <input type="checkbox"/> 6.2 Humanistic Behavior <input type="checkbox"/> 6.3 Primacy of Patient Need <input type="checkbox"/> 6.4 Physician-Patient Relationship <input type="checkbox"/> 6.5 Cultural Competency <input type="checkbox"/> 6.6 Ethical Principles in Practice & Research	
Systems-Based Practice	<input type="checkbox"/> 7.1 Health Systems Awareness <input type="checkbox"/> 7.2 Interprofessional and Team-Based Care <input type="checkbox"/> 7.3 Cost & Risk-Benefit Awareness <input type="checkbox"/> 7.4 Patient Advocacy <input type="checkbox"/> 7.5 Health Systems and Patient Safety	

POLICIES

Syllabus Information

KYCOM reserves the right to change any portion of the curriculum at any time. Course schedules are particularly subject to change, and students will be notified in advance of alterations to the schedule.

Americans with Disabilities Act (ADA)

Candidates for the DO degree must have multiple abilities and skills including observation; communication; motor; conceptual; integrative and quantitative; and behavioral and social attributes. Accommodations can be made for various conditions, but a candidate must be able to perform in a reasonably independent manner throughout their enrollment at KYCOM. However, it is recognized that degrees of ability vary widely between individuals. Students are encouraged to discuss their disabilities with both KYCOM Office of Academic Affairs and the UPIKE Student Disability Resource Center to determine eligibility to receive the accommodations needed in order to train and function effectively as a physician. KYCOM is committed to enabling its students by any reasonable means or accommodations to complete the course of study leading to the DO degree. Students who wish to request accommodations for special learning needs or test-taking under the ADA should meet with the Associate Dean for Academic Affairs. Requests for accommodations under the ADA must be supported by documentation of the disability from a qualified health care professional along with a waiver that allows KYCOM administration and the health care provider to discuss the requested accommodations. Determinations concerning accommodations will be made by the UPIKE Disability Resource Center. Please refer to the [KYCOM Student Handbook](#) for additional information.

Healthcare providers should send documentation to:
Disability Resource Center - Office of Student Success
147 Sycamore Street
Pikeville, Kentucky 41501
(606) 218-5232
Fax: (606) 218-4472
DRC@upike.edu

Academic Honor Code

The KYCOM Student Honor Code outlines the expectations for the integrity of students' academic work, the procedures for resolving alleged violations of those expectations, and the rights and responsibilities of students and faculty members throughout the process. *The KYCOM Student Honor Code can found in the [KYCOM Student Handbook](#).*

Remediation Policy

Student academic performance is reviewed upon completion of each semester for years one and two and at the end of each academic year by the Promotion and Matriculation Committee. The P&M Committee reviews the academic records of students with any earned course grades below 70 percent and determines if students are eligible to pass failed courses via end-of-year course remediation at KYCOM or via an alternative mechanism. KYCOM course remediation is conducted by the Course Director for the failed course, who also determines the materials and methods for successful remediation.

Please see the [KYCOM Student Handbook](#) for details of the KYCOM academic policies on student progress and remediation.

SUGGESTED MATERIALS AND OTHER RESOURCES

Please see the full list and links in Resources module on Canvas.

GRADING

Grades are calculated from total points earned divided by total points possible for course assignments and assessments and will be calculated as whole numbers, rounded up for percentage grades of 0.50 or higher. For instance, a final grade of 89.50 would be rounded up to 90%, but 89.49 would remain at 89%. However, all grades will be reported as Pass/Fail, with 70% being the minimum passing grade. ***All assignments must be completed to pass the course.***

Graded Assignments	OST 750/ OPC V points	OST 751/ OPC VI points
Post module quizzes (15 pts each)	75	60
Article review	20	20
Progress Note on OMT patient	40	40
Total Points available	135	120
Ungraded Assignments (all required)		
Journal club/UpToDate summary		
Article submission		
OMT patient logs submission		
Assigned videos/ lectures (5 points each)		
True Learn COMAT Questions		
True Learn COMLEX Level 2 Questions		
Aquifer Cases		
CV Draft		
Personal statement draft		
Big Interview		
Careers in Medicine		
MSPE materials	N/A	

Assignments and Rubrics

Progress Note: The student will submit one progress note per semester about one of the 5 required OMT patients. A sample note will be provided. All patient identifying information must be removed.

		Pts	Excellent	Good	Fair	Poor	Comments
S	Chief Complaint	1					
	HPI (7 Components)	3					
	Past Medical Hx	1					
	Past Surgical Hx	1					
	Allergies (Drugs/rxn)	2					
	Medications (Rx, supplements, Vit.)	1					
	Social Hx (EtOH, Drugs, Tobacco)	2					
	Family Hx (Parents and siblings)	2					
	ROS (1 item/3 Pertinent Systems)	2					
Total		15					
O	Vital Signs (BP, HR, RR, Temp.)	1					
	General Survey	1					
	Cardiovascular Exam	2					
	Respiratory Exam	2					
	Pertinent System	2					
	Osteopathic Structural Exam	2					
Total		10					
	Somatic Dysfunction (regions)	2					
	Most Likely Diagnosis	1					
A	Differential/Chronic Diagnosis 1	1					
	Differential/Chronic Diagnosis 2	0.5					
	Differential/Chronic Diagnosis 3	0.5					
Total		5					
P	Disposition/Referral	2					
	Medications (Drug name)	2					
	Labs, Radiology, Procedures	2					
	Pt verbalized understanding/ questions answered	2					
	OMT Documented appropriately	2					
Total		10					

Article Submission and Review: Students will also submit one journal article per semester related to their core rotations during the course as well as a review of those articles. All articles should address musculoskeletal aspects of the chosen topics and include an osteopathic or other manual medicine component. Article reviews must include a summary of the article, why the student chose the article and how they feel it may impact their future practice, no more than one page.

Rubric for Article Review

Criteria	Pts	Exemplary	Effective	Minimal	Unsatisfactory
Content of Review	10	<input type="checkbox"/> In depth and well organized content <input type="checkbox"/> Meets length requirement with quality content <input type="checkbox"/> Excellent summary (8-10 points)	<input type="checkbox"/> Content is adequately organized and comprehensive <input type="checkbox"/> Length requirement is met with adequate content <input type="checkbox"/> Adequate summary (5-7 points)	<input type="checkbox"/> Content is minimally organized <input type="checkbox"/> Length requirement is not met; minimal content <input type="checkbox"/> Basic summary (2-4 points)	<input type="checkbox"/> Content is not organized <input type="checkbox"/> Length requirement is not met; poor content <input type="checkbox"/> Incomplete summary <input type="checkbox"/> Evidence of plagiarism (0-1 points)
Appropriate Topic (MSK and clinical relevance)	4	<input type="checkbox"/> Relevant to assigned subject matter and peer interest <input type="checkbox"/> Article content exceeds requirements (4 points)	<input type="checkbox"/> Relevant to assigned subject matter <input type="checkbox"/> Article content meets expectations (3 points)	<input type="checkbox"/> Minimal relevance to assigned subject matter <input type="checkbox"/> Article content fails to meet all requirements (2 points)	<input type="checkbox"/> Not relevant to assigned subject matter <input type="checkbox"/> Fails to meet content requirements (0-1 point)
Significance to Student	3	<input type="checkbox"/> Article has great significance <input type="checkbox"/> Student summary exceeds average peer perspective and understanding (3 points)	<input type="checkbox"/> Article has some significance <input type="checkbox"/> Student summary meets project expectations (2 points)	<input type="checkbox"/> Article has little significance <input type="checkbox"/> Summary meets minimal expectations (1 point)	<input type="checkbox"/> Article has no significance <input type="checkbox"/> Summary does not meet minimal expectations (0 points)
Impact on Future Practice	3	<input type="checkbox"/> Article review has in-depth description of impact to future practice. (3 points)	<input type="checkbox"/> Article review has some description of impact to future practice (2 points)	<input type="checkbox"/> Article review has minimal description of impact to future practice. (1 point)	<input type="checkbox"/> No description of impact to future practice. (0 points)

UpToDate Topic Summary: During the semester in which the student does **not** complete Journal Club, they will research a topic of their choice on UpToDate and submit a brief summary on that topic, no more than one page

MSPE Materials: The student will submit required information for their MSPE by the end of the second semester.

OMT Patient logs: The student will perform OMT on at least 5 patients each semester and will log them in Medtrics as directed by Clinical Affairs

Other assignments will be in Canvas. Videos may change due to availability.

CORE ROTATION ASSIGNMENTS

Family Medicine 1

1. Osteopathic approach to URI
2. Osteopathic approach to constipation

Video: Relationships in Patient Care

Family Medicine 2

1. Osteopathic approach to GERD
2. Osteopathic approach to asthma

Video: Domestic Violence

Internal Medicine 1

1. Osteopathic approach to lymphedema
2. Osteopathic approach to COPD patient

Video: Opioid prescribing

Internal Medicine 2

1. Osteopathic approach to congestive heart failure
2. Osteopathic approach to pneumonia

Video: Recognizing drug dependence

Surgery

1. Osteopathic approach to the postoperative ileus
2. Osteopathic approach to atelectasis

Video: Using OMT in Challenging Positions

Emergency Medicine

1. Osteopathic approach to myocardial infarction
2. Osteopathic approach to BPPV

Video: *Lower Back Pain in the E.R.*

Pediatrics

1. Osteopathic approach to colic
2. Osteopathic approach to otitis media

Video: Osteopathic Considerations in Treatment Of Pediatric Asthma

Psychiatry

1. Osteopathic approach to tension headaches
2. Osteopathic approach to TMJ pain

Video: End of Life Palliative Care

Women's Health

1. Osteopathic approach to the dysmenorrhea
2. Osteopathic approach to back pain in pregnancy

Video: Obstetrics OMM

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 workday 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 workday 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 more than 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. Attendance below 70% will be addressed by each individual site.

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 on the student evaluation, the student will be given the opportunity to repeat the rotation. Upon successful completion of the repeated rotation, an average of the two scores, or a minimum of 70%, will be recorded on the student transcript.

OST 710 Emergency Medicine

Course Description

Emergency Medicine is a mandatory, four-week, hospital based, third-year core 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.

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 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 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. 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, 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 role of electronic communication tools in the delivery of healthcare.
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 well woman's 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.
 - 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 electronic communication tools in relation to the delivery of healthcare.
 - f. Know the HIPAA and OSHA regulations regarding 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 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
- Marcadante, 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/Behavioral Health

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 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 regarding 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 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 regarding 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

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 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 workday 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 workday 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 more than 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 on the student evaluation, the student will be given the opportunity to repeat the rotation. Upon successful completion of the repeated rotation, an average of the two scores, or a minimum of 70%, will be recorded on the student transcript.

OST 800: Clinical Osteopathic Medicine

Course Description

Clinical Osteopathic Medicine is a mandatory Selective rotation. This rotation is intended to give student the opportunity to apply the principles and techniques they've studied over the first two years in the context of the patient care experience. The understanding of the interrelationships of the body systems, and the interpretation of physical findings are incorporated into the diagnosis and treatment of muscular, articular, visceral and other structural dysfunction. The osteopathic medical student is introduced to the osteopathic approach to evaluation and management of medical/surgical patients in both the outpatient and hospital setting.

Course Objectives

By the end of the rotation, the student will:

1. Master examination skills of both the axial and appendicular skeleton for injuries, somatic dysfunction and other disorders.
 - a. demonstrate knowledge of neurologic and muscular diagnostic skills
 - b. demonstrate knowledge of the osteopathic structural examination.
2. Recognize and distinguish physical changes of soft tissue structures representing somato-somatic, somato- visceral, viscero-visceral and viscero-somatic reflex dysfunction.
3. 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. 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 balanced ligamentous tension techniques to treatment of articular somatic dysfunction.
 - d. Application of Osteopathic Cranial Manipulative Medicine to treatment of cranial and sacral somatic dysfunction.
5. Understand the rationale behind the clinical decision-making process for proper utilization/application of osteopathic manipulative procedures to patient care
 - a. Indications and contraindications for different osteopathic manipulative techniques in particular patient populations
 - b. Osteopathic techniques as a primary treatment approach or in conjunction with other prescribed treatments

Student Responsibilities

1. Performance of physical examination to include performance of the osteopathic structural examination.
2. Performance of Osteopathic Manipulative Treatment under supervision.
3. Completion of progress, SOAP notes on each assigned patient.
4. Participation in “after-hours” call rotation as required
5. Documentation of a minimum of 15 patient encounters in which OMT was performed
6. Attendance at hospital conferences.
7. Completion of an “End of Service” examination (COMAT) administered by the National Board of Osteopathic Medical Examiners, during the fourth week of the rotation.
8. Submission of two progress notes from patients seen during the rotation, which include diagnosis and treatment of somatic dysfunction and the treatment methods used

Related Reading

See CANVAS on the University of Pikeville website.

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

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 pathophysiology's 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 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 primary care setting (family medicine, pediatrics, OB/GYN, or IM). 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>

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 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 workday 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 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 workday 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 more than 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.

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 on the student evaluation, the student will be given the opportunity to repeat the rotation. Upon successful completion of the repeated rotation, an average of the two scores, or a minimum of 70%, will be recorded on the student transcript.

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 by the student to the Associate Dean of Clinical Affairs. Preceptor(s) of the research rotation will also be requested to submit a narrative of how they felt the student progressed during the rotation. 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 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.

OST 960: Military Medical Systems Elective

Course Faculty: Associate Dean for Clinical Affairs

4 credit hours (taken during a typical rotation block)

Course Description:

Military medical care spans basic preventive care; combat medicine; dietetics; and research driven roles in the laboratory. The overarching goal is to improve the lives of soldiers and their families. In this course, you will complete the requirements for officer training of your branch of military service during an elective rotation in your normal training sequence. You can expect to learn about the different facets of military medical care and how the military combines these facets to serve soldiers, veterans, dependents, and the global community.

Student Learning Objectives include but are not limited to:

- **Military Indoctrination:** During military indoctrination you will be taught basic military customs and courtesies, terminology, basic uniform assembly and requirements, inspection procedures and training requirements.
- **Leadership:** Subjects include leadership qualities, motivational theories, team building, management skills, decision making, goal setting and action planning, communication processes and public speaking skills. You will have many opportunities through practical application to demonstrate leadership skills.
- **Division Officer:** Subjects include military rank structure, performance evaluations, educational programs, enlisted records, classified material handling, officer designations, promotions, pay and allowances, junior officer administrative duties and advancement.
- **Military Law:** Subjects introduced include the Military Code of Conduct, The Geneva Convention, the Uniform Code of Military Justice, investigations, non-judicial punishment, court-martial procedures, apprehensions, jurisdiction, pretrial restraints, administrative discharges and claims.
- **Programs and Policies:** Subjects include suicide awareness and prevention, Drug and Alcohol Program Advisor (DAPA), Human Resources, Sexual Assault Prevention and Response (SAPR) and Safety Programs. It also covers programs such as Tricare and the GI Bill.
- Discuss the diversity of skills and interests that military medical careers attract.

Course Grading and Student Duties for Course Completion

- Meet all expectations for attendance and course performance as required by the military branch through which the course is provided.
- Complete all required course activities.
- Provide all pertinent documentation demonstrating course completion to the Course Director

There will be no quiz in this course. Upon completion of the training that qualifies for this course, the military supervisor will provide the course completion verification for the student to

transmit to the Course Director. The grade will be based entirely on student participation and verification of completion. The grade recorded on the transcript will be Pass/Fail.

REQUEST FORMS AND EVALUATION FORMS

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

Conference Attendance Request

Student's Name _____ **Class of 2025**

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 2025

Email 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

Has the physician already approved of your rotation? ☐ Yes ☐ No

Preceptor: _____

Address: _____
Street City State Zip

Phone #: _____ Fax #: _____

Email 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 2025

Email 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 Email address:

_____ Contact phone number:

_____ Fax number: _____

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

Has the physician already approved of your rotation? ☐ Yes ☐ No

Office use only:

Date Received _____ Mailed _____

Faxed _____ E-mailed _____



KYCOM Class of 2025
Student Assessment Form
(To be completed by **PRECEPTOR**)

Student: _____ **Rotation Dates:** _____

Preceptor: _____ **Primary Hospital:** _____

Rotation: _____ **Rotation Type:** **Core** **Selective** **Elective**
Circle One

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.

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	<input type="checkbox"/> D.O. <input type="checkbox"/> M.D. Check One	_____ Date
--------------------------------	--	---------------

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 next page.

Student _____ KYCOM ID _____

Ten (10) rated spheres are listed below. Each can earn up to 4 points.

1.	Professionalism (Demeanor, Appearance, Reliability)					
	Poor (1)		Fair (2)	Good (3)	Very Good (4)	NA
	Major Concerns.	◀	Appropriate.	Above average.	Exemplary.	
2.	Interpersonal Relationships - Health Care Team/Patients					
	Poor (1)		Fair (2)	Good (3)	Very Good (4)	NA
	Distant, strained, dysfunctional cool or awkward.	F	Forms constructive relationships.	Constructive & professional.	High quality, accepted as team member.	
3.	Basic Medical Knowledge					
	Poor (1)		Fair (2)	Good (3)	Very Good (4)	NA
	Generally fair or good. Major deficiencies in important areas.	A	Generally good for student level.	Excellent depth in important areas.	Outstanding.	
4.	Performance of History & Physical Examinations					
	Poor (1)		Fair (2)	Good (3)	Very Good (4)	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.	
5.	Diagnostic Test Selection & Interpretation					
	Poor (1)		Fair (2)	Good (3)	Very Good (4)	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.	
6.	Treatment					
	Poor (1)		Fair (2)	Good (3)	Very Good (4)	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.	
7.	Charting					
	Poor (1)		Fair (2)	Good (3)	Very Good (4)	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.	
8.	Clinical Reasoning					
	Poor (1)		Fair (2)	Good (3)	Very Good (4)	NA
	Frequently illogical or impractical.	G	Usually practical & logical.	Almost always practical & logical.	Frequent astute insights.	
9.	Progression Through Rotation					
	Poor (1)		Fair (2)	Good (3)	Very Good (4)	NA
	Minimal or inconsistent effort or gain.	◀	Showed good, consistent effort or gain.	Showed strong effort or gain.	Made extraordinary effort or gain.	
10.	Osteopathic Manipulative Medicine Skills					
	Poor (1)		Fair (2)	Good (3)	Very Good (4)	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.	

Total _____ **Grade** _____

University of Pikeville
Kentucky College of Osteopathic Medicine

OST 897: Research Request Form

Student name _____ **Class of 2025**

Student email _____

Research title _____

Preceptor name _____

Preceptor email _____

Research Begin Date _____ End Date _____

Location _____

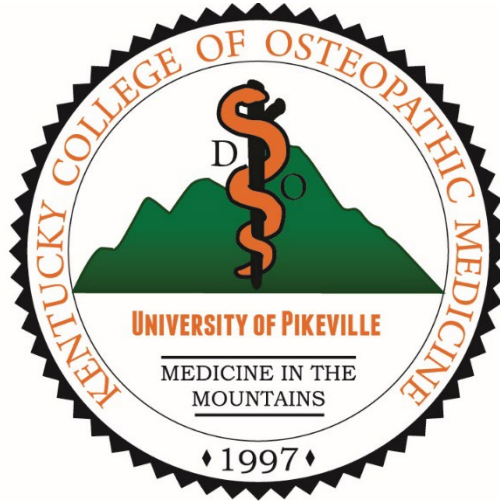
Student's Signature _____

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 2025. 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.

Signature

Date

Printed Name