

Lake Erie College of Osteopathic Medicine



Clinical Clerkship Manual

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1. INTRODUCTION

1.1. Philosophy, Goals and Objectives of Clinical Training

The philosophic framework of clinical education and training at LECOM is that of preparing students to become osteopathic physicians possessing the highest competencies in the profession. The program will educate students to become competent physicians who clearly recognize their roles as providers of comprehensive healthcare to the individual, to the family as a unit, and to communities. Osteopathic physicians must be able to function in the role of leader of the healthcare team to bring about needed change from the level of the individual to the level of the community. The ultimate intent of the program is to prepare physicians who will impact positively on the equality of healthcare and healthcare delivery systems and will improve access for individuals and their families.

In today's healthcare world, physicians are integral to the efficient functioning of the healthcare system. Students' attitudes and learning will be directed toward understanding the role of the primary medical manager, while recognizing the need for consultation with other medical specialists when appropriate.

We believe the physician must assume a leadership role not only in the medical community but also in the broader community in which he/she serves. Community leadership is an integral part of improving the healthcare of the community as a whole; thus, physicians must be motivated toward the prevention of illness and the upgrading of the delivery of healthcare services at extended levels.

Goals

In pursuit of its goal of excellence, the LECOM clinical curriculum is a challenging blend of the traditional and innovative, designed to:

- Foster the analytic and problem-solving skills requisite for physicians involved in disease prevention, diagnosis, and treatment in individual patients, in families, in communities, and in populations at large.
- Ensure the acquisition of basic clinical knowledge and essential clinical skills.
- Develop an understanding of contemporary healthcare delivery issues.
- Cultivate effective physician-patient relationships based upon integrity, respect, and compassion.
- Develop high ethical standards.
- Promote a lifelong commitment to learning.

Objectives

As a result of the two years of clinical training, students will see the primary care physician as being able to:

- Demonstrate clinical excellence, using current biomedical knowledge in identifying and managing the medical problems presented by his/her patients.
- Provide continuing and comprehensive care to individuals and families.
- Demonstrate the ability to integrate the behavioral/emotional/ social/environmental factors of families in promoting health and managing disease.

- Recognize the importance of maintaining and developing the knowledge, skills, and attitudes required for the best in modern medical practice in a rapidly-changing world and pursue a regular and systematic program of lifelong learning.
- Recognize the need and demonstrate the ability to use consultation with other medical specialists while maintaining continuity of care.
- Share tasks and responsibilities with other health professionals.
- Be aware of the findings of relevant research, understand and critically evaluate this body of research, and apply the results of the research to medical practice.
- Manage his/her practice in a business-like, cost-efficient manner that will provide professional satisfaction and time for a rewarding personal life.
- Serve as an advocate for the patient within the healthcare system.
- Assess the quality of care that he/she provides and actively pursue measures to correct any identified deficiencies.
- Recognize community resources as an integral part of the healthcare system; participate in improving the health of the community.
- Inform and counsel patients concerning their health problems, recognizing and valuing differences in patient and physician backgrounds, beliefs, and expectations.
- Develop mutually satisfying physician-patient relationships to promote comprehensive problem-identification and problem-solving.
- Use current medical knowledge to identify, evaluate, and minimize risks for patient and family.
- Balance potential benefits, costs, and resources in determining appropriate interventions.

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2. CLINICAL ROTATIONS

2.1. Definitions

2.1.1. Rotation

The term rotation, or clerkship, is a period of clinical exposure and education working under the supervision of a teaching physician who is often referred to as the preceptor. Clerkship experience may be in a hospital, outpatient/ office based, or hybrid setting. The clerkship period is for four weeks in length and based on an 8 hour work day 5 days per week—weekends and call are at the discretion of the preceptor/Regional Dean/Director of Medical Education. The daily schedule is set by the preceptor/Director of Medical Education (DME)/Regional Dean at the host site.

2.1.2. Core Rotations

Core rotations are those rotations that are required for students to develop a solid foundation in osteopathic medicine and surgery. Core rotations are found in both the third year and the fourth year curriculums. These core rotations must be completed at core affiliate hospitals and are found on the student's schedule via the LECOM portal.

2.1.3. Core Hospital

A core affiliated hospital is defined as a hospital that has formally agreed to accept all LECOM students on a regular basis for certain core, selective and possible elective rotations.

2.1.4. Selective Rotation

Fourth year selective must be scheduled at core affiliated hospitals. The student must serve his/her rotation in the course requirement listed on his/her schedule, which will be given to students in year three, but he/she may select the site of the rotation from the list of affiliated hospitals. Selective rotations must be done at core-affiliated sites. The student will arrange for the selective rotation as he/she would for an elective.

2.1.5. Vacation Rotation

Rotations may be done during the student's vacation time slot. These rotations are not for credit and may not be converted for credit. They are an opportunity for the student to be seen at a training site, make contacts, and network, while developing clinical skills and a broader medical knowledge base. Students may receive letters of reference from attending physicians during this rotation to be used for residency application.

2.1.6. Elective Rotation

These rotations can be served at any location and in any clinical subject matter and under the direction of a DO or MD who is willing and able to take students. These rotations are subject to the approval of the Associate Dean/Assistant Dean of Clinical Education. Research electives are permissible but must be pre-approved by the Associate Dean/Assistant Dean of Clinical Education upon written request by the student. Students must arrange their own electives, which MUST be in four-week blocks at one site only. Electives may NOT be back to back in sequence.

2.2. Requirements for Clinical Rotations

2.2.1. COMLEX 1

Students must schedule a test date before August 1st (other dates by direction of the appropriate Dean) to begin rotations, and must also obtain a passing grade on the COMLEX 1 exam to be permitted to continue rotations.

2.2.2. Immunizations

Flu Immunization: Students are required to have a flu shot each clinical year. Documentation of such immunization is to be submitted to the Clinical Education office and a copy to be retained by the student.

TB Test: Students must submit a yearly TB test. This test may be either a PPD Mantoux or a QuantiFERON Gold Standard Test. These tests are valid for one year. Students should always keep a copy of the results for their own records.

Positive TB test: History of a positive TB test requires the student to submit proof of evaluation by an appropriate authority—Health Department, Infectious Disease Specialist—along with a negative chest x-ray and TB Screening form. The individual will need to submit yearly screening forms during the clinical years.

2.2.3. Background checks

Students are required to submit a new set of three background checks for each clinical year. Information for obtaining these background checks are sent at the beginning of each clinical year to aid in timely attainment of the documentation prior to the start of rotations.

Background checks required for all students:

- Completion and submission of the LECOM Information Release for Background Checks Waiver
- Criminal Background Check (Act 34) – PA Access through Criminal History (PATCH)
- Child Abuse Clearance (Act 151/aka 33)
- FBI Criminal Background Check w/fingerprints (Act 73)

Students must also complete the required PA Child Abuse Training and submit a copy of that certificate during their 1st year of matriculation at LECOM.

Original documents are to be submitted to the clinical education office. Students will not be permitted on rotation if their background checks have lapsed, or are incomplete.

Please be advised that any charges related to maintaining compliance with LECOM requirements and policy such as required immunizations, drug screens, and background checks are the sole responsibility of the student.

2.2.4. Insurance Requirements

LECOM will assume NO FINANCIAL RESPONSIBILITY for injuries (e.g., accidental needle sticks, burns, laceration, etc.) or medical/surgical problems incurred either on or off clinical rotation.

Enrollment in the LECOM Student Health Plan is mandatory for all LECOM students. All students are required to purchase this plan, with the following exceptions:

- Students covered as a dependent by a parental health insurance plan.
- Students covered as a dependent by a spouse's employer health insurance plan.

Waiver consideration may be granted on a case-by-case basis for students in the military who are enrolled in TRICARE, and students with dependent children who are covered by Medicaid. Students approved for a Medicaid waiver are subject to a geographic restriction during rotations. All rotations must be maintained within the state from which the Medicaid is issued.

Students who have been granted a waiver for any reason must update the waiver information on the LECOM Portal twice a year, May 1 and December 1.

NOTE: Beginning with the College of Medicine Class of 2021, all students within the College of Medicine must enroll in the LECOM Student Health Plan during rotations. Waivers are not accepted.

3. SCHEDULING ROTATIONS

3.1. Selection Process

- (Mid Aug-Oct) The MS2 Class President gives a presentation to the second year students explaining process.
- (August) the student will decide if he/she would like Area or Sequence and what group #s he/she would prefer.
Area means the student has a preference of Year-Long availability in a specific area throughout all of 3rd and 4th year. Sequence mean the student wants the vacation month in a specific month and rotations in a specific order.
- (Early September) The class is split into respective groups.
- (Mid-September) Individual groups meet and share their selections.
Group leaders record their individual group selections and submit to the Class President and First Vice President.
- (First of October) The class president turns in a master selection.
- (October) Clinical Education registers all Core rotations.

3.2. Rotation Schedule Changes

Once the student's schedule is finalized there will be no other changes allowed except for extenuating medical, financial, or personal hardships, which will be reviewed and are at the discretion and approval of the Associate Dean/Assistant Dean of Clinical Education.

3.3. 1 for 1 Rotation Changes

Students may switch an assigned rotation with another student on an assigned rotation of the same type, given in the same time frame. The Associate Dean/Assistant Dean of Clinical Education must approve this change.

No other changes are allowed, except for extenuating medical, financial, or personal hardships, which will be reviewed and are at the discretion and approval of the Associate Dean/Assistant Dean of Clinical Education.

Students are not permitted to rearrange their normal working schedule to allow for time off during any rotation. ANY DEVIATION FROM A FULL 40 HOUR PER WEEK/ FOUR-WEEK ROTATION TIME SLOT MUST BE CLEARED with the Associate Dean/Assistant Dean of Clinical Education.

3.4. Two Week Rotations

Two week rotations are not authorized unless used during a non- credit vacation rotation.

3.5. Special Applications for Rotations

Any forms required by the rotation site, in addition to LECOM's issued data must be completed in full by the student prior to submission to the Clinical Coordinator/ CE Office.

3.6. Registration of Rotations

Core rotations - Core rotations are scheduled by the office of Clinical Education.

Non-Core Portal Registrations Elective/Selective - All Elective/Selective Non-Core Portal Registrations must be submitted to the Office of Clinical Education no later than EIGHT weeks prior to the beginning of the rotation timeslot.

Students should receive approval from the appropriate department chairman, DME/Regional Dean, and/or physician's office before submitting a Non-Core Portal Registration for approval by the Associate Dean/Assistant Dean of Clinical Education.

Once a selective is scheduled with a core affiliate hospital, the student **WILL NOT BE ALLOWED TO CHANGE.**

Lateness – It is extremely important that students register their elective/selective rotations on time. Failure to submit the appropriate forms within the time frame allotted may result in the student's rotation being chosen by the Associate Dean/Assistant Dean of Clinical Education.

No rotation may be started without the approval of the Clinical Education Office (See unauthorized rotations).

Unauthorized Rotations - No grade will be given for any rotation completed by the student without authorization of the Clinical Education Office. Students violating this policy will be subject to review by the Student Promotion and Graduation Committee and may result in a failure or incomplete grade.

3.7. Cancellation of a Rotation

Core Rotation -Only the Office of Clinical Education may cancel core rotations. This is done through the Asst. /Assoc. Dean's office with appropriate approvals.

Elective/Selective Rotation - If a student must cancel an elective/selective, he/she must first notify the Office of Clinical Education no later than 8 weeks prior to the start of that rotation timeslot.

Cancellations will not be accepted after that 8 week mark. This policy is necessary because many hospitals around the country reserve elective slots for students and may turn away students from other schools only to find out, usually upon short notice, that the student who signed up for the rotation is not coming and a desirable rotation slot is wasted. This is unfair to the hospital and more importantly, it is unfair to fellow students

4. PROFESSIONALISM

4.1. Professional Demeanor

Students on rotation are required to conduct themselves in a professional, respectful, and reserved manner. Any breach of appropriate behavior as determined by the attending preceptor, the host DME/Regional Dean, or the appropriate clinical dean will result in the student being pulled from rotations and referred to the Student Promotion and Graduation Committee.

4.2. LECOM Honor Code

Students on rotation are subject to compliance with all aspects of the LECOM Honor Code as well as non-honor code guidelines and regulations as outlined in the College of Medicine Academic Catalog and Student Handbook. Any violations will be adjudicated in accordance with disciplinary procedures outlined in that document.

4.3. Dress Code

Students will wear clean, white clinic jackets with nametag, and otherwise dress in compliance with the LECOM Dress Code (Academic Catalog and Student Handbook, Sec. 4.3.2). Some core affiliated hospitals will have more specific dress codes and will publish these requirements: Rotation sites will provide specific guidelines for which the student must comply.

On services where scrub suits are indicated, they may be provided by the hospital. Scrubs are only to be worn on the units requiring their wear—they are not considered dress code outside of these areas. If a facility provides scrubs, they are property of the hospital and are to be returned to the appropriate department after use.

Approved identification will be worn as dictated by each hospital. Students are required to carry their LECOM ID badges at all times. If you have lost your LECOM ID badge, you must contact the Director of Security at LECOM to obtain a new ID badge.

4.4. Cultural Competency

Many training sites have a diverse patient population. There is an expectation that all individuals will be treated with respect and every effort to utilize cultural competency in every clinical encounter. Diverse patient populations may consist of individuals who are not fluent or able to communicate in English, as well as individuals who are deaf. Every health care provider should take any measure possible to effectively communicate with the population of patients that they serve. The student is to recognize that many hospitals and clinical settings have staff, nurses, residents and attending physicians who can communicate with Non-English speaking patients, as well as individuals who are deaf. It is the responsibility of the student to reach out and utilize the local resources to aid in communication with non-English speaking and deaf patients

4.5. Ethical Standards

Ethical standards outlined by the Code of Ethics of the American Osteopathic Association shall apply. That code can be found in the LECOM Academic Catalog and Student Handbook, Appendix I.

5. ROTATION GUIDELINES

5.1. Program General Information

The Clinical Clerkship Program is dedicated to the education of osteopathic medical students.

The Clinical Clerkship Program is designed to provide the student with an education in the general areas of medicine, surgery, pediatrics, obstetrics/gynecology, psychiatry, family medicine, and emergency medicine.

The Clinical Clerkship Program is under the direct supervision of the Lake Erie College of Osteopathic Medicine. LECOM has made affiliations with a wide range of hospitals, clinics, and physicians offering diverse training opportunities. The program has been organized to permit the greatest degree of educational exposure in a practical, clinical environment and to develop expertise in the area of patient diagnosis and management.

The rotations provided at each core affiliated site, and the number of students assigned to each core affiliated site from LECOM, are determined by mutual agreement with the Hospital Administrator, Director of Medical Education (D.M.E.), Regional Dean, Clinical Faculty, and the LECOM Office of Clinical Education. Information for core affiliated sites can be found in LECOM's portal and on the LECOM website.

Flexibility is provided by eight weeks of elective time in their third year, and up to 16 weeks of elective time in their fourth year, to give the student ample opportunity to pursue his/her special interests.

5.1.1. Structure

Students will participate in a well-structured, systematic training experience in each particular service. Students will be assigned to a patient care team comprised of residents, interns and attending physicians,. This structure will provide all participants with clearly delineated responsibilities for meeting educational objectives.

5.1.2. Teaching Techniques and Evaluation Methodology

The specific objectives are clearly defined for Core rotations and are available on the portal for third and fourth year students.. The following criteria: student evaluation, procedure logs, and a site evaluation, must be submitted for the student to receive credit for the rotation. Refer to the evaluations section in Chapter Seven of this handbook.

The student will attend educational lectures and seminars offered at the hospital. This may be a mandatory requirement for some hospital sites. Please check with the Office of Medical Education at your site.

The student will be provided feedback by each of the responsible individuals in the teaching service through periodic oral evaluation and by observations of skill performance. The physician on the teaching service will complete specific evaluation forms provided by LECOM for evaluation of student performance. The Clinical Web-Based Curriculum Quiz is a mandatory evaluation component of all core rotations. In addition, the student will be evaluated on third

year core rotations by testing at the end of the rotation. These end of rotation examinations must be passed before moving into the fourth year. Starting with the class of 2019, core rotations in the fourth year will have end of rotation examinations.

5.1.3. Educational Programs and Facilities of the Hospital at Large

The hospital should provide a weekly or monthly list of all educational programs and resources (i.e. lectures, conferences, videos etc.) available at the hospital in order to provide opportunities for students to be involved in these educational experiences.

5.1.4. Patient Care

Students will comply with all requirements related to patient care as established by the host institution.

5.1.5. Administrative Functions

- The hospital will specifically define the degree of student involvement in its own institution.
- Standards for medical students should be consistent regardless of their school of origin. Clerkship programs clearly define whether or not meals, laundry facilities, uniforms, and living quarters are provided.
- LECOM and each participating hospital will identify the personnel involved in teaching programs, including administrative personnel.
- Clerkship coordination will be through the Office of the Associate Dean/Assistant Dean of Clinical Education of LECOM.
- Delivery of clerkship content, structure, and evaluation will be the responsibility of the appropriate departments of the hospital and approved by LECOM.
- Any difficulties in the program should be immediately communicated to the Office of the Associate Dean/Assistant Dean of Clinical Education of LECOM.
- On-site inspections by the Associate Dean/Assistant Dean of Clinical Education or his appointee will be done periodically.

5.2. General Clerkship Objectives

The following general objectives are expectations of competencies for each and all clinical rotations. They are designed to help the student develop the basic skills of medical problem solving, case management, procedural expertise, and professional demeanor. Some focus on data acquisition (medical history, physical examination, laboratory data, or literature review), while others deal purely with psychomotor skills or attitudes and feelings. The student is encouraged to review these objectives carefully as their progress and evaluation on each rotation will, in large, be measured, based on the criteria within these objectives.

As a result of each clinical rotation, the student should become better able to obtain an adequate, logical, and sequential medical history.

The student will include in the history of present illness (HPI) those pertinent positive and negative features, which clearly demonstrate their thorough understanding of the patient's

problem(s). All drugs, treatments, and important previous milestones concerning that illness will be clearly noted. Students should refer to History and Physical Course for complete SOAP notes.

Past history will contain:

- An introduction of the patient.
- Complete history of all medical conditions and illnesses, including timeframes and possible hospitalizations.
- Complete present medication use, including doses and lengths of time on the drug, prior drug experience, when applicable, supplements, and over-the-counter medications.
- All previous surgeries, including approximate dates and sequelae.
- All previous injuries and any sequelae.
- Immunizations, being up-to-date or not.
- Quantitative estimate of alcohol, tobacco, or illicit drug use.
- All untoward drug reactions (allergic or toxic). This should include anesthetic agents and specific reaction. If none, it should be clearly noted.
- All other allergies, environmental and food.

Family history will include all age associated diseases (positive and negative) with a familial tendency, or which may have a bearing on the HPI. It will also include a list of ages and health status of all first-degree relatives.

Review of systems will contain some notation for each body system pertaining to the HPI and will be detailed and complete. System histories are mandatory for symptoms uncovered during the review of systems.

Perform and record an adequate physical examination, which includes:

- Accurate and complete vital signs.
- A thoughtful description of the patient's general appearance and behavior.
- A thorough and complete description of physical findings pertinent to the HPI recording.
- Careful attention to findings suggested by the past medical history or review of systems.

The remainder of the physical examination must be sufficiently detailed to identify incidental abnormal findings not related to the present illness or positive historical clues.

The student should complete a history and physical examination in one hour.

Document a complete and legible H&P in the patient's medical record, written or EMR. It should include a brief summary statement, which demonstrates that the student has synthesized the historical and physical exam data.

Orally present the patient's data and synthesis in 10-15 minutes in a logical sequential fashion, demonstrating the student's understanding of the patient's basic disease process and its manifestations in their patient.

Apply basic medical knowledge in synthesizing a differential diagnosis and plan of management to solve the patient's problems. The student must be able to:

- Synthesize from the subjective and objective information impression / diagnosis / assessment.
- Generate a clear problem list.
- Develop a plan of action.

- Identify indicated laboratory tests.
- Suggest a therapeutic plan of treatment.
- Review the pertinent literature to expand the student's knowledge of the problem.
- Define patient education objectives and assess the patient's understanding of his/her problems.

Perform as an effective member of the healthcare team and as their patients' primary physician:

- Gather patient information and data and offer an interpretation of the data with regard to the patient's problems.
- Report this data on rounds and in the progress notes. Progress notes should reflect a dispassionate report.
- Acquire sufficient knowledge and skill concerning the patient's problem to be considered "the local expert" by the health care team.

Demonstrate and develop the following affective attitudes, feelings, and behavioral characteristics:

- Work with patients in a respectful, compassionate, caring, and empathetic manner.
- Develop a professional attitude and demeanor in working with patients, peers, faculty, house staff, health care professionals, and other persons in the health care setting.
- Identify and emulate appropriate role models among attendings and house staff including those who demonstrate the process of developing rapport and positive communications with patients, faculty, house staff, and other health care professionals.
- Demonstrate the following professional behaviors:
 - Reliability and dependability
 - Self-awareness
 - Emotional stability
 - Integrity and honesty
 - Initiative and enthusiasm
 - Punctuality
 - Self-education

5.3. Orientation Guidelines/Hospital Experience

The student will be introduced to the clinical service by the Director of Medical Education and/or Chief of that service, and will also be oriented to the physical plant.

Physical Plant:

Patient Rooms
 Nurses Stations
 Emergency Room(s)
 Ancillary Services Facilities (X-rays, laboratory, etc.)
 Restrooms
 Lounges, Cafeteria, or Coffee Shop
 Library

Procedures

- The student should be provided detailed information regarding what is expected of him/her—including the time commitment to these duties.
- The student should be informed of the criteria to be utilized in evaluating his/her performance.
- The student should be informed as to whom he/she is responsible and how that person or those persons may be reached when needed.
- It will be clearly defined initially whether the student may record on the patient's chart and, if so, what and where he/she may record.

NOTE: If the student does not receive the above-mentioned information at the beginning of the rotation, he/she should contact the hospital DME/Region Dean or chief of service for clarification. Violations of institutional procedures may jeopardize the student's grade.

LECOM Policy on the use of Guest Housing while on rotations.

- No guests of any gender are permitted in visiting student quarters.
- No alcohol is permitted to be in the visiting student quarters.
- No illicit drugs, weapons, or drug paraphernalia are to be in the visiting student quarters.
- No pets are permitted in visiting student quarters.

No disorderly behavior is permitted in student quarters at any time.

5.4. Attendance Requirements

Attendance is mandatory. Permission for an absence must be cleared in advance with all of the following offices:

- LECOM Office of the Associate Dean/Assistant Dean of Clinical Education
- Chief of training service or physician to whom student is assigned
- Regional Dean/Director of Medical Education of the hospital.

An unexcused absence will result in failing the rotation, the student being placed on Conduct Probation, and the makeup rotation being scheduled at the convenience of the Department of Clinical Education.

5.4.1. Absences

Excused absences: Absences for any reason must be submitted in advance to your clinical coordinator for approval. Examples of excused absences are illness/injury, family emergency, Board testing, Educational meetings, and interview days.

Unexcused absences: Any absence that is unexcused by the Office of Clinical Education is cause for the individual to be placed on Conduct Probation, fail the rotation, and be referred to the Student Promotion and Graduation Committee for further review.

5.4.2. Illness

Any student becoming ill or injured while on rotations should seek treatment at the nearest appropriate facility—Emergency Room/Urgent Care Center-- provided that the treating physician is NOT the precepting physician for the student’s clerkship.

LECOM will assume NO FINANCIAL RESPONSIBILITY for injuries (e.g., accidental needle sticks, burns, laceration, etc.) or medical/surgical problems incurred either on or off clinical rotation. Students are required to be covered by Health Insurance during rotation. Failure to secure coverage will result in being pulled from rotations.

Any student becoming ill or injured while on rotations and needing time off from the rotation must notify the Attending Physician, the Office of Medical Education at the host site/Regional Dean, and the Office of Clinical Education at the student’s campus. Absences of three or more days require a physician’s statement of fitness for duty to return to rotations—this note must be from a licensed physician that has personally taken care of the individual during this timeframe. Notes from distant physicians, relatives, and allied health professionals will not be accepted.

5.5. Time Off Request

If the student desires to participate in an activity that will take him/her away from an assigned clinical setting, the student must submit a written request fully explaining the same and detailing the time away from assigned duty. This request must be submitted to the Office of the Associate Dean/Assistant Dean of Clinical Education at least two weeks before any absences.

5.5.1. Educational Seminars/Conferences

Students wishing to attend educational seminars, conferences, etc. must have approval from the Associate Dean of Preclinical Education and the Associate Dean/Assistant Dean of Clinical Education. Only students in “good standing” with a GPA of 3.0 or higher at the end of their second academic year will be considered. In addition, students must have up to date submissions of all clinical rotation evaluations, site evaluations, and student logs. Any excused absence may, at the request of the Preceptor, DME, Regional Dean, or Associate Dean/Assistant Dean of Clinical Education, be required to be made up later.

5.5.2. Residency Interviews

Time off will be granted for internship/residency interviews during the 4th year up to a maximum of 12 days. However, no more than five days (which would include interview days, travel days, and occurring holidays) may be missed during any four-week rotation block. Students in the PCSP pathway may not exceed three interview days per timeslot. **Again, permission must be cleared in advance with the aforementioned offices—precepting physician, DME/Regional Dean, and LECOM Clinical Education.** Remember that most interviews will be of a local nature requiring 1 day or less. Any time missed beyond five days will result in review by the appropriate Clinical Dean with actions for remediation, time make up, and SPG referral.

5.5.3. Personal Emergency

If an emergency arises (family member death, illness, accident), the student or other responsible party should personally contact the physician (attending, resident, or intern) to whom assigned, the DME's/ Regional Dean's office, and email the LECOM Clinical Education Office no later than the morning of the absence. If an illness is extensive, make-up time will be required. Absences due to illness of 3 consecutive days or more will require a written doctor's excuse which includes a statement of fitness for duty. This must be from the physician that has taken care of the student—statements from distant physicians, relatives, and historic physicians of record are not acceptable.

5.5.4. Employment

Employment during clinical rotations is not authorized. The clerkship program is full time, and any other activities will not take precedence or conflict with the student's assigned/required duties—this includes extracurricular educational activities.

5.5.5. Travel Days

No travel time is given for rotation site changes. Rotations end on Friday at 5:00 PM(unless directed otherwise by the attending, DME/Regional Dean) with the next rotation beginning on Monday at 6:00 AM. That interval weekend is available for travel to the next rotation site. No additional time will be given for travel. Travel is at the expense of the student.

Travel time is permissible for COMLEX Examinations and must be requested through your clinical coordinator.

5.5.6. Travel Delays

In the event of a travel delay, the student should contact the host site and the Office of Clinical Education at the home campus immediately.

5.6. Leave of Absence

Leaves of absence must be requested in writing to the Dean of the college, detailing the need for the leave, as well as the expected outcome and return date. Once approved, the student will receive a letter detailing the terms of the leave and setting forth the requirements for return. A general guide of requirements for return to active matriculation is provided below:

Leave of Absence- Procedures to Return to Clinical Rotations

- 30 days or less a student must:
 - a. Have met the requirements agreed upon at the granting of the LOA
 - b. Have tuition, fees, and insurance up to date
 - c. Meet with the appropriate Associate/Assistant Dean, either Preclinical or Clinical, before the return to schedule.

- More than 30 days and up to six (6) months a student must:
 - a. Meet all requirements of the 30 days or less
 - b. Have a new drug screen less than 30 days old
 - c. Have a new set of criminal screens less than 30 days old

- More than six (6) months a student must:
 - a. Meet all requirements for one (1) to six (6) months
 - b. Meet the standard of the educational level to which you are returning
 - i. Between years two and three, take and pass NBME basic science exam and OSCE set-up by the clinical exam course director
 - ii. Between years three and four, take and pass NBME clinical comprehensive exam and OSCE set-up by the clinical exam department
- All health related LOAs a student must:
 - c. Meet all requirements indicated by the time removed from rotations
 - d. Must have a Physician sign the release to return to rotations. This may be the same physician who made the diagnosis leading to the LOA or the present treating physician.
 - e. Follow any State Board (PHP, or PRN) requirements in place or put in place during the student's enrollment at LECOM.

5.7. Daily/Weekly Rotation Schedules

The daily/weekly schedule is set by the attending/DME/Regional Dean at the rotation site. This schedule may include nights, call, weekends, and holiday duty. Students are not covered by regulations on hour restrictions as are residents. If unreasonable expectations appear to be present, the student should contact their Office of Clinical Education for advice.

NOTE: If the preceptor is absent for more than one day, the student is to notify the host DME/Regional Dean's office and the Office of Clinical Education for guidance and reassignment.

5.8. Holidays

LECOM excused holidays shall be:

- Thanksgiving: Thanksgiving Day and the day after.*
- Christmas: Christmas Eve, Christmas Day, and the day after.*

****Days maybe adjusted for call/coverage based upon rotation need.***

All other holidays will be observed at the discretion of the host Regional Dean/DME.

5.9. Vacation

Four weeks of Vacation are included in both the 3rd and 4th years. Rotation schedules may not be rearranged to facilitate mini-vacations/time off. No rotation changes may be made without express approval of the Office of Clinical Education.

If a student wishes to rotate during these times, it is permissible—these rotations are not for credit and may not be converted for credit at a later date.

6. CURRICULUM

6.1. Non-Cognitive Standards

As future physicians, medical students have a responsibility to guide their actions to serve the best interest of their fellow students, patients, and faculty. This responsibility is upheld by maintaining the highest degree of personal and professional integrity. To meet these objectives, the following standards are expected of all clinical medical students at LECOM.

Medical students shall demonstrate dedication to acquiring the knowledge, skills, and attitudes necessary to provide competent medical care. They shall:

- Assume personal responsibility for their medical education. Continue to study, apply, and advance scientific knowledge and make relevant information available to patients, colleagues, and the public.
- Seek appropriate consultation with faculty, staff, and colleagues in their interactions with patients.
- Take an active role in the planning, implementation, and evaluation of the medical education process by discussion with instructors and peers as well as through written evaluation.

Medical students shall demonstrate professional behavior expected of a physician. They shall:

- Be truthful in carrying out educational and clinical responsibilities; never falsify information including patient histories, physical examinations, or laboratory data, or purposely misrepresent a situation, never tamper with, remove, or destroy patient records or educational materials, including slides or anatomical dissections.
- Maintain confidentiality of information concerning patients and refrain from discussing cases except under appropriate circumstances.
- Be punctual, reliable, and conscientious in fulfilling professional duties, including attendance at lectures, examinations, and clinical rotations.
- Not participate in patient care when under the influence of any substance or other conditions, which could impair judgment or ability to function.
- Maintain professional hygiene, demeanor, and appearance when in a patient care setting or representing LECOM.
- Accept the responsibility to review plans or directives for patient care with the attending physician when, after careful consideration, the student believes that these plans or directives are not in the best interests of the patient.
- Clearly identify their role as medical students in the patient care setting.
- Seek appropriate faculty supervision.
- Respect civil laws, hospital rules, and college rules governing the conduct of medical students.

Medical students shall show compassion and respect for themselves, their families, their colleagues, faculty, staff, and, most importantly, the patients who participate in their education. They shall:

- Within the confines of professional confidentiality, establish rapport and deal honestly with patients, colleagues, faculty, staff, and the patient's family.

- Treat with respect patients, their families, and their professional colleagues, including staff and other health care providers, regardless of their age, sex, race, national origin, religion, socioeconomic status, state of health, personal habits, sexual orientation, cleanliness, or attitude.
- Care for themselves by following good health maintenance practices related to physical and mental health and seek help in this regard when help is needed.

6.2. Basic Osteopathic Principles and Practice

Osteopathic education plays a key role in the entire curriculum. It should not be a segmented part of the program but rather integrated with all clinical services. Osteopathic care does not imply a set of manipulative techniques for specific problems, but rather the capability to look at the presenting complaints and to see persons in their entirety. The concept of holistic medicine (i.e., treating of the whole person, both the physical and the psychological) is part and parcel of the osteopathic philosophy and as such is integrated into the entire clinical education program. Therefore, the following objectives are applicable to all services, as appropriate:

Have knowledge of the osteopathic profession regarding all aspects of health care. Knowledge will be:

- Concepts basic to osteopathic healthcare including: the self-healing tendency/processes,
- the unity of the organism in its environment, and diagnostic and therapeutic manipulative processes including when and how to apply them.
- The philosophy and principles of osteopathic medicine.
- The history, growth, and development of the profession.
- The effects of growth, development, and aging on the musculoskeletal system (normal and variations of normal).
- Topical anatomy and neuroanatomy correlated with structural anatomy.
- Anatomy and physiology of component parts and their basic inter-relationships within the musculoskeletal system.
- Most frequently encountered structural anomalies and functional abnormalities in the musculoskeletal system at each age level.
- Somatic changes which occur as a result of distant disease processes and the relationship of these changes in delaying the resolution of the disease process.
- Musculoskeletal evaluation procedures suitable for each age group/situation.
- Primary somatic changes resulting from anatomical syndromes and their relationship to other syndromes.
- The applications of philosophy and principles in special situations within the life cycle.

Have an understanding of the osteopathic profession regarding all aspects of health care.

Understanding will be:

- The relationship of the philosophy and principles of osteopathic medicine to concepts of health and disease.
- The relationship of the philosophy and principles of osteopathic medicine to patient management.
- The relevance of the philosophy and principles of osteopathic medicine to situations in each of the various specialties.

- The impact of the philosophy and principles of osteopathic medicine on the practice of sub-specialty areas.

Demonstrate a purposeful intent:

- Application of basic osteopathic concepts to health care (diagnosis, treatment, variations, when and how to apply).
- Use of osteopathic manipulative treatment techniques in diagnosing/treating problems in special situation (e.g., pregnancy, labor, pediatrics, surgery).
- Using indications/contraindications for osteopathic manipulative treatment techniques in situations unique to the various specialties.
- Using a variety of techniques in osteopathic manipulative treatment applied/adjusted to the unique needs of the individual patient (e.g., in terms of age, development, disorder).
- Recognizing the relationship of disease/disorder of the musculoskeletal system to total well-being.
- Writing of appropriate orders and progress notes relevant to the use of Osteopathic Manipulative Treatment.

6.3. Clinical Web-Based Curriculum

At the start of the student’s third year, a tab labeled **Clinical Web-Based Curriculum** is found under MY COURSES tab on the student’s portal page. Under this course tab is located sub heading tabs for each of the required core rotations—IM1, IM2, IM3, FM, OB/GYN, etc. Under each of the required rotations are assigned weekly readings, weekly questions, and an end of rotation quiz that must be completed by the specified completion date/ time. Cold challenges of the Clinical Web-based Curriculum are not permitted—students must work in the curriculum weekly and progressively to be eligible for the points. The Clinical Web-Based curriculum also features questions of the day which are emailed to the students, and image of the week learning opportunities.

6.4. Clinical Curriculum for LDP, PBL and DSP

Third Year Rotations

• DOR 1006 – Internal Medicine I	4 weeks	10 Credits
• DOR 1008 – Internal Medicine II	4 weeks	10 Credits
• DOR 1032 - Internal Medicine III	4 weeks	10 Credits
• DOR 1007 – Surgery I	4 weeks	10 Credits
• DOR 1009 – Surgery II	4 weeks	10 Credits
• DOR 1010 – Obstetrics/Gynecology	4 weeks	10 Credits
• DOR 1022 – Family Medicine	4 weeks	10 Credits
• DOR 1018 – Pediatrics	4 weeks	10 Credits
• DOR 1027 – Geriatrics/OPP/Med Selective	4 weeks	10 Credits
• DOE 1001 – Elective I	4 weeks	10 Credits
• DOE 1002 – Elective II	4 weeks	10 Credits
• DOR 1011– Psychiatry/Behavioral Health	4 weeks	10 Credits
• Vacation	4 weeks	

Fourth Year Rotations

- DOR 1020 - Emergency Medicine I 4 weeks 10 Credits
- DOR 1023 – Emergency Medicine II 4 weeks 10 Credits
- DOE 1010 – Medicine Selective 4 weeks 10 Credits
- DOE 1011 – Primary Care Selective 4 weeks 10 Credits
- DOE 1012 – Surgery Selective 4 weeks 10 Credits
- DOR 1003 – Ambulatory Medicine I 4 weeks 10 Credits
- DOR 1031 – Ambulatory Medicine II 4 weeks 10 Credits
- DOR 1013 – Rural/Underserved 4 weeks 10 Credits
- DOE 1003 – Elective I 4 weeks 10 Credits
- DOE 1004 – Elective II 4 weeks 10 Credits
- DOE 1006 – Elective III 4 weeks 10 Credits
- DOE 1007 – Clinical Competency Development 4 weeks 10 Credits
- Vacation 4 weeks

Students will be required to return to campus or go to an approved site to take and successfully complete end of rotation examinations (NBME Clinical Subject Exams) in all core clinical rotations. Students will not be allowed to sit for the COMLEX Level 2-CE examination or proceed into their fourth year clinical rotations until all exams have been successfully completed. Students will participate in a workshop in preparation for the COMLEX Level 2-PE examination during the third year. Refer to the Clinical Clerkship Handbook for information on how these examinations apply to course grade evaluations.

6.5. Clinical Curriculum for APAP

Students enrolled in the APAP must complete rotations during years two and three. Clinical rotations for APAP students are approved by the Assistant Dean of Clinical Education.

First Summer Session (two rotations) - Second Year Rotations

DOE 1023 – Family Practice/OMM, 4 weeks AND

DOR 1027 – Geriatric Medicine, 4 weeks

Third Year Rotations (June to May, 4 week rotations)

DOR 1010 – OB/GYN

DOR 1006 – Internal Medicine I

DOR 1008 – Internal Medicine II

DOR 1032 – Internal Medicine III

DOR 1018 – Pediatrics

DOR 1011 – Psychiatry

DOR 1007 – Surgery I

DOR 1009 – Surgery II

DOR 1003 – Ambulatory Medicine I

DOR 1022 – Family Medicine

DOR 1020 – Emergency Medicine

DOE 1022 – Osteopathic Manipulative Medicine/Rural/Underserved

6.6. Clinical Curriculum for PCSP

Students enrolled in the PCSP must complete 16 rotations during years two and three. Clinical rotations for PCSP students are assigned by the Assistant Dean of Clinical Education. All PCSP students in a specific class proceed through rotations on the same schedule. Within each clinical rotation, the PCSP students are required to attend a capstone experience on the third Thursday of every month. Through these experiences, students come together as a group to review basic and clinical sciences in the context of case studies in a modified problem-based learning format. Primary care physicians will facilitate these discussions. These sessions include an Osteopathic Principles and Practices portion with OPP Department members. Students also are required to continue their mentorship with the physician they were following during the entire second year as they attend a session with their mentor for four hours each rotation.

Second Year Rotations

- DOR 1022 – Family Medicine 4 weeks
- DOR 1006 – Internal Medicine 4 weeks
- DOE 1015 – Clinical Overview 4 weeks

Third Year Rotations (June to May, 4 week rotations)

- DOR 1018 – Pediatrics
- DOR 1010 – OB/GYN
- DOR 1008 – Internal Medicine II
- DOR 1007 – Surgery I
- DOE 1016 – Medical Selective I
- DOR 1033 – Psychiatry/Comprehensive Review
- DOE 1020 – OMM/Comprehensive Review
- DOE 1017 – Medical Selective II
- DOR 1003 – Ambulatory Medicine I
- DOR 1031 – Ambulatory Medicine II
- DOE 1018 – ENT/Ophthalmology
- DOR 1020 – Emergency Medicine
- DOE 1021 – Sub-Internship 4 weeks

PCSP Additional Rotations.

- DOE 1015 – Clinical Overview
- DOE 1016 – Medical Selective I
- DOE 1033 – Psychiatry/Comprehensive Review
- DOE 1020 – OMM/Comprehensive Review
- DOE 1017 – Medical Selective II
- DOE 1018 – ENT/Ophthalmology
- DOE 1021 – Sub-Internship

6.7. Clinical Competency Development (CCD)

Clinical Competency Development is a fourth year course designed to provide the student additional experience in all or a portion of the seven core competencies.

All students who score below 450 on the COMLEX Level 1 Exam will be required to return to their respective campus for a Clinical Enrichment rotation. These students desiring to improve upon their medical knowledge base may opt for either formal commercial or individualized campus based review course.

Students opting for any review course must submit a formal request form with a detailed study plan to the Clinical Education Department for approval in order to use the CCD month for Clinical Enrichment.

Following any type of Clinical Enrichment review the student will be required to take the Comprehensive Osteopathic Medical Self-Assessment Examination (COMSAE) Phase 2 during the last week of the rotation.

The student's CCD rotation grade will be determined by their **CE Level 2 score** as demonstrated below:

SCORE	%	SCORE	%	SCORE	%
below 400	60	505 - 514	81	605 - 614	91
400 - 404	70	515 - 524	82	615 - 624	92
405 - 414	71	525 - 534	83	625 - 634	93
415 - 424	72	535 - 544	84	635 - 644	94
425 - 434	73	545 - 554	85	645 - 654	95
435 - 444	74	555 - 564	86	655 - 664	96
445 - 454	75	565 - 574	87	665 - 674	97
455 - 464	76	575 - 584	88	675 - 684	98
465 - 474	77	585 - 594	89	685 - 694	99
475 - 484	78	595 - 604	90	695 -above	100
485 - 494	79				
495 - 504	80				

The CCD grade will be placed under “Medical Knowledge” on the Clerkship Evaluation.

Other students may wish to obtain more experience in competencies, such as patient care, interpersonal and communication skills, osteopathic principles and practices etc., through a clinical rotation.

Still, others may opt for unique rotational experiences in the following areas:

1. Medical research
2. Advanced Clinical Topics in Basic Science
3. Healthcare management
4. Volunteer in healthcare-related service
5. Medical missionary work – United States

Those grades will be from the preceptor's evaluation of their performance.

6.8. Family Medicine

Rotations must be scheduled for four consecutive weeks with an office based, or residency based Family Practitioner. The physician must be osteopathic and be AOBFP or ABFM board certified. Health Care Management will be presented to prepare students for establishing a family medicine practice and understanding the critical role of family medicine in the transformation of the U.S. health care system.

6.9. Selective Rotations

Fourth year selectives must be scheduled at core affiliated hospitals. The student must serve his/her rotation in the course requirement listed on his/her schedule, which will be given to students in year three, but he/she may select the site of the rotation from the list of affiliated hospitals. Selective rotations must be done at core-affiliated sites only. The student will arrange for the selective rotation as he/she would for an elective.

6.10. Rural/Underserved Rotations

This rotation may be at either a rural site or an underserved site. It must be Family Medicine ONLY. They are usually, but not always, designated or qualify as an HPSA (Health Professional Shortage Area) or MUA (Medically Underserved Area) through federal or state standards. There are many sites available throughout the United States. They can be found on the Internet or through specific state health departments as well as direct contact with hospitals, clinics, or physician offices. You can also use an AHEC (Area Health Education Center) office in the region or state where you are seeking to do the rotation. The national AHEC website is <http://www.nationalahec.org/AHECDirectory.taf>. Our regional AHEC website is www.nwpaahec.org. Contacting an AHEC is a good way to get started in finding a qualified site. Proof that the site is rural or underserved must accompany your Non-Core Portal Registration. Proof can be a brochure, a letter from a physician or office manager with a brief description of the site that indicates location and specific clientele served. If it is set up by an AHEC office, then the paperwork will go to them, which will be considered proof.

6.11. Ambulatory Medicine

This 8-week fourth year core rotation is defined as **Family Medicine** and is intended to expose students to a variety of community-based Family Medicine settings.

Students should recognize that this is a hands-on rotation, which involves direct patient care in an outpatient setting.

The student should focus on psychological, socioeconomic, cultural, ethnic, environmental, and political factors influencing the treatment and prevention of disease. Health Care Management will be presented to teach students vital skills in medical documentation and evaluation and management (E/M) services needed to reduce audit risk and achieve timely reimbursement for services provided.

6.12. Electives

These rotations can be served at any location and in any *clinical* subject matter and under the direction of a DO or MD who is willing and able to take students along with the approval of the

Associate Dean/Assistant Dean of Clinical Education. Research electives are permissible but must be pre-approved by the Associate Dean/Assistant Dean of Clinical Education upon written request by the student. Students must arrange their own electives, which **MUST** be in four-week blocks at one site only.

6.13. Research Elective

Research projects can only be done during scheduled electives. Only projects associated with medical research or medical education will be approved by the Associate/Assistant Dean of Clinical Education. Approval for a research project will be granted after receipt of the following:

1. Completed non-core portal registration
2. Brief description of the project/proposal by the student
3. Letter or email from the Principal Investigator (P.I). The contents of this letter/email must include the following: brief description of the research, description of the student's role in the research, outline of the estimated time that the student will devote to the research.

Generally these projects can be completed in four weeks. Longer projects may be approved with supporting documents from the P.I.

The evaluation by the P.I. must be submitted in a suitable summative/formative format with an overall numerical grade (i.e., 70-100%) that will be converted to the appropriate letter grade. Finally, the student must submit an abstract of the research he/she completed. The abstracts are to be submitted to Clinical Education and to Bertalan Dudas, MD, Asst. Dean of Research. The grade cannot be posted until the abstracts are received.

6.14. Military Rotations

All students eligible for rotations at Military facilities may serve all third and fourth year Core rotations at such facilities. Students will be responsible to submit an electronic Non-Core Portal Registration for these rotations.

6.15. Vacation Rotations

Vacation rotations are permitted, but not for credit. The rotation is entered as any other non-core rotation on the portal with the notation in the notes section identifying the rotation as a vacation rotation. A vacation rotation will not be re-categorized as a credited rotation regardless of the circumstances. Students may use this option to be seen at residency programs, network, and may receive Letters of Reference for this time period.

7. EVALUATION AND ASSESSMENT

7.1. Student Evaluation and Grading

To receive a grade for each clerkship, the student will be responsible for ensuring submission of:

- The student evaluation form
- Site evaluation
- Procedure logs

These forms are available on LECOM's portal. During the last week of each rotation block, the student must meet with his/her preceptor for the evaluation. The student must sign the form to attest that this was done. The grade forms should then be mailed or faxed to the Office of Clinical Education.

Please note that only one student evaluation form per rotation will be accepted unless the student was on two different services during that rotation.

Student evaluations are due in the Office of Clinical Education within three weeks of completion of that rotation.

If the student was with several physicians, the student should have the principal evaluator submit a composite evaluation. Evaluations may be reviewed by the student in person according to institutional policy.

Students are solely responsible for obtaining the preceptor's evaluation. Any incomplete grade will jeopardize both Financial Aid and Graduation.

7.1.1. Procedure Logs

Each student will maintain a Procedure Log so that acquisition of particular clinical skills and the attainment of specific objectives for each rotation can be monitored.

Logs must be submitted for each rotation to the Office of Clinical Education no later than three weeks after completion of the rotation.

On the extreme rarity that the student did not observe, assist on, or perform any procedures, they are still required to submit a log stating that no procedures were observed, assisted, or performed.

This form must be completed online at the LECOM portal. Failure to submit these will result in an incomplete grade. Students must include all information requested on the log form. In compliance with HIPAA, no patient names may be included on logs.

7.1.2. Site Evaluations

The student must submit a site evaluation for each rotation within three weeks of completion of a rotation.

This form must be completed online at the LECOM portal. Copies may be given to the DME's office if they request. Remember, this is perhaps the best interactive tool for LECOM and the sites to improve the clinical education experience.

Failure to submit these will result in an incomplete grade.

7.1.3. Rotation Grade Calculation

OMS 3 Core rotation: Grades obtained from the student evaluation forms from the preceptor are entered in the student database and the grade calculated using the following formula:

- 50% from the preceptor's evaluation
- 30% from the End of Rotation Examination (shelf exam)
- 20% from the Clinical Web-based Curriculum Quiz

OMS 4 Core Rotation: Grades obtained from the student evaluation forms from the preceptor are entered in the student database and the grade calculated using the following formula:

- 80% from the preceptor's evaluation
- 20% from the Clinical Web-based Curriculum Quiz

Non-Core Elective/Selective: Grades obtained from the student evaluation forms are entered directly into the student database without further calculation.

7.1.4. Student Evaluation Form

The Clerkship Evaluations are prepopulated and generated directly from the student database. Students are required to provide their preceptor with an evaluation with their specific rotation/timeslot information prepopulated. The competency scale in context of the expected level of performance based on the student's level of training shall be indicated on the Competency/Assessed Skills. Students will be rated on the *Seven Core Competencies* as defined by the *AOA's Report of the Core Competency Task Force*. If a student is not rated on an item because the item is not observed or not relevant, then that item will not be included when the grade is calculated.

The evaluation forms are self-explanatory, and the student must refrain from influencing the physician evaluator in arriving at the compilation of the raw score. This will be considered a violation of the Honor Code and could result in a failing grade for that rotation. All violations will be subject to review by the Student Promotion and Graduation Committee. In addition to the quantitative rating, the student may be given narratives that may be used in the Dean's Letter or offer recommendations or improvement (See Summative/Formative Comments.)

7.1.5. Student Files

Evaluations are available for review according to college policy. Grades cannot be given by phone. Student evaluations and grades are maintained in the Office of Clinical Education.

Student files are CONFIDENTIAL and will not be copied by office personnel of the Office of Clinical Education and/or sent to another party for externship/internship applications. However,

students will be allowed to copy their own evaluations. Student transcripts will remain under the aegis of the Registrar's Office.

7.1.6. Core Rotations Examinations

Following completion of each MSIII core rotation by group discipline (Internal Medicine 1, 2, and 3; Surgery 1 and 2; Obstetrics Gynecology; Pediatrics; Family Medicine; and Psychiatry), the student must complete an NBME Subject Exam. These exams will be given periodically at various secure proctored sites.

Students must pass all six examinations before moving into their fourth year.

Starting with the class of 2019, examinations in Emergency Medicine and Ambulatory Medicine will be required.

7.1.7. Clinical Web-Based Curriculum

Participation of Web-based Curriculum is mandatory for all MS3/MS4 Core rotations. If a student does not participate in the program regularly, they are not eligible to take the end of rotation quiz. Cold Challenges are not an option.

If a student misses the deadline for the end of rotation quiz, they have received a zero for the grade and will not receive the points for the Clinical Web-based Curriculum to their clinical grade.

Students that have failed, or failed to participate in the exam, must retake the end of rotation quiz and pass it to be allowed to continue on rotations – no points will be awarded for the remediation.

Students that fail to participate and/or fail to remediate in a successful manner will receive a failing grade for the rotation and have that remedial rotation scheduled at the convenience of the Department of Clinical Education using one of the student's electives first, or selective if electives are not available, along with Student Promotion and Graduation Committee action.

Healthcare Management will be delivered during the Family Medicine rotation for OMS3 and Ambulatory Medicine 1 & 2 for OMS4. Students will be enrolled and must complete the following courses:

- HCM 3000 – Family Medicine Rotation
- HCM 4000 – Ambulatory 1
- HCM 5000 – Ambulatory 2

Each course will include reading assignments, didactic material presentations and 4 weekly tests. All four tests are timed, taken on the portal and are opened at the beginning of the course.

All 4 tests must be completed and passed by the scheduled end of the FM and/or AMB1/AMB2 rotation(s).

7.1.8. Questionable Evaluations

All disputes about grades or ambiguous evaluations will be submitted to the Student Promotion

and Graduation Committee for final resolution.

7.1.9. Failures

An "F" will be recorded on the student's official transcript and the rotation must be repeated at the end of the current clinical year. A third year student cannot be advanced to the fourth year until that rotation is satisfactorily completed. In the event of the failure of two rotations, the student may be dismissed from LECOM (Refer to the LECOM College Catalog under dismissal). After satisfactory completion of the rotation, a "C" (70%) will be entered as the final grade for the rotation.

7.1.10. Remediation/Professional Development

Remediation is a privilege granted to students by the Student Promotion and Graduation Committee.

Remediation of all failures of COMLEX Level 2CE, 2PE, End of Rotation Examinations greater than one, Rotations, Professionalism Issues, and COMLEX Level 1CE At Risk Students shall occur on the Erie Campus under the direction of the Asst. Dean of Clinical Education.

Students are required to modify ERAS data, and notify their Residency Program Director of any event that takes them off schedule and/or alters their graduation date.

7.1.11. Incomplete Grades

If for any reason a student receives an incomplete evaluation or grade, including NBME Subject exam fails, the student must complete the requirements for that particular rotation or time period within the appropriate academic year. This must be coordinated and approved by the Associate Dean/ Assistant Dean of Clinical Education. Failure to submit site evaluations and log will also result in an incomplete and jeopardize the student's progression into their fourth year and/or graduation.

7.1.12. Non-attendance Evaluations

Any student who does not report to a rotation (unless with prior consent of the Associate Dean/Assistant Dean of Clinical Education), will receive an automatic "F" and be immediately placed on academic probation (Please refer to "Failures"). The rotation must be made up at a later date (not during an elective), which may delay progression to fourth year or to graduation. All violations will be subject to review by the Student Promotion and Graduation Committee.

7.1.13. Non-registered Rotations

Any student starting an Elective or Selective rotation without prior proper registration with the Office of Clinical Education will not receive credit for that Elective or Selective and will be required to make it up at a future date. All violations will be subject to review by the Student Promotion and Graduation Committee.

8. ADDITIONAL POLICIES AND PROCEDURES

8.1. Fees

Students participating in the clinical curriculum are required to make their own arrangements for transportation to and lodging near the clinical facilities. Students are solely responsible for all expenses associated with clinical education—housing, meals, parking, professional attire, travel, testing, board examinations, remediation, immunizations, etc.

8.2. Clinical Coordinator

The Clinical Coordinator is the initial point of contact for all aspects of clinical education. Clinical coordinators are available to assist students in navigating the logistics of clinical training years 3 & 4, and are available primarily through email, or by phone during normal college hours. Students may also schedule an appointment with their coordinator if warranted.

8.3. Clinical Academic Year (Years 3&4)

The clinical academic year is made up of 13 four-week rotation blocks. Each class's schedule is available on the portal for review. Students may work only in the academic year that they are in—4th year rotations may not be moved to the 3rd year and vice versa.

8.4. Examinations

Time off for Examinations - Students will be given time off from rotations to complete examinations. This will include end of rotation examinations, COMLEX examinations, and USMLE examinations. If an examination is not administered locally, the student may request consideration for a travel day if they have to travel greater than 200 miles. Application for travel time is made through the Clinical Coordinator.

COMLEX

- COMLEX LEVEL 1

COMLEX LEVEL 1CE must be completed by August 1st of the 3rd year unless exception is made by the appropriate Dean.

- COMLEX LEVEL 2 CE

May only be taken once the student has completed the 3rd year including passing all end of rotation examinations. COMLEX LEVEL 2CE must be completed by September 1st of the fourth year unless an exception has been made by the appropriate Dean.

At Risk Students must complete the on campus Clinical Competency Development Program (CCD) and receive permission before moving forward and sitting for the exam.

If a student is participating in the CCD program for board preparation, the LEVEL 2 CE examination may only be taken during the last week of that time slot, and it is recommended that it be taken no later than two weeks after the completion of the CCD Program.

Students not at-risk who have moved into the fourth academic year and chose to use the CCD for a clinical rotation, or research rotation may take the examination any time after the start of the fourth year until September 1st.

- COMLEX LEVEL 2PE

The examination must be taken within 60 days of completing the Clinical Skills Workshop-- unless special dispensation is received from the appropriate Dean. If not administered locally, adequate travel time (one day before if exceeds 200 miles) will be permitted. For students taking the COMLEX-USA Level 2-PE exceeding the 200 mile rule, if taking the AM session, they get the day prior. If taking the PM session, they get the day after.

- USMLE Examinations

Students desiring to take the USMLE may apply for time off from rotation through the Office of Clinical Education. It should be noted that no travel time is given for the USMLE examinations.

8.5. Worker's Compensation Insurance

Medical students are not employees of the college; therefore LECOM does not provide worker's compensation insurance. The purchase of required coverage may be offered at the facility, or through insurance agents. Any expense incurred is the student's responsibility

8.6. Reporting for Service

Four weeks prior to the start of the rotation the student should call or email the facility to confirm the rotation (and housing if applicable.) On the first day of each rotation service, the student should report to the Regional Dean/ Director of Medical Education or a designee at 8:00 am, or at the time required by the DME or the clinical department supervisor. Students are expected to provide their own basic diagnostic equipment (i.e. otoscope, ophthalmoscope, stethoscope, etc.).

8.7. Hospital Rules and Regulations / Financial Responsibilities

Each hospital or health care system has individual rules and regulations. Medical students must familiarize themselves with and adhere to these protocols during training. Students must respect and follow all policies regarding the use of hospital facilities, housing, and equipment.

Students are financially responsible for any damage to or loss of hospital or training site-related property, including but not limited to library materials, pagers and keys. Final grades may be withheld pending return of all hospital or training site property.

8.8. Guest Housing

LECOM Policy on the use of Guest Housing while on rotations.

- No guests of any gender are permitted in visiting student quarters.
- No alcohol is permitted to be in the visiting student quarters.
- No illicit drugs, weapons, or drug paraphernalia are to be in the visiting student quarters.
- No pets are permitted in visiting student quarters.

No disorderly behavior is permitted in student quarters at any time.

Year- long rotation sites:

Students attending a year-long regional campus shall not be eligible for free housing from the host institution. There are a few sites that offer living arrangements on an individual basis.

Yearlong students shall secure their own living quarters in the community in order to experience the community/cultural life of the patients for which they will be caring for as medical students.

8.9. Needle Stick/Blood Born Pathogen

Clean

A student who experiences a needle stick, blood born pathogen exposure should immediately wash the area with copious soap and water for five minutes—if mucus membranes are involved, irrigate copiously with water.

Communicate

The student should immediately communicate the exposure to the preceptor, DME/Regional Dean, and Office of Clinical education

Care

Present to the nearest Emergency Room, or other location as directed by your attending preceptor (This may be the employee health office, an occupational medicine clinic, or Infectious Disease Specialist). Be prepared to provide as much information as possible concerning the exposure source.

Care should be initiated following the appropriate assessment of exposure and utilize current CDC guidelines. Once initial care has been outlined and begun, please contact the Clinical Dean of your campus.

LECOM will assume NO FINANCIAL RESPONSIBILITY for injuries (e.g., accidental needle sticks, burns, laceration, etc.) or medical/surgical problems incurred either on or off clinical rotation. Students are required to be covered by approved health insurance see section 2.2.4.

8.10. Address Change

Students are responsible for recording any change of address while on rotations. Address changes can be submitted through the LECOM Portal on the Bursar tab.

8.11. General Clerkship Rules, Regulations and Procedures

The study and training of each clinical clerk during assignment to a training institution shall be governed by the following regulations:

- A licensed physician must supervise students.
- Students shall assume responsibility for and perform their assigned duties in accordance with the training institution regulations.
- Students shall not be permitted to accept financial compensation or any form of gratuity for rendering patient care. The Office of Clinical Education will provide the students with a copy of a list of the core affiliates that offer room and board.
- Students should be assigned to specific patients. H&P exams should be completed on those patients whom student clerks will be following, on the service to which they are assigned. Emphasis will be placed on the teaching and application of osteopathic principles and practice. Palpation and structural diagnosis in the narrative form shall be

an integral part of the history and physical examination.

- The student according to the rules and regulations of the training institution may sign H&Ps. The H&Ps done by the students should be reviewed by the supervising physicians and should be countersigned by the supervising physician.
- Progress notes may be written by the students only under the direct supervision of the supervising physician. Progress notes must be countersigned within the time required by the rules and regulations of the training institution.
- Students shall not order any examinations, tests, medications, or procedures without consulting and obtaining the prior approval of the supervising physician. Students shall not write prescriptions for medicine, devices, or anything requiring the authority of a physician.
- Attendance by students is required at all conferences, discussions or study sessions, and any other programs of an educational nature designed specifically for students, and should be documented with an attendance record. In addition, students should be encouraged to attend lectures for interns, provided these do not interfere with the clinical clerk's own program.
- Students shall be required to participate in the utilization of osteopathic manipulative treatment when ordered and supervised by the attending physician.
- Students shall learn and perform procedures under appropriate and proper supervision, in those areas where the training institution regulations permit such instruction.

General Clerkship Responsibilities and Duties

- The student, while on a rotational service, will at all times be responsible to the personnel in charge of the unit involved. In addition, all students will be expected to comply with the general rules established by the hospital or clinic at which they are being trained.
- All problems or difficulties should be communicated to the Office of the Associate Dean/Assistant Dean of Clinical Education.
- Students must attend all hospital conferences related to their rotation service. In addition, students should attempt to attend any other hospital conferences or educational programs of interest. A schedule of the hospital educational programs should be obtained each week or month from the Director of Medical Education/Regional Dean. Morning report attendance is mandatory.
- Any time spent away from the hospital during regular duty hours for lectures, conferences, and other programs conducted at local hospitals or universities must be approved by the supervising physician of the rotation service. If attendance at these programs will affect assigned hospital duties, such as histories and physicals, this will also need to be cleared with the DME/Regional Dean.
- Although patient care assignments take precedence over lectures and conferences, the hospital and attending physicians are encouraged to allow the students to attend scheduled lectures. The director of the individual clinical service must clear absences from clinical duty in advance.
- LECOM believes in the importance of an educationally sound realistic policy pertaining to students doing histories and physicals (H&P's) in the core affiliated hospitals. Ideally, the H&P policy should be the same for all students. However, we realize the sovereignty of our core affiliated hospitals, and acknowledge that our policy must be integrated with

individual hospital policy.

- Ideally, the student should complete an average of two H&P's per day on the assigned service. Appropriate personnel should critique the H&P with feedback to the student. The student should have time and opportunity for patient follow-up.
- The office of the DME is responsible for the H&P policy for each hospital. If a clinical clerk has a problem or question concerning them, he/she should contact the DME's office of the core affiliated hospital.
- The DME for each specific hospital will make clear to the clinical clerk the policy of that hospital for order writing. Remember that a clinical clerk is not a licensed physician, and all activities (orders written or given, any patient care, progress notes, etc.) in a hospital are under the supervision of an attending physician who assumes responsibility for the clinical clerk.
- Students will be encouraged to do structural examinations and render Osteopathic Manipulative Treatment as indicated under the supervision of the attending preceptor.

8.12. Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Student physicians should be cognizant of HIPAA. This will be in accordance with the training institution rules and regulations and state and federal regulations as they apply. HIPAA training will be completed by the student prior to rotations. Students are advised to remember HIPAA laws when interacting on networking internet sites.

8.13. General Liability Insurance

All students serving clinical rotations are covered by the professional liability insurance of LECOM during their third and fourth years.

9. PREPARING FOR RESIDENCY

9.1. Letters of Recommendation

Preceptors and attending physicians that a student may come in contact with during rotations can make ideal letter writers. Students are advised to request a letter close to the end of the rotation while their performance is still fresh in the attending's mind. On ERAS, the student can name the letter writer(s), and print out a cover sheet to be given to the authors with instructions on how they can upload the letters to the student's profile. Please keep in mind that the letter writers **MUST** upload the letters to ERAS directly. ERAS does not accept hardcopies of letters by mail or by fax. LECOM **CANNOT** upload letters that are sent to the school. It is the student's responsibility to make sure that the letter writer is aware of the uploading process. Ask them to use official letter head, the current date, and address it to "Program Director". They should also include their actual signature on the letter. Once the letter has been uploaded, the student is advised to send a Thank You note to show appreciation.

9.2. Setting up ERAS (Electronic Residency Application Service)

During mid-year of the student's OMS III year, LECOM will email each student a TOKEN from ERAS to allow a profile to be established. Even though the match does not officially open on ERAS until June each year. The student may initiate the profile. Once the account is registered, letter writers may begin uploading. Pictures, scores, etc. may not be uploaded until ERAS officially opens in June. It is **NEVER** too early to start thinking about personal statements. Each student must have at least one personal statement, but multiple statements are allowed on ERAS. During the summer prior to the OMS IV year, LECOM will upload current transcripts to ERAS.

9.3. Dean's Letter Requests

By August of the OMS IV year, the Dean's Letter request forms are due. Students are encouraged to get the requests in early! The Dean's Letters are uploaded to ERAS on October 1. It can take the office of the Dean some time to process all requests: early submission is appreciated. Dean's letter request forms are sent via LECOM email. Each letter is written specifically for each student. No two are alike.

9.4. Registering for the Match

PLEASE NOTE: Registering for ERAS is not the same as registering for either the AOA or allopathic matches. The student should be aware and adhere to the match process timeline, specifically when registration opens for a particular match. There are several ways to register for the Match. Fees involved in match registration and applying for programs are built into the Financial Aid Cost of Attendance budget for OMS IV students.

9.5. Career Counseling

Students are encouraged to use the Career Counseling services offered by LECOM as they consider which specialty or program best fits their interests and qualifications.

The contact for career counseling services offered by LECOM is Lisa Kalivoda (lkalivoda@lecom.edu). Preceptors, Regional Deans and Clinical Deans can also be excellent resources for career advice.

10. APPENDICES

10.1. Appendix A: Clerkship Evaluation Form

L | E | C | O | M Clinical Clerkship Student Evaluation Form

Send in the completed evaluation form by mailing or faxing the entire form to:

LECOM Office of Clinical Education, 1858 West Grandview Boulevard, Erie, PA 16509; Office (814) 866-6641

Erie Campus (Fax: 814-866-8401)

Student Name: _____

Hospital /Site: _____

Rotation Name: _____

1. Summative Evaluation - Please complete on the reverse side

2. Summative Comments:

(Final Assessment of the student - Narrative may be quoted in its entirety in the Dean's Letter)

3. Formative Comments:

Please provide direction for the growth and development of the student - NOT to be quoted in the Dean's letter

STUDENT SIGNATURE: _____

PRECEPTOR SIGNATURE: _____

TOTAL NUMBER OF DAYS
MISSED ON CLERKSHIP

PRECEPTOR NAME (PRINT) _____ DATE: _____

Preceptor Claiming CME Credit: _____ AOA or AMA # _____

(PRINT CLEARLY TO BE AWARDED CREDIT)

MUST include Preceptor e-mail for reporting CME credits: _____

New LECOM preceptor? Yes ___ No ___ LECOM Adjunct Faculty Appointment? Yes ___ No ___

SUMMATIVE EVALUATION

NOTE: MS3 Core Evaluations: 50% from the preceptor evaluation, 30% from the Subject Exam scores and 20% from participation in the Clinical Web-based Curriculum.

MS4 Core Evaluations: 80% from the preceptor evaluation and 20% from participation in the Clinical Web-based Curriculum.

Non-Core Electives/Selectives: Based upon the preceptor evaluations.

Please use the following competency scale in context of the expected level of performance based on the student's level of training. Enter the appropriate number in the blank. If you cannot evaluate the category, please enter "N/A".

Substandard 60 - 69	Marginal to Adequate 70 - 79	Competent to Proficient 80 - 89	Outstanding 90 - 100	Cannot Assess N/A
------------------------	---------------------------------	------------------------------------	-------------------------	----------------------

Any Competency less than 70% may require remediation

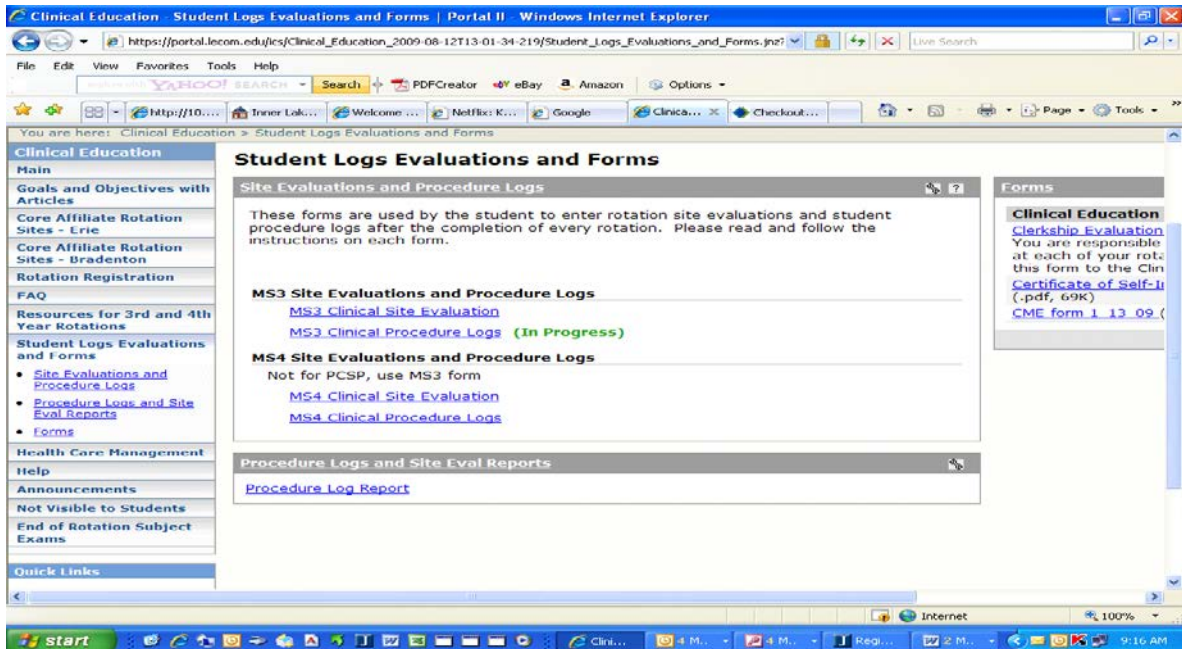
Competency/Assessed Skills	Enter Number or N/A
Patient Care: Provides compassionate care that is effective for health promotion, wellness, disease treatment, and end of life care. Assessed Skills: Performs patient interviews; uses judgment; is respectful of patient preference	
Medical Knowledge: Demonstrates knowledge of current biomedical, clinical epidemiological and social sciences and applies that knowledge effectively to patient care. Assessed Skills: Degree of knowledge base; committed to life-long learning; understands complex problems	
Practice-Based Learning and Improvement: Understands evidence-based medicine and applies sound principles of practice within the context of patient care. Assessed Skills: Self-assesses; uses new technology; accepts feedback	
Interpersonal and Communication Skills: Demonstrates skills (i.e., listening and responding) that result in effective information exchange between patients/families and the healthcare team. Assessed Skills: Establishes relationships with patients/families; educates and counsels patients/families; maintains comprehensive, timely, legible medical records	
Professionalism: Demonstrates commitment to professional development and ethical principles, and sensitivity to patient/family and peer diversity. Assessed Skills: Shows compassion, respect, and honesty; accepts responsibility for errors; considers needs of patients/colleagues	
Systems-Based Practice: Demonstrates awareness and responsiveness of the overall healthcare system and the ability to improve and optimize the system. Assessed Skills: Practices cost-effective healthcare; assists patients in dealing with system complexities; coordinates various resources	
Osteopathic Principles and Practice: Demonstrates relationship of structure and function in diagnosis and treatment of the whole patient. Assessed Skills: Correlates osteopathic philosophy into disease entities; utilizes osteopathic manual skills; understands the neuromusculoskeletal basis of homeostasis	
For your information, the calculation for the grade is shown below	
Total Number of Points	
Number of Competencies evaluated (not marked N/A)	
Clerkship Evaluation Grade = Total Points Divided by Number of Competencies Evaluated	
Clerkship Grade Translation: 90 to 100 = A 80 to 89 = B 70 to 79 = C less than 70 = F	

PRECEPTOR SIGNATURE: _____

STUDENT NAME: _____

ROTATION: _____

10.2. Appendix B: Site Evaluation/Student Log Access on Portal



10.3. Appendix C: Access to Core Affiliated Hospital Information on the Student Portal

The screenshot displays a web browser window titled "Clinical Education - Core Affiliate Rotation Sites - Erie/Seton Hill | LECOM Portal - Windows Internet Explorer". The address bar shows the URL: https://portal.lecom.edu/ICS/Clinical_Education_2009-08-12T13-01-34-219/Core_Affiliate_Rotation_Sites_-_Eri. The page content is organized into several sections:

- Clinical Education** (Main menu):
 - Obstetrics | Pediatrics
 - Core Affiliate Rotation Sites - Erie/Seton Hill**
 - Core Affiliate Information
 - Rotation Sites and Map
 - Core Affiliate Rotation Sites - Bradenton
 - Core Registration
 - ROTATION REGISTRATION
 - Clinical Handbook and Rotation Resources
 - Student Logs Evaluations and Forms
 - NBME Subject Exams - End of Rotations
 - VSAS - Visiting Student Application Service
 - Dr. Shabloski's Notes and Site Opportunities
 - Health Care Management
 - PCSP Information and Forms
 - FAQ
 - Help
 - Residency: Tips for Applying
 - Announcements

- Core Affiliate Information**
- [Add a Handout](#)
- Ungrouped**
 - [Core Affiliate General and Local Site Information 11_29_12 \(.doc, 10001K\)](#)
 - [CORE AFFILIATES WITH ADDITIONAL REQUIREMENTS 9.5.13 \(.doc, 42K\)](#)
 - [Core Affiliate Housing - Meals Information 10.29.13 \(.xls, 31K\)](#)
 - [Core Affiliate Regional Year-Long list for 2014-2015 12.11.13 \(.docx, 22K\)](#)
 - [Core Affiliate Hospital Directory Information 12_12_13 \(.rtf, 258K\)](#)
 - [Core Affiliate Clinics AMB, RU and OTHER Clinics Directory 11.20.13 \(.rtf, 106K\)](#)
 - [Core Affiliate Physician Directory 2_18_13 \(.doc, 31K\)](#)
- [Go to Main Screen](#)
- Rotation Sites and Map**
- maps : view
 - Year Long Physician: Physician:
 - Year Long Clinic: Clinic:

10.4. Appendix D: Rotation Descriptions/Elective/Selective Matrix

ROTATION DESCRIPTIONS (LDP, PBL, ISP)

THIRD YEAR ROTATIONS (48 weeks required)

- *12 weeks-Internal Medicine
- *8 weeks-Surgery
- 8 weeks-Electives
- *4 weeks--OB/GYN
- *4 weeks--Pediatrics
- *4 weeks--Psychiatry
- # 4 weeks--Family Medicine
- 4 weeks-**Core Selective** in Geriatric Medicine/OPP:

* **Must be with a Core Affiliate Hospital**

Family Medicine rotation must be with a Board Certified D.O. - Anywhere

FOURTH YEAR ROTATIONS (48 weeks required)

*8 weeks-AMB

*8 weeks-EM

SELECTIVE – * Must be with Core Affiliates

% Denotes authorized sub-specialty for Surg2 or IM3 Core rotations, IF hospital cannot provide General Surg or IM

PRIMARY CARE SELECTIVE

Family Medicine
Geriatrics
Internal Medicine
Neonatal Intensive Care Unit
Obstetrics and Gynecology
Osteopathic Manipulative Medicine
Pediatrics
Psychiatry
Sports Medicine

SURGICAL SELECTIVE

Anesthesiology
Dermatology
Emergency Medicine
%ENT
Forensic Pathology
%General Surgery
%Ophthalmology
%Orthopedic Surgery
%Otolaryngology
Pain Management
%Pediatric Surgery
%Plastic Surgery
Radiology
SICU
%Trauma/Burn Surgery
%Urology

MEDICAL SELECTIVE

Allergy & Immunology
%Cardiology
Dermatology
Emergency Medicine
%Endocrinology
%Gastroenterology
%General Internal Medicine
%Hematology
%Infectious Disease
ICU/CCU
%Nephrology
%Neurology
%Oncology
%Pulmonology
Pathology
Physical Medicine & Rehabilitation
Radiology
%Rheumatology

If specialty not checked in the following report, **MUST** be an elective.

Rotation Specialty	Electives	Core Selec	Primary Care Selec	Surg Selec	Med Selec	CCD
Acupuncture	X					X
Addiction Medicine	X		X		X	X
Advanced Clin. Topics in Basic Science						X
Allergy Medicine	X				X	X
Ambulatory Medicine	X		X			X
Anatomy	X					X
Anesthesiology	X			X		X
Anesthesiology/Radiology	X			X		X
Cardiology	X				X	X
Cardiology (Rehab)	X					X
Clinical Education Enrichment	X					X
Critical Care Sub Internship	X					X
Dermatology	X			X	X	X
Dermatology/Anesthesiology	X			X		X
Dermatology/Radiology	X			X	X	X
Dermatology Research	X					X
Dermatopathology	X					X
EKG	X				X	X
Electrophysiology	X				X	X
Emergency Medicine	X			X	X	X
Emergency Medicine (Sub Internship)	X			X	X	X
Emergency Medicine Ultrasound	X					X
Endocrinology	X				X	X
Ethics	X		X		X	X
Family Medicine	X	X	X			X
Family Medicine (Geriatrics)	X		X			X
Family Medicine (Sub Internship)	X		X			X
Family Medicine (OMM)	X	X				X
Family Medicine (Emergency Medicine)	X		X			X
Forensic Medicine	X					X
Forensic Pathology	X			X		X
Forensic Surgery	X			X		X
Gastroenterology	X				X	X
Geriatrics	X		X		X	X
Gynecology	X		X			X
Health Care Management						X
Hematology	X				X	X
Hematology - Oncology	X				X	X
Hepatology	X				X	X
Hyperbaric Medicine	X		X			X
ICU	X		X		X	X
ICU (Neonatal)	X		X			X
ICU Pulmonology	X				X	X
ICU-CCU	X				X	X
Immunology	X				X	X
Infectious Disease	X				X	X
Internal Medicine (Critical Care)	X				X	X
Internal Medicine (Diabetology)	X				X	X
Internal Medicine (General)	X	X	X		X	X

Rotation Specialty	Electives	Core Selec	Primary Care Selec	Surg Selec	Med Selec	CCD
Internal Medicine (Geriatrics)	X		X		X	X
Internal Medicine/Dermatology	X				X	X
Internal Medicine (Emergency Medicine)	X		X		X	X
Internal Medicine/Pathology	X				X	X
Internal Medicine (Pediatrics)	X		X		X	X
Internal Medicine/Radiology	X				X	X
Internal Medicine (Sub Internship)	X		X		X	X
Laboratory Medicine	X					X
Maternal-Fetal Medicine	X					X
Medical Missionary Work						X
Mind Body Integrative Medicine	X					X
Neonatology	X					X
Nephrology	X				X	X
Neurology	X				X	X
Obstetrics-Gynecology	X	X	X			X
Obstetrics-Gynecology (Sub Internship)	X	X	X			X
Occupational Medicine	X					X
OMM-OMT	X		X			X
Oncology	X				X	X
Oncology (Gynecologic)	X				X	X
Operation Safety Net (Qualifies for R/U)	X					X
Ophthalmology	X			X		X
Osteopathic Health Policy Internship	X					X
Otorhinolaryngology (ENT)	X			X		X
Pain Management	X			X		X
Pain Management - Anesthesiology	X					X
Palliative Care	X				X	X
Pathology	X				X	X
Pathology/Anesthesiology	X			X		X
Pathology/Dermatology	X			X	X	X
Pathology/Radiology	X			X	X	X
Pediatric Anesthesiology	X					X
Pediatric Cardiology	X					X
Pediatric Dermatology	X					X
Pediatric Emergency Medicine	X			X		X
Pediatric Endocrinology	X					X
Pediatric Gastroenterology	X					X
Pediatric Immunology	X					X
Pediatric Infectious Disease	X					X
Pediatric Intensive Care	X					X
Pediatric Nephrology	X					X
Pediatric Neurology	X					X
Pediatric Oncology	X					X
Pediatric Ophthalmology	X					X
Pediatric Orthopedic Surgery	X					X
Pediatric Psychiatry	X					X
Pediatric Pulmonology	X					X
Pediatric Sub internship	X		X			X
Pediatric Surgery	X			X		X
Pediatric Urology	X					X

Rotation Specialty	Electives	Core Selec	Primary Care Selec	Surg Selec	Med Selec	CCD
Pediatrics	X	X	X			X
Pediatrics (Adolescent Medicine)	X		X			X
Pediatrics (Developmental)	X		X			X
Perinatal Medicine	X					X
Physical Medicine & Rehabilitation	X				X	X
Preventative Medicine	X					X
Proctology	X			X		X
Psychiatry	X	X	X			X
Psychiatry (Child & Adolescent)	X					X
Psychiatry (Geriatric)	X					X
Psychiatry (Neuro)	X					X
Psychology (Child & Adolescent)	X					X
Pulmonology	X				X	X
Radiation Oncology	X					X
Radiology	X			X	X	X
Radiology (Diagnostic)	X			X	X	X
Radiology (Neuro)	X				X	X
Radiology (Nuclear)	X					X
Radiology (Vascular & Interventional)	X			X		X
Reproductive Endocrinology	X				X	X
Reproductive Health	X				X	X
Reproductive Medicine Genetics	X					X
Research (Elective or CCD only)	X					X
Rheumatology	X				X	X
Rural-Underserved Medicine	X		X			X
Rural-Underserved Med/OMM-MCH Only	X		X			X
Self-Study (COMSAE)						X
Sports Medicine	X		X			X
Surgery/Anesthesiology	X			X		X
Surgery (Bariatric)	X			X		X
Surgery (Burn)	X			X		X
Surgery (Cardiothoracic)	X			X		X
Surgery (Cardiovascular)	X			X		X
Surgery (Colon-Rectal)	X			X		X
Surgery/Dermatology	X			X		X
Surgery (Flight)	X			X		X
Surgery (General)	X	X		X		X
Surgery (Gynecological)	X			X		X
Surgery (Maxillofacial)	X			X		X
Surgery (Neuro)	X			X		X
Surgery (Oncologic)	X			X		X
Surgery/Ophthalmology	X			X		X
Surgery (Orthopedic Sports Medicine)	X			X		X
Surgery (Orthopedic)	X			X		X
Surgery/Otorhinolaryngology (ENT)	X			X		X
Surgery/Pathology	X			X		X
Surgery (Plastic-Reconstructive)	X			X		X
Surgery/Radiology	X			X		X
Surgery (Shock-Trauma Sub-Internship)	X			X		X

Rotation Specialty	Electives	Core Selec	Primary Care Selec	Surg Selec	Med Selec	CCD
Surgery (Shock-Trauma)	X			X		X
Surgery (SICU)	X			X		X
Surgery (Transplant)	X			X		X
Surgery (Trauma)	X			X		X
Surgery (Urologic)	X			X		X
Surgery (Vascular)	X			X		X
Surgical Pathology	X			X		X
Toxicology	X					X
Urgent Care	X		X			X
Volunteer-Health Care Related Service						X
Women's Health	X		X			X
Wound Care	X			X		X
/ - (Forward slash) Denotes 2 week block combos						
cls 6/14/17						