

Lake Erie College of Osteopathic Medicine



Clinical Clerkship Manual

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NOTICE

The LECOM Clinical Clerkship Manual is a guide to assist each osteopathic medical student for success in clinical training. Every effort is made to provide each student the opportunity for the best possible clinical learning environment available. There may be changes in clinical education that may occur after this manual is distributed that may supersede these guidelines. Each student is responsible to keep updated when notified of these changes by Clinical Education and/or LECOM administration.

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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, family as a unit, and community. Osteopathic physicians must be able to function in the role of leader of a 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 positively impact the equality of healthcare with healthcare delivery systems, as well as 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 they serve. Community leadership is an integral part of improving the healthcare of a community as a whole; thus, osteopathic physicians must be motivated toward the prevention of illness and 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 osteopathic physicians involved in disease prevention, diagnosis, and treatment of individual patients, in families, communities, and populations at large.
- Ensure the acquisition of basic clinical knowledge and essential clinical skills, including the integration of Osteopathic Principles and Practices (OPP).
- Develop an understanding of contemporary healthcare delivery challenges.
- 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 physician as being able to:

- Demonstrate profound clinical excellence, using current biomedical knowledge in identifying and managing the medical problems presented by their 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.
- Integrate the application of the Osteopathic structural exam and the application of Osteopathic Manipulative Treatment (OMT) in patient care.
- 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, understand, and critically evaluate the findings of a body of research, and apply the results to clinical practice.
- Manage their 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 provided 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 osteopathic 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. The student works under the supervision of a teaching physician, who is referred to as the preceptor. Clerkship experience may be in a hospital, outpatient office based, or hybrid setting.

The clerkship period is four weeks in length, which is referred to as a time slot. Each rotation is ten credit hours which includes at least forty working hours per week, as well as the completion of online curriculum and study for end-of-rotation subject examinations. Weekends and on-call hours are at the discretion of the preceptor and/or Regional Dean/Director of Medical Education. The daily schedule is set by the preceptor/Director of Medical Education (DME)/Regional Dean at each site.

2.1.2. Core Rotations

The subjects of Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Psychiatry, Surgery, Ambulatory Medicine, and Emergency Medicine are considered core rotations. The purpose of core rotations is for students to develop a solid foundation in osteopathic medicine. Core rotations are included in both the third year and the fourth year curriculum. These core rotations must be completed at a core affiliate hospital and are found on the student's schedule via the LECOM portal. Core rotations are scheduled by the Department of Clinical Education. The LECOM online web-based curriculum is a mandatory didactic component to every core clerkship rotation.

2.1.3. Core Affiliated Hospital

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

2.1.4. Selective Rotation

The OMS4 curriculum includes three Selective rotations: Primary Care, Medical, and Surgical. The student will arrange a selective rotation as they would an elective rotation. Selective rotations can occur at a core site, as well as any hospital, health care center, ambulatory practice, or clinical training site. Appendix D of this manual outlines which sub-specialties qualify as a Primary Care, Medical, or Surgical Selective.

2.1.5. Elective Rotation

The purpose of elective rotations is to provide students with the opportunity to gain clinical experience in a preferred medical specialty. During OMS3, students are provided two elective rotations and up to three during OMS4. These rotations can be served at any location and in any clinical subject matter and under the direction of a physician who is willing and able to take students. Elective rotations are subject to the written 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.

2.1.6. Vacation Rotation

Vacation rotations are designated for time off. However, they are also an opportunity for the student to gain experience at a training site, make contacts, and network, while developing clinical skills and a broader medical knowledge base. Vacation rotations are not for credit and may not be converted for credit. Students are able to be seen on audition rotations, as well as receive letters of reference from attending physicians during this rotation to be used for residency application during this time. Vacation rotation blocks are the first to be utilized for required remediation.

2.1.7. Clinical Competency Development (CCD) Rotation

After a student's successful completion of their OMS3 year, they are able to participate in a CCD rotation. The purpose of this rotation is for students to prepare for their COMLEX Level 2-CE and 2-PE examinations. For more information regarding the CCD rotation, please refer to Section 2.2.7 of the LECOM Student Handbook and Academic Catalog.

2.2. Requirements for Clinical Rotations

2.2.1. COMLEX Level 1

After students take the COMSAE examination, they are to take COMLEX Level 1 no later than August 1st. Students must be granted permission by LECOM to schedule a test date after August 1st. Students must also obtain a passing grade on the COMLEX 1 examination to be permitted to continue rotations.

2.2.2. Immunizations

In order for students to be permitted to enter the clinical environment, they must first receive certain immunizations. Please refer to Appendix A for details regarding necessary immunizations and due dates. These requirements can be found on E*Value and must all be completed by October 15th of the OMS2 year. E*Value notifies each student via email when an immunization will soon expire. Students with expired immunizations are not permitted to rotate at any hospital.

If a student's rotation site requires any additional immunizations, including a drug screen, it is the student's responsibility to complete and submit them to the site.

2.2.3. Background checks

Students are required to submit a new set of three background checks (Acts 34, 151, and 73) for each clinical year, which requires a completion and submission of the LECOM Information Release for Background Checks Waiver. Additional information regarding background checks can be found in Appendix B of this manual.

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

completed and background checks must be submitted by April 1st of OMS2.

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.

Students in the Class of 2020 are also required to enroll in the mandatory LECOM Student Health Plan, but the following exceptions will be taken into consideration:

- 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 Class of 2021, enrollment in the LECOM Student Health Plan is mandatory for all LECOM students on rotations. Enrollment in the student plan shall commence with June 1 of rotating student's first clinical year. Waivers are not accepted.

3. SCHEDULING ROTATIONS

3.1. Selection Process

3.1.1. Purpose of the Clinical Educational Site Assignment Process

To assign each student to a year-long core site(s) for their clinical training as an OMS3 and OMS4.

3.1.2. Resources on Clinical Education Sites

Information on the LECOM Portal is provided on core affiliated hospitals that a student can choose for their year-long core site during their OMS3 and OMS4 years of training. Students are encouraged to become familiar with each year-long clinical training site profile. This document includes key features, student characteristics that are a good fit for that site, residency programs, site contacts and additional information, including the website link so that the student has access to the sites demographics, location and clinical resources.

3.1.3. Clinical Education Site Assignment Process

BACKGROUND:

The E*Value Optimization Scheduling (**EVOS**) tool will be used to assign students to their year-long clinical site assignment. EVOS utilizes an algorithm in which every student's preferences are taken into account. Each student's preferences are reviewed by the optimizing program simultaneously to determine the best possible clinical training site assignment and schedule for every student. In addition, year-long core training sites are permitted to identify individuals for consideration to train at their site.

PROCESS:

June-August: Clinical Education surveys all LECOM affiliated training sites to determine the number of year-long students and/or clinical rotation capacity for all specialties for the subsequent academic year. LECOM affiliated training sites are requested to identify their capacity for rotations and allocated year-long students by the end of August.

August-September: The Associate/Assistant Dean of Clinical Education will give a presentation to each OMS2 class at each campus to discuss clinical training, the available core clinical training sites, and the E*Value Optimization Scheduling (EVOS) tool to assign students to their year-long core clinical training site.

October-November: The number of available year-long positions at each core training sites will be made available to each OMS2 class. Specific dates will be identified for students to rank their selections in E*Value in order of preference over several days.

November-January: The EVOS tool will be utilized in a two-phase process: First, members of the OMS2 class will be informed of their year-long assignments. Second, the sequence assignments will be determined.

3.2. Core Rotation Schedule Changes

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

NOTE: A hardship is defined as a medical condition or injury of an acute but temporary nature, or the existence of a threat to the integrity of the student or their family, which impedes or prohibits the student from making satisfactory progress toward the completion of the COM requirements.

3.3. Non-Core Rotation Changes

No changes are allowed, except for extenuating medical, financial, or personal hardships, which will be reviewed and are at the discretion and written 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. Rotations are to be four weeks long duration and a minimum of forty hours per week.

3.4. Two Week Rotations

Two week rotations are not authorized unless used during a vacation rotation. Additional information regarding vacation rotations can be found in section 2.1.6.

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. Student immunization data and clearance records are available to a site's coordinator on E*Value.

3.6. Registration of Rotations

Core rotations – Core rotations are scheduled by the Department of Clinical Education only. Students are unable to change scheduled rotations at core sites. Students are never permitted to alter their rotation schedule.

Elective/Selective rotations – Requests must be submitted to the Department of Clinical Education at least eight weeks prior to the beginning of the rotation timeslot. Requests are submitted via the LECOM portal under the Clinical Education tab. Students must receive written approval from the appropriate medical education coordinator, DME/Regional Dean, and/or physician's office before submitting a rotation request for approval.

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.

- Students are not permitted to be on a rotation without the written approval of the Department of Clinical Education.
- No grade will be given for any rotation completed by the student without written authorization of the Clinical Education Office. Students violating this policy will be

subject to the disciplinary discretion of the Student Promotion and Graduation Committee and will result in a failure or incomplete grade.

3.7. Cancellation of a Rotation

Core Rotation – Only the Regional Dean and Department of Clinical Education may cancel core rotations.

Elective/Selective Rotation – If a student must cancel an elective/selective rotation, they must notify both the site and the Department of Clinical Education **no later than eight weeks prior to the start of that rotation timeslot**. Requests submitted by a student to cancel a rotation less than eight weeks prior to the start of the rotation will not be accepted.

Students violating this policy will be subject to review by the Student Promotion and Graduation Committee.

NOTE: 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.

The Lake Erie College of Osteopathic Medicine reserves the right to remove any student from clinical rotations at any time. Any academic, professional, or behavioral developments brought to the attention of their Regional Dean will be at the disciplinary discretion of the Regional Dean, the Associate and Assistant Deans of Clinical Education, and the Student Promotion and Graduation committee.

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 rotation, failing the rotation, and being 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 the Student Handbook.

4.3. Dress Code

Students are to wear clean, white clinic jackets with their nametag, and otherwise dress in compliance with the LECOM Dress Code at all times, unless instructed otherwise by the rotation site. Additional information regarding LECOM Dress Code can be found in the Academic Catalog and Student Handbook, Sec. 4.3.2.

Scrubs are only to be worn on the units requiring their wear and are not considered dress code outside of these specific 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, including individuals who may be 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 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 and is designed to provide the student with an education in the general areas of internal medicine, surgery, pediatrics, obstetrics/gynecology, psychiatry, family medicine, rural/underserved, ambulatory, and emergency medicine.

The Clinical Clerkship Program is under the direct supervision of the Lake Erie College of Osteopathic Medicine, its Department of Clinical Education, and both the Assistant and Associate Deans of Clinical Education. LECOM has made affiliations with a wide range of hospitals, clinics, and physicians offering diverse training opportunities for its students. The program has been organized to permit the greatest degree of educational exposure in a 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 regarding core affiliated sites is available on LECOM's portal and website.

5.1.1. Teaching Techniques and Evaluation Methodology

Students will participate in a structured, systematic training experience on each service. Students will be assigned to a patient care team which is typically comprised of residents, interns, and attending physicians. This structure will provide all participants with clearly delineated responsibilities for meeting educational objectives. The specific educational objectives for each core rotation are defined on the LECOM portal regarding OMS3 and OMS4.

Students must submit the following criteria to receive credit for a rotation: **student evaluation, procedure log, and site evaluation.** These criteria are to be submitted within E*Value. For core rotations, students must also complete the respective end-of-rotation quiz and subject exam. Additional information regarding evaluations can be found in Section 7 Evaluation and Assessment, as well as on the LECOM portal.

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 subject-specific evaluations, which are available to clinical preceptors on E*Value.

In order for the student to progress from OMS3 into OMS4, the student must have submitted the following: each evaluation, procedure log, and site evaluation. They must also have completed and passed all quizzes and subject exams. The same criteria applies to a student progressing from OMS4 to graduation.

5.1.2. Patient Care

Students will comply with all requirements related to patient care as established by the host institution. Patient encounters require a personal introduction, self-identification as a LECOM medical student, and the presentation of appropriate identification badges. For information regarding patient encounters, please refer to Appendix H: General Patient Encounter Objectives.

5.1.3. Administrative Functions

- Clinical clerkship coordination will be through the Office of the Associate Dean/Assistant Dean of Clinical Education of LECOM.
- The hospital will specifically define the degree of student involvement in its own institution in consultation with LECOM.
- 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. Students are responsible for retrieving this information from their site's coordinator.
- LECOM and each participating hospital will identify the personnel involved in teaching programs, including administrative personnel. This information can be found on the LECOM portal or by contacting the Department of Clinical Education.
- Delivery of clerkship content, structure, and evaluation will be the responsibility of the appropriate departments of the hospital and approved by LECOM.
- Any academic, professional, or performance difficulties in the program should be immediately communicated to the Regional Dean of the site and 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, a Regional Dean, or their appointee will be performed periodically.

5.2. 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. The student will go through orientation, which varies by site. Reference to the rotation site includes the following: patient rooms, nurses' stations, emergency department, ancillary services facilities (X-rays, laboratory, etc.), restrooms, lounges, cafeteria/coffee shop, or library.

The student will familiarize themselves with their rotation site by:

- Being provided detailed information regarding what is expected of them—including the time commitment to these duties.
- Being informed of the criteria to be utilized in evaluating their performance.
- Being informed as to whom is responsible and how that person or those persons may be reached when needed.
- Knowing initially whether the student may record on the patient's chart and, if so, what and where they may record.

NOTE: If the student does not receive the above-mentioned information at the beginning of the rotation, they are responsible for contacting the hospital DME/Region Dean or site coordinator for clarification. Violations of institutional procedures may jeopardize the student's grade.

5.2.1. Reporting for Service

At least four weeks prior to the start of the rotation, the student is responsible for contacting 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 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.).

5.2.2. Hospital Rules and Regulations / Financial Responsibility

Each hospital or health care system has 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.

5.2.3. LECOM Policy for Guest Housing

- No guests of any gender are permitted in visiting student quarters.
- No alcohol is permitted to be in the visiting student quarters.
- No smoking of any substance, vaping or electronic cigarettes in the visiting student quarters.
- No illicit drugs, weapons, or drug paraphernalia are to be in the visiting student quarters.
- No pets or livestock are permitted in visiting student quarters.
- No disorderly behavior is permitted in student quarters at any time.

Should there be a violation of this policy, the student will be subject to disciplinary action and reported to their Regional Dean, the Department of Clinical Education, and the Student Promotion and Graduation Committee.

Year- long rotation sites:

Year-long regional campuses do not offer free housing for students. Year-long 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 osteopathic medical students. There are a few sites that offer living arrangements for year-long students, which requires students to contact those sites and individually make arrangements for housing. Information regarding site housing can be found on the LECOM portal.

5.3. 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. The student, while on a rotational service, will at all times be responsible to the personnel in charge of the unit involved.
- Students shall assume responsibility for and perform their assigned duties in accordance with the training institution regulations. Students will be expected to comply with the general rules established by the hospital or clinic at which they are being trained.
- Students shall not be permitted to accept financial compensation or any form of gratuity for rendering patient care.
- Students should be assigned to specific patients.
- 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. 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.
- 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. A schedule of the hospital educational programs should be obtained each week or month from the Director of Medical Education/Regional Dean.
- 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.
- All problems or difficulties should be communicated to the Office of the Associate Dean/Assistant Dean of Clinical Education.

5.3.1. Histories and Physicals

- 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.
- 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 and countersigned by the supervising physician.
- 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, they should contact the DME's office of the core affiliated hospital.
- 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.
- 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.

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 writing, to the student's clinical coordinator for approval at least four weeks prior to the student's absence. Examples of excused absences are subject exam testing, national exam testing, and interview days.

Reminder: Students are permitted absence up to five days per rotation.

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

5.4.2. Illness

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 due to illness require a physician's statement of fitness for duty to return to rotations**—this written 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.

Any student becoming ill or injured while on rotations should seek treatment at the nearest appropriate facility such as an Emergency Department or Urgent Care Center. Students are not authorized to receive medical treatment from the physician evaluating them on rotation, i.e. their preceptor.

5.5. Time Off Request

If the student desires to participate in an activity that will take them away from an assigned clinical setting, the student must submit a written request which fully details the time away from assigned duty. This request must be submitted to the Department of the Associate Dean/Assistant Dean of Clinical Education no less than four weeks before any absences. The local Regional Dean/DME must be notified, as well as the preceptor to whom student is assigned.

5.5.1. Educational Seminars/Conferences

Students wishing to attend educational seminars, conferences, etc. not occurring at the training site must have approval from the Associate Dean of Preclinical Education and the Associate/Assistant Dean of Clinical Education. Only students in “good standing” with a GPA of 3.0 or higher or an average score of 80 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.

Some rotations sites require the attendance of educational lectures and seminars. Students need to make themselves aware of their site's policies regarding attendance of these events.

5.5.2. Residency Interviews

Time off will be granted for internship/residency interviews during the 4th year up to a maximum of twenty (20) 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. **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.

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 outside of LECOM.

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 the following 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.

If a student is travelling over 200 miles to take an examination, travel time is permissible. Students must submit a written request to the Department of Clinical Education at least two weeks prior to the exam date to be considered for a travel day.

- COMLEX and USMLE: All students will be permitted the day before and after the exam away from rotations for travel.
- NBME Subject Exams:
 - Campus Exam: The day prior to exam date is a permitted travel date if distance from campus exceeds 200 miles.
 - Prometric Site Exam: Time off rotations to travel to a Prometric site will never be authorized.
- **Reminder: The maximum total number of days students are permitted to be absent from rotations is five (5).** Absence beyond this will result in the student not receiving credit for the rotation, and a new rotation will be scheduled at the convenience of the Department of Clinical Education.

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 (LOA)

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 being returned to
 - 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:**
 - a. Meet all requirements indicated by the time removed from rotations
 - b. 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.
 - c. 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. 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 Department 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.

May be adjusted for call/coverage based upon rotation site need.

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

6. CURRICULUM

6.1. Non-Cognitive Standards

As future osteopathic 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.

Osteopathic 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.

Osteopathic medical students shall demonstrate professional behavior expected of an osteopathic 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, clinical rotations, and examinations.
- Never 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.
 - Possess awareness regarding patient sensitivities to strong aromas.
- 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.
 - Recognize when it is appropriate to request assistance from medical team.
- Clearly identify their role as medical students in the patient care setting.
- Seek appropriate faculty supervision.
 - Observe, assess, and experience different scenarios. Participate with permission when it is appropriate to do so.
- Respect civil and criminal laws, hospital rules, and LECOM rules governing the conduct of medical students.

Osteopathic 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 race, ethnicity, color, religion, creed, national origin, gender/sex, sexual orientation, gender identity or expression, age, marital status, disability, status as a veteran or disabled veteran, citizen (within the limits of the law), or any other legally protected characteristic.
- 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 situations (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 on the student's portal page. Sub heading tabs for each of the core rotations are within MY COURSES. Under each of the core rotations are assigned weekly readings, weekly questions, and an end of rotation quiz that must be completed by the specified completion date and time. 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
- DOR 1008 – Internal Medicine II
- DOR 1032 - Internal Medicine III
- DOR 1007 – Surgery I
- DOR 1009 – Surgery II
- DOR 1010 – Obstetrics/Gynecology
- DOR 1022 – Family Medicine
- DOR 1018 – Pediatrics
- DOR 1027 – Geriatrics/OPP/Med Selective
- DOE 1001 – Elective I

- DOE 1002 – Elective II
- DOR 1011– Psychiatry/Behavioral Health
- Vacation

Fourth Year Rotations

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

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 third year 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 Department of Clinical Education for information on how these examinations apply to course grade evaluations.

6.5. Clinical Curriculum for APAP

Please refer to the APAP Manual for complete details on the policies and procedures of this program.

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.

Second Year Rotations

- DOE 1023 – Family Practice/OMM
- DOR 1027 – Geriatric Medicine

Third Year 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
DOE 1021 – Sub-Internship

6.6. Clinical Curriculum for PCSP

Please refer to the PCSP Manual for complete details on the policies and procedures of this program.

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
DOR 1006 – Internal Medicine
DOE 1015 – Clinical Overview*

Third Year Rotations

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

*Denotes courses unique to PCSP curriculum

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. There are different requirements for participating in the CCD course depending on campus assignment.

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 may be an osteopathic (DO) or allopathic (MD) family physician 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. The student is responsible for identifying the rotation site.

6.9. Selective Rotations

Fourth year selective rotations can occur at a core site, as well as any hospital, health care center, ambulatory practice, or clinical training site. The student must serve their rotation in the course requirement listed on their schedule. The student will arrange for the selective rotation as they would for an elective.

6.10. Rural/Underserved Rotations

This rotation may be at either a rural site or an underserved site with a primary care physician. 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

There are two four-week rotations in Ambulatory Medicine. Ambulatory Medicine is intended to expose students to a variety of community-based primary care settings. Students, as a function of contact with allied health care professionals, will acquire knowledge and skill in the utilization of community resources for the prevention and treatment of disease.

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/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

There are many opportunities for students to be involved in scholarly activity and/or research. In the event that a student requests to use an elective towards work on a scholarly activity/research project associated with medical research or medical education, there are certain parameters that must 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 they completed. The abstracts are to be submitted to Clinical Education and to the Assistant 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.

7. EVALUATION AND ASSESSMENT

7.1. Introduction

LECOM utilizes E*Value for scheduling and evaluating of students' clinical clerkships. In E*Value students can find their immunizations and certifications, check the availability of clerkships and view their full clinical schedule.

To receive a grade for each clerkship, the student will be responsible for ensuring submission of following with E*Value:

- The preceptor completing the student evaluation on E*Value
- Site evaluation
- Procedure logs

7.2. Student Evaluation and Grading

7.2.1. Student Evaluation Form

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 will be used in the Dean's Letter or offer recommendations for improvement.

1. Electronic Evaluation

Clinical rotation performance evaluations are completed within E*Value. Two weeks after submitting "Site Information Gathering", the student will receive an email from E*Value prompting them to complete "Who Did You Work With", which identifies their rotation preceptor. During the last week of the student's rotation, the preceptor identified will receive an emailed link to the student's rotation-specific evaluation within E*Value to complete.

It is highly recommended that each student meet with their preceptor to discuss their performance on rotation.

2. Paper Evaluation

There are a minority of preceptors that are unable or unwilling to utilize the online rotation evaluation forms through E*Value, which will require the student to provide that preceptor with a paper evaluation to fill out. Appendix C: Clerkship Evaluation Form is a sample of the paper evaluation.

Clinical Clerkship Evaluation forms are prepopulated and generated directly from the LECOM portal. During the last week of each rotation block, the student must meet with their preceptor for the evaluation. The student must sign the form to attest that this was done. The completed and signed evaluation forms should then be mailed to the student's respective Office of Clinical Education. Alternatively, LECOM Erie and Seton Hill students can scan and email their evaluation forms to evaluations-erie@lecom.edu. LECOM Bradenton students can scan and email their evaluation forms to evaluations-bradenton@lecom.edu.

- Please note that only one student evaluation per rotation will be accepted unless the student was on two different services during that rotation. If the student was with several physicians, the student should have the principal evaluator submit a composite evaluation.
- **Student evaluations are due in the Office of Clinical Education within three weeks of completion of that rotation.**
- Evaluations may be viewed by the student any time within E*Value.

Students are solely responsible for obtaining the preceptor's evaluation. Any incomplete grade will jeopardize Financial Aid, transitioning from OMS3 to OMS4, and Graduation.

7.2.2. Site Evaluations

The student must submit a site evaluation for each rotation on E*Value. Site evaluations must be completed no more than three weeks after each rotation. Site evaluations are used for LECOM and the site to improve the clinical education experience

Failure to submit site evaluations will result in an incomplete rotation grade.

7.2.3. 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.

Procedure 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.

Procedure logs must be completed within E*Value. Failure to submit these will result in an incomplete grade. In compliance with HIPAA, no patient identifiers may be included on logs.

7.3. Rotation Grade Calculation

Core Rotations: Grades obtained from the student evaluation forms are entered in the student database and the grade is calculated using the following formula:

- 50% from the preceptor's evaluation
- 30% from the End of Rotation NBME Subject Examination
- 20 % from the Clinical Web-based Curriculum Quiz

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

7.3.1. Student Grades

Student evaluations and grades are maintained in the Office of Clinical Education.

Student evaluations and grades are **confidential** and will not be copied by office personnel of the Office of Clinical Education and/or sent to another party. Student transcripts will remain under the aegis of the Registrar's Office.

7.3.2. End-of-Rotation Subject Examinations

Following completion of each OMS3 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. Subject examinations are administered on the last Friday of every time slot. Exams are administered at the following locations: LECOM Erie, LECOM Seton Hill, LECOM Bradenton, select regional campuses and year-long training sites, as well as Prometric testing sites.

OMS3 students must take and pass the Subject Exams of Family Medicine, Internal Medicine, Obstetrics/Gynecology, Pediatrics, Psychiatry, and Surgery before they progress into their OMS4 year.

OMS4 students must take and pass the Subject Exams of Ambulatory Medicine and Emergency Medicine before graduating.

The following table lists each of the subject exams and the rotation after which the exam should be taken:

EXAMINATION	Four Year Pathway	APAP	PCSP
Family Medicine	FM	FP/OMM	FM
Internal Medicine	IM3*	IM1	IM1*
OB/GYN	OB/GYN	OB/GYN	OB/GYN
Pediatrics	Pediatrics	Pediatrics	Pediatrics
Psychiatry	Psych	Psych	Psych/CR
Surgery	Surg2*	Surg2*	Surg1

Ambulatory	Amb1*	Amb1	Amb1*
Emergency Medicine	EM1*	EM1	EM1

*Exam scores will be applied to individual rotations of a subject. Example: The score of a student’s Surgery subject exam will be used to calculate the rotation grade for rotations Surg1 and Surg2 individually. Rotation grades will not be finalized until the subject exam is taken and all rotation requirements are completed.

NOTE: Passing scores are determined annually by the Office of Clinical Education.

7.3.3. Clinical Web-Based Curriculum

Participation in Web-based Curriculum is mandatory for all OMS3 and OMS4 core rotations. If a student does not participate in the program regularly, they are not eligible to take the end of rotation quiz.

The deadline for the end of rotation quiz is the last Saturday at 10 pm EST of the core clerkship rotation. 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 in their clinical grade.

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

Students must successfully complete the required core rotation quiz. Students that fail to participate and/or fail to remediate in a successful manner will receive a failing grade for the rotation and have a 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. In addition, the student will be referred to the 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 four weekly tests. All four tests are timed, taken on the portal, and are opened at the beginning of the course.

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

7.3.4. Questionable Evaluations

All disputes about grades or ambiguous evaluations will be submitted to the Student Promotion and Graduation Committee for final resolution.

7.3.5. Failures of Rotations and NBME Subject Exams

Both rotation and subject exam remediation is necessary for student progression from OMS3 to OMS4, as well as from OMS4 to graduation. Failing grades will be recorded on the student's official transcript and the rotation must be repeated before the end of the respective clinical year.

- Rotation Failure
 - Will have implications regarding financial aid.
 - May result in a student being off schedule and unable to enter the ERAS Residency Match, and thus unable to graduate on time.
 - A student's transcript will reflect both the failed rotation and the remediation rotation grades. A failing rotation grade will never be replaced with a passing rotation grade after remediation.
 - After satisfactory completion of the failed rotation, a "C" (70%) will be entered as the final grade for the remediation rotation.
 - In the event of the failure of two rotations, the student may be dismissed from LECOM.
- NBME Subject Exam Failure
 - Failing exam scores are never replaced with remediated passing scores.
 - Student GPA will always be reflective of the first attempt of taking a subject exam.
 - Failure of three or more subject exams requires the student to pass a comprehensive exam before they may progress to OMS4.
 - Failure of two comprehensive exams requires the student to repeat their OMS3 year.
 - Students cannot take their COMLEX Level-2 exams until they are officially in their OMS4 year.

7.3.6. Remediation/Professional Development

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

Remediation of rotation failures or professionalism issues shall occur on the home campus under the direction of the Associate/Assistant Dean of Clinical Education, unless otherwise directed by the Student Promotion and Graduation committee. This policy applies to the following:

- Failure of COMLEX Level 2-CE or 2-PE
- Failure of COMLEX Level 1
- Failure of End of Rotation Subject Examinations greater than one
- Failure of rotation
- Professionalism Issues

Students are required to withdraw from ERAS in cases where an event takes them off schedule and alters their graduation date. If an event delays the student's graduation date

when they have matched into a residency program, they must notify their Residency Program Director immediately.

7.3.7. Incomplete Grades

Failure to submit site evaluations, preceptor evaluations, or procedure logs will result in an incomplete rotation grade. Students may not proceed from OMS3 to OMS4 or OMS4 to graduation until they submit all required paperwork. If for any reason a student receives an incomplete evaluation or grade the student must complete the requirements for that particular rotation or time period within the appropriate academic year.

A Dean's Letter will not be submitted until all OMS3 incomplete grades have been rectified.

7.3.8. Non-attendance Evaluations

Any student who does not report to a rotation, unless with prior consent from the Office of Clinical Education and their site, will receive an automatic failing grade for the rotation and be immediately placed on academic probation. The rotation must be made up at a later date, and may not be made up during an elective rotation. This will delay progression to fourth year or to graduation. All violations will be subject to review by the Student Promotion and Graduation Committee.

7.3.9. Non-registered Rotations

Any student starting an Elective or Selective rotation without prior proper registration on the LECOM portal and approval from 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.

7.3.10. Clinical Performance Tracking

In an effort to identify any and all factors that could impact a student's success during the clinical training period, several evaluation categories will be tracked. These include but are not limited to:

1. Subject exam performance
2. Rotation quiz performance
3. Rotation performance as determined by preceptor's evaluation
4. Professionalism

Every student that has a deficiency in one or more categories will be monitored by their Regional Dean and/or the Associate/Assistant Dean of Clinical Education, as well as the Student Promotion and Graduation Committee.

7.3.11. National Examinations

All students will be granted a travel day both before and after each COMLEX and USMLE examination. Students are responsible for notification of absence to their clinical education coordinator, site's medical education coordinator, and assigned preceptor.

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

by the appropriate Dean. All students are required to take the COMSAE at the end of OMS2 year. Must pass COMSAE in order to take COMLEX Level 1

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 2-CE 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. Multiple factors are taken into account to assist identifying a student at risk, including a low score on the COMLEX LEVEL 1, subject exam and core rotation quiz failure(s), and/or concerns identified with rotation performance as determined by preceptor evaluation(s).

If a student is participating in the CCD program for board preparation, the LEVEL 2-CE examination may not be taken until 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 2-PE must be taken within 60 days of completing the Clinical Skills Workshop-- unless special dispensation is received from the appropriate Dean. Erie and Seton Hill students must return to the LECOM Erie or designated site to attend the Clinical Skills Workshop. LECOM Bradenton students are required to complete all on-line PE videos available through True Learn.

USMLE Step 1 is required to be completed prior to graduation beginning with the Class of 2022.

USMLE & COMLEX Examination Requirements:

Students are required to take the USMLE and COMLEX examinations, only if approved by appropriate LECOM faculty.

For additional information regarding COMLEX, COMSAE, and USMLE examinations, please refer to section 2.2.7 in the LECOM Academic Catalog.

7.4 Student Assessment Review:

Clinical education and/or assigned regional dean reviews assessments done during the clinical training, including but not limited to rotation performance, quiz and subject exam performance, professional behavior, and other factors that are necessary for students to successfully completing all requirements for graduation from COM. These results may result in a specific educational plan recommendation for an individual, as well as global curricular modifications.

8. ADDITIONAL POLICIES AND PROCEDURES

8.1. Fees

Students participating in the clinical curriculum are required to make their own arrangements for transportation 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 Education 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 in OMS3 and OMS4, and are available by email or phone during normal college hours. Students may also schedule an appointment with their coordinator if warranted. Please refer to section 1.2 of this document for contact information.

8.3. Clinical Academic Years OMS3 and OMS4

The clinical academic year is made up of 13 four-week rotation time slots. Each class's schedule is available on the portal underneath the "Clinical Education" tab for review.

8.4. 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. Some states, such as Colorado, require Worker's Compensation Insurance for students who wish to complete an elective rotation there. Should the state require this insurance, the student is responsible for notifying the Department of Clinical Education.

8.5. Needle Stick/Blood Borne 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 of this document.

8.6. Address Change

Students are responsible for recording any change of address while on rotations. This includes a current/ mailing address **and** a permanent address. Address changes can be submitted through the LECOM Portal under the Bursar tab.

8.7. 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 and social media.

8.8. General Liability Insurance

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

Questions regarding professional liability insurance for LECOM students can be directed to Nathan Burtt, Assistant Vice President of HUB International, at (814)453-3633.

9. PREPARING FOR RESIDENCY

9.1. Overview of the Electronic Residency Application Service (ERAS) and Career Resources

The Electronic Residency Application Service (ERAS) streamlines the residency application process for applicants, their Designated Dean's Offices, Letter of Recommendation (LoR) authors and program directors. By providing applicants with the ability to build and deliver their application and supporting materials individually or as a package to programs, ERAS provides a centralized, but flexible solution to the residency application and documents distribution process. The ERAS website offers information for residency applicants about using MyERAS including tutorials, PowerPoints, and other resources to assist students through the application process. (<https://www.aamc.org/services/eras/>)

The American Association of Colleges of Osteopathic Medicine has developed a number of resources on the Single GME Accreditation System, “SAS Student Central,” with information on the matching process for osteopathic medical students and residency resources. (<https://www.aacom.org/news-and-events/single-gme/sas-student-central>)

The American Association of Medical Colleges has developed an online tool, Careers in Medicine (CiM), to assist students in assessing their interests, values, personality, and skills to help choose specialties that best fit their unique attributes. CiM will allow the student to learn details such as salary and lifestyle, prerequisites and length of training, competitiveness data, types of patients and procedures, and other characteristics of more than 120 specialties. There is a fee for this subscription service. (<https://www.aamc.org/cim/>)

There are additional resources to guide students through the matching process including a guidebook that is available at no cost through the American Academy of Family Physicians, *Strolling Through the Match*. Though this guidebook is geared towards opportunities in family medicine, it is applicable to other specialties as a guide to the match, advice on professional development for students, and outlines all the steps toward choosing a residency program, including residency evaluation, selection, application, and interviews. Additionally, it provides information about the National Resident Matching Program Main Residency Match process. (<https://nf.aafp.org/Shop/product/detail/3184e877-b0ea-4701-978e-365123bfcc73>)

9.2. 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, under any circumstance, upload a letter that is sent to the school. It is the student’s responsibility to make sure that the letter writer is aware of the uploading process. The student must ask the letter writer(s) 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.

9.3. Setting up ERAS (Electronic Residency Application Service)

During mid-year of the student's OMS3 year, LECOM will email each student a token from ERAS to allow a profile to be established. Even though ERAS does not officially open up until June each year, the student may initiate their 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 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 OMS4 year, LECOM will upload current transcripts to ERAS.

9.4. Dean's Letter Requests

By August of the OMS4 year, the Dean's Letter request forms are due. Students are encouraged to get the requests in as early as possible. The Dean's Letters are uploaded to ERAS by October 1st. 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 the LECOM portal. Each letter is written specifically for each student, thus no two are alike.

9.5. Registering for the Main Residency Match

A primary mechanism to obtain a residency position is to participate in the National Resident Matching Program (NRMP) Main Residency Match. The purpose of the Main Residency Match is to provide a uniform time for both applicants and programs to make their training selections without pressure. Through the Main Residency Match, applicants may be "matched" to programs using the certified rank order lists (ROL) of the applicants and program directors, or they may obtain one of the available unfilled positions during the Match Week Supplemental Offer and Acceptance Program. The Main Residency Match is managed through the NRMP's Registration, Ranking, and Results (R3) system (<http://www.nrmp.org/registration-ranking-results-system/>).

PLEASE NOTE: Registering for ERAS is not the same as registering for the NRMP Main Residency Match. There are two completely separate processes. 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 OMS4 students.

There are other residency matching programs that are outside of the NRMP, including the Military Match (<https://www.medicinethemilitary.com/officer-and-medical-training/residency-and-match-day>) and the San Francisco Match for Ophthalmology and Plastic Surgery (<https://www.sfmatch.org/>).

9.6. 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: Immunizations

Due Date: October 15th of OMS2, OMS3, and OMS4

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 through E*Value 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 are not permitted to proceed with rotations with an expired PPD result. If a PPD result expires during a rotation, an updated negative result must be acquired before the student is permitted to proceed with rotations.

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.

10.2. Appendix B: Background Checks

Due Date: April 1st of OMS2

Background checks required for students to begin rotations:

1. Criminal Background Check (Act 34) – PA Access through Criminal History (PATCH)
2. Child Abuse Clearance (Act 151/aka 33)
3. FBI Criminal Background Check with fingerprints (Act 73)

Students will NOT be permitted on rotation if their background checks have lapsed, or are incomplete. Students are responsible for submitting an electronic record of background checks on E*Value and original copy of the FBI Criminal Background Check (Act 73) must be submitted to the Department of Clinical Education. These items are required prior to the 1st year of matriculation at LECOM and prior to being an OMS3 and OMS4, which may add to the cost of the student's education and may require added fees.

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.

10.3. Appendix C: Clerkship Evaluation Form

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

Send in the completed evaluation form by mailing or emailing the entire form to:
LECOM Office of Clinical Education, 1858 West Grandview Boulevard, Erie, PA 16509; Office (814) 866-6641

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 ___

500134

9899

**

DOE1001

2000

SUMMATIVE EVALUATION

NOTE: OMS3 and OMS4 Core Rotation Evaluations: 50% from the preceptor evaluation, 30% from the Subject Exam scores and 20% from participation in the Clinical Web-Based Curriculum.

OMS3 and OMS4 Non-Core Electives/Selective Rotations: 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: _____

Updated 11/25/2019 krm

10.4. Appendix D: Non-involvement of Providers of Student Health Services in Student Assessment and Promotion (COCA)

Purpose/Background:

This policy outlines the policy/procedures to avoid potential role conflicts for health professionals who provide health services and serve as medical school educators. Pertinent AOA-COCA Standards sections are:

- **Element 9.10: Non-Academic Health Professionals:**
A COM must ensure that any health professional providing health services, via a therapeutic relationship, must recuse him/herself from the academic assessment or promotion of the student receiving those services.
- **Submission 9.10: Non-Academic Health Professionals**
 1. *Provide the policies and procedures on recusal from student assessment and promotion for health professionals providing services to students.*

****Operational definition/time frame: “providing health services” = an ongoing relationship or within last 2 years.**

Health professionals who have treated particular students via a therapeutic relationship may serve as faculty, and may provide teaching, but may not make evaluative decisions, including end of course/clerkship evaluations. Faculty are expected to recuse themselves from direct academic assessment or promotion of said students.

1. Faculty members on the SPG committee should recuse themselves from SPG decisions/meetings that hear cases regarding students with whom they have had a therapeutic relationship.
2. Faculty members should recuse themselves from administering OPP or H&P/Clinical Exam practical assessments of students with whom they have had a therapeutic relationship.
3. Faculty members should recuse themselves from serving as clinical preceptors and from assessing rotating OMS3 and OMS4 students with whom they have had a therapeutic relationship.
4. Faculty members should recuse themselves from serving as PBL facilitators for any group containing a student with whom they have had a therapeutic relationship.
5. Faculty members in any portion of the curriculum should recuse themselves from directly assessing particular medical students with whom they have had a therapeutic relationship.

This does not apply to course written exams where the entire student population is assessed collectively by an assessment tool produced by the faculty.

In the event that a student is assigned to a faculty member who has provided health services to that student, it is the responsibility of both the student and the faculty member to seek out the

appropriate change of assignment. The student and/or faculty member shall contact the Associate/Assistant Dean of Clinical Education or the Associate/Assistant Dean of Preclinical Education and the assignment will be immediately changed.

In the event that a student seeks health services from a health professional who is a member of the College of Osteopathic Medicine faculty, that faculty member will be subject to the policy contained herein. Urgent/emergent health services, where a delay in treatment could cause harm, should be provided to the student as appropriate, with transfer of care occurring as early as is clinically appropriate.

10.5. Appendix E: Site Evaluation/Student Log Access on Portal

Course/Rotation:		Psychiatry/Behavioral Health		Site:		Rotation Site	
Period:		Time Slot 13 4/29/2019 - 5/24/2019		Time Frame:		04/29/2019 through 05/24/2019	
Edit/Status	Suspend	Evaluation Type(s)	Subject	Request Date	View Image	View Printable Evaluation	Last Evaluator Update
Edit Evaluation	Suspend	Site and Preceptor Information Gathering	Rotation Site	05/13/2019	Not available	View/Print	05/21/2019
Edit Evaluation	Suspend	Who Did You Work With During Clinicals	Psychiatry/Behavioral Health	05/17/2019	Not available	View/Print	
Edit Evaluation	Suspend	Student Evaluation of Preceptor	Preceptor	05/26/2019	Not available	View/Print	05/26/2019

10.6. Appendix F: Access to Core Affiliated Hospital Information on the Student Portal

The screenshot shows the myLECOM student portal interface. At the top, there is a navigation bar with the myLECOM logo and a search icon. Below the navigation bar, there are several menu items: Home, Human Resources, Middle States, IT, Performance Excellence, AOA Accreditation, Surveys, Learning Resource Center, Bookstore, and More. A secondary navigation bar includes Clinical Education, Examity, Preceptors, and My Pages. The main content area is titled 'Rotation Sites: Core Affiliate : Erie/Seton Hill'. On the left, there is a sidebar menu with various options, including 'Clinical Education', 'Main', 'Clinical Clerkship Information/Rotations', 'Rotation Registration', 'Rotation Search', 'Rotation Sites: Core Affiliate: Erie/Seton Hill', 'Rotation Sites: Core Affiliate: Bradenton', 'Student Logs Evaluations and Forms', 'Residency Tips and COMLEX Level 3', 'Web-Based Curriculum', 'NBME Subject Exams - End of Rotations', 'VSAS - Visiting Student Application Service', 'ERAS LOR', and 'Health Care Management'. The main content area displays a list of documents under the heading 'Ungrouped'. Each document has a title, a file type, and a download count. Below each document are 'Edit' and 'Delete' buttons. The documents listed are: 'Erie Year Longs 2018-2019 6.1.18' (.xlsx, 22K, Downloaded 1562 times), 'Core Affiliate Housing - Meals Information 4.22.19' (.xls, 39K, Downloaded 58 times), 'Core Affiliate Hospital Directory Information 4.8.19' (.docx, 55K, Downloaded 262 times), and 'Core Affiliate Clinics and Ambulatory Rural Underserved Directory 4.3.19' (.rtf, 133K, Downloaded 145 times).

10.7. Appendix G: Rotation Descriptions/Elective/Selective Matrix

ROTATION DESCRIPTIONS (LDP, PBL, ISP)

OMS3 ROTATIONS (48 weeks total required)

Internal Medicine * (1, 2, 3)
Surgery * (1, 2)
Electives (1, 2)
OB/GYN *
Pediatrics *
Psychiatry *
Family Medicine #
Geriatric Medicine/OPP *

OMS4 ROTATIONS (48 weeks total required)

Ambulatory *
Emergency Medicine *

* **Must be with a Core Affiliate Hospital**
Must be with a Family Medicine Board Certified Physician

SELECTIVE

% 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
ICU (Neonatal)	X		X w/CE Permission			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						

10.8. Appendix H: General Patient Encounter 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 be mostly 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) pertinent positive and negative features, which clearly demonstrate their thorough understanding of a patient's problem(s). All drugs, treatments, and important previous milestones concerning that illness will be clearly noted. Students should refer to the History and Physical Course for complete Subjective/Objective Assessment Plan (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 contain all positive and negative age associated diseases 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 be complete and detailed, containing notation for each body system pertaining to the HPI. During the review of systems, system histories are mandatory for symptoms uncovered.

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.
- Identifying areas of somatic dysfunction when performing an osteopathic structural examination

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.

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

As students apply basic medical knowledge in synthesizing a differential diagnosis and plan of management to solve the patient's problems, they 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 consistent with the practices of osteopathic medicine, including the application of Osteopathic Manipulative Treatment when appropriate.
- Review the pertinent literature to expand the student's knowledge of the problem.
- Define patient education objectives and assess the patient's understanding of their problems.

Students must also perform as an effective member of the site's healthcare team and as their patients' primary physician by:

- Gathering patient information and data and offer an interpretation of the data with regard to the patient's problems.
- Reporting this data on rounds and in the progress notes. Progress notes should reflect a dispassionate report.
- Acquiring 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 intelligence and stability
 - Integrity and honesty
 - Initiative and enthusiasm
 - Punctuality
 - Self-education