Class of 2028

CLINICAL ROTATIONS MANUAL

Academic Year 2026-2027

A Message from the Associate Dean of Clinical Affairs

Class of 2028 Student Doctors,

Welcome to the clinical portion of your medical school training!

It will undoubtedly be a time of focus, discipline, challenge, and reflection. You will learn the deepest details of your patient cases and have the most significant impact at times where you least expect it. Take pride in how far you've come and also in the journey ahead. The first impression that you make, the level of professionalism that you show, and the strides you take in caring for patients will be noticed, appreciated, and tremendous.

Always be open to learning. Your patients, preceptors, fellow students, and clinical support staff will be instrumental in your development as an osteopathic physician. Welcome constructive criticism. Its merit is huge! It promotes growth, strengthens relationships, boosts overall performance, and enhances self-awareness. Every experience in your clinical rotations will have an impact on the physician you will become.

KYCOM and the Office of Clinical Affairs are so proud of your accomplishments! It is a privilege to accompany you throughout this transition. Please know that we are here to support and assist you along the way.

Have a terrific year,

Maleshea Hopkins, DO, FACOFP

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.

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.

This document was last updated July 24, 2016.

KYCOM Pharmaceutical & 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 the preparation of our graduates for competence 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:

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

Pharmaceutical Research and Manufacturers of America (PhRMA)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
    - 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.

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.

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

KYCOM 3rd Year Core Rotation Sites

Kentucky

Ashland Core Site: Northeast Kentucky Area Health Education Center

- Coordinator: Cassandra Chandler, cassandra.chandler@uky.edu
- Facilities: UK King's Daughters Medical Center

Bowling Green Core Site: South Central Kentucky Area Health Education Center

- Coordinator: Allie Pardue, allie.pardue@wku.edu
- Facilities: Graves Gilbert Clinic & TriStar Greenview Regional Hospital

Covington Core Site: Northern Kentucky Area Health Education Center

- Coordinator: Shea Morgan, shea.morgan@kctcs.edu
- Facilities: Saint Elizabeth Healthcare

Elizabethtown Core Site

- Coordinator: Brittany Henderson, Brittany.henderson@bhsi.com
- Facilities: Baptist Health Hardin

Hazard Core Site

- Coordinator: Kathy Sampsell, ksampsell0001@kctcs.edu
- Facilities: Hazard ARH Regional Medical Center

Henderson Core Site

- Coordinator: Mary Arnett-Thrasher, mary.arnett-thrasher@deaconess.com
- Facilities: Deaconess Henderson Hospital

Lexington Core Site

- Coordinator: Kim Robinette, krobi@lexclin.com
- Facilities: Lexington Clinic

Lexington St. Joe Core Site

- Coordinator: Dr. Rebecca Douglass, rebecca.douglass@commonspirit.org
- Facilities: CHI Saint Joseph Lexington

Louisville Core Site

- Coordinator: Terri Ormes, terriormes@nortonhealthcare.org
- Facilities: Norton Healthcare

Maysville Core Site: Northeast Kentucky Area Health Education Center

- Coordinator: Cassandra Chandler, cassandra.chandler@uky.edu
- Facilities: Meadowview Regional Medical Center

Morehead Core Site: Northeast Kentucky Area Health Education Center

- Coordinator: Cassandra Chandler, cassandra.chandler@uky.edu
- Facilities: UK Saint Claire Regional Medical Center

Mount Sterling Core Site: Northeast Kentucky Area Health Education Center

- Coordinator: Cassandra Chandler, cassandra.chandler@uky.edu
- Facilities: Saint Joseph Mount Sterling

Mount Vernon Core Site: Southern Kentucky Area Health Education Center

- Coordinator: Zoie Whitaker, zwhitaker@soahec.org
- Facilities: Russell County Hospital, Baptist Health Corbin, Baptist Health Richmond

Paducah Core Site: Purchase Area Health Education Center

- Coordinator: Janeen Winters, jwinters@murraystate.edu
- Facilities: Crittenden Health Systems, Jackson Purchase Medical Center, Livingston Hospital and Healthcare Services, Lourdes Hospital, Marshall County Hospital, Murray-Calloway County Hospital, Baptist Health Paducah

Pikeville Core Site

- Coordinator: Keshia George, keshia.george@pikevillehospital.org
- Facilities: Pikeville Medical Center

Prestonsburg Kentucky Core Site

- Coordinator: Cheryl Blair, cblair3@arh.org
- Facilities: Highlands ARH Regional Medical Center

Somerset Core Site

- Coordinator: Lori Bradshaw, lori.bradshaw@lpnt.net
- Facilities: Lake Cumberland Regional Hospital

Whitesburg Core Site

- Coordinator: Melody Howard, mhoward6@arh.org
- Facilities: Whitesburg ARH

Winchester Core Site: Northeast Kentucky Area Health Education Center

- Coordinator: Cassandra Chandler, cassandra.chandler@uky.edu
- Facilities: Clark Regional Medical Center

Florida

Miami Core Site

- Coordinator: Liney Leyva, lleyva@larkinhcs.com
- Facilities: Larkin Community Hospital

Indiana

Richmond Core Site

- Coordinator: Tiffany Ridge, tiffany.ridge@reidhealth.org
- Facilities: Reid Health

Iowa

Cedar Rapids, IA Core Site

- Coordinator: Dr. Dustin Arnold, dustin.arnold@unitypoint.org
- Facilities: UnityPoint Health

Michigan

Bay City Core Site

- Coordinator: Stacy Denham, stacy.denham@mclaren.org
- Facilities: McLaren Bay Region Medical Center

Pontiac Core Site

- Coordinator: Dr. Swathi Bobbity, sbobbity@gmail.com
- Facilities: White Lake Family Wellness

Minnesota

Rochester Core Site

- Coordinator: Emily Sohre, Sohre.Emily@mayo.edu
- Facilities: Mayo Clinic Health System

Ohio

Adena Core Site

- Coordinator: Joei Gill, jgill2@adena.org
- Facilities: Adena Medical Center

Cincinnati Core Site

- Coordinator: Laura Bodart, laura.bodart@thechristhospital.org
- Facilities: The Christ Hospital

North Carolina

Morganton, NC Core Site

- Coordinator: Aubrey Murphy, aubrey.murphy@unchealth.unc.edu
- Facilities: UNC Health Blue Ridge

Virginia Core Site

Norton, VA Core Site

- Coordinator: Heather Crum, heather.crum@balladhealth.org
- Facilities: Norton Community Hospital

KYCOM Contacts

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    - Phone: 606-218-5450

- Damian Cole, DO, Assistant Professor of Osteopathic Principals & Practices
    - damiancole@upike.edu
    - Phone: 606-218-5446

Physical Wellbeing & Health Service Locations

UWill Digital Health Services

Students have free access to UWill Digital Health Services, which provides access to tele-medicine and tele-therapy services. Services may be accessed at https://app.uwill.com.

Health Services – Hub Site Locations

Ashland, KY

- King's Daughters Urgent Care Ashland
  - 2245 Winchester Ave, Ashland KY 41101 | 606-408-2600
- King's Daughters Medical Center ER
  - 2201 Lexington Ave., Ashland KY 41101 | 606-408-4000
- Ashland Walk-In Clinic
  - 2421 Winchester Ave, Ashland KY 41101 | 606-326-0050

Bay City, MI

- McLaren Bay Region ER
  - 1900 Columbus Ave, Bay City MI 48708 | 989-894-3111
- Covenant MedExpress Bay City
  - 2919 Wilder Road, Bay City MI 48706
- Get Well Urgent Care of Pontiac
  - 983 Orchard Lake Road, Pontiac MI 48341 | 248-900-9700
- Trinity Health Oakland
  - 44405 Woodward Ave., Pontiac MI 48341 | 248-858-3000
- Alpha Urgent Care
  - 4179 Baldwin Road, Auburn Hills MI 48326 | 248-801-9278
- McLaren Oakland ER
  - 50 North Perry Street, Pontiac MI 48342 | 248-338-5332

Bowling Green, KY

- Zip Clinic Urgent Care
  - 2508 Scotsville Road #10, Bowling Green KY 42104 | 270-746-6330
- Medical Center Urgent Care
  - 291 New Towne Drive, Bowling Green KY 42103 | 270-796-3500
- The Medical Center at Bowling Green ER
  - 250 Park Street, Bowling Green KY 42101 | 270-745-1000
- TriStar Greenview Regional Hospital ER
  - 1801 Ashley Circle, Bowling Green KY 42104 | 270-793-1000
- Graves Gilbert Clinic
  - 1225 Fairway Street, Bowling Green KY 42103 | 270-781-3910

Cedar Rapids, IA

- UnityPoint Health - St. Luke's Hospital ER
  - 1026 A Ave. NE, Cedar Rapids, IA 52402 | 319-369-7211
- University of Iowa Health Care, Urgent Care
  - 411 10th St. SE #2300, Cedar Rapids, IA 52403 | 319-731-1430

Chillicothe, OH

- Adena Urgent Care
  - 55 Centennial Blvd, Chillicothe OH 45601 | 740-779-4000
- Adena Emergency Department
  - 272 Hospital Road, Chillicothe OH 45601 | 740-779-7500

Cincinnati, OH

- The Christ Hospital ER
  - 2139 Auburn Avenue, Cincinnati OH 45219 | 513-585-2235
- The Christ Hospital Urgent Care
  - 6560 Harrison Avenue, Cincinnati OH 45247 | 513-574-9700
- CareFirst Urgent Care
  - 9232 Reading Road, Cincinnati OH 45215 | 513-245-8911

Covington, KY

- Bluegrass Urgent Care
  - 2327 Buttermilk Crossing, Crescent Springs KY 41017 | 859-344-7900
- St. Elizabeth Covington Hospital ER
  - 1500 James Simpson Jr. Way, Covington KY 41011 | 859-655-4353
- Highland Heights Urgent Care
  - 2626 Alexandria Pike, Highland Heights KY 41076 | 859-757-0434
- CareFirst Urgent Care – Florence
  - 7683 Mall Road, Florence KY 41042 | 859-817-1320
- The Christ Hospital Urgent Care Center
  - 1955 Dixie Hwy Suite F, Fort Wright KY 41011 | 859-292-9176

Elizabethtown, KY

- Baptist Health Hardin Emergency Room
  - 913 North Dixie Avenue, Elizabethtown KY 42701 | 270-737-1212
- Norton Immediate Care Clinic
  - 157 Towne Dr. Suite 104, Elizabethtown KY 42701 | 270-769-2273
- Baptist Health Urgent Care
  - 1111 Ring Road, Elizabethtown KY 42701| 270-706-1111

Hazard, KY

- Hazard ARH Emergency Department
  - 100 Medical Center Drive, Hazard KY 41701 | 606-439-6600
- Mountain After Hours Clinic
  - 1908 North Main Street #240, Hazard KY 41701 | 606-439-2662

Henderson, KY

- Deaconess Henderson Hospital ER
  - 1305 N. Elm St., Henderson KY 42420 | 270-827-7700
- Deaconess Clinic Urgent Care
  - 2242 S. US Highway 41 Henderson KY 42420 | 270-844-8515

Indiana, PA

- Indiana Regional Medical Center ER
  - 835 Hospital Road, Indiana PA 15701 | 724-357-7000
- IRMC UrgiCare at Indiana
  - 2128 Oakland Avenue, Indiana PA 15701 | 724-463-1064

Lexington, KY

- UK Good Samaritan ER
  - 310 S. Limestone Dr., Lexington KY 40508 | 859-226-7070
- Baptist Health Lexington ER
  - 1740 Nicholasville Road, Lexington KY 40508 | 859-260-6180
- Lexington Urgent Care
  - 1701 Nicholasville Road #100, Lexington KY 40503 | 859-523-5310
- Baptist Health Urgent Care
  - 2040 Harrodsburg Road #200, Lexington KY 40503 | 859-899-7993
- CHI St. Joseph ER
  - 150 N Eagle Creek Drive, Lexington KY 40509 | 859-967-5000
- Hamburg Urgent Care
  - 1916 Justice Drive Suite 120, Lexington KY 40509 | 859-756-6837

Louisville, KY

- U of L Health Urgent Care
  - 908 Dupont Road, Louisville KY 40207 | 502-749-7909

- Norton Immediate Care Center – Highlands
  - 2470 Bardstown Road, Louisville KY 40205 | 502-459-3991

- Baptist Health Urgent Care
  - 12010 Shelbyville Road #500, Louisville KY 40243 | 502-238-2800

- All Around Healthcare – Primary and Urgent
  - 1151 S. 4th Street Suite 100, Louisville KY 40203 | 502-305-2420

- 502 Urgent Care
  - 1800 Stevens Avenue, Louisville KY 40205 | 502-509-6611

Maysville, KY

- Fast Pace Health Urgent Care
  - 420 W Martin Luther King Hwy, Maysville KY 41056 | 606-375-4817
- Meadowview Urgent Care Center
  - 2525 Tucker Drive, Maysville KY 41056 | 606-759-9921

Miami, FL

- Larkin Community Hospital South Miami
  - 7031 SW 62nd Ave, South Miami FL 33143 | 305-284-7500
- Baptist Health Urgent Care South Miami
  - 6300 S Dixie Hwy Ste. 100, South Miami FL 33143 | 786-467-5080

Morehead, KY

- St. Claire Medical Center ER
  - 222 Medical Center, Morehead KY 40351 | 606-783-6500

Morganton, NC

- UNC Health Blue Ridge ER
  - 2201 S Sterling St, Morganton, NC 28655 | 828-580-5000
- UNC Health Blue Ridge Urgent Care
  - 695 W Fleming Dr, Morganton, NC 28655 | 828-580-3278

Mount Sterling, KY

- Sterling Health Care Urgent Treatment Center
  - 506 N. Maysville St. Suite 2, Mt. Sterling KY 40353 | 859-274-0230

- CHI St. Joseph Health ER
  - 225 Falcon Drive, Mt Sterling KY 40353 | 859-497-5000

Mount Vernon, KY

- Russell County Hospital ER
  - 153 Dowell Road Russell Springs KY 42642 | 270-866-4141
- Baptist Health Corbin ER
  - 1 Trillium Way Corbin KY 40701 | 606-528-1212
- First Care Urgent Care Corbin
  - 521 Cumberland Gap Highway #1, Corbin KY 40701 | 606-261-2054
- Baptist Health Richmond ER
  - 801 Eastern Bypass Richmond KY 40475 | 859-623-3131
- Baptist Health Urgent Care – Richmond
  - 648 University Shopping Center, Richmond KY 40475 | 859-623-1950

Norton, VA

- Norton Community Hospital ER
  - 110 15th Street NW, Norton VA 24273 | 276-439-1000
- Ballad Health Urgent Care
  - 601 Commonwealth Drive, Norton VA 24273 | 276-679-6028

Paducah, KY

- Baptist Health Paducah ER
  - 2501 Kentucky Ave, Paducah KY 42003 | 270-575-2180
- Mercy Health – Lourdes Hospital ER
  - 1530 Lone Oak Road, Paducah KY 42003 | 270-444-2444
- Mercy Health Paducah Urgent Care
  - 225 Medical Center Drive, Suite 101, Paducah KY 42003 |
- Baptist Health Urgent Care
  - 2601 Kentucky Ave. Suite 103, Paducah KY 42003 | 270-415-4860

Pikeville, KY

- Pikeville Medical Center ER
  - 911 Bypass Road, Pikeville KY 41501 | 606-430-3500
- Pikeville Medical Center Urgent Care & Family Wellness Center
  - 238 Cassady Blvd, Pikeville KY 41501 | 606-430-2230
- Fast Pace Health Clinic
  - 115 Lee Avenue, Pikeville KY 41501 | 606-727-5296
- East Kentucky After Hours Clinic
  - 255 Church Street #102B, Pikeville KY 41501 | 606-218-6011

Pontiac, MI

- Trinity Health Oakland Hospital
  - 44405 Woodward Ave, Pontiac MI 48341 | 248-858-3000
- McLaren Oakland
  - 50 Perry Street, Pontiac MI 48342 | 248-338-5000
- Get Well Urgent Care of Pontiac
  - 983 Orchard Lake Road, Pontiac MI 48341 | 248-900-9700

Prestonsburg, KY

- Highlands ARH Archer Clinic
  - 400 University Drive, Prestonsburg KY 41653 | 606-886-3831
- Highlands ARH Emergency Room
  - 5000 KY 321, Prestonsburg KY 41653 | 606-886-8511
- Prestonsburg Primary Care & Urgent Care
  - 723 South Lake Drive, Prestonsburg KY 41653 | 606-886-8715

Richmond, IN

- Reid Urgent Care
  - 1501 Chester Blvd, Richmond IN 47374 | 765-935-1905
- Reid Health ER
  - 1100 Reid Parkway, Richmond IN 47374 | 765-983-3000
- First Care Urgent Care – Richmond
  - 3600 E. Main Street, Richmond IN 47374 | 765-598-5700

Rochester, MN

- Mayo Clinic Hospital St. Marys Emergency Department
  - 1216 2nd St. SW, Rochester, MN 55902 | 507-255-5123
- Mayo Clinic Express Care South
  - 500 Crossroads Dr SW, Rochester, MN 55902 | 507-284-2511
- Olmsted Medical Center FastCare Clinic
  - 90 14th St SW #200, Rochester, MN 55902 | 507-288-3443

Somerset, KY

- Fast Pace Health Urgent Care
  - 150 US 27, Somerset KY 42503 | 606-485-1021
- Lake Cumberland Regional Hospital ER
  - 305 Langdon St., Somerset KY 42503 | 606-679-7441
- First Care Urgent Care
  - 2520 S. Highway 27 Ste 1, Somerset KY 42501 | 606-416-5719
- Lake Cumberland Medical Associates
  - 350 Hospital Way 1st Floor, Somerset KY 42503 | 606-451-2601

Whitesburg, KY

- Whitesburg ARH ER
  - 240 Hospital Road, Whitesburg KY 41858 | 606-633-3500

Winchester, KY

- First Care Urgent Care – Winchester
  - 480 Bullion Blvd, Winchester KY 40391 | 859-385-4222
- Clark Regional Medical Center ER
  - 175 Hospital Drive, Winchester KY 40391 | 859-747-8444
- Winchester Quick Care
  - 56 S. Main Street, Winchester KY 40391 | 859-385-4552

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 clinical experiences.

All hospital sites are required to maintain affiliation agreements with KYCOM, are credentialed by the appropriate accreditors and are duly licensed within their jurisdiction. All adjunct clinical faculty are required to re-credential with KYCOM every five years, are actively licensed in their respective jurisdictions, maintain specialty board certification/ eligibility, 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 didactics.

Professional Student Behavior as defined by KYCOM includes:

1. Performance of medical ethical behavior, i.e., all actions are in the best interest of patients.
2. Cognizance of the concept of social accountability to preceptors, host sites 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 and a half rotations are required to complete 78 weeks of clinical requirements, which include:

- 36 weeks of Core/Required rotations (9 blocks)
- 18 weeks of required Selective rotations (4.5 blocks)
- 24 weeks of Elective rotations (6 blocks)

Objectives

The clinical years at KYCOM are a transition from pre-clinical experience to the world of integrative, evidence-based medicine. In nineteen and a half 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. Osteopathic Philosophy and Osteopathic Manipulative Medicine (OPP/OMM): Understanding and applying osteopathic principles, philosophy, and manipulative treatment in patient care.

2. Medical Knowledge: Demonstrating an understanding of the established and evolving biomedical, clinical, and cognate sciences, and applying them to patient care.

3. Patient Care: Providing compassionate, effective, and appropriate care for the treatment of health problems and the promotion of health.

4. Interpersonal and Communication Skills: Effectively exchanging information and collaborating with patients, their families, and other health professionals.

5. Professionalism: Demonstrating a commitment to ethical principles, adherence to professional obligations, and a sensitive attitude toward a diverse patient population.

6. Practice-Based Learning and Improvement: Investigating and evaluating one's own patient care practices, appraising and assimilating scientific evidence, and continuously improving patient care.

7. Systems-Based Practice: Awareness of and responsiveness to the larger context and system of health care, effectively calling on system resources to provide care of optimal value.

Class of 2028 Clinical Rotation Program

Reading this manual is required for all members of the Class of 2028. Submittal of the attestation form, located in the back 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 Clinical Affairs 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 where it can accept correspondence.

KYCOM maintains a "NO TOLERANCE" policy for diversions from the mandatory guidelines below:

Important Rotation Information

- 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.
- 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.
- Each four-week block can only count toward one rotation experience (one rotation cannot count toward two requirements). Students are only permitted to be on one rotation at any given time (rotations cannot overlap).
- It is the student's responsibility to contact the clinical preceptor at least one week before the start of the rotation to determine details of their first day of the 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 Medtrics and to ensure that a COMAT exam is scheduled. Submit your rotation info at https://wkf.ms/4cVi6Pe
- It is the responsibility of each student to be present on day one of each rotation.
- Evaluations are sent out to preceptors by the student using Medtrics no later than one week prior to the end of their clinical rotation.
- Students are required to complete evaluations on each rotation. This evaluation is sent to the student's UPIKE email address prior to the end of the rotation asking questions on the quality of training received.
- A student cannot rotate with the same preceptor for more than eight weeks.
- A maximum of 8 weeks are allowed for virtual or online elective rotations.

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 schedule of the student is expected to mirror that of the preceptor.

- A workday may be considered 12 hours in duration. If the rotation consists of 12-hour workdays, a minimum of 14 days for a 4-week rotation is required.
- Attendance is mandatory for all clinical rotations.
- A maximum of three (3) days of excused absences are permitted each four-week rotation. Approval must be granted by the KYCOM Clinical Affairs Department and must be recorded on student logs for the rotation. Excused absences must be submitted using the Benefits tab in Medtrics for approval. Excused absences include:
    - Personal Illness: It is paramount that the well-being of the student is considered in any illness. If the illness is more than one day, the student must be seen by a physician for documentation and for the wellbeing of the student.
    - Temporary Absence: A student may take up to a half day off to attend personal business (examples: banking, childcare, etc). Permission must be granted by Clinical Affairs and the supervising physician.
    - Professional Conferences: KYCOM 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 at all meetings must have an individual request and be approved by the Associate Dean of Clinical Affairs.
        - Students wishing to attend a professional conference will submit a Student Travel Request (located in the Forms section of this manual) to the Associate Dean of Clinical Affairs at least 30 days prior to the conference, indicating the name and location of the professional meeting, sponsoring agency, and dates of prospective absence. It is at the discretion of the Associate Dean of Clinical Affairs to approve or deny attendance if forms are not submitted prior to 30 days.
        - Only one professional conference will be allowed per student per year of clinical rotations. Any deviation from this policy must be approved by the Associate Dean of Clinical Affairs.
        - 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.
        - 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.
- Absence more than the 3-day standard will result in an incomplete 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, the student will be referred to the APC Committee.

Unexcused absence constitutes referral to the APC Committee and may result in failure of the clinical rotation.

- In the event of an unavoidable tardiness to the rotation, it is the responsibility of the student to notify the Supervising Physician, their clinical coordinator, and the Office of Clinical Affairs at KYCOM.
- A student may not take a day off clinical rotations for COMAT or COMLEX preparation.

Interview Policy

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

Vacation & Holidays

- Winter breaks and the Clinical Capstone Course (in June) 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.

Leave of Absence

- Direct written requests for extended leave to the Director of Student Affairs. The Office of Clinical Affairs should be copied on all correspondence. A leave of absence may be granted for one of the following reasons:
    - Health
    - Personal / Family
    - Financial Hardship
    - 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 Dean.
- For additional information on the Leave of Absence policy, please refer to the KYCOM Student Handbook.

Core Site Didactic Attendance

KYCOM students are expected to attend all scheduled didactic sessions at their core site including morning report and workshops unless excused by their attending physician and coordinator. A minimum of 70% attendance per month is required for all didactics provided. If minimum attendance is not met, student will be referred to APC for further action.

Logs

- All students are required to maintain accurate logs of everything they do while on rotations, whether in person or online, in Medtrics.
- Every patient in which the student is involved in their care must be logged.
- It is the best practice to do your logs daily to avoid falling behind.
- Attending physicians are entitled to review these logs at any time and encouraged to review them at the end of the rotation.
- Logs 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 student will fail the rotation and be referred to APC for academic instruction and action.
- The following Case Log components are mandatory:
    - Date Patient Seen
    - Preceptor/Faculty
    - Diagnosis
    - Procedures Performed, if applicable
    - Age of Patient
    - Gender of Patient
    - Participation
    - Any Additional Details
- Additional case log templates are available for OST 750/751, reading assignments assigned by preceptors, or online rotation assignments.

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 prior to the start of each academic year. KYCOM students are responsible for the costs of their health insurance. Refer to the KYCOM Student Handbook for more information

Student Malpractice 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 rotations. If a student is aware of a potential legal liability situation, the Office of Clinical Affairs must be notified immediately. A member of the KYCOM legal team

and/or KYCOM Dean's office will reach out to the student and provide guidance throughout the legal process. Progression of any legal liability action is to be detailed in writing by the student and regularly sent to the Dean's Office.

Housing

- All housing needs are at the student's expense. Neither KYCOM nor the individual rotation site is responsible for student housing.

Professionalism

- As a representative of both KYCOM and the osteopathic profession, it is the student's responsibility to always maintain professional deportment.
- Refer to the KYCOM Student Handbook for additional professionalism requirements.
    - <u>DRESS</u>
        - 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. Mandatory guidelines include the following:
            - 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 each individual preceptor and/or healthcare facility.
            - Clothing must always 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 for 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.
    - The 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 patients, peers, or healthcare staff.
    - Nails should be clean and neatly trimmed being no longer than ¼". Artificial nails should not be worn when having direct patient contact. Other aspects of hand hygiene will be at the discretion of the facility.

Sexual Harassment

The University of Pikeville is committed to providing a supportive learning environment and fostering safe, healthy relationships among our students, faculty, preceptors and staff. As such, the institution and members of our community will not tolerate sexual misconduct or discrimination based on sex, whether on campus or on rotations. While on rotations, any incident of sexual misconduct or discrimination based on sex should be reported to the rotation supervising physician and the UPIKE Office of Title IX.

If you have questions or concerns, please contact:

- Beth Kingery, Title IX Coordinator
    - bethkingery@upike.edu
    - 606-218-5344

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 ethical and legal considerations. Inappropriate relationships and behaviors will be grounds for disciplinary action, including potential dismissal from KYCOM.
- KYCOM directs that no member of its staff establishes or maintains a therapeutic relationship with any KYCOM student. A therapeutic relationship exists when a 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.

Restricted Clerkships

- Medical students are not 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.

Issues Deemed Reportable

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

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.

Cell Phones and Other 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, they 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 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.

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).

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 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 Academic Progress Committee (APC) for consideration. Appeal of any rotation failure will follow the same guidelines of any failure as stated in the KYCOM Student Handbook. In cases where a passing grade is not achieved, if deemed appropriate by APC, 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 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 Bear Alert 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 & Post Exposure Prophylaxis

- The goals of this policy are to ensure 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:
    1. Education
    2. Immediate post-mishap evaluation of exposure risk, as outlined by current Center for Disease Control and Prevention (CDC&P) guidance and recommendations.
    3. Appropriate follow-up.

1. 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. 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 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.
iv. Check baseline labs: HIV antibody testing, complete blood count, renal and hepatic chemistry profile, and hepatitis evaluation.

General Rotation 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. Students 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 Medtrics on all patients seen. See page 25.

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 Evaluations

- The student will be evaluated for each clinical rotation. Only one grade will be applied per clinical rotation. The Office of Clinical Affairs is responsible for the verification of all clinical rotation grades.
- The evaluation is intended to measure the student in comparison to others at the same level of education.
- The "KYCOM Student Rotation Assessment Form" for in-person clinical rotations 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
- 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.
- The Office of Clinical Affairs will refer a failing grade to the Academic Progress Committee for further action or remediation. Failure of three clinical rotations is grounds for dismissal. A failing grade is defined as less than 70% on a rotation.
- Clinical grades may be reported as numeric scores, or Pass/Fail as outlined in the course syllabus.
- 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 the Academic Progress Committee for further discussion and recommendation.
- Students are required to complete evaluations on each rotation. This evaluation is sent to the student's UPIKE email address prior to the end of the rotation asking questions on the quality of training received.

End of Service Examination Modules – COMAT Exams

- Completion of on-line examination modules (COMAT exams) 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 (NBOME) 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.

- Exams will be completed during the fourth week of the rotation.
- COMAT exams MUST be proctored. Both in person and remote options are acceptable.
- For two rotation disciplines (family medicine and internal medicine), exams will be completed during the fourth week of the second rotation of the discipline (Rotation grades for each discipline will be considered an "incomplete" until the exam result is received).
- The COMAT exam will account for 50% of the rotation grade.
- The following chart is used to determine score that will be recorded for COMAT exam:

COMAT Grading Chart											
Actual COMAT Score	<74	75-79	80-81	82-84	85-87	88-92	93-97	98-102	103-106	107-109	Above 110
Converted Score	0 Fail	55	60	65	70	75	80	85	90	95	100

- In the event that a student fails the COMAT (receives an actual score of 74 or less before conversion), they will have failed the rotation and will be referred to APC for further discussion and recommendation.

OST 750/751

OST 750/751 are a continuation of the OPC I-IV courses and will serve to further develop the students understanding of osteopathic patient care through a multifaceted approach. The courses are four credit hours and all assignments must be completed to pass the course. A failure of OST 750 and/or 751 is equivalent to failing a rotation. Any failure will be referred to APC for further discussion and recommendation.

Grade Appeals

Students may appeal a rotation grade if they believe it to be an error using the following process:

1. The student must file a written request for a grade review with the Office of Clinical Affairs within 30 days of posting of final grades. This request must include a detailed explanation of why the student believes the grade was an error and, if applicable, supporting documentation.
2. Clinical Affairs will consider the appeal filing and will inform the student of their decision to either uphold the original grade or change the grade in writing within ten calendar days of receipt of the student appeal request. Clinical Affairs must report grade changes to the Registrar's Office as soon as a decision is reached.
3. The student may request a hearing before the Academic Progress Committee for a final appeal of the grade the Office of Clinical Affairs denies the appeal. This request must be submitted in writing within ten calendar days of notification of the decision to deny the appeal.
4. Upon receipt of the appeal hearing request, the Academic Progress Committee may:
    a. Reject the student's appeal and uphold the original grade
    b. Hold an appeal hearing, after which it will determine whether to uphold the original grade or change the grade. The committee will communicate its decision to the student and the Office of Clinical Affairs in writing within ten calendar days. The decision of the Academic Progress Committee is subject to review and alteration by the KYCOM Dean, whose decisions are final.
    c. The decision of the Dean will be sent in writing to the student, Academic Progress Committee, and Office of Clinical Affairs. The Office of Clinical Affairs will then report grade changes to the Registrar's Office immediately upon notification.

KYCOM Sample Calendar

KYCOM Class of 2028 Sample Calendar		
7/27/26	8/21/26	Core Rotation 1
8/24/26	9/18/26	Core Rotation 2
9/21/26	10/16/26	Core Rotation 3
10/19/26	11/13/26	Core Rotation 4
11/16/26	12/11/26	Core Rotation 5
12/14/26	1/1/27	Winter Break **(3 weeks)**
1/4/27	1/29/27	Core Rotation 6
2/1/27	2/26/27	Core Rotation 7
3/1/27	3/26/27	Core Rotation 8
3/29/27	4/23/27	Core Rotation 9
4/26/27	6/18/27	National Board Prep OST 899, Capstone, Board Study and/or Rotations **(8 weeks)**
6/21/27	7/16/27	Selective/Elective 1
7/19/27	8/13/27	Selective/Elective 2
8/16/27	9/10/27	Selective/Elective 3
9/13/27	10/8/27	Selective/Elective 4
10/11/27	11/5/27	Selective/Elective 5
11/8/27	12/3/27	Selective/Elective 6
12/6/27	12/31/27	Winter Break **(4 weeks)**
1/3/28	1/28/28	Selective/Elective 7
1/31/28	2/25/28	Selective/Elective 8
2/28/28	3/24/28	Selective/Elective 9
3/27/28	4/21/28	Selective/Elective 10
May 2028		**Graduation**

OPP Sample Calendar

KYCOM Fellowship – Academic Year Sample Calendar		
7/27/26	8/21/26	Core Rotation 1
8/24/26	9/18/26	Core Rotation 2
9/21/26	10/16/26	Core Rotation 3
10/19/26	11/13/26	Core Rotation 4
11/16/26	12/11/26	Core Rotation 5
12/14/26	1/1/27	Winter Break (3 weeks)
1/4/27	1/29/27	Core Rotation 6
2/1/27	2/26/27	Core Rotation 7
3/1/27	3/26/27	Core Rotation 8
3/29/27	4/23/27	Core Rotation 9
4/26/27	6/18/27	National Board Prep OST 899, Capstone, Board Study and/or Rotations **(8 weeks)**
7/5/27	6/30/28	Fellowship – 1 Year
7/3/28	7/28/28	Selective 1
7/31/28	8/25/28	Selective 2
8/28/28	9/22/28	Selective 3
9/25/28	10/20/27	Selective 4
10/23/28	11/17/28	Elective 1
11/20/28	12/15/28	Elective 2
12/18/28	12/29/28	Winter Break
1/1/29	1/26/29	Elective 3
1/29/29	2/23/29	Elective 4
2/26/29	3/23/29	Elective 5
3/26/29	4/20/29	Elective 6
May 2029		Graduation

OPP Sample Calendar

KYCOM Fellowship – Calendar Year Sample Calendar		
7/27/26	8/21/26	Core Rotation 1
8/24/26	9/18/26	Core Rotation 2
9/21/26	10/16/26	Core Rotation 3
10/19/26	11/13/26	Core Rotation 4
11/16/26	12/11/26	Core Rotation 5
12/14/26	1/1/27	Winter Break (3 weeks)
1/4/27	12/31/28	Fellowship – 1 Year
1/3/28	1/28/28	Core Rotation 6
1/31/28	2/25/28	Core Rotation 7
2/28/28	3/24/28	Core Rotation 8
3/27/28	4/21/28	Core Rotation 9
4/24/28	6/16/28	National Board Prep OST 899, Capstone, Board Study and/or Rotations **(8 weeks)**
6/19/28	7/14/27	Selective 1
7/17/28	8/11/28	Selective 2
8/14/28	9/8/28	Selective 3
9/11/28	10/6/28	Selective 4
10/9/28	11/3/28	Elective 1
11/6/28	12/1/28	Elective 2
12/4/28	12/29/28	Winter Break
1/1/29	1/26/29	Elective 3
1/29/29	2/23/29	Elective 4
2/26/29	3/23/29	Elective 5
3/26/29	4/20/29	Elective 6
May 2029		Graduation

Core, Selective, & Elective Rotations

Core Rotations

Rotation	Length of Rotation	COMAT
Emergency Medicine	4 Weeks	Yes
Family Medicine 1	4 Weeks	No
Family Medicine 2	4 Weeks	Yes
General Internal Medicine 1	4 Weeks	No
General Internal Medicine 2	4 Weeks	Yes
General Surgery	4 Weeks	Yes
Pediatrics	4 Weeks	Yes
Psychiatry	4 Weeks	Yes
Women's Health	4 Weeks	Yes

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. It is the student's responsbility to satisfy these requirements, but KYCOM and its clinical core sites will work with every student to meet these requirements.

Scheduling 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 Schedule

Core rotations must be completed through 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 core site coordinator.

Selective Rotations

Selective rotations are intended to transition the osteopathic medical student from active learner to active medical decision maker and care planner. 4.5 selectives are required for a total of (18) 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, OPP, and OST 899 for specific course details.

Selective rotations 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 and two weeks devoted to OST 899.

No more than two, four-week time periods (selective or elective) can be divided into four two-week rotations per year. More than the allotted will be evaluated on a case-by-case basis.

Rotation	Length of Rotation	COMAT
OST 899 Level 2 Board Prep	2 Weeks	No
OPP	4 Weeks	Yes
Medicine Selective	4 Weeks	No
Surgical Selective	4 Weeks	No
Rural Medicine	4 Weeks	No

For OPP Fellows, the OPP selective requirement is fulfilled by the Fellowship.

Scheduling of Selective Rotations

Selective rotations must include OPP, OST 899 (or other rotation if student does not plan on taking board study), 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. Students must follow the following procedure:

1. Submit a rotation request information at https://wkf.ms/4cVi6Pe.
2. All requests must be submitted at least 30 days prior to the anticipated start date of the rotation. 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 rotations are required during the clinical years and are at the discretion of the student. Elective rotation time must be utilized, and logs must be submitted for audition/elective rotations. Elective rotations are not followed with a COMAT exam.

Scheduling Elective Clinical Rotations

Elective time may be utilized as follows:

1. Electives can be in an in-patient or outpatient setting and chosen from any medical or surgical subspecialty. See Course Descriptions in Selective/Elective section of manual for suggested endeavors.
2. Clinical Research can be used as an elective for a maximum of eight (8) weeks – See OST 897 – Clinical Research Syllabus.
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. More than the allotted will be evaluated on a case-by-case basis.
4. Submit rotation information at https://wkf.ms/4cVi6Pe at least 30 days prior to the anticipated start date of the rotation. Elective rotation requests may be denied if paperwork completion requirements are not met.
5. 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.
6. Some sites require payment for completed elective rotations, which will be paid by the student. Check with the site coordinator before scheduling.

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 September 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 anywhere from December to March 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. Some credentialing documents must be uploaded by the Clinical Affairs Office. However, KYCOM cannot upload any document until the application is submitted by the student.

Student Eligibility for Clinical Rotations

Drug Screen Policy

- KYCOM requires a urine drug screen immediately after matriculation with KYCOM as well as prior to the beginning of third- and fourth-year clinical clerkships. Positive findings will be reviewed by the Director of Student Affairs and/or the Office of Clinical Affairs and may be referred to the PC&E Committee. Further evaluation by external professional consultants may be required. A positive test result may become grounds for dismissal.
- A KYCOM student may be asked by their rotation site or KYCOM administration to submit to a drug and/or alcohol test at any time there is reasonable suspicion of use or impairment.

Criminal Background Check

- KYCOM requires criminal background checks for all students prior to matriculating to KYCOM as well as prior to the beginning of third- and fourth-year clinical rotations. The KYCOM Dean and/or their designee(s) will review any concerning information generated by the report and may refer them for additional review/action to the Professional Conduct and Ethics (PC&E) Committee
- All accepted and enrolled KYCOM students are required to promptly report any criminal charges filed against them to the KYCOM Office of Student Affairs in writing within ten calendar days, excluding minor traffic violations such as parking tickets. Charges that were previously disclosed on the AACOMAS application do not need to be reported again. Violations will be reviewed by the KYCOM Dean and/or the KYCOM Office of Student Affairs to consider future implications for licensure, threat to patient safety, and the ability to be a member of the osteopathic medical profession. Criminal behavior, or failure to report criminal behavior as required in this section, may be referred to the Professional Conduct and Ethics (PC&E) Committee for student conduct consideration. Student suspension or dismissal is possible depending on the nature and severity of the criminal offense.

Immunizations

- The mission of KYCOM is to provide students with an osteopathic medical education that emphasizes primary care, encourages research, promotes lifelong scholarly activity, and produces graduates who are committed to serving the healthcare needs of communities in rural Kentucky and other underserved areas. To achieve this mission, the College has affiliation agreements and contracts with several healthcare facilities throughout the region to provide KYCOM students with clinical education experiences. Because of patient contact and potential exposure to infectious material from patients during these clinical experiences, KYCOM students have the potential for exposure to

(and possible transmission of) vaccine preventable diseases. Osteopathic Medical Students are included in the definition of unpaid health-care personnel (HCP) and therefore included in the Centers for Disease Control and Prevention (CDC) Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP). It is therefore incumbent on the College, and required by our clinical education partners, that all KYCOM students provide documentation of required immunizations and titers prior to matriculation at KYCOM and during their KYCOM enrollment. This documentation is required to be uploaded to the Viewpoint Screening website, or as directed by KYCOM Clinical Affairs, for dissemination to clinical education sites during the students' enrollment at KYCOM. Students are responsible for all costs associated with meeting this requirement. Please refer to the following chart for the KYCOM requirements, which are based on ACIP Recommendations.

Vaccine	Schedule	Titers	Notes
Hepatitis B	Total of 3 doses. 4 weeks between dose 1 and dose 2; 5 months between dose 2 and 3. Pre-vaccination serologic screening is not indicated.	Titers are required to document immunity and should be drawn 1-2 months after 3 dose series to document immunity. In the case of childhood HepB vaccination, student still must have a positive titer prior to matriculating at KYCOM.	If no documented immunity, should repeat 3 dose series, and retest for immunity. If still not immune, consult with Associate Dean for Clinical Affairs at KYCOM (Phone number: (606) 218-5428) for recommendations.
Measles, Mumps, Rubella (MMR)	2 doses SC; > 28 days apart	Titers are not required to document immunity if the 2-dose series was received at the recommended interval.	
Varicella	2 doses SC; 4-8 weeks apart if age 13 or older If has laboratory evidence of Immunity (via positive antibodies), immunization may be waived.	Titers are not required to document immunity if the 2-dose series was received at the recommended interval. Titer is required if the only documentation is a personal history of chickenpox.	Personal history of chickenpox alone is not proof of immunity. Titers are required in that case and if not immune, will be required to undergo immunization with a vaccine.
Adult Tetanus, Diphtheria, Pertussis (Tdap)	At least one Tdap prior to matriculation, then Td booster every 10 years	No titers	
Annual Influenza	Must be updated yearly	No titers	
Annual TB test; may do Mantoux skin testing, or blood testing via T-spot or QFT-GIT.	Must be updated yearly; Any positive result, or history of positive results requires a chest radiograph every 3 years (except for BCG vaccinated individuals – see note)	No titers	For those persons who received a BCG vaccine, an Interferon Gamma Release Assay (IGRA) such as T-SPOT-TB or QuantiFERON-TB must be performed annually.
COVID -19 (may be required by clinical facilities/sites)	Per CDC/FDA recommendations	No titers	Vaccination requirements may be subject to modification s recommendations and conditions evolve. Information regarding requests for exemption to COVID-19 vaccination requirements contact KYCOM Clinical Affairs.

Academics

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

COMLEX-USA Policy

For details on KYCOM's COMLEX Level 1 and Level 2CE COMLEX policy, please see the KYCOM Student Handbook.

Attestation Form

The student must upload a signed and dated copy of the Clinical Rotations Attestation Form to Viewpoint Screening stating they have completely read and understand expectations of the manual prior to entry into the third year of osteopathic medical study.

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:

1. Development of good communication and interpersonal skills
2. Demonstrate ability to identify and integrate health care resources
3. Effectively gather and present data
4. Expand basic medical knowledge

There are four components that constitute The Clinical Competency Program.

1. Nutrition Education Sessions
2. The "End of Service" (COMAT) Exam Modules
3. OPC V and OPC VI – OST 750 and 751
4. The Clinical Capstone Course

Nutritional Education Sessions

UPIKE-KYCOM has developed a nutrition curriculum designed to apply evidence-based nutrition principles in health promotion, disease prevention, and patient-centered clinical care. Students develop competency in nutritional assessment, dietary counseling, and the role of nutrition in the prevention and management of acute and chronic disease. Students learn to integrate nutrition into comprehensive patient evaluation and treatment plans consistent with the osteopathic principles of whole patient care.

Educational experiences include didactic instruction, journal club sessions, learning modules, and clinical application during clerkships. Achievement and mastery of material will be evaluated through quizzes and interaction during the live sessions. Students must attend a minimum of two live sessions each semester during years 3 and 4.

- Grading
  - The grade (Pass/Fail) will be based on successful completion of the quiz questions and verified attendance.

COMAT Exams

- See General Rotations Information section.

OST 750 & 751

- OST 750 & 751 are designated for (4) four credit hours. 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. More information can be found in the Core Rotation Syllabus found in this manual.

Clinical Capstone Course/C3DO

The Class of 2028 will likely participate in the Core Competency Capstone for DO's (C3DO) following their third year of clinical rotations.

C3DO provides an assessment of the following osteopathic clinical skills competencies to a national standard:

- history-building and physical examination
- performance of osteopathic manipulative treatment (OMT)
- clinical reasoning
- humanistic skills of communication, respectfulness, professionalism, compassion, and cultural humility

These are evaluated through participation in a multi-station, modified Objective Structured Clinical Examination (OSCE) standardized patient-based assessment. It utilizes standardized assessment tools and training protocols, osteopathic physician examiners, and a national case bank aligned with the COMLEX-USA Blueprint. C3DO is developed through a national collaboration and is delivered locally at participating colleges of osteopathic medicine.

Additional information regarding C3DO will be released by Clinical Affairs by Spring 2027.

Graduation Requirements

- Successful completion of all Year 1 and 2 requirements
- Passing COMLEX Level 1 and Level 2-CE
- Passing Capstone/C3DO Sessions
- Completion of Nutrition Education Sessions
- Passing all end-of-service examination modules in Internal Medicine, Family Medicine, Pediatrics, General Surgery, Women’s Health, Osteopathic Manipulative Medicine, Psychiatry and Emergency Medicine.
- Successful completion of OST 750 and OST 751.
- Successful Completion of all clinical rotations and submittal of all documentation
- Submittal of all clinical rotation logs

- Submittal of all Student Assessment Forms
- Documentation of required encounters
- Attendance at all class meetings
- Attendance at graduation exercises

Award of Honors

- Refer to KYCOM Student Handbook.

Preparation for Residency

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 send out a survey that should be completed before June 30th of the third year of study. You will be asked to provide the following information:

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) as this letter comes from the Dean.

2. The additional questions provide information that will be applied to the rubric to determine your recommendation as pertains to your:
    a. Academic Performance
    b. Leadership Activities
    c. Extracurricular Activities

You will be sent a survey via email to complete.

3. Your Core Rotation Grades and Comments. Please check your grades via WebAdvisor monthly to ensure your preceptors are submitting your grades on a timely basis. You will also want to encourage your preceptors to provide comments on your performance on your evaluations. 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.

You will be provided with 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.

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. 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. Complete all paperwork to become KYCOM Adjunct Faculty.
2. Review and co-sign all written materials
    a. Progress Notes
    b. History and Physical Exams
    c. Admit Notes and Discharge Summaries
    d. Treatment Orders
3. Review Student Performance
    a. Strongly encouraged to conduct a mid-rotation evaluation session to discuss the students' progress
    b. Completion and Submittal of the "KYCOM Student Assessment Form" at the completion of the rotation.
4. Attend Patient Rounds
    a. Answering case specific questions
    b. Emphasize important "learning" points
    c. Direct the student's case management activities
5. Serve as a Mentor
6. Suggest Reading

UNIVERSITY OF PIKEVILLE
KENTUCKY COLLEGE OF OSTEOPATHIC MEDICINE

Course Syllabi

Kentucky College of Osteopathic Medicine Fall 2026 Syllabus for OST 750 Osteopathic Patient Care V

Instructors

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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, case 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.

Course Goals (Expected Student Outcomes)

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, geriatric care, systems-based practice 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

Course 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, systems-based practice and palliative care
7. Understand how to review a journal article

Course Organization:

4 credit hours
Online, asynchronous

The fall term (OPC V/750) runs from 7/27/26 to 12/11/26.

All course requirements will be completed asynchronously. There are two types of assignments for the course: monthly rotation-based assignments and longitudinal assignments. The rotation-based assignments are designed to complement the required curriculum for each core rotation, as described in the rotations manual. They consist of two (2) OPP topic modules in PDF format per core rotation (five in OPC V and five in OPC VI), in addition to assigned videos, associated Aquifer cases, Online Med Ed topics, Trager institute modules, and COMAT practice questions**.** The longitudinal assignments include the article submission and review, the CV and personal statement drafts, the Careers in Medicine assignment, the OMT progress note and logs, and the Level to True Learn questions.

Due to the difference in start dates at some rotation sites, it works better if the student completes the modules for (4) rotations in the fall plus the OPP module, and five (5) modules in the spring. All materials will be presented on CANVAS. After reading about 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 course are summarized here with specifics on individual assignments later in the document.

Rotation-based Assignments	**Total**
OPP Clinical Topics with quiz	5
Assigned videos/Trager Institute modules	as assigned
Online Med Ed Topics, 4 per rotation	20
Aquifer cases, 2 per rotation	10
True Learn COMAT questions, 100 per rotation	500
Longitudinal Assignments	**Total**
Article and review submission	1
OMT patient logs submission	5
Progress Note on OMT patient	1
True Learn COMLEX Level 2 Questions	500
CV	Draft 1
Personal statement	Draft 1
Careers in Medicine	as assigned
Journal club	2

COURSE EMPHASIS ON THE OSTEOPATHIC COMPETENCIES

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

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)

The University of Pikeville and the Kentucky College of Osteopathic Medicine are committed to providing equal educational access for students with disabilities in accordance with the Americans with Disabilities Act (ADA) and applicable law. Students seeking academic accommodation should contact the UPIKE Disability Resource Center (DRC) to establish eligibility and obtain an official accommodation letter. Accommodation is implemented in coordination with the DRC and course faculty. *Please refer to the KYCOM Academic catalog for additional information.*
Healthcare providers should send documentation to:

Disability Resource Center
204 Administration Building
147 Sycamore Street
Pikeville, KY 41501
(606) 218-4484 | (606) 218-5501
Fax: (606) 218-4472
DRC@upike.edu
For assessments other than block exams and integrated quizzes, students should submit UPIKE DRC letters to the Course Director documenting approved ADA accommodations.

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 be found in the KYCOM Student Handbook.*

Remediation and Retesting 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 Academic Progress Committee (APC). The APC Committee reviews the academic records of students who earned a course grade below 70 percent and/or received a failing grade due to not submitting all required elements 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.

Course Evaluation Policy

Students are expected to provide constructive and professional feedback through completion of the end-of-course evaluation survey. These evaluations address both course content and teaching effectiveness. Feedback is also encouraged at any time during the course. Constructive, thoughtful feedback assists the Course Directors and the Curriculum Committee in supporting timely and continuous quality improvement.

Late-Work Policy

Monthly rotation-based assignments: Every student is expected to complete all assignments corresponding to their current rotation by the end of each month, with the first submission due August 31st. Failure to submit all necessary work by the assigned due date will result in the following actions:

First Offense – As a courtesy, the student will receive a warning email detailing which assignments are missing at that time. Note: Not receiving an email does not prevent the incurrence of consequences for repeated late submissions.

Any further offense will result in a referral to PC&E and a loss of one (1) point per day per module off the total course points.

If a rotation module is failed due to lack of submission of required items, remediation may include additional assignments at the discretion of the course director.

Please see the last page of the syllabus for examples of rotation and submission dates for both on-cycle and off-cycle schedules.

The above late work policy does not apply to the following longitudinal assignments and failure to submit these on time will result in loss of one (1) point per day per late assignment off the total course points. If a failing grade is assigned due to lack of submission of required items, remediation may include additional assignments at the discretion of the course director.

Article submission and review
OMT progress note
CV draft 1
Personal statement draft 1
COMLEX Level 2 questions
Careers in Medicine assignment
OMT patient logs

Off-Cycle Policy

Students that are off cycle are still required to participate in the OPC V course. Students are still expected to complete one module per month as if you were on rotations, within the deadlines of the course, with the limited exceptions as below.

Off-cycle students are **not** required to complete:

- 100 COMAT Questions per module
- The required COMLEX Level 2 questions may be replaced with COMLEX Level 1 questions if students are still preparing for Level 1
- If even 1 rotation is completed in the semester, you are required to submit OMT Logs.

Please see the last page of the syllabus for examples of rotation and submission dates for both on-cycle and off-cycle schedules.

Suggested Materials

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

GRADING

Grades are calculated from total points earned divided by total points possible for course assignments and assessments with 70 % or 94 points required to pass. Final grades in each course will be reported to the Registrar as Pass or Fail but are calculated based on 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%. ***All assignments must be completed to pass the course.***

Graded Assignments	**OST 750/ OPC V points**
Post module quizzes (15 pts each)	**75**
Article review	**20**
Progress Note on OMT patient	**40**
Total Points available	**135**
Ungraded Assignments (*all required*)	
Journal club	
Article submission	
OMT patient logs submission	
Assigned videos/ lectures	

True Learn COMAT Questions	
True Learn COMLEX Level 2 Questions	
Aquifer Cases/Online Med Ed topics	
CV Draft	
Personal statement draft	
Careers in Medicine	

***All monthly submissions are due on the last day of each month, with the first submission due August 31st. Other assignments not associated with the core rotations should be completed as early in the semester as possible to allow adequate time for grading. Monthly submissions include:**

1. Module quizzes
2. COMAT questions
3. Aquifer cases/Online Med Ed topics
4. Any associated videos and/or Trager Institute modules

Due Dates for Other Assignments:

Article submission and review	November 6
OMT progress note	November 6
CV draft 1	November 6
Personal statement draft 1	November 6
COMLEX Level 2 questions	November 20
Careers in Medicine assignment	November 20
OMT patient logs	November 20

NOTE: Failure of this course counts as a failed rotation in the number of failed rotations allowed.

Assignments, Weighting, 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 on CANVAS. 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					
A	Somatic Dysfunction (regions)	2					
	Most Likely Diagnosis	1					
	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	1					
	OMT Documented appropriately	2					
	Signature	1					
Total		10					

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

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. The course faculty do not have access to Medtrics so students must upload a screenshot demonstrating that those logs have been submitted.

Nutrition Education Sessions: The student will attend two (2) sessions per semester. Details will be provided by the Clinical Affairs office.

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

CORE ROTATION ASSIGNMENTS

Family Medicine 1

1.OPP modules:

a. Osteopathic approach to URI

b. Osteopathic approach to constipation

2. Aquifer cases (2):

a. Family Medicine 15

b. Family Medicine 25

3. Online Med Ed topics (4):

a. Inflammatory Bowel Disease (Adult FM)

b. Urinary Tract Infections (Adult FM)

c. Two FM topics of your choice

4. Trager Institute module: FlourishCare Core: A Care Coordination Model

5: Video: Relationships in Patient Care

Family Medicine 2

1. OPP modules:

a. Osteopathic approach to GERD

b. Osteopathic approach to asthma

2. Aquifer cases (2):

a. Family Medicine 04

b. Family Medicine 06

3. Online Med Ed topics (4):

a. Coronary Artery Disease (Adult FM)

b. Extremity Trauma and Fractures (Adult FM)

c. Two FM topics of your choice

4. Trager Institute module: Cultural Humility

5. Video: Domestic Violence

Internal Medicine 1

1. OPP modules:
    a. Osteopathic approach to lymphedema
    b. Osteopathic approach to COPD patient
2. Aquifer cases (2):
    a. Internal Medicine 28
    b. Internal Medicine 02
3. Online Med Ed topics (4):
    a. Chronic Obstructive Pulmonary disease (IM-Pulmonology)
    b. Rheumatoid Arthritis (IM-rheumatology)
    c. Two IM topics of your choice
4. Trager Institute module: Polypharmacy
5. Video: Opioid prescribing

Internal Medicine 2

1. OPP modules:
    a. Osteopathic approach to congestive heart failure

    b. Osteopathic approach to pneumonia

2. Aquifer cases (2):
    a. Internal Medicine 26
    b. Internal Medicine 36
3. Online Med Ed topics (4):
    a. Acute Kidney Injury and Disease (IM-Nephrology)
    b. Sirs, Sepsis, Septic shock (IM-Infectious Disease)
    c. Two IM topics of your choice
4. Trager Institute module: FlourishCare Core: Communication in Serious Illness and Collaborative Team-Based Care
5. Video: Recognizing drug dependence

Surgery

1. OPP modules:
    a. Osteopathic approach to postoperative ileus
    b. Osteopathic approach to atelectasis
2. Aquifer cases (2):
    a. Diagnostic Excellence 02
    b. Family Medicine 26
3. Online Med Ed topics (4):
    a. Breast Cancer (Surgery - general)
    b. Colon, Rectum, and Anus (Surgery - general)
    c. Two surgery topics of your choice
4. Video: Using OMT in Challenging Positions

Emergency Medicine

1. OPP modules:
    a. Osteopathic approach to myocardial infarction
    b. Osteopathic approach to BPPV
2. Aquifer cases (2):
    a. Internal Medicine 30
    b. Family Medicine 20
3. Online Med Ed topics (4):
    a. Stroke (EM-Common Emergency)
    b. Arrhythmias (EM - Common Emergency)
    c. Two EM topics of your choice
4. Video: Lower *Back Pain in the E.R.*

Pediatrics

1. OPP modules:
    a. Osteopathic approach to colic
    b. Osteopathic approach to otitis media
2. Aquifer cases (2):
    a. Pediatrics 23
    b. Pediatrics 16
3. Online Med Ed topics (4):

a. Pediatrics Well visit (Pediatrics - general)

b. Viral Exanthems (Pediatrics - general)

c. Two Peds topics of your choice

4. Video: Osteopathic Considerations in Treatment of Pediatric Asthma

Psychiatry

1. OPP modules:
    a. Osteopathic approach to tension headaches
    b. Osteopathic approach to TMJ pain
2. Aquifer cases (2):
    a. Geriatrics 07
    b. Geriatrics 08
3. Online Med Ed topics (4):
    a. Substance use disorder (psych - Sleep, Sex, Drugs)
    b. Antidepressants, Anti-anxiety, mood stabilizers (Psych - mostly mood)
    c. Two Psych topics of your choice
4. Trager Institute module: FlourishCare: Primary Care Behavioral Health Integration: The PCBH Model

5.Video: End of Life Palliative Care

Women's Health

1. OPP modules:

    a. Osteopathic approach to dysmenorrhea

    b. Osteopathic approach to back pain in pregnancy
2. Aquifer cases (2):
    a. High Value Care 11
    b. Family Medicine 12
3. Online Med Ed topics (4):
    a. Pre and Post term complications of pregnancy (OB - Labor and delivery)
    b. Spontaneous and induced abortions (OB - Early pregnancy)
    c. Two OB/Gyn topics of your choice
4. Video: Obstetrics OMM

OPP

1. OPP modules:
    a. Osteopathic Approach to Low Back Pain
    b. Osteopathic Approach to Neck Pain2
2. Aquifer cases (2):
    a. Geriatrics 11
3. Online Med Ed topics (4):
    a. Four OMM 1 Core Curriculum topics of your choice
4. Video: Sequencing: An Approach to OMT

Example Rotation and Submission Dates

On Cycle Rotations:

Dates	Rotation	Requirements					Due Dates
		Aquifer 4	2 PP	Quiz	Video	COMAT (100)	
7/27-8/21	IM I	✓	✓	✓	✓	✓	Aug 30
8/24-9/18	FM I	✓	✓	✓	✓	✓	Sept 30
9/21-10/16	Surgery	✓	✓	✓	✓	✓	Oct 30
10/19-11/13	Peds	✓	✓	✓	✓	✓	Nov 30
11/16-12-11	IM II	✓	✓	✓	✓	✓	Dec 30; ***save for OPC VI***
Concurrent	OMM	✓	✓	✓	✓	✓	Nov 30

Off-Cycle Rotation (Missed first Rotation):

Dates	Rotation	Requirements					Due Dates
		Aquifer 4	2 PP	Quiz	Video	COMAT (100)	
7/27-8/21	Missed*	✓	✓	✓	✓		Aug 30
8/24-9/18	FM I	✓	✓	✓	✓	✓	Sept 30
9/21-10/16	Surgery	✓	✓	✓	✓	✓	Oct 30
10/19-11/13	Peds	✓	✓	✓	✓	✓	Nov 30
11/16-12-11	IM II	✓	✓	✓	✓	✓	Dec 30; ***save for OPC VI***
Concurrent	OMM	✓	✓	✓	✓	✓	Nov 30

Off Cycle Rotation (Missed two rotations):

Dates	Rotation	Requirements					Due Dates
		Aquifer 4	2 PP	Quiz	Video	COMAT (100)	
7/27-8/21	Missed*	✓	✓	✓	✓		Aug 30
8/24-9/18	Missed*	✓	✓	✓	✓		Sept 30
9/21-10/16	Surgery	✓	✓	✓	✓	✓	Oct 30
10/19-11/13	Peds	✓	✓	✓	✓	✓	Nov 30

11/16-12-11	**IM II**	✓	✓	✓	✓	✓	Dec 30; ***save for OPC VI***
Concurrent	**OMM**	✓	✓	✓	✓	✓	Nov 30

*I suggest choosing a rotation you will not complete prior to May if you have a schedule for the whole year. If not, choose one that has two sections like IM or FM.

Kentucky College of Osteopathic Medicine Spring 2027
Syllabus for OST 751 Osteopathic Patient Care VI
Instructors

Course Director

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OST 751 Course Syllabus will be sent out Fall 2026

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, 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. Student must complete 14 twelve hour shifts or 20 eight hour shifts during their rotation, following their preceptor's schedule.
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.

Recommended See & Do List

- 5 Encounters: Produce an osteopathic problem-based progress note that includes diagnoses and treatment plan
- 1 Encounter: Perform foley catheter placement
- 1 Encounter: Perform ECG
- 1 Encounter: Suture a simple wound
- 1 Encounter: Assist with cardiopulmonary resuscitation (under supervision)
- 1 Encounter: Cast/Splint simple fractures (under supervision)

Suggested Topics to be Reviewed During Rotation

- **Abdominal pain**: aortic aneurysm, appendicitis, bowel obstruction, cholecystitis/cholelithiasis, diverticulitis
- **Chest pain**: Coronary syndrome, aortic dissection, pneumothorax, pulmonary embolism Mental Status Change/Weakness: CVA, hypoglycemia, infection, seizure, metabolic disorders
- **Musculoskeletal Disorders**: back pain, strains, tendinitis, fractures
- **Shortness of breath**: asthma, COPD, heart failure, pulmonary embolism, pneumonia
- **Resuscitation/Shock**: airway management, CPR, arrythmias, states of shock (anaphylaxis, cardiogenic, hypovolemic, septic)

Related Reading

- Case Files Emergency Medicine, Lange case files
- NBOME COMAT Blueprint For EM: https://www.nbome.org/exams-assessments/comat/clinical-subjects/comat-emergency-medicine/

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. Attendance at hospital conferences.

Recommended See & Do List

- 5 Encounters: Perform an appropriate osteopathic H & P
- 5 Encounters: Determine appropriate diagnostic studies to be performed
- 1 Encounter: Perform OMT when appropriate under the direction of an osteopathic attending physician
- Assist with/Perform under supervision the following procedures:
    - 1 Encounter: Joint Injection
    - 1 Encounter: IM and/or subcutaneous injection
    - 1 Encounter: Skin lesion removal
    - 2 Encounters: Annual physicals/health screenings
    - 1 Encounter: Incision and drainage
    - 1 Encounter: Pap smear

Suggested Topics to be Reviewed During Rotation General:

- **Routine exams/screenings, vaccines, preventive care**
- **Hematology/Oncology/Immune Disorders:** anemias, bleeding disorders, HIV, cancers, autoimmune disorders
- **Genitourinary/Renal/Gynecologic/Reproductive:** abnormal vaginal bleeding, menstrual disorders, contraceptive management, incontinence, menopause, STI's, UTI's.
- **Gastrointestinal:** hernias, hepatobiliary disorders, nutrition management, foreign bodies Endocrine: adrenal disease, diabetes, dyslipidemia, electrolyte disorders, thyroid/parathyroid disorders, osteoporosis
- **Musculoskeletal/Dermatology:** Somatic dysfunction, inflammatory conditions (arthritis), benign/premalignant skin lesions, hypersensitivity/allergic skin disorders, pigmentation disorders Psychiatry/Neurology: abuse/substance abuse/eating disorders, anxiety, developmental/behavioral disorders, cerebrovascular disease, dementia, demyelinating conditions, headache, neuropathies
- **Cardiovascular:** arrythmias, CAD, heart failure, hypertension, cardiomyopathies, valvular heart disease
- **Respiratory:** obstructive and restrictive lung disease, occupational disorders, pulmonary edema, pneumonia

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.
4. 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.
4. Students are required to attend hospital conferences.

Recommended See & Do List

- 5 Encounters: Perform an appropriate osteopathic H&P
- 5 Encounters: Determine appropriate diagnostic studies to be performed
- 1 Encounter: Perform OMT when appropriate under the direction of an attending osteopathic physician
- 1 Encounter: Assist with/Perform under supervision the following procedures:
- 1 Encounter: Joint Injection
- 1 Encounter: IM and/or subcutaneous injection
- 1 Encounter: Skin lesion removal
- 2 Encounters: Annual physical/health screenings
- 1 Encounter: Incision and drainage
- 1 Encounter: Pap smear

Suggested Topics to be Reviewed During Rotation General:

- **General routine exams/screenings, vaccines, preventive care**
- **Hematology/Oncology/Immune Disorders:** anemias, bleeding disorders, HIV, cancers, autoimmune disorders
- **Genitourinary/Renal/Gynecologic/Reproductive:** abnormal vaginal bleeding, menstrual disorders, contraceptive management, incontinence, menopause, STI's, UTI's.
- **Gastrointestinal:** hernias, hepatobiliary disorders, nutrition management, foreign bodies Endocrine: adrenal disease, diabetes, dyslipidemia, electrolyte disorders, thyroid/parathyroid disorders, osteoporosis
- **Musculoskeletal/Dermatology:** Somatic dysfunction, inflammatory conditions (arthritis), benign/premalignant skin lesions, hypersensitivity/allergic skin disorders, pigmentation disorders Psychiatry/Neurology: abuse/substance abuse/eating disorders, anxiety, developmental/behavioral disorders, cerebrovascular disease, dementia, demyelinating conditions, headache, neuropathies Cardiovascular: arrythmias, CAD, heart failure, hypertension, cardiomyopathies, valvular heart disease
- **Respiratory:** obstructive and restrictive lung disease, occupational disorders, pulmonary edema, pneumonia

Related Reading

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

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 interviews.
    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 after hours 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.

Recommended See & Do List

- 5 Encounters: Perform inpatient H&P
- 5 Encounters: Present patient case to attending while rounding
- 3 Encounters: Interpret EKG in collaboration with an attending
- 3 Encounters: Interpret diagnostic testing and address appropriately in collaboration with an attending
- 1 Encounter: Perform central line placement
- 1 Encounter: Perform lumbar puncture

Special Topics to be Reviewed During Rotation

- **Allergy/Chemical/Skin:** atopic diseases, anaphylaxis, drug allergy, chemical exposure Cardiovascular: ischemic heart disease, hyperlipidemia, peripheral vascular disease, valvular heart disease
- **Endocrine/Nutrition:** diabetes, thyroid/parathyroid, pituitary disorders
- **Gastrointestinal:** upper and lower gastrointestinal diseases, gastrointestinal cancers **Hematology/Oncology:** coagulation disorders, anemias, malignancies, screening and prevention Infectious Disease: HIV, bioterrorism
- **Neurology:** stroke, spinal cord and peripheral nerve disorders, central nervous system neoplasms
- **Renal/Hypertension:** fluid and electrolyte disorders, kidney disease, renal calculi
- **Respiratory:** asthma, COPD, pneumonia, respiratory failure

- **Rheumatologic/Musculoskeletal:** somatic dysfunction, osteoporosis, viscerosomatic relationships, inflammatory and non-inflammatory rheumatic diseases

Related Reading

- Gomella, Leonard and Steven Haist, Clinicians Pocket Reference, Latest Edition
- Thaler, Malcolm, The Only EKG Book You'll Ever Need, 9th ed.
- Simon, Roger P., Greenberg, David A., and Michael Aminoff, Lange Clinical Neurology
- https://www.nbome.org/exams-assessments/comat/clinical-subjects/comat-internal-medicine/

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.
6. Placement of catheters
7. Central and peripheral line placement
8. Electrocardiography
9. Spirometry
10. Sepsis work-up and procedures
11. Attend hospital conferences.
12. Completion of an “End of Service” examination (COMAT) administered by the National Board of Osteopathic Medical Examiners, during the fourth week of the rotation.

Recommended See & Do List

- 5 Encounters: Perform inpatient H&P
- 5 Encounters: Present patient case to attending while rounding
- 3 Encounters: Interpret EKG in collaboration with an attending
- 3 Encounters: Interpret diagnostic testing and address appropriately in collaboration with an attending
- 1 Encounter: Perform central line placement
- 1 Encounter: Perform lumbar puncture

Special Topics to be Reviewed During Rotation

- **Allergy/Chemical/Skin:** atopic diseases, anaphylaxis, drug allergy, chemical exposure Cardiovascular: ischemic heart disease, hyperlipidemia, peripheral vascular disease, valvular heart disease
- **Endocrine/Nutrition:** diabetes, thyroid/parathyroid, pituitary disorders
- **Gastrointestinal:** upper and lower gastrointestinal diseases, gastrointestinal cancers Hematology/Oncology: coagulation disorders, anemias, malignancies, screening and prevention Infectious Disease: HIV, bioterrorism
- **Neurology:** stroke, spinal cord and peripheral nerve disorders, central nervous system neoplasms
- **Renal/Hypertension:** fluid and electrolyte disorders, kidney disease, renal calculi
- **Respiratory:** asthma, COPD, pneumonia, respiratory failure
- **Rheumatologic/Musculoskeletal:** somatic dysfunction, osteoporosis, viscerosomatic relationships, inflammatory and non-inflammatory rheumatic diseases

Related Readings

- Longo, Fauci, Kasper, Hauser, Jameson & Loscalzo, Harrison’s Manual of Medicine, McGraw Hill, Latest Edition
- https://www.nbome.org/exams-assessments/comat/clinical-subjects/comat-internal-medicine/

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 inter-disciplinary, and subject to the operating 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. Attend hospital conferences
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.

Recommended See & Do List

- 5 Encounters: Perform inpatient H&P
- 5 Encounters: Determine appropriate diagnostic studies to be performed
- 1 Encounter: Perform OMT when appropriate under the direction of an attending physician
- 1 Encounter: Gain surgical knot tying experience
- 1 Encounter: Assist with/perform wound closure
- 3 Encounters: Gain experience with wound management

Special Topics to be Reviewed During the Rotation

- **Gastrointestinal:** organ specific pathology, esophagus, diaphragm, stomach, duodenum, small intestine, large intestine, rectum, and appendix
- **Hepatobiliary:** pancreas, biliary tract, liver, spleen
- **Hernias:** abdominal defects and hernias in adult and pediatric patients
- **Trauma:** fractures, blunt and penetrating chest injury
- **Fluids:** shock, fluid and electrolytes, surgical nutrition, coagulation and blood

Related Reading

- Lawrence, Peter F., Essentials of General Surgery and Surgical Specialties, 6th ed. Gomella, Leonard G., and Steven A. Haist, Clinician's Pocket Reference, Latest Edition
- https://www.nbome.org/exams-assessments/comat/clinical-subjects/comat-internal-medicine/

OST 706: Pediatrics

Course Description

Pediatrics is a mandatory, four-week, third year core rotation. The third-year osteopathic medical student progresses 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 (example, 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. Attend 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.

Recommended See & Do List

- 5 Encounters: Perform an appropriate patient (parent) interview
- 2 Encounters: Produce inpatient progress (SOAP) note
- 2 Encounters: Screen for and perform OMT when appropriate under DO supervision
- Gain knowledge of the following procedures:
    - 1 Encounter: Phlebotomy
    - 1 Encounter: Suture placement and removal
    - 1 Encounter: Spirometry
    - 1 Encounter: Audiometry
    - 1 Encounter: Cerumen removal

Special Topics to be Reviewed During the Rotation

- **Cardiology/Respiratory:** neonatal respiratory distress, congenital disorders, vascular disorders, infectious diseases
- **CNS Behavior/Psychiatry:** sleep and colic issues, ADHD, encopresis, eating disorders, substance use/abuse, mood and anxiety disorders, headache
- **Endocrine/Metabolism:** diabetes, nutrition, growth, thyroid disorders, menstrual disorders Gastrointestinal: obesity, failure to thrive, digestive disorders, abdominal pain, infectious diseases affecting the GI system
- **HEENT:** allergies, dental health, congenital anomalies
- **Hematology/Lymphatics:** anemia, lymphadenopathy, bleeding disorders, malignancies

- **Integument:** rashes, skin lesions
- **Musculoskeletal:** trauma, somatic dysfunction, rheumatologic diseases, viscerosomatic relationships
- **Growth and Development:** developmental milestones, puberty, Tanner staging, screening and disease prevention, immunizations
- **Renal/Urinary:** congenital abnormalities, urinary tract infections, neoplasms

Related Reading

- Behrman, Kleigman and Jenson, Nelson Textbook of Pediatrics, Latest Edition
- Marcdante, K and R. Kliegman, H. Jenson & R. Behrman, Nelson Essentials of Pediatrics, Latest Edition
- https://www.nbome.org/exams-assessments/comat/clinical-subjects/comat-pediatrics/

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, under preceptor supervision, is 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.
        i. Includes understanding of the DSM Multi-Axial Classification System
    d. To establish a working diagnosis with reference to The Diagnostic and Statistical Manual V.
        i. 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. Attend hospital conferences
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.

Recommended See & Do List

- Become familiar with the DSM Multi-Axial Classification System
- 5 Encounters: Perform a complete mental status examination
- 5 Encounters: Obtain a global assessment of functioning
- 5 Encounters: Become familiar with procedural and chemical therapies

Special Topics to be Reviewed During the Rotation

- **Common Psychiatric Conditions:** delirium, dementia, schizophrenia, substance related disorders, eating disorders, somatoform disorders, personality disorders
- **Health Promotion/Disease Prevention/Health Care Delivery:** genetic counseling, cross-cultural issues, medical ethics, physician-patient relationship, health care costs

- **History and Physical Exam:** assessment methods, interviewing, rating scales, mental status Management: psychosocial interventions, pharmacotherapy, electro convulsive therapy, treatment complications
- **Scientific Understanding of Health and Disease Mechanisms:** epidemiology, psychosocial foundations

Related Reading

- Black, Donald and Andreasen, Nancy: Introductory Textbook of Psychiatry, Latest Edition
- American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders DSM-5
- https://www.nbome.org/exams-assessments/comat/clinical-subjects/comat-psychiatry/

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
    e. 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. Attend hospital conferences
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.

Recommended See & Do List

- 5 Encounters: Perform a H&P/SOAP specific to an OB/GYN patient
- 5 Encounters: Conduct a Pap/Pelvic/Breast exam under supervision
- Assist with the following office/OR procedures:
    - 1 Encounter: Cervical biopsy
    - 1 Encounter: Endometrial biopsy
- 3 Encounters: Fetal heart tones
- 1 Encounter: Thermal Ablation
- 1 Encounter: Hysterectomy
- 3 Encounters: Vaginal Delivery
- 3 Encounters: C-Section

Special Topics to be Reviewed During the Rotation

- **Abnormal Obstetrics:** Labor, spontaneous abortion, ectopic bleeding, third-trimester bleeding General Gynecology: family planning, adolescent development, domestic violence, sexual assault, breast diseases, vaginal diseases, menstrual cycle, and premenstrual syndrome
- **Gynecologic Oncology:** cervical/uterine/ovarian disease and neoplasm
- **Normal Obstetrics:** Preconception to postpartum care, maternal-fetal physiology, nutrition and lactation
- **Reproductive Endocrinology:** menopause, uterine bleeding, infertility

Related Reading

- Beckmann, Charles et al, Obstetrics and Gynecology, Latest Edition
- https://www.nbome.org/exams-assessments/comat/clinical-subjects/comat-obgyn/

Kentucky College of Osteopathic Medicine
Syllabus for OST 899 National Board Preparation Level 2

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COURSE OVERVIEW

Course Description

The National Board Preparation Course is designed to aid students in preparing for their COMLEX Level 2 CE examination. During the course, students will follow a study plan individualized for their unique board preparation needs. The course may be reassigned for students who have not passed the COMSAE Phase 2 benchmark or COMLEX Level 2 CE, and may consist of an approved external immersion program.

Course Goals (Expected Student Outcomes)

1. Ensure students achieve a deep understanding and integration of clinical sciences, including internal medicine, surgery, pediatrics, obstetrics and gynecology, psychiatry, and other relevant specialties tested in COMLEX Level 2.

2. Equip students with effective test-taking strategies specific to COMLEX Level 2, including time management skills, practice with clinical vignettes and complex case scenarios, and familiarity with the format and structure of the examination.

Course Objectives

1. Students will be able to analyze and interpret clinical vignettes and complex case scenarios effectively, demonstrating proficiency in applying clinical knowledge and problem-solving skills to answer board-style questions accurately.

2. Students will develop effective time management skills by completing timed practice exams and exercises designed to simulate the format and pace of the COMLEX Level 2 examination.

3. By the end of the directed study program, students will demonstrate a thorough understanding of key clinical subjects by achieving a passing score on simulated COMLEX Level 2 practice exams, such as COMSAEs and other benchmark assessments.

Course Organization:

2 credit hours; equivalent to 2 weeks of supervised instruction

This National Board Preparation course is an asynchronous preparatory course for students desiring a dedicated period of enhanced coaching and study to prepare them to successfully pass the NBOME's COMLEX Level 2, which is a required licensing exam for all students graduating from colleges of osteopathic medicine. Students are required to submit a plan of study to be approved by the Associate Dean for Academic Affairs or designee. Students complete regular and frequent question bank assessments to build test-taking strategies and remediate content that will improve their readiness and likelihood of success. Students will meet with support staff from the Office of Educational Support and/or the Office of Academic Affairs to receive feedback and coaching associated with their plan of study.

COURSE EMPHASIS ON THE OSTEOPATHIC COMPETENCIES

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

The University of Pikeville and the Kentucky College of Osteopathic Medicine are committed to providing equal educational access for students with disabilities in accordance with the Americans with Disabilities Act (ADA) and applicable law. Students seeking academic accommodation should contact the UPIKE Disability Resource Center (DRC) to establish eligibility and obtain an official accommodation letter. Accommodation is implemented in coordination with the DRC and course faculty. *Please refer to the KYCOM Academic catalog for additional information.*
Healthcare providers should send documentation to:

Disability Resource Center
204 Administration Building
147 Sycamore Street
Pikeville, KY 41501
(606) 218-4484 | (606) 218-5501
Fax: (606) 218-4472
DRC@upike.edu

For assessments other than block exams and integrated quizzes, students should submit UPIKE DRC letters to the Course Director documenting approved ADA accommodations.

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.*

Attendance Policy

Attendance varies from course to course, but student participation in course activities is important and encouraged whenever possible. Excused Absences for required activities including quizzes, examinations, laboratory participation, and conferences can be obtained through the Office of Student Affairs. *Please see the KYCOM Student Handbook for details.*

Remediation and Retesting Policy

Student academic performance is reviewed upon semester completion by the Academic Progress Committee. The Academic Progress Committee reviews the academic records of students with any earned course grades below 70 percent to determine if students may remediate and approves retest opportunities. KYCOM course remediation and retesting are conducted by KYCOM Faculty for the failed course, who also determines the materials and methods for successful remediation.

Please see the KYCOM Academic Catalog for details about KYCOM academic policies regarding student progress, remediation, and retesting.

REQUIRED MATERIALS

TrueLearn COMLEX Level 2 Question Banks

Suggested Materials

GRADING

Assignments, Weighting, and Rubrics

This course is pass/fail.

1) A sample study plan is provided. Students will follow this study plan or propose modifications based on their unique study needs, with approval by the Associate Dean for Academic Affairs or designee. Failure to submit an approved study plan will result in failure of the course.
2) Regular completion of formative and benchmark assessments in the TrueLearn COMLEX question bank. Failure to complete total question goals (no fewer than 450 questions) by the end of the course will result in course failure.
3) One meeting with support staff in the Office of Educational Support and/or the Office of Academic Affairs to receive feedback and coaching associated with their plan of study. Failure to schedule and attend this meeting will result in failure of the course.

Week 1

Monday - May 6th		Tuesday-May 7th		Wednesday-May 8th		Thursday-May 9th		Friday-May 10th		Saturday-May 11th		Sunday-May 12th	
8:00 AM 8:30 AM	Review Family Medicine	8:00 AM 8:30 AM	Review Emergency Medicine	8:00 AM 8:30 AM	Review Internal Medicine	8:00 AM 8:30 AM	Review Psychiatry	8:00 AM 8:30 AM	Review OB/GYN	8:00 AM 8:30 AM	Review Surgery	8:00 AM 8:30 AM	Day Off
9:00 AM 9:30 AM		9:00 AM 9:30 AM		9:00 AM 9:30 AM		9:00 AM 9:30 AM		9:00 AM 9:30 AM		9:00 AM 9:30 AM		9:00 AM 9:30 AM	
10:00 AM 10:30 AM		10:00 AM 10:30 AM		10:00 AM 10:30 AM		10:00 AM 10:30 AM		10:00 AM 10:30 AM		10:00 AM 10:30 AM		10:00 AM 10:30 AM	
11:00 AM 11:30 AM		11:00 AM 11:30 AM		11:00 AM 11:30 AM		11:00 AM 11:30 AM		11:00 AM 11:30 AM		11:00 AM 11:30 AM		11:00 AM 11:30 AM	
12:00 PM 12:30 PM	Lunch	12:00 PM 12:30 PM	Lunch	12:00 PM 12:30 PM	Lunch	12:00 PM 12:30 PM	Lunch	12:00 PM 12:30 PM	Lunch	12:00 PM 12:30 PM	Lunch	12:00 PM 12:30 PM	
1:00 PM 1:30 PM	Family Medicine 50 TrueLearn Questions	1:00 PM 1:30 PM	Emergency Medicine 50 TrueLearn Questions	1:00 PM 1:30 PM	Internal Medicine 50 TrueLearn Questions	1:00 PM 1:30 PM	Psych 50 TrueLearn Questions	1:00 PM 1:30 PM	OB/GYN 50 TrueLearn Questions	1:00 PM 1:30 PM	Surgery 50 TrueLearn Questions	1:00 PM 1:30 PM	
2:00 PM 2:30 PM	Review Questions Make Notes	2:00 PM 2:30 PM	Review Questions Make Notes	2:00 PM 2:30 PM	Review Questions Make Notes	2:00 PM 2:30 PM	Review Questions Make Notes	2:00 PM 2:30 PM	Review Questions Make Notes	2:00 PM 2:30 PM	Review Questions Make Notes	2:00 PM 2:30 PM	
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4:00 PM 4:30 PM	Complete 44 random, timed TrueLearn questions and review	4:00 PM 4:30 PM	Complete 44 random, timed TrueLearn questions and review	4:00 PM 4:30 PM	Complete 44 random, timed TrueLearn questions and review	4:00 PM 4:30 PM	Complete 44 random, timed TrueLearn questions and review	4:00 PM 4:30 PM	Complete 44 random, timed TrueLearn questions and review	4:00 PM 4:30 PM	Complete 44 random, timed TrueLearn questions and review	4:00 PM 4:30 PM	
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6:00 PM 6:30 PM	Dinner	6:00 PM 6:30 PM	Dinner	6:00 PM 6:30 PM	Dinner	6:00 PM 6:30 PM	Dinner	6:00 PM 6:30 PM	Dinner	6:00 PM 6:30 PM	Dinner	6:00 PM 6:30 PM	
7:00 PM 7:30 PM	Review OMT - Savarese-Trulearn- COMAT- or other of your choice	7:00 PM 7:30 PM	Review OMT - Savarese-Trulearn- COMAT- or other of your choice	7:00 PM 7:30 PM	Review OMT - Savarese-Trulearn- COMAT- or other of your choice	7:00 PM 7:30 PM	Review OMT - Savarese-Trulearn- COMAT- or other of your choice	7:00 PM 7:30 PM	Review OMT - Savarese-Trulearn- COMAT- or other of your choice	7:00 PM 7:30 PM	Review OMT - Savarese-Trulearn- COMAT- or other of your choice	7:00 PM 7:30 PM	

Week 2

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
8:00 AM 8:30 AM	Review Neurology	8:00 AM 8:30 AM	Review OPP	8:00 AM 8:30 AM	Review Pediatrics	8:00 AM 8:30 AM	Select weak areas from benchmark assessments to review	8:00 AM 8:30 AM	Select weak areas from benchmark assessments to review	8:00 AM 8:30 AM	Random, timed 4 sets of 44 Questions	8:00 AM 8:30 AM	Day Off
9:00 AM 9:30 AM		9:00 AM 9:30 AM		9:00 AM 9:30 AM		9:00 AM 9:30 AM		9:00 AM 9:30 AM		9:00 AM 9:30 AM		9:00 AM 9:30 AM	
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11:00 AM 11:30 AM		11:00 AM 11:30 AM		11:00 AM 11:30 AM		11:00 AM 11:30 AM		11:00 AM 11:30 AM		11:00 AM 11:30 AM		11:00 AM 11:30 AM	
12:00 PM 12:30 PM	Lunch	12:00 PM 12:30 PM	Lunch	12:00 PM 12:30 PM	Lunch	12:00 PM 12:30 PM	Lunch	12:00 PM 12:30 PM	Lunch	12:00 PM 12:30 PM	Lunch	12:00 PM 12:30 PM	
1:00 PM 1:30 PM	Neurology 50 TrueLearn Questions	1:00 PM 1:30 PM	OPP 50 TrueLearn Questions	1:00 PM 1:30 PM	Pediatrics TrueLearn Questions	1:00 PM 1:30 PM	Weak Area TrueLearn Questions	1:00 PM 1:30 PM	Weak Area TrueLearn Questions	1:00 PM 1:30 PM	Review Questions and make notes	1:00 PM 1:30 PM	
2:00 PM 2:30 PM	Review Questions Make Notes	2:00 PM 2:30 PM	Review Questions Make Notes	2:00 PM 2:30 PM	Review Questions Make Notes	2:00 PM 2:30 PM	Review Questions Make Notes	2:00 PM 2:30 PM	Review Questions Make Notes	2:00 PM 2:30 PM		2:00 PM 2:30 PM	
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4:00 PM 4:30 PM	Complete 44 random, timed TrueLearn questions and review	4:00 PM 4:30 PM	Complete 44 random, timed TrueLearn questions and review	4:00 PM 4:30 PM	Complete 44 random, timed TrueLearn questions and review	4:00 PM 4:30 PM	Complete 44 random, timed TrueLearn questions and review	4:00 PM 4:30 PM	Complete 44 random, timed TrueLearn questions and review	4:00 PM 4:30 PM		4:00 PM 4:30 PM	
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OST 800: Clinical Osteopathic Medicine

Course Description

Clinical Osteopathic Medicine is a mandatory Selective rotation. This rotation is intended to give students 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 Counterstain 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.

Mandatory See & Do List

- 15 Mandatory Encounters: Performance of a physical exam that includes an osteopathic structural examination
- 15 Mandatory Encounters: Perform OMT under supervision

Special Topics to be Reviewed During the Rotation

- **Osteopathic Concept and Philosophy:** osteopathic tenets, musculoskeletal structure and function, nerve structure, lymphatic drainage
- **Osteopathic diagnosis:** observation, palpation, range of motion testing
- **Osteopathic treatment methods:** counterstrain, muscle energy, myofascial release, HVLA, soft tissue, lymphatic drainage, cranial, articulatory, balanced ligamentous tension, facilitated positional release, Still technique, visceral technique, chapman, reflexes, trigger points

Related Reading

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

Medicine Selective Guidelines

Course Description

The medical selective is a four-week clinical rotation that may be served by subspecialists from the general fields of family medicine, internal medicine, or pediatrics. An 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:

- Allergy & Immunology
- Cardiology
- Dermatology
- Endocrinology
- Gastroenterology
- Hematology/Oncology
- Infectious Diseases
- Intensive Care
- Nephrology
- Neurology
- Psychology
- PM&R
- Pulmonary Medicine
- Radiology

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:

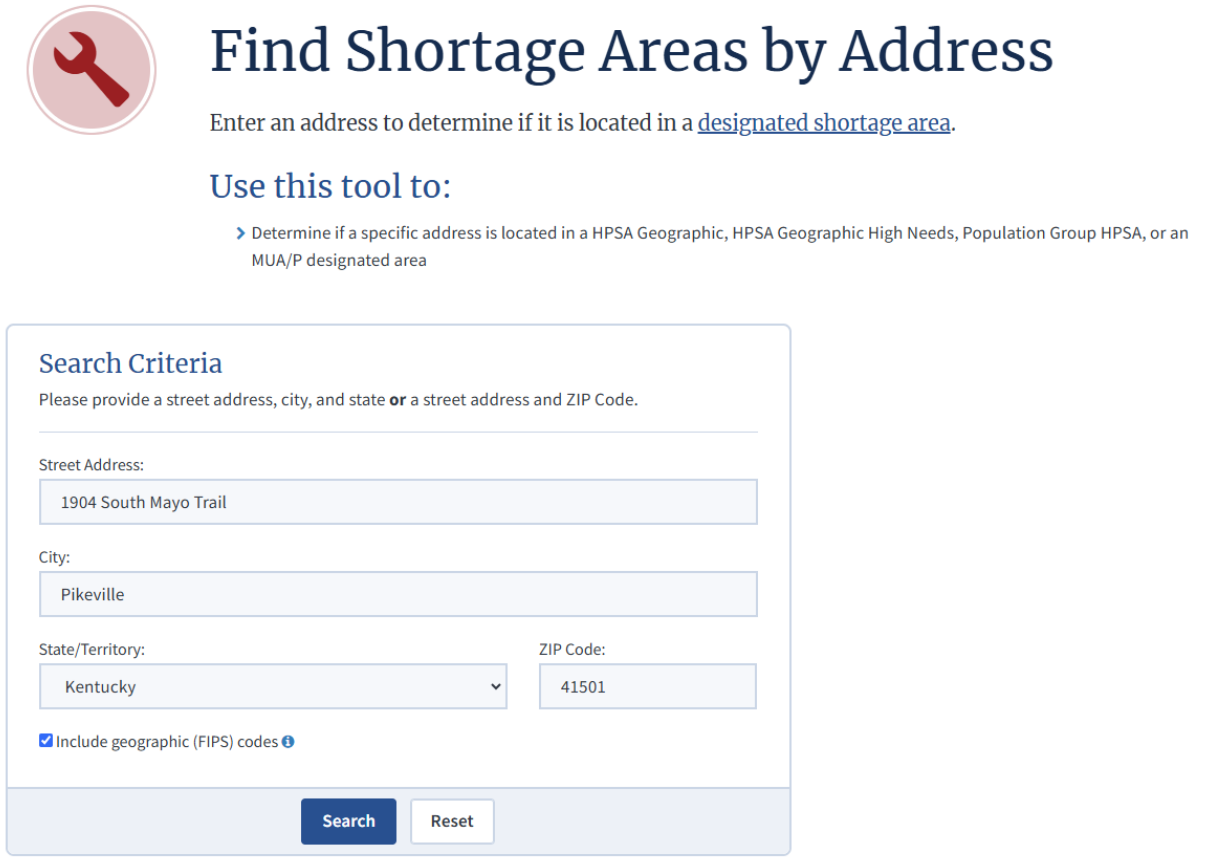
1. Performance of histories and physicals
2. Completion of rounds on all in-patients, including:
    a. Production of a progress SOAP note in each assigned patient chart.
    b. Investigation of all diagnostic studies ordered for the patient.
    c. Production of any case summaries and/or discharge summaries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

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 must be served in an office-based primary care setting **(outpatient 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.

To determine if a location serves as a rural site, enter the physical address into the fields in this link: https://data.hrsa.gov/tools/shortage-area/by-address.



If the result shows YES to Primary Care HPSA OR MUA/P, the site and rotation would count toward the rural medicine requirement.

Address
1904 South Mayo Trail, Pikeville, KY, 41501

Standardized address
1904 S Mayo Trl, Pikeville, Kentucky, 41501

[+] More about this address

In a Dental Health HPSA: ✔ Yes
HPSA Name: LI - Pike County
ID: 6214594692
Designation Type: HPSA Population
Status: Designated
HPSA Score: 19
Designation Date: 12/10/2021
Last Update Date: 12/10/2021

In a Mental Health HPSA: ✔ Yes
HPSA Name: Pike County
ID: 7216767910
Designation Type: Geographic HPSA
Status: Designated
HPSA Score: 18
Designation Date: 02/11/2025
Last Update Date: 02/11/2025

In a Primary Care HPSA: ✔ Yes
HPSA Name: LI - Pike County
ID: 1219739687
Designation Type: HPSA Population
Status: Designated
HPSA Score: 21
PC MCTA Score: 19
Designation Date: 08/06/2021
Last Update Date: 11/27/2023

In a MUA/P: ✔ Yes
Service Area Name: PIKE SERVICE AREA
ID: 01287
Designation Type: Medically Underserved Area
Designation Date: 11/01/1978
Last Update Date: 11/01/1978

Start Over | Print

HPSA Data as of 02/26/2025
MUA Data as of 02/26/2025

Note: The address you entered is geocoded and then compared against the HPSA and MUA/P data in data.HRSA.gov. Due to geoprocessing limitations, the designation cannot be guaranteed to be 100% accurate and does not constitute an official determination. Please consult your program of interest to determine if a HPSA in "Proposed For Withdrawal" status will provide eligibility.

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

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 selectives may include:

- Anesthesiology
- Cardiothoracic
- Colorectal
- Dermatology (Only if performed in operating room setting, not outpatient office setting)
- Gastrointestinal
- Interventional Radiology
- Neurosurgery
- Ophthalmology
- Orthopedics
- Otolaryngology/ENT
- Plastics/Reconstructive
- Thoracic
- Trauma
- Urology
- Vascular
- OBGYN/Women's Health

Prerequisite: General Surgery

Course Objectives

1. To provide a framework for the care of a surgical patient, which includes:
    a. Principles of Nutrition
    b. Use of Osteopathic Manipulative Treatment
    c. Principles of hydration
    d. Infectious disease considerations
    e. Thrombosis prevention
    f. Airway management
    g. Physical activity guidelines
    h. Applications of evidence based surgical care criteria

        i. Utilization of diagnostic imaging and the laboratory
2. To experience the pathophysiology relevant to affected organ systems, and the efficacy of surgical care.
3. To provide knowledge and experience with the performance of bedside procedures, which 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 which 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.

OST 897: Research

Prerequisites: All Core Rotations

Course Description

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.

The student must complete the Research Elective Form found in the back of this manual and submit this to the Associate Dean for Clinical Affairs 30 days before the start of the research rotation and obtain approval for the rotation. Also 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 including a statement asserting that the amount of time spent in the lab/etc. on your research project will be greater than or equal to 40 hours per week.

The research rotation length must be a minimum of 2 weeks. Each student can complete up to eight weeks of research during their clinical years.

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.

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.*

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
    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.

UNIVERSITY OF PIKEVILLE
KENTUCKY COLLEGE OF OSTEOPATHIC MEDICINE

Request & Evaluation Forms

UNIVERSITY OF PIKEVILLE
Kentucky College of Osteopathic Medicine

Conference Attendance Request

Student's Name_____ **Class of 2028**

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:_____

Please send to Dr. Maleshea Hopkins - malesheahopkins@upike.edu

KYCOM Class of 2028

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

_____ **□ D.O. □ M.D.** _____
Preceptor's Signature Check One Date

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

1.	**Professionalism (Demeanor, Appearance, Reliability)**												
	50	**55**	**60**	**65**		**70**	**75**	**80**	**85**	**90**	**95**	**100**	**NA**
	Major Concerns		Poor		◄	Fair.		Average.		Above average to Exemplary.			

2.	**Interpersonal Relationships - Health Care Team/Patients**												
	50	**55**	**60**	**65**		**70**	**75**	**80**	**85**	**90**	**95**	**100**	**NA**
	Distant, strained, dysfunctional cool or awkward.				◄	Forms constructive relationships.		Constructive & professional.		High quality, accepted as team member.			

3.	**Basic Medical Knowledge**												
	50	**55**	**60**	**65**		**70**	**75**	**80**	**85**	**90**	**95**	**100**	**NA**
	Major deficiencies in important areas.				**F**	Generally fair for student level.		Excellent depth in important areas.		Outstanding			

4.	**Performance of History & Physical Examinations**												
	50	**55**	**60**	**65**		**70**	**75**	**80**	**85**	**90**	**95**	**100**	**NA**
	Often misses major, important findings & relevant data.				**A**	Usually elicits most relevant data & identifies findings accurately.		Almost always elicits all relevant data & identifies findings accurately.		Elicits data efficiently & in great depth; often discovers subtle physical findings.			

5.	**Diagnostic Test Selection & Interpretation**												
	50	**55**	**60**	**65**		**70**	**75**	**80**	**85**	**90**	**95**	**100**	**NA**
	Frequently suggests or interprets diagnostic tests inappropriately.				**I**	Usually suggests & interprets diagnostic tests appropriately.		Almost always suggests & interprets diagnostic tests appropriately.		Always reveals exceptional insights.			

6.	**Treatment**												
	50	**55**	**60**	**65**		**70**	**75**	**80**	**85**	**90**	**95**	**100**	**NA**
	Demonstrates major misunderstandings about treatment plans.				**L**	Usually suggests appropriate treatment plans.		Almost always suggests appropriate treatment plans.		Exhibits exceptional insights in treatment plans.			

7.	**Charting**												
	50	**55**	**60**	**65**		**70**	**75**	**80**	**85**	**90**	**95**	**100**	**NA**
	Notes are often formatted improperly, illegible, inaccurate, or lists are not updated.				**I**	Notes are usually formatted properly, legible & accurate, lists are updated.		Notes are almost always well organized, concise & demonstrate good synthesis.		Notes are always well organized, concise, and demonstrate excellent synthesis.			

8.	**Clinical Reasoning**												
	50	**55**	**60**	**65**		**70**	**75**	**80**	**85**	**90**	**95**	**100**	**NA**
	Frequently illogical or impractical.				**N**	Usually practical & logical.		Almost always practical & logical.		Frequent astute insights.			

9.	**Progression Through Rotation**												
	50	**55**	**60**	**65**		**70**	**75**	**80**	**85**	**90**	**95**	**100**	**NA**
	Minimal or inconsistent effort or gain.				**G**	Showed good, consistent effort or gain.		Showed strong effort or gain.		Made extraordinary effort or gain.			

10.	**Osteopathic Manipulative Medicine Skills**												
	50	**55**	**60**	**65**		**70**	**75**	**80**	**85**	**90**	**95**	**100**	**NA**
	Fails to perform structural exam. Unsatisfactory OMT skills.				◄	Occasionally performs structural exam. Acceptable OMT skills.		Routinely performs structural exam. Above average OMT skills.		Always performs structural exam. Excellent OMT skills.			

Revised 6/2024

UNIVERSITY OF PIKEVILLE

Kentucky College of Osteopathic Medicine

OST 897: Research Request Form

Student name_____**Class of 2028**

Student email _____

Research title _____

Preceptor name _____

Preceptor email _____

Research Begin Date_____End Date _____

Location _____

Student's Signature_____

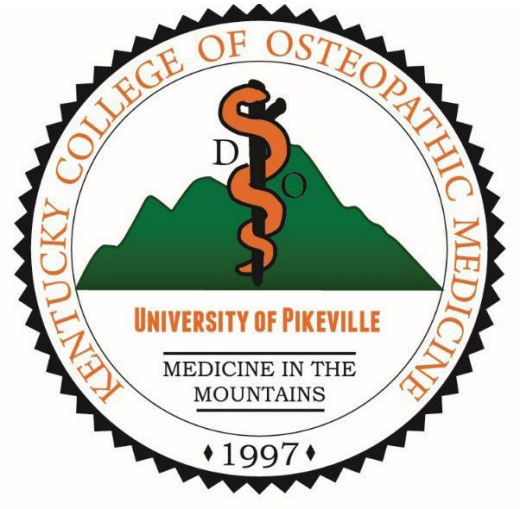
Preceptor's Signature _____

KYCOM Approval _____

Associate Dean for Clinical Affairs

Date:_____

Please send to Dr. Maleshea Hopkins - malesheahopkins@upike.edu



READ RECEIPT

I attest that I have read the KYCOM Clinical Rotations Manual released for use by the Class of 2028. I further acknowledge that I accept all the rules and regulations within the text and am bound to follow them as written. I understand that the submission of this attestation form is a requisite to begin the clinical rotation experience.

Signature **Date**

Printed Name