



# PRECEPTOR MANUAL

PCOM GEORGIA

&

PCOM SOUTH GEORGIA

PHILADELPHIA COLLEGE OF  
OSTEOPATHIC MEDICINE

Policies and procedures published in this Preceptor Manual supersede all other publications.

The College reserves the right to change policies as needed between annual revisions.

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The PCOM Georgia Preceptor Manual is produced as a guide for Clinical Faculty Preceptors of medical students enrolled in the Doctor of Osteopathic Medicine Program of Philadelphia College of Osteopathic Medicine (PCOM) Georgia.

Changes or new policies will also be added to the electronic version of the Preceptor Manual, which is posted on the [www.pcom.edu/educate](http://www.pcom.edu/educate).

If you have any questions or concerns, please contact the Office of Clinical Education. 678.225.7493.



# General Preceptor Information

## Purpose of this Manual

This manual serves clinical preceptors, and prospective clinical preceptors, by providing a source of information help explain:

- The role and responsibilities of clinical preceptors at PCOM Georgia
- The process of evaluating medical students on clinical clerkship rotations
- Providing an understanding of how the preceptors' evaluations fit into the overall grading process
- Benefits of being a preceptor at PCOM Georgia
- How to become a preceptor
  - How to achieve clinical professorial academic rank
  - How to qualify for consideration for promotion to higher academic rank
- Provide an overview of the overall clinical education curriculum in the 3<sup>rd</sup> and 4<sup>th</sup> years of medical school at PCOM Georgia

## Role of the Preceptor

Preceptors are integral to the clinical education and training of medical students. They provide and supervise the experiential portion of the curriculum by supervising the student physicians as the students acquire their clinical medical knowledge by helping to care for real patients – in both the inpatient and outpatient settings. These preceptors are responsible for completing a clinical evaluation form on each student. These clinical evaluation forms document each student's clinical performance during the rotation and are a key element in the assessment of each student's clinical competency of the learning objectives for the clerkship rotation.

## Benefits of Being a Preceptor at PCOM Georgia

- Adjunct clinical faculty appointment, upon request.
- Online access to the PCOM library, must have faculty appointment.
- Continuing Medical Education as specified by professional organization:
  - AMA PRA Category 2 – one hour can be claimed for each hour of direct supervision of a student.
  - AOA Category 1B – one hour can be claimed for each hour of direct supervision of a student.
- Preceptors located within the state of Georgia *may* qualify for Georgia state income tax benefits under the Georgia "Preceptor Tax Incentive Program" (PTIP) which provides a tax credit up to \$8500.00 per year.
- Research assistance and collaboration opportunities.

## How to Become a Preceptor at PCOM Georgia

Application to become a preceptor in the DO program at PCOM Georgia is simple. Simply submit an email or letter of interest, along with a current C.V., to: Marla Golden, DO, FACEP, Associate Dean of Clinical Education [marlago@pcom.edu](mailto:marlago@pcom.edu) or [loricu@pcom.edu](mailto:loricu@pcom.edu) or fax: 678-376-0306

In your email or letter, please indicate the number of students you are interested in teaching and approximately which months you can have students rotate with you.

## Appointment as Clinical Faculty

As per the faculty handbook, volunteer preceptors are appointed to the clinical faculty in the academic rank of Adjunct Lecturer.

## Applying for Appointment as Clinical Professorial Faculty

New volunteer preceptors who agree to regularly serve as preceptor of a 4-week clerkship rotation for at least 1 student per quarter (precept at least 4 students for year) may simultaneously apply to be considered for being recommended by the Dean initial appointment to the Clinical Faculty in an appropriate academic rank (Appendix A). This application is made by appropriate statement and agreement in their email or letter.

Currently serving volunteer preceptors who wish to be considered for being recommended by the Dean for re-appointment in an appropriate academic rank may do so by submitting an email or letter stating their agreement to regularly serve as preceptor of a 4-week clerkship rotation for at least 1 student per quarter (precept at least 4 students for year). Please also submit an updated, current c.v.

## Applying for Promotion as Clinical Professorial Faculty

PCOM GEORGIA volunteer preceptors holding academic appointments of Clinical Assistant Professor or Clinical Associate Professor, who meet the requirements for advancement to the next higher academic rank of Clinical Associate Professor or Clinical Professor (Appendix A), respectively, may apply by letter requesting consideration for promotion. This letter detailing how they meet each of the requirements of the next higher academic grade to which they seek to be promoted, should be addressed to the Dean and submitted to the Associate Dean of Clinical Education. No one will be considered for promotion until they have served at least two years at PCOM GEORGIA in their current academic rank.

## Overview of the Clinical Education Years (3<sup>rd</sup> and 4<sup>th</sup> Years)

There are a total of twenty-four clerkship periods over two years, including one 4-week “vacation” or “study” period. There are twelve (12) 4-week rotations in each of the 3<sup>rd</sup>-year and 4<sup>th</sup>-year of medical school.

During year 3, each student will be required to complete the following clerkships:

- Advanced Clinical Skills (ACS)
- Pediatrics
- Psychiatry
- Internal Medicine (Hospital)
- Obstetrics and Gynecology
- Family Medicine
- Adult Ambulatory Medicine
- General Surgery
- FM/OMM
- Internal Medicine-“selective”
- Surgical-“selective”

During year 4, each student will be required to complete the following clerkships:

- Rural/Underserved Medicine (2 rotations)
- Emergency Medicine
- Electives (9 rotations)

Electives may be in any medical specialty and are often used by 4<sup>th</sup>-year medical students to perform “Audition” rotations at locations where they may be interested in doing their residency training after receiving their D.O. degree.

### Split and “Overlapping” Rotations

At most, two electives may be split into two 2-week clerkships during the fourth year (for a maximum of four 2-week electives). Core and Selective rotations may not be “split”.

NOTE: There are NO 1-week or 3-week elective rotations.  
Rotations cannot “overlap” in time.

### “Anchor” Site Concept

PCOM GEORGIA uses the concept of “anchor sites” at various locations around Georgia and other states. The goal is for 3<sup>rd</sup>-year medical students to be able to go to an “anchor” site within a geographical region to perform most, if not all, of their clerkship rotations in that area. The student can then locate to that area for the 3<sup>rd</sup>-year clerkship rotations. While the ideal situation is the stated goal, unfortunately not every student will be able to perform all of their required rotations in that

region and will have to perform a number of “away” rotations in a different region.

### Permitted Preceptor Qualifications

Only licensed D.O. or M.D. physicians are qualified to serve as “preceptors-of-record” for PCOM Georgia medical students. In addition, physician preceptors are expected to be Board Certified in their specialty. On occasion, physicians who are “board eligible” or “board qualified” may also be acceptable as preceptors. Physicians in Residency or Fellowship training programs may teach PCOM Georgia medical students; however, Residents or Fellows may not serve as preceptors-of-record for PCOM Georgia medical students – only attending physicians may be the formal preceptor.

In addition, although highly qualified health professionals, from whom PCOM Georgia medical students can learn a great deal, the following health professionals are NOT permitted to serve as the formal preceptor-of-record for any PCOM Georgia osteopathic medical student, regardless of their professional licensure or certifications:

Dentists, including Oral/Maxillofacial Surgeons (DDS or DMD), Optometrists (OD)  
Physician Assistants or Nurse Practitioners (PA-C or NP), Chiropractors (DC),  
Clinical Psychologists (PhD, EdD, PsyD, or LCSW), Audiologists (AuD)  
Podiatrists or Podiatric Physicians (DPM), Physical Therapists, Nurse Anesthetists (CRNA), Occupational Therapists, Nurse Midwife

The above professionals may supervise part of the student physician’s training and can contribute to the student physician’s “inter-professional education” (IPE).

### Grading of Clerkships

Preceptors perform an important role in the assessment of medical students during their clinical clerkships. Preceptors will complete a Clinical Evaluation Form for each medical student. Clerkships are graded as Honors pass, High Pass, Pass, and Fail, and are determined by the Associate Dean of Clinical Education.

1. Some clerkships are graded based solely on the preceptor’s evaluation.
2. Other clerkships are graded based on a combination of the “exit exam” or “shelf exam” (COMAT) and the preceptor’s evaluation according to a grading rubric.
3. “Blended Learning” clerkships are graded by the grading rubric and adjusted for successfully completing ALL learning assignments and requirements as specified for that clerkship by the deadlines in the clerkship syllabus.

### Clinical Clerkship Evaluations (completed by preceptor)

Clerkship Evaluation Forms for all clerkships are sent to the preceptor electronically at

the email of the preceptor (and not the education coordinator or office manager). It is important that the Department of Clinical Education has the correct email for the preceptor at the start of each clerkship rotation. Preceptors may only recommend the grades of HONORS, PASS, or FAIL.

The student's level of performance in the seven core clinical competencies is evaluated in comparison with other students at the same level of training. Grading is from 1 to 10, with 1 being substandard and 10 being outstanding.

Preceptors need to discuss the student's performance with them at the halfway point (and again at the end) of the clerkship. This will allow the student the opportunity to review any perceived weaknesses he/she might have, as well as show the student whether they are meeting their preceptor's expectations for them in the clerkship. This midpoint evaluation will permit corrective action of perceived deficiencies prior to the final evaluation.

Students are encouraged to first discuss any problems they are having on a clerkship with their preceptor. If the problem is not resolved, they should discuss it with the Director of Medical Education of the institution where they are on clerkship. Finally, if the problem is not resolved, or is perceived by the student to be of a serious nature, the student should inform the Associate Dean of Clinical Education.

## Summative Comments Section of the Evaluation Form:

NOTE: Evaluation Form - Appendix C

It is imperative that both students and preceptors fully understand that the evaluation form which allows for summative comments. Further, it is imperative that both students and preceptors fully understand the impact of these comments:

**"Summative" comments** are intended to identify final performance and **will appear** in the student's MSPE.

**IMPORTANT:** Comments placed in the student's MSPE come from the "Summative Comments" section of the evaluation form. These cannot be edited in any fashion.

## COMAT ("Shelf" or "Exit") Exams

All exit exams must be taken on the scheduled date given. If a student, for whatever reason, cannot take the exam on the assigned day, he/she must contact the Office of Clinical Education one week prior to the exam to obtain an excused absence. The student must provide a doctor's note for the absence due to illness through the Office of Student Affairs. Failure to obtain an excused absence will result in an automatic failing grade for the exam.

COMAT ("shelf" or "exit") Exams are required in the following rotations: Family Medicine, Internal Medicine, General Surgery, OB/Gyn, Pediatrics, Psychiatry FM/OMM, and Emergency Medicine. **Students should be free from call or other clerkship duties and responsibilities after 6:00 PM the evening immediately before this exam.**

All end of rotation exit exams will be done online. They will be administered in a proctored manner; making assurances that there are no aids i.e. books, notes, internet sites, etc. while taking the test.

**All students that are on rotations within a 1-hour commute from PCOM Georgia must report back to the school for testing.** Students testing will be excused on the last day of their rotation and must report to the school. The test will be administered promptly at 10:00 AM in the Computer Lab/Library.

Other official testing sites will administer exams designated by the official proctor. The exam is two hours and 45 minutes. **No extensions in time will be given unless given prior approval by the Office of Student Affairs.**

Should any student encounter any difficulties or issues with the exam, preceptors should have the student contact DEPARTMENT OF CLINICAL EDUCATION at 678-225-7493 immediately. If unable to directly speak with the Clinical Education staff, please leave a voice mail message and send notification via e-mail immediately to document the issue.

## HONORS Grades

Preceptors need to consider the following administrative requirements when recommending a grade of HONORS:

- Within the seven domains of which the student is evaluated, a majority of 4's and 5's (outstanding) with no grade less than a 3 (adequate) must be given to substantiate an Honors.
- *Please grade students based on where the students are at their current level of training.* What is outstanding for a third year medical student may be regarded as only competent for a fourth year student.
- The HONORS box must be checked on the bottom of last page).
- Summative Comments are required to support a recommended grade of HONORS.
  - Examples of Summative Comments support the recommended Honors grade:
    - Shows exceptional performance compared to peers
    - Outstanding student
    - Best student I have had all year

- Student performing at intern level
- o Examples of Comments that DO NOT support an Honors:
  - Works hard
  - Works well with staff
  - Always reliable

**Substandard Evaluations** - All clinical clerkships will be graded on a Fail/Pass/Honors basis. Regardless of the type of clerkship, any student receiving a substandard evaluation or one recommending a failure on their Clinical Competency Evaluation will be asked to meet with the Associate Dean of Clinical Education. The evaluation will be examined and a grade will be determined for the clerkship. All grades are provisional until approved by the Associate Dean of Clinical Education.

**Failures** - An "F" will be recorded on the student's official transcript and the clerkship must be repeated.

**Automatic Reminders** – Preceptors will automatically receive electronically generated reminders from E\*Value (the computer system) at PCOM that a Clerkship Evaluation Form will be due 1 week prior to the end of the rotation. If not received sooner, E\*Value will also generate electronic reminders that the Evaluation was due at 2-weeks and again at 6-8 weeks after the end of the rotation. If the Clinical Education Dept. does not receive the Clerkship Evaluation Form from the preceptor within 12 weeks, a “provisional” PASS (without comments) will be issued by the Associate Dean of Clinical Education.

**Nonattendance Evaluations** - Any student who does not report on time to a clerkship without prior consent of the Associate Dean of Clinical Education will receive an automatic "F" and be immediately placed on academic probation. (Please see "Failures" above).

## Student Responsibilities and Duties

The student is directly responsible to the supervisory personnel at the training site. The student is expected to fulfill and perform all assigned duties in accordance with the rules and regulations of the training site. All problems or difficulties should be communicated first to the Preceptor, then, if unresolved, to the Director of Medical Education at the training site. If still unresolved, the student may contact the Associate Dean of Clinical Education.

## Guidelines for Clinical Clerkships

1. Clinical clerks shall be under the direct supervision of a licensed physician.

2. Clinical clerks shall assume responsibility for and perform their assigned duties in conformance with the training site regulations.
3. Suitable housing accommodations may be provided if not within a reasonable commuting distance from core sites. (See Housing.)
4. Students are expected to be on duty in the training site or office five full days per week. Students may also be assigned to nights and weekend services as part of the teaching program. Schedules will be arranged in such a manner as to allow students time for assigned readings and attendance at didactic conferences and lectures.
5. When requested or required by the supervising physician, clinical clerks are permitted to take a history and physical examination of the patient. Histories and physicals will be dictated or recorded and may be signed by the clinical clerk according to the rules and regulations of the training site. The histories and physicals done by the clinical clerks should be reviewed by the attending and/or supervising physician and, as an educational modality, be reviewed with the clinical clerk.
6. Progress notes may be written by the clinical clerks under the direction of the attending or supervising physician. Progress notes must be countersigned within the time required by the rules and regulations of the training site.
7. Clinical clerks shall not order any examinations, tests, medications, or procedures without consulting and obtaining the prior approval of the attending or supervising physician. Clinical clerks shall not write prescriptions.
8. Attendance by clinical clerks is required at all didactic conferences, discussions and study sessions, and any other programs of an educational nature designed specifically for clinical clerks, and should be documented with an attendance record. In addition, clinical clerks are encouraged to attend lectures for staff, residents and interns, provided these do not interfere with the clinical clerks' own program.
9. Students are required to complete all assignments of the rotation site as well as the readings, lectures, tests and rotation evaluation assigned by PCOM Georgia. (See especially 'Blended Learning')
10. Clinical clerks shall not be excused for trips away from the training site except by the Director of Medical Education and/or Preceptor in conjunction with the Associate Dean of Clinical Education. Requests must be made in writing to the Associate Dean of Clinical Education.



11. If a student becomes ill or undergoes any surgical procedure, the illness or surgery must be reported to the attending physician/preceptor to whom the student is assigned and the Office of Clinical Education. The student must call-in every morning he/she will be absent. A doctor's note must be provided, and medical clearance to return to work must be secured, before the student will be allowed to return to clerkship rotations. A copy of this note must be sent to the Office of Clinical Education.
12. Clinical clerks shall be granted permission to be absent from their service and without call the night prior to taking the National Board of Osteopathic Medical Examiners COMLEX examination. The clinical clerks shall advise the training site well in advance of their intent to take these examinations. If necessary, clinical clerks should be allotted travel time to reach the destination of their next clerkship.
13. Clinical clerks shall be required and encouraged to participate in the utilization of osteopathic manipulative treatment (OMT) when ordered. OMT shall be applied under the direction of an attending or supervising osteopathic physician.
14. Clinical clerks shall learn and perform procedures under appropriate and proper supervision in those areas where the training site regulations permit such instruction. In addition to the general regulations, clinical clerks shall abide by all specific departmental regulations of the training site.
15. The training site shall provide each clinical clerk with an orientation program when he/she first reports for service.
16. Clinical clerks are to conduct themselves in a courteous and professional manner and shall follow the dress code of the training site and the College at all times.
17. Badges: Display at all times. Student use ONLY. Valid only during official rotation.
18. Parking: Staff/Doctor Parking ONLY if permitted. NOT an entitlement.
19. Doctors'/Residents' Lounge: ONLY if invited. NOT an entitlement.

## Holidays and Clerkship Hours

- o While on clerkships, PCOM Georgia students should be on-service a minimum of 40 hours and a maximum of 60 hours per week.

- At the discretion of the Preceptor or the Director of Medical Education, students may be required to be on-call during weekends or work nights.
- Total clerkship on-service and on-call time should not exceed 80 hours per week.
- The only official college holidays for third- and fourth-year students are Thanksgiving Day, the Friday immediately following Thanksgiving Day (this does NOT include the Saturday and Sunday of Thanksgiving weekend, which may be duty days at the discretion of the preceptor), Winter Break, and the 2-week period between 3<sup>rd</sup> and 4<sup>th</sup> years. For scheduled holidays and time off (e.g., COMLEX), the student must notify the clerkship director or the Director of Medical Education for approval. The student will not be required to be on service nor to make-up the time missed for COMLEX. Students are not to be on-call the night prior to taking COMLEX. If the student wishes to be on service during these times, however, of course s/he may do so.
- Students are not allowed to take time off from clerkships for personal days, mental health days, birthdays, anniversaries, etc. In addition, the Office of Clinical Education does not authorize days off for other reasons such as conferences or religious holidays. All such days off must be negotiated and authorized in writing by the attending/preceptor and Director of Medical Education where the student is doing his/her clerkship and reported to the Office of Clinical Education. These days off may need to be made up by the student in order to receive a grade for the clerkship. Repeated days off from a clerkship or a pattern of multiple days off on subsequent clerkships may result in a grade of "F" for a clerkship at the discretion of the Associate Dean of Clinical Education. No student who misses more than four (4) days on any clerkship will receive credit for the clerkship unless and until the missed days are made-up in a manner acceptable to the hospital's Director of Medical Education and/or the preceptor and the Associate Dean of Clinical Education. NOTE: This does NOT mean that any student is entitled to miss four (4) days from rotations.
- Religious Accommodations: (detailed in Student Handbook)

## Absences

Any absence from a clerkship will be regarded as an unexcused absence. In the event of an unexcused absence, the student must provide a written explanation for the absence to the Office of Clinical Education. Time missed for absences will need to be made up. This will be at the discretion of the Associate Dean of Clinical Education in

consultation with the student's preceptor and/or the Director of Medical Education of the institution where the student is serving his/her clerkship. Repeated absences during a single clerkship or a pattern of absences on subsequent clerkships will result in a grade of "F" for the clerkship. A meeting with the Associate Dean of Clinical Education should be requested for matters of marginal evaluations. The student will be referred to the Student Performance Evaluation Committee (SPEC) for discussion in instances of repeated cases of the marginal performance evaluations or repeated absences.

### 3<sup>rd</sup>-Year Excused Absences

Excused absences during the 3<sup>rd</sup>-year of the D.O. program are limited to COMLEX examinations and for illness/emergencies. All requests for an excused absence for illness or emergency must be requested in writing via official PCOM email and submitted to the Associate Dean of Clinical Education. A maximum of four (4) days of excused absence MAY be granted during any 4-week clerkship rotation.

### 4<sup>th</sup>-Year Excused Absences

Excused absences during the 4<sup>th</sup> year of the D.O. program will also include **approved** requests for residency interviews, as well as COMLEX examinations and for illness/emergencies. All requests for an excused absence for illness or emergency must be requested in writing via official PCOM email and submitted to the Associate Dean of Clinical Education. All requests for time off for a residency interview will be submitted to the Associate Dean of Clinical Education in writing via official PCOM email and will include the approval of the clerkship preceptor or attending physician. Approvals for residency interviews shall be limited to the minimum time to travel to the interview the evening before the interview, the interview, and to travel back to the rotation immediately following the interview. Ordinarily, a maximum of four (4) days of excused absence MAY be granted during any 4-week clerkship rotation; a maximum of two (2) days of excused absence MAY be granted during any 2-week clerkship rotation.

In exceptional situations, requests for more than 4 days of excused absence during any 4-week clerkship rotation (or more than 2 days of excused absence during any 2-week clerkship rotation) may be considered under the following conditions:

All requests for more than 4 days (or 2 days in the case of 2-week clerkship rotations) of excused absences for residency interviews must specify precisely how the additional time above 4 (or 2) days will be made up and must also have the written approval of the clerkship preceptor or attending physician agreeing to the make-up plans.

\*\*\* Research electives **require** submission of a formal description of the expected outcomes and performance measures of the rotation that **must** be received directly from the preceptor at least 30 days in advance and approved by the Associate Dean of

Clinical Education.

## **Disciplinary Issues, Confidentiality, Patient Care, and Unsupervised Medical Care**

### **Disciplinary Issues**

Students are expected to demonstrate a professional attitude in accordance with the American Osteopathic Association Code of Ethics, the professional standards set forth throughout the Student Handbook and in compliance with all hospital or clinic policies and regulations relating to patient care, behavior, and the moral, legal, and ethical standards expected of physicians.

A student accused of violating policies involving behavior or disregard of hospital or statutory laws may be subject to disciplinary action.

A student who begins to exhibit issues of Professionalism that affects their academic performance on their clerkship will be reviewed by the Associate Dean of Clinical Education in consult with the Office of Student Affairs to see if any additional professionalism issues were filed with the Ethics and Professionalism Committee.

This information will be referred to the SPEC Committee for determination of what appropriate action may be required.

### **Confidentiality- HIPAA (Health Insurance Portability and Accountability Act)**

All records and communications regarding a patient's care are protected by Federal and State courts as confidential and are only to be disclosed to other members of the health care team who have a need to know. Even with appropriate personnel, the student is to use discretion when discussing patient information. Such communication is not to take place in hallways, elevators, cafeterias, or other areas where other employees, students, patients or visitors may overhear information.

Information overheard or viewed by the student inadvertently is subject to the same respect for patients confidentially as firsthand knowledge. Unauthorized release of confidential information, in any form, may subject the medical institution, health care providers, and staff to civil and criminal liability or professional disciplinary actions. Therefore, a breach of confidential information pertaining to the patient's medical, mental, personal, or financial conditions is considered adequate justification for dismissal of the student from the clinical clerkship specific to the breach of confidentiality and all subsequent clerkships scheduled with the involved institution. Such breaches of confidential information is also justification for PCOM Georgia

disciplinary action(s), up to dismissal from the D.O. program and PCOM.

### **Patient Care**

Students are required to comply with all hospital/clinic requirements related to patient care.

### **Expectations during Emergency Situations**

In an emergency situation (e.g., hurricane, tornado, flood, snow/ice, storm) students will comply with ALL instructions and orders given by official local, state, or federal emergency management agencies or law enforcement. For example, if ordered to evacuate an area, students will do so; if ordered to remain off the roads, students will do so. Not complying with such instructions is unprofessional behavior. Any student who receives a citation or summons for having failed to obey instructions during an emergency situation will be subject to PCOM Georgia disciplinary action(s) for unprofessional behavior – up to and including dismissal.

If ordered to evacuate an area, each student who needed to evacuate will immediately proceed to a “safe” area outside of the evacuation zone. Once they are in a “safe” location, each student needs to notify the Clinical Education Dept. that they are safe and provide their precise location.

### **Letters of Recommendation from Preceptors**

Current and former DO students may request a letter of recommendation from you as their preceptor. The student's request must be by the student's own letter and must be accompanied by a C.V. or Resume, and a statement of career goals. The decision to provide any letter(s) of recommendation for any student are always the personal choice of each individual preceptor.

When students are applying for internship and residency programs, your letters of recommendation should be sent directly to the Philadelphia Campus Office of Student Affairs –not to the Georgia campus.

### **Legal Limitations on Professional Practice**

It is a violation of the laws of the State of Georgia and contrary to the policy of this College for any unlicensed person to engage in or attempt to engage in the professional practice of health care. Please remember that, as a student, you are NOT a licensed-health care provider and until you have graduated and you are licensed, you cannot engage in the practice of health care.

Professional practice in health care includes such activities as **unsupervised** diagnosis, the rendering of medical treatment or advice, the prescribing of drugs, and all other activities normally performed by physicians or other licensed professionals. Students are cautioned to confine their training activities involving the activities above to supervised teaching clinics, hospitals, and training sites. At no time should you assume responsibility for the care of any patient. **Any student delivering unsupervised medical care is engaging in unauthorized treatment in violation of College policy, is not insured by the College malpractice carrier, and may be subject to disciplinary action including dismissal.**

NO STUDENT IS AUTHORIZED TO RECEIVE OR TO COLLECT FOR HIMSELF/HERSELF OR FOR ANY OTHER PERSON, ANY FEE OR GRATUITY FOR PROFESSIONAL SERVICES.

**NOTE:** While some DO students may be fully licensed in other health care professions (for example, RNs, PAs, dentists, etc.), they may NOT exercise the rights and responsibilities of their license while simultaneously performing their duties and responsibilities as a medical student on clinical clerkship rotations.

## Malpractice Insurance

All students serving **approved** clinical clerkships are covered by the professional liability insurance of the Philadelphia College of Osteopathic Medicine.

## APPENDIX A

### Academic Rank for volunteer Clinical Faculty Appointments of PCOM GEORGIA Preceptors

**General:** As per the faculty handbook, volunteer preceptors are appointed to the clinical faculty in the academic rank of Adjunct Lecturer.

Those volunteer preceptors involved in the clinical education of 3<sup>rd</sup> and 4<sup>th</sup> year medical students in the PCOM Georgia DO program who regularly serve as preceptor of a 4-week clerkship rotation for at least 1 student per quarter (precept at least 4 students for year) will be recommended by the Dean for appointments to the Clinical Faculty in an appropriate academic rank. In general, new clinical faculty will be appointed at the Clinical Assistant Professor rank OR the highest academic rank they have ever held while serving on the clinical faculty teaching medical students (MD or DO) in a medical school accredited by the LCME (MD) or COCA (DO programs) that can be documented. Those preceptors with significant experience for whom this will be a first academic appointment to the clinical teaching faculty of any medical school may request special consideration for appointment at other than the above.

#### Clinical Assistant Professor:

1. Doctoral degree
2. Completed residency training and are "board eligible" ("board certified" preferred)

#### Clinical Associate Professor:

1. Satisfactorily served as Clinical Assistant Professor for a minimum of six (6) years
2. Board Certified
3. Excellent clinical teaching record
4. Evidence of "scholarly activity"
5. Record of "service to the profession"

#### Clinical Professor:

1. Satisfactorily served as Clinical Associate Professor for a minimum of seven (7) years
2. Board Certified
3. Excellent clinical teaching record
4. Evidence of "scholarly activity"
5. Record of "leadership service to the profession"

### Clinical Instructor:

1. A current Resident in an AOA or ACGME Graduate Medical Education program who is formally and actively involved in teaching 3<sup>rd</sup> or 4<sup>th</sup> year medical students MAY be recommended for appointment as a Clinical Instructor.



## APPENDIX B

### Elective and Selective Clerkship Rotations

Electives and "Selective" Clerkship rotations include, but are not limited to, the following examples:

<u>Internal Medicine "Selectives"</u> *	<u>Surgical "Selectives"</u>	<u>Electives</u>
Adolescent Medicine	Burn Care	Aerospace Medicine
Allergy/Immunology	Colon/Rectal Surgery	Anesthesiology
Cardiology/Cardiovascular	General Surgery	Dermatology
Critical Care Medicine	Gynecological Onc	Emergency Medicine
Endocrinology	Neurological Surgery	Family Medicine
Gastroenterology	Obstetrics/Gynecology	Medical Spanish
Genetics	Ophthalmology	Nuclear Medicine
Geriatric Medicine	Orthopedic Surgery	Pathology
Hospitalist Medicine	Otolaryngology (ENT)	Pediatrics
Infectious Disease	Plastic Surgery	Preventive Medicine
Internal Medicine	Thoracic Surgery	Public Health
Hematology and/or Onc	Trauma Surgery	Occupational Med
Nephrology	Urology	Radiation Oncology
Neurology	Vascular Surgery	Radiology**
Osteopathic Manipulative Medicine		Research***
Physical Medicine & Rehabilitation		Sports Medicine
Pulmonology		Vascular/Interventional
Rheumatology		Radiology**

\* **NOTE:** For those medical students with a special interest in Pediatrics, a Pediatric-Selective may be substituted for the Internal Medicine-selective on a case-by-case basis, as available.

\*\* Radiology and Vascular/Interventional Radiology may be substituted for either IM or Surgical Selectives above in Year 3 (but NOT both) on a case-by-case basis, as available.

\*\*\* Research electives **require** submission of a formal description of the expected outcomes and performance measures of the rotation that **must** be received directly from the preceptor at least 30 days in advance and approved by the Associate Dean of Clinical Education.

## APPENDIX C

### Clinical Competency Evaluation



Philadelphia College of Osteopathic  
Medicine

Student's Name: \_\_\_\_\_

Rotation Site: \_\_\_\_\_ Service Dates: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

*This evaluation is to help the student understand where they are performing well or may need improvement. Please select a rating category that best represents their performance. Be sure to consider the student's level of education when evaluating their performance.*

	1	2	3	4	5
	Substandard	Marginal	Competent	Proficient	Outstanding – Top 10%
PATIENT CARE					
HISTORY TAKING	Disorganized, incomplete, lacks focus. Often misses important information. Patient concerns poorly characterized.  ①	Sometimes misses important information. History generally not fully characterized. Organized, obtains basic history but points often missed including pertinent (+) & (-) ROS.  ②	Organized, usually complete including pertinent (+) & (-) ROS; but often with extraneous information.  ③	Identifies and characterizes most patient concerns in an organized fashion; always complete.  ④	Identifies and fully characterizes all patient concerns in an organized fashion. Thorough yet succinct.  ⑤
PHYSICAL EXAM	Omits critical parts of the exam and/or deficient exam skills. Disorganized. Frequently not thorough. Misses and/or misinterprets findings.  ①	Generally complete but often misses significant abnormal findings. Not consistently organized.  ②	Complete; usually recognizes abnormal findings.  ③	Demonstrates correct technique with an organized approach; recognizes all abnormal findings.  ④	Able to efficiently focus exam based on differential diagnosis. Attentive to details.  ⑤
ADDITIONAL COMMENTS:					
MEDICAL KNOWLEDGE					
FUND OF KNOWLEDGE	Fund of knowledge inadequate for patient care.  ①	Has gaps in basic fund of knowledge. Applies knowledge to clinical problems. Has potential for improvement.  ②	Demonstrates expected fund of knowledge for level of training. Basic understanding of simple disease states. Knows some complex disease states, and diagnoses. Readily applies knowledge to clinical problems  ③	Thorough understanding of simple disease states. Knows many complex disease states, and diagnoses.  ④	Has fund of knowledge that is beyond expected level of training. Thorough understanding of complex diseases and their interplay. Applies knowledge to patient care.  ⑤
PROBLEM SOLVING	Tend to have problems troubleshooting	Easily overwhelmed when faced with	Adapts to problems and can execute properly	Can effectively manage multiple issues without	Consistently looks beyond the obvious, never

	even the most basic of questions. Asks the same questions repeatedly.  ①	multiple problems, cases, patients.  ②	depending on the situation.  ③	needing assistance.  ④	stopping at the first answer. Really good at exploring resources and alternative solutions.  ⑤
ADDITIONAL COMMENTS:					
PRACTICE BASED LEARNING & IMPROVEMENT					
INTEGRATION OF INSTRUCTION	No evidence of outside research or reading. Unable to access basic databases.  ①	Reads only provided literature. Inconsistently applies evidence to patient care.  ②	Routinely accesses primary and review literature. Begins to integrate independent learning into team framework & patient care.  ③	Routinely accesses primary and review literature. Applies evidence to patient care. Able to judge quality of evidence.  ④	Self-Motivated Full integration of independent learning into the team framework & patient care all of the time. Skills directly improves patient care.  ⑤
EFFICIENCY & EFFECTIVENESS	Inefficient and ineffective.  ①	Marginally efficient and effective.  ②	Able to function efficiently and effectively.  ③	Readily efficient and effective.  ④	Easily efficient and effective.  ⑤
ADDITIONAL COMMENTS:					
	1	2	3	4	5
	Substandard	Marginal	Competent	Proficient	Outstanding – Top 10%
INTERPERSONAL & COMMUNICATIONS SKILLS					
HUMANISM & INTERPERSONAL SKILLS	Insensitive to needs, feelings, values of patients.  ①	Often uncomfortable in patient interactions.  ②	Interacts well with patients and families.  ③	Develops effective relationships w/ patients & <b>patients' families</b> enabling improvement in patient care.  ④	Resourceful & inspiring to patients and <b>patient's families</b> ; has a unique quality to effectively motivate patients.  ⑤
ORAL PRESENTATION	Poor presentation. Misses key information. Inaudible. Lacks focus; by end, listeners uncertain of primary clinical problem/recent events.  ①	Generally complete; may lack organization/ fail to highlight abnormal findings; needs much assistance.  ②	Presentations organized, logical; highlights abnormal findings; preparation requires some assistance.  ③	Concise presentations. Includes pertinent facts, few omissions; needs no assistance.  ④	Concise & thorough. Assigns priority to issues. Organized and polished, with minimal written prompts Mature, poised & articulate presentations reveal high-order of insight & synthesis.  ⑤
WRITTEN WORK	Absent written record or Inaccurate and poorly organized. No interpretation of results.  ①	Incomplete and poorly organized written record. Little understanding/ or interpretation of results.  ②	Includes basic information; rarely analyzes new data/impact on patient management.  ③	Accurate data included with ongoing assessments of basic problems. Clearly stated  ④	Thorough and precise written record. Integrates evidence –based information into assessment plan.  ⑤

				assessment and plan.	
	①	②	③	④	⑤
ADDITIONAL COMMENTS:					

PROFESSIONALISM					
DEALING W/ DIVERSITY & CULTURAL DIFFERENCES	Disrespectful of others. Intolerant of others' attitudes or beliefs. Treats people preferentially depending on position. Considered untrustworthy. Breaches confidentiality ①	Needs to improve ability to demonstrate empathy or demonstrate respect. Careless with confidential information. ②	Generally demonstrates empathy and culturally competent care. ③	Always demonstrates empathy and excels at culturally competent care. ④	Nonjudgmental. Expertly responds with empathy and demonstrates balanced treatment of others. Seeks to understand values and belief systems of others. Always culturally competent. ⑤
FEEDBACK/ CRITICISM	No insight to weaknesses, Unreceptive to new ideas and feedback. Denies issues or attempts to blame others. No self-awareness. No behavior changes. ①	Accepts feedback with resistance, or takes feedback too personally. ②	Accepts feedback without personal offense. Strives for improvement. ③	Mature response to feedback Uses feedback to improve performance. ④	Mature response, regularly seeks feedback and ways to improves. Clearly demonstrates feedback in behavior changes and professional skills. ⑤
COMMITMENT	Does not accept responsibility. Not dependable. Rarely able to get tasks completed on time. Disorganized. Consistently absent and/or late. ①	Assumes responsibility only when asked. Not always dependable. Has some difficulty organizing and completing tasks on time. Sometimes late. ②	Involved in clinic duties but usually passive; follows direction of others. Organized. Timely ③	Active team member. Readily assumes responsibility for patient management. Dependable. Completes tasks on time and is organized. Punctual ④	Takes patient responsibility; comfortably evaluates/ manages multiple patients. Is the example for the team. ⑤
ADDITIONAL COMMENTS:					

	1	2	3	4	5
	Substandard	Marginal	Competent	Proficient	Outstanding – Top 10%
SYSTEMS-BASED PRACTICE					
COLLABORATION	Avoids interactions; unwilling to work with others; little respect for contributions of others.	Occasional misunderstanding of student role in team. Does not always communicate effectively with team.	Respectful of team members. Understands role and communicates effectively with team. Identifies appropriate team member for	Well-integrated with team. Communicates important issues to appropriate team members in a timely fashion	Resourceful & inspiring to colleagues and patients; has a unique quality to effectively motivate patients. Assumes a leadership role in

			patient care issues.		helping patients & colleagues perform at their best.
	①	②	③	④	⑤
DISEASE PREVENTION/ ROUTINE CARE	Unaware of basic health maintenance.	Aware of some health maintenance and preventive care.	Understands health maintenance and preventive care.	Knows all appropriate health maintenance and preventive care.	Expertly practices health maintenance and preventive care.
	①	②	③	④	⑤
COST CONSCIOUSNESS	Not concerned about financial resources.	Knows something about costs.	Aware of costs in the patient's care.	Understands cost of care for the patient.	Is proactive in considering costs for effective care.
	①	②	③	④	⑤
ADDITIONAL COMMENTS:					

OSTEOPATHIC PRINCIPLES AND PRACTICE					
OSTEOPATHIC PHILOSOPHY	Unaware of osteopathic philosophy.	Aware of osteopathic philosophy.	Has adequate knowledge of osteopathic philosophy.	Exceeds expectations of osteopathic philosophy.	Expertly considers and practices osteopathic philosophy.
	①	②	③	④	⑤
OSTEOPATHIC STRUCTURAL EXAM	Does not do an osteopathic structural exam.	Completes some elements of an osteopathic structural exam.	Completes all elements of an osteopathic structural exam.	Exceeds expectations of an osteopathic structural exam.	Expertly performs an osteopathic structural exam.
	①	②	③	④	⑤
OMT	Does not consider OMT.	Performs OMT less than satisfactorily.	Satisfactorily performs OMT.	Exceeds expectations on OMT performance.	Expertly performs OMT.
	①	②	③	④	⑤
ADDITIONAL COMMENTS:					

<p><b>SUMMATIVE COMMENTS:</b> Final narrative evaluation of the student's overall performance; narrative may be quoted in its entirety in Dean's letter (MSPE). Please type; use additional pages as needed. Must be shared with the student prior to the completion of the clerkship.</p>
<p>How and when feedback provided about issues raised in this evaluation? <i>(should be provided at the end of week two and at exit interview).</i></p>

<b>RECOMMENDED GRADE:</b>	
<input checked="" type="radio"/> Honors Pass Must be justified with a written recommendation in the Summative comments or letter and, approved by the Dean of Clinical Education.	<input type="radio"/> PASS <input type="radio"/> FAIL
TOTAL NUMBER OF DAYS MISSED ON CLERKSHIP:	

Signature of Attending: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of DIO: \_\_\_\_\_ Date: \_\_\_\_\_

## Advanced Clinical Skills (ACS) Syllabus

### A. OVERVIEW

Advanced Clinical Skills (ACS) is a performance-based hands-on clerkship that introduces students to a variety of situations likely to be encountered in a clinical setting. Basic skill sets will be emphasized to make sure each student is capable of performing the minimally required procedures to initiate immediate treatment.

Advanced Clinical Skills clerkship will assist the 3<sup>rd</sup> Year DO student to put together skills with diagnostic ability in the exam of a patient who presents with a problem. You will have an opportunity to write orders, progress notes, procedure notes, and admission/discharge notes for each scenario presented. You will also be asked to become a teacher for other students in primary skills and osteopathic manipulative classes.

The opportunity to participate in the placement of central lines, airway management, suturing techniques, become certified in ACLS, various vaginal OB deliveries using simulator technology, GYN examination using simulator technology, Newborn exams, critical care scenarios using simulator technology will be presented to you. Radiology and OMM will be reviewed.

Assignments may be given to assess your knowledge of various topics. Teamwork is encouraged during scenarios and you may be asked to take the lead in discovering the etiology or treatment of the case. However, unless otherwise specified, homework assignments and tests are to be completed individually and collaboration can result in failure of the Clerkship.

### B. CONTACTS

#### Clerkship Directors:

##### Clerkship Director:

Ali Moradi M.D., M.P.H., Dr.PH

Interim Associate Dean of Clinical Integration

Professor and Director of Primary Care Skills

PCOM Georgia

Email: [alimor@pcom.edu](mailto:alimor@pcom.edu)

Phone: (678) 225-7491

**Simulation Director:**

Jeff Adams, NREMT-P, BA, MS  
Director of Medical Simulation Track/Certificate  
PCOM Georgia  
Email:  
Phone: (678) 225-7475

**Standardized Patient Director:**

Tricia Reed  
Director, Standardized Patient Program  
PCOM Georgia  
Email: [triciare@pco.edu](mailto:triciare@pco.edu)  
Phone: (678) 225-7471

**Instructors:**Clinical Faculty:

Dr. William Craver  
Dr. Gary Freed  
Dr. Don Penney  
Dr. Jana Himmelbaum  
Dr. James Hogue  
Dr. Jeff Trawick  
Dr. Colette Bullock  
Dr. Frank Jones  
Dr. Isa Peek  
Dr. William Delp  
Dr. Michael Sampson  
Dr. Joanne K. Monzo  
Other professionals: Various guest speakers depend on specific topics and procedure

Osteopathic Manipulative Medicine OMM

Dr. Walter Ehrenfeuchter  
Dr. William Delp  
Dr. Shawne Murray

## C. SCHEDULE

PCOM Georgia runs two ACS sessions. One session is in June and one session is in July.

- Students should report to the ACS Rotation as assigned by the Office of Clinical Education.
- Students are required to attend every session as noted on the calendar.
  - If not present or not signed in, that constitutes a zero for attendance for that session.
- If an emergency arises, the student must contact the Office of Student Affairs and the Clerkship Director and report that they cannot attend class.
- The ONLY excused absences are for COMLEX (not USMLE) and medical illness with doctor's note.
- Students should not make routine appointments, etc. during the ACS Clerkship.
  - Appointments are NOT an excused absence. Please plan accordingly.
- Failure to attend a session as assigned can result in a failing grade for Clerkship.

## D. GOALS & OBJECTIVES

The ACS Clerkship will highlight clinical skills, osteopathic manipulative medicine, radiology, and reinforce the 7 CORE COMPETENCIES.

- Integrate osteopathic diagnosis and treatment into all history and physical taking, patient care and treatment, and all skills demonstrations as appropriate.
- Demonstrate proficient use and understanding of the primary and secondary surveys.
- Demonstrate proficient assessment and treatment of conditions that pose an immediate threat to life. These include, but are not limited to: acute dyspneic disorders, acute cardiac events, potential for exsanguination due to trauma or from medical disorders, and illicit drug use reactions/overdoses.
- Demonstrate proper History and Physical taking for Internal Medicine, Cardiology, Family Medicine/OMM, OB/GYN, Pediatric, and Surgical patients.
- Demonstrate proper use of basic diagnostic equipment/testing and interpretation of these. This includes, but is not limited to: collection of basic vital signs (TPR), otoscope use, audiometry, tympanometry, ophthalmoscope use, visual acuity testing.
- Demonstrate competency in note/order writing, including: SOAP notes; Admission Notes for Internal Medicine, Family Medicine, Pediatric, and Surgical; Progress Notes for Internal Medicine, Inpatient Family Medicine; Consult Notes; OB/GYN Assessment and Post-Partum and/or Post-Operative Note; Pre- and Post-Operative Orders; Daily Orders; and Discharge Instructions and Orders.
- Demonstrate proficiency in interpretation of imaging: including (but not limited to) chest X rays and abdominal obstruction series.
- Demonstrate proficient EKG interpretation and treatment as needed.
- Demonstrate understanding of appropriate test ordering and administration and proficient interpretation, including (but not limited to): arterial blood gases,



urinalysis, chemistry panels, imaging, cultures, STI screening, and others as deemed appropriate by faculty.

- Demonstrate knowledge and skill in the creation and maintenance of a patent patient airway via advanced invasive procedures (such as intubation), basic oxygen therapies, and ventilator management.
- Demonstrate understanding of the proper use of pharmacological therapies and a proficient understating of the justification for these treatments.
- Demonstrate understanding of the proper use of electrotherapy and a proficient understating of the justification for these treatments in ACLS
- Demonstrate understanding of the proper use of fluid resuscitation and/or management and a proficient understating of the justification for these treatments.
- Demonstrate proper peripheral venous access, central line placement, and other phlebotomy techniques as required.
- Demonstrate acute management of common emergencies of the chest, abdomen, and pelvis-due to trauma and/or medically related.
- Demonstrate obstetric delivery and treatment of the mother and baby in acute situations compromising the delivery. These include: treatment and recognition of decelerations, fetal distress, maternal distress, breach or shoulder presentations, nuchal cords and the significance of these.
- Demonstrate knowledge of the use of and skill in the application of sterile/aseptic technique and clean technique during patient contact and procedures.
- Demonstrate basic skin closure techniques, correct suture placement and management, and suture removal.
- Demonstrate proper wound care technique.
- Recognize common disease presentations.
- Formulate a differential diagnosis for various patient presentations and scenarios.
- Demonstrate understanding of proper prescription writing technique and reconciliation of commonly prescribed medications.
- Demonstrate proficient presentation skills-oral and written-on assigned articles or topics.
- Demonstrate technique in performance of patient encounter focus examination (FEW)
- Lecture series on differential diagnosis, assessment and plan

## E. REQUIREMENTS & ASSIGNMENTS

Professional Attire is mandatory.

- Students will be sent home for inappropriate attire and receive a zero for that

session or day.

Students will follow the schedule as posted on Blackboard; reviewing it regularly for changes, and come only to the session you are assigned.

Students will review all videos and other preparation materials for skills.

- This will be tracked. If not viewed prior to the session, it will count as a zero.

Students are expected to arrive early (ten minutes before start time), be prepared for sessions, and not leave until released by the Clerkship Director or designee.

Students will have paper and pencil or pen to take notes, and arrive having completed all required homework if any is assigned.

- No computers, laptops, iPad, etc. ONLY PAPER and PENCIL/PEN for note taking.
- NO BOOKS on table.

Turn off and store your cell phone, laptop, and any other electronic devices during class.

- No cell phone discussions or text messaging are allowed during class.
- These items should be stored out of site and off the desktop.
- NO EXCEPTIONS! If you are found using the above, you will be asked to leave and receive a zero for that day.

Be respectful of all clerkship instructors and provide them your full attention during session.

- You will be in Simulation Center with simulators and training aids. You will only use them as intended.

Be ready to participate and contribute to the group.

A SIGN IN and SIGN OUT sheet will be used for attendance.

- The SIGN IN sheet will be available 10 minutes before session AND collected by the instructor at the start time.
- If the student is not signed in and not present for attendance the student will receive a zero for that session.
- If you have not signed in this will result in a zero.
- Do NOT LEAVE until you are released by the Clerkship Director or their designee.

## F. READINGS and SELF-DIRECTED LEARNING

Readings and other self-directed learning assignments will be posted on Blackboard.

Additional readings and self-directed are available through the PCOM Library

Unless otherwise specified, homework assignments and tests are to be completed individually and **collaboration can result in a zero for that assignment.**

This syllabus can be modified at the discretion of the clerkship director. Students should be sure to check all appropriate assignment references for relative items to return to instructor(s).

## G. GRADING

The ACS Clerkship is based on a pass /fail system.

Various assignments are graded on complete/incomplete basis.

All skill sessions are PASS/FAIL/INCOMPLETE

Focused Examination Workshop (FEW) sessions must be passed in order to pass the clerkship.

- Students who Fail the FEW will require validation requiring the scheduling of another FEW session

BLS must be passed in order to proceed to ACLS.

ACLS must be passed in order to pass the ACS Clerkship.

HONORS PASS: To be recommended for honors/high pass, no tardiness, full attendance, no validation exams, work completed in its entirety, pass BLS and ACLS first try and provide a paper or do something above and beyond the minimal requirements.

Failure to attend a session as assigned can result in a failing grade for Clerkship.

Three (3) zeros will result in failure of ACS.

# Advanced Clinical Skills Learning Objectives

1. Integrate osteopathic diagnosis and treatment into all history and physical taking, patient care and treatment, and all skills demonstrations as appropriate.
2. Demonstrate proficient use and understanding of the primary and secondary surveys.
3. Demonstrate proficient assessment and treatment of conditions that pose an immediate threat to life. These include, but are not limited to: acute dyspneic disorders, acute cardiac events, potential for exsanguination due to trauma or from medical disorders, and illicit drug use reactions/overdoses.
4. Demonstrate proper History and Physical taking for Internal Medicine, Cardiology, Family Medicine/OMM, OB/GYN, Pediatric, and Surgical patients.
5. Demonstrate proper use of basic diagnostic equipment/testing and interpretation of these. This includes, but is not limited to: collection of basic vital signs (TPR), otoscope use, audiometry, tympanometry, ophthalmoscope use, visual acuity testing.
6. Demonstrate competency in note/order writing, including: SOAP notes; Admission Notes for Internal Medicine, Family Medicine, Pediatric, and Surgical; Progress Notes for Internal Medicine, Inpatient Family Medicine; Consult Notes; OB/GYN Assessment and Post-Partum and/or Post-Operative Note; Pre- and Post- Operative Orders; Daily Orders; and Discharge Instructions and Orders.
7. Demonstrate proficiency in interpretation of imaging: including (but not limited to) chest X rays and abdominal/obstruction series.
8. Demonstrate proficient EKG interpretation and treatment as needed.
9. Demonstrate understanding of appropriate test ordering and administration and proficient interpretation, including (but not limited to): arterial blood gases, urinalysis, chemistry panels, imaging, cultures, STI screening, and others as deemed appropriate by faculty.
10. Demonstrate knowledge and skill in the creation and maintenance of a patent patient airway via advanced invasive procedures (such as intubation), basic oxygen therapies, and ventilator management.
11. Demonstrate understanding of the proper use of pharmacological therapies and a proficient understating of the justification for these treatments.
12. Demonstrate understanding of the proper use of electrotherapy and a proficient understating of the justification for these treatments in ACLS
13. Demonstrate understanding of the proper use of fluid resuscitation and/or management and a proficient understating of the justification for these treatments.
14. Demonstrate proper peripheral venous access, central line placement, and other phlebotomy techniques as required.

15. Demonstrate acute management of common emergencies of the chest, abdomen, and pelvis-due to trauma and/or medically related.
16. Demonstrate obstetric delivery and treatment of the mother and baby in acute situations compromising the delivery. These include: treatment and recognition of decelerations, fetal distress, maternal distress, breach or shoulder presentations, nuchal cords and the significance of these.
17. Demonstrate knowledge of the use of and skill in the application of sterile/aseptic technique and clean technique during patient contact and procedures.
18. Demonstrate basic skin closure techniques, correct suture placement and management, and suture removal.
19. Demonstrate proper wound care technique.
20. Recognize common disease presentations.
21. Formulate a differential diagnosis for various patient presentations and scenarios.
22. Demonstrate understanding of proper prescription writing technique and reconciliation of commonly prescribed medications.
23. Demonstrate proficient presentation skills-oral and written-on assigned articles or topics.
24. Demonstrate technique in performance of patient encounter focus examination (FEW) 25. Lecture series on differential diagnosis, assessment and plan

# EMERGENCY MEDICINE SYLLABUS

## Fourth-Year Clerkship

### A. OVERVIEW

The assigned Emergency Medicine Clinical Clerkship is a four-week rotation that affords fourth-year medical students the opportunity to learn in an Emergency Medicine setting, cognizant with the students learning preferences amongst a diverse community of patients and healthcare professionals. While on the Emergency Medicine Clerkship, the education of the student occurs via a multifaceted approach. Students are taught the essentials of Emergency Medicine through didactic lectures, journal clubs, simulation centers, observation and performance of clinical procedures, hands on clinical experiences and direct interaction with faculty, individual patients, and families. Integration of clinical skills and evidence-based medicine is achieved with emphasis on didactic discussions, and development of clinical skills. All students are expected to fully participate in all required elements of the EM clerkship rotation.

### B. CONTACTS

Program Director: Donald Penney, M.D., [donaldpe@pcom.edu](mailto:donaldpe@pcom.edu)

### C. SCHEDULE

The progression of the clerkship syllabi described below are designed to provide educators with a standardized set of core objectives that should enable a more consistent didactic experience for medical students studying EM in various institutions.

Mandatory COMAT exam will be given on the last Friday of your scheduled Core Emergency Medicine rotation. One week prior to the test date you will receive specific scheduling information to your **PCOM e-mail** with the time and location. If you do not receive an e-mail one week before the end of your rotation, please initiate contact with the Office of Clinical Education to ensure you are included in the appropriate COMAT exam session.

### D. GOALS & OBJECTIVES

These competencies address in general terms the attitude, behaviors, knowledge, and skills that should be taught and assessed during the EM rotation. A complete list of EM knowledge goals and objectives can be found at the COMAT EM site:

<http://www.nbome.org/exams-assessments/comat/>

## I. Osteopathic Principles and Practice

GOAL: Students will integrate Osteopathic Principles and Practice routinely into the

conventional care of patients during the student's Emergency Medicine clerkship.

OBJECTIVE: The student will:

- Recognize that the Osteopathic philosophy is applicable to patients on an Emergency Medicine service.
- Identify those patients who would benefit from Osteopathic Manipulative Medicine.
- Demonstrate attitudes and behaviors consistent with the Osteopathic philosophy.
- Appropriately educate inquisitive patients' naïve to the Osteopathic philosophy.

## II. Patient Care

GOAL: Under direct faculty supervision, students should be given primary responsibility for patient care (of noncritical patients) and begin to act independently during the fourth-year EM rotation.

OBJECTIVE: The student will:

- a. Obtain an accurate problem-focused history and physical examination.
- b. Recognize immediate life-threatening conditions.
- c. Learn patient management skills:
  - i. Develop an evaluation and treatment plan;
  - ii. Monitor the response to therapeutic interventions;
  - iii. Develop appropriate disposition and follow-up plans.
- d. Health Promotion:
  - i. Utilize appropriate health maintenance screening protocols;
  - ii. Educate patients on safety and provide anticipatory guidance as necessary related to the patient's chief complaint;
  - iii. Educate patients to ensure comprehension of discharge plan.

## III. Medical Knowledge

GOAL: Students should develop a differential diagnosis that is prioritized on potential life-threatening conditions and likelihood of disease. Students should demonstrate a knowledge (or understanding) of basic diagnostic modalities and interpretation of results. Most importantly, students should cultivate an appreciation of risk stratification and pretest probabilities for selected conditions.

OBJECTIVE: The student will:

- a. Develop a differential diagnosis when evaluating an undifferentiated patient:
  - i. Prioritize likelihood of diagnoses based on patient presentation and acuity;
  - ii. List the worse-case diagnoses.
- b. Create a diagnostic plan based on differential diagnoses.
- c. Demonstrate the ability to assess a patient and differentiate the need for urgent versus non-urgent care.
- d. Develop a management plan for the patient with both an undifferentiated complaint and a specific disease process.

## IV. Practice Based Learning and Improvement

GOAL: Practice-based learning can be demonstrated through systematically evaluating patient care and population features; teaching other students and health care professionals; and knowledge gained from a systematic evaluation of the medical literature, including study design and statistical methodology.

OBJECTIVE: The student will:

- Effectively utilize available information technology, including medical record retrieval systems and other educational resources, to optimize patient care and improve their knowledge base.
- Assess, apply, and assimilate investigative knowledge to improve patient care.

## V. Interpersonal and Communication Skills

GOAL: Students must demonstrate interpersonal and communication skills that result in effective information exchange and interaction with patients, family members, and health care providers.

OBJECTIVE: The student will:

- a. Display humanistic qualities:
  - i. Effectively communicate with patients, family members, and other members of the health care team;
  - ii. Demonstrate a compassionate and nonjudgmental approach when caring for patients.
- b. Exhibit presentation skills:
  - i. Present cases in a complete, concise, and organized fashion;
  - ii. Effectively communicate with consultants and admitting services.
- c. Provide accurate and organized documentation in the medical record when appropriate.
- d. Illustrate the attributes of a team player.

## VI. Professionalism



GOAL: Professionalism should be viewed as an academic virtue, not just an expected set of behaviors. Students should learn to reflect on their professionalism during clinical rotations and learn from faculty role models.

OBJECTIVE: The student will:

- a. Display a positive work ethic:
  - i. Be conscientious, on time, and responsible;
  - ii. Exhibit respect, honesty, empathy, and integrity in patient care.
- b. Practice ethical decision making.
- c. Demonstrate professional behavior:
  - i. Exercise accountability;
  - ii. Maintain a professional appearance;
  - iii. Be sensitive to cultural issues (age, sex, religion, disability, etc.);
  - iv. Work in a collegial manner with other members of the health care team.

## VII. Systems-Based Practice

GOAL: Systems-based practice extends beyond the individual patient's bedside to include an understanding of how EM relates to other practitioners, patients, and society at large, while considering the cost of health care and the allocation of health care resources; essentially understanding "the system."

OBJECTIVE: The student will:

- Recognize the role of the Emergency Medicine physician as a member and coordinator of the healthcare delivery team.
- Recognize the appropriate utilization of emergency medical services and resources as part of the healthcare system.
- Recognize social and economic factors that affect patient care.
- Understand the indications, cost, risks, and evidence behind commonly performed ED diagnostic studies.
- Recognize the role of the Emergency Department in providing immediate essential care to underinsured populations without respect to race, language or creed.

## E. REQUIREMENTS & ASSIGNMENTS

Student Opportunities/Permissible Procedures Responsibilities:

1. The student on clerkship should realize the 24-hour, 7-day a week, 365 day a year nature of the Emergency Medicine Department. Personal comport, responsibility and courtesy are an essential component. You should be in the institution prepared with thoughtful

questions, no later than 10 minutes before your scheduled shift. Likewise, expect to leave somewhat after the scheduled time of “primary responsibility”.

2. Recognize that Emergency Medicine physicians must be expert in the critical first hours of virtually every other specialty; be well read (**see recommended readings**) and integrate your learning from ALL PRIOR class work and clerkships.
3. Attending physicians and senior residents are extremely busy and face a multitude of risk benefit decisions in the span of a very few seconds. Please learn when to question, when to observe, when to assist and when to act.
4. Attending physicians and senior residents can only tell what you are thinking and facilitate your learning when you ask questions intelligently.
5. PCOM OMS4 students serve under the DIRECT supervision of the attending physician.
6. PCOM OMS4 students should have already mastered the following clinical skills and thus should be prepared to demonstrate this to the Supervising Attending; bring your portfolio/logs with you and maintain it diligently!
  - a. Problem focused history and targeted physical with general assessments for Internal Medicine patients, Cardiology patients, Pediatric patients, Geriatric patients, Surgery patients and Psychiatry patients
  - b. Perform an oral presentation of the essentials of the exam with a differential diagnosis list of no less than three probabilities and a resuscitation/diagnostic plan
  - c. Perform a timely presentation of the essentials of the exam and bedside diagnostic work-up for a patient with suspected ischemic stroke.
  - d. Perform CPR and propose treatment for a cardiac arrest patient
  - e. Initiate peripheral intravenous access (brachial, femoral, external jugular)
  - f. Phlebotomy, brachial or femoral
  - g. Administration of medications prescribed by the attending physician via sub-cutaneous, intravenous and intramuscular routes
  - h. Obtain a percutaneous glucose determination
  - i. Insertion of diagnostic and therapeutic naso-gastric tubes
  - j. Insertion of routine per-urethral bladder catheters
  - k. Procure and interpret arterial blood gasses from the radial or femoral site
  - l. Acquire and interpret an EKG with right sided leads as indicated and recognize the territory involved from an STEM1
  - m. Interpret ECG monitoring strips for dysrhythmias
  - n. Repair simple lacerations
  - o. Deliver a clinical presentation up to four articles (one per week) relating to a clinical patient seen in the Emergency Department during that clerkship
  - p. Demonstrate proficiency in creating and teaching discharge and follow-up instructions
  - q. Demonstrate proficiency in utilization of Electronic and Paper medical records in establishing past treatment and medical conditions.

7. **Case Logs:**

Your medical career will require you to enter case logs for all patient encounters.

Completing case logs now will prepare you for residency and your professional practice. Case logs document your clinical encounters during your rotations. Students are required to document all clinical encounters. This should include at least 40 encounter entries per 4-week rotation and 20 encounter entries for a 2-week rotation. Students should enter one entry for each clinical encounter. In addition to patient encounters, didactic learning can also be entered into a case log.

8. **In addition, the motivated and prepared student may undertake the following procedures at the discretion of, and under the direct supervision of the Attending Physician (and/or Senior Resident):**
  - a. Intubate an apneic patient with direct visualization of the vocal cords
  - b. Apply CPAP or BiPAP to a patient in respiratory distress
  - c. Intubate a patient in respiratory failure
  - d. Initiate a subclavian, supraclavicular or internal jugular central line
  - e. Perform a lumbar puncture
  - f. Assist in insertion of tube thoracostomy
  - g. Assist in the insertion of a tracheostomy/cricothyrotomy
  - h. Assist in the provision of a diagnostic peritoneal lavage
  - i. Assist in the provision of a suprapubic catheterization
  - j. Assist in the provision of an intraosseous line
  - k. Assist in pediatric and trauma resuscitation

## F. READINGS

The following are provided as essential adjuncts to the OMS IV EM Clerkship

1. Ottawa's Clerkship Guide to Emergency Medicine, First edition, 2018 This book can be downloaded from <https://emottawablog.com>
2. Tintinalli's Emergency Medicine Manual, 8th edition, 2017
3. Roberts and Hedges Clinical Procedures in Emergency Medicine, 7th edition, 2014
4. The 3-minute emergency medicine medical student presentation: a variation on a theme. Academic Emergency Medicine, 2008, July; 15(7):683-7

## G. GRADING

Successful completion of all scheduled rotation days and assignments as verified by the Institution rotation director. Passing grade on the mandatory NBOME EM COMAT examination administered at the end of the EM clerkship rotation.

PCOM Georgia

## EMERGENCY MEDICINE LEARNING OBJECTIVES

1. The student will recognize that the Osteopathic philosophy is applicable to patients on an Emergency Medicine service.
2. The student will be able to identify those patients who would benefit from Osteopathic Manipulative Medicine.

3. The student will demonstrate attitudes and behaviors consistent with the Osteopathic philosophy.
4. The student will be able to appropriately educate inquisitive patients' naïve to the Osteopathic philosophy.
5. The student will be able to obtain an accurate problem-focused history and physical examination.
6. The student will be able to recognize immediate life-threatening conditions.
7. The student will learn patient management skills.
8. The student will be able to develop an evaluation and treatment plan.
9. The student will be able to monitor the response to therapeutic interventions.
10. The student will be able to develop appropriate disposition and follow-up plans.
11. The student will utilize appropriate health maintenance screening protocols.
12. The student will be able to educate patients on safety and provide anticipatory guidance as necessary related to the patient's chief complaint.
13. The student will be able to educate patients to ensure comprehension of discharge plan.
14. The student will be able to develop a differential diagnosis when evaluating an undifferentiated patient.
15. The student will be able to prioritize likelihood of diagnoses based on patient presentation and acuity.
16. The student will be able to list the worse-case diagnoses.
17. The student will be able to create a diagnostic plan based on differential diagnoses.
18. The student will demonstrate the ability to assess a patient and differentiate the need for urgent versus non-urgent care.
19. The student will be able to develop a management plan for the patient with both an undifferentiated complaint and a specific disease process.
20. The student will effectively utilize available information technology, including medical record retrieval systems and other educational resources, to optimize patient care and improve their knowledge base
21. The student will be able to assess, apply, and assimilate investigative knowledge to improve patient care.
22. The student will be able to effectively communicate with patients, family members, and other members of the health care team.
23. The student will demonstrate a compassionate and nonjudgmental approach when caring for patients.
24. The student will present cases in a complete, concise, and organized fashion.
25. The student will effectively communicate with consultants and admitting services.
26. The student will provide accurate and organized documentation in the medical record when appropriate.
27. The student will be conscientious, on time, and responsible.
28. The student will exhibit respect, honesty, empathy, and integrity in patient care.
29. The student will practice ethical decision making.
30. The student will exercise accountability.
31. The student will maintain a professional appearance.

32. The student will be sensitive to cultural issues (age, sex, religion, disability, etc.).
33. The student will work in a collegial manner with other members of the health care team.
34. The student will recognize the role of the Emergency Medicine physician as a member and coordinator of the healthcare delivery team.
35. The student will recognize the appropriate utilization of emergency medical services and resources as part of the healthcare system.
36. The student will recognize social and economic factors that affect patient care.
37. The student will understand the indications, cost, risks, and evidence behind commonly performed ED diagnostic studies.
38. The student will recognize the role of the Emergency Department in providing immediate essential care to underinsured populations without respect to race, language or creed.

PCOM Georgia

**FAMILY MEDICINE**

Third-Year Clerkship

Overview

The core clinical clerkship in family medicine is a four-week rotation that continues the development of the primary care knowledge, attitudes and skills of the third-year osteopathic medical student which are essential to the scope of practice of family medicine physicians. The setting of the clerkship is a family medicine residency or preceptor's practice in which the student will be trained and directly supervised by residency faculty, residents or preceptor. The student will participate in the care of diverse patient populations in the ambulatory and hospital settings integrating the principles of osteopathic manipulative medicine. Active participation in all academic and clinical sessions such as lectures, journal club, case reviews, etc. are required.

## A. CONTACTS

FM Clerkship Director: Jeffrey Trawick, DO ([jeffreytr@pcom.edu](mailto:jeffreytr@pcom.edu))

## B. SCHEDULE

Students are assigned a FM residency site for this four week rotation.

## C. GOALS & OBJECTIVES

### I. Osteopathic Principles and Practice

GOAL: Students will integrate osteopathic principles and practice routinely into the conventional care of patients.

OBJECTIVE: The student will:

- Recognize that the osteopathic philosophy is applicable to all patients.
- Identify those patients who would benefit from osteopathic manipulative medicine.
- Demonstrate attitudes and behaviors consistent with the osteopathic philosophy.
- Appropriately educate inquisitive patients and their family, naïve to the osteopathic philosophy.

### II. Patient Care

GOAL: Students will employ the knowledge, attitudes and skills necessary to provide either preventive, episodic, or continuing care to individual patients and families in an ambulatory and/or inpatient setting.

OBJECTIVE: The student will:

- Recognize the patient's motivation(s) for seeking care.
- Assess the type and level of care needed for the particular encounter.
- Project empathy.
- Encourage patients to seek continuing medical care at intervals appropriate for their condition(s).
- Utilize appropriate health maintenance screening protocols.
- Provide anticipatory health care.

### III. Medical Knowledge

GOAL: Students will demonstrate a basic level of competency of history, physical examination, procedural, and problem-solving skills required to adequately assess and manage the spectrum of disease processes seen in family medicine.

OBJECTIVE: The student will:

- Understand the relationship between the basic and clinical sciences.
- Apply their knowledge in the basic and clinical sciences to the care of their patients.
- Demonstrate the ability to assess a patient and differentiate the need for urgent versus non-urgent care.
- Utilize knowledge and technical skills, when appropriate, to assist with the diagnosis and treatment of a patient.
- Employ viable treatment plans within the confines of clinical data available, and within the socioeconomic capability of the patient and/or family.

### IV. Practice Based Learning and Improvement

GOAL: Students will practice evidence-based medicine.

OBJECTIVE: The student will:

- Facilitate and support his/her own education by reading current journal publications and utilizing information technology.
- Assess, apply and assimilate investigative knowledge to improve patient care.

### V. Interpersonal and Communication Skills

GOAL: Students will establish effective and ethically sound relationships with patients, faculty, staff and peers to provide quality health care.

OBJECTIVE: The student will:

- Appraise literacy level of their patients and others in an effort to improve communication.
- Use effective written, verbal, and nonverbal language.
- Utilize intuitive listening skills.
- Illustrate the attributes of a team player.
- Cite and communicate information in an organized succinct manner.

### VI. Professionalism

GOAL: Students will respect and be sensitive to the individuality, values, goals, concerns and rights of all with whom they interact in the ambulatory and inpatient healthcare setting.

OBJECTIVE: The student will:

- Complete responsibilities reliably.
- Demonstrate respect, empathy and integrity.
- Demonstrate understanding of ethical principles of autonomy, beneficence, informed



consent and confidentiality.

## VII. Systems-Based Practice

GOAL: Students will effectively integrate ancillary healthcare resources and appropriately utilize business systems for optimal care of their patients.

OBJECTIVE: The student will:

- Recognize the role of the family physician as a member and coordinator of the healthcare delivery team.
- Recognize social and economic factors that affect patient care.
- Identify the various people/factors involved in the patient care process, such as: patient, family, staff, consultants (medical and non-medical), and insurance companies.
- Practice quality cost-effective healthcare.
- Realize the family physician's role in the community and society.

## E. REQUIREMENTS & ASSIGNMENTS

- a. Full participation in patient care responsibilities at the rotation site.
- b. Attendance at all residency site didactic and educational sessions.
- c. Timely completion of the online component of the rotation which includes:
  - all Aquifer cases assigned
  - both sets of BoardVitals assessments

## F. GRADING

The grading rubrics are found in the clerkship manual. Please review the grading policy for a rotation with 3 components which include:

- Preceptor grade
- Completion of all online assignments
- COMAT score

Students not completing the online components by the assigned deadlines will be ineligible for an Honor Pass grade.

## PCOM Georgia

### M3 Family Medicine Learning Objectives

1. Recognize that the Osteopathic philosophy is applicable to all patients.
2. Identify those patients who would benefit from Osteopathic Manipulative Medicine.
3. Demonstrate attitudes and behaviors consistent with the Osteopathic philosophy.

4. Appropriately educate inquisitive patients and their family, naïve to the Osteopathic philosophy.
5. Recognize the patient's motivation(s) for seeking care.
6. Assess the type and level of care needed for the particular encounter.
7. Project empathy.
8. Encourage patients to seek continuing medical care at intervals appropriate for their condition(s).
9. Utilize appropriate health maintenance screening protocols.
10. Provide anticipatory health care.
11. Understand the relationship between the basic and clinical sciences.
12. Apply their knowledge in the basic and clinical sciences to the care of their patients.
13. Demonstrate the ability to assess a patient and differentiate the need for urgent versus non-urgent care.
14. Utilize knowledge and technical skills, when appropriate, to assist with the diagnosis and treatment of a patient.
15. Employ viable treatment plans within the confines of clinical data available, and within the socioeconomic capability of the patient and/or family.
16. Facilitate and support his/her own education by reading current journal publications and utilizing information technology.
17. Assess, apply, and assimilate investigative knowledge to improve patient care.
18. Appraise literacy level of their patients and others in an effort to improve communication.
19. Use effective written, verbal, and nonverbal language.
20. Utilize intuitive and listening skills.
21. Illustrate the attributes of a team player.
22. Cite and communicate information in an organized and succinct manner.
23. Complete responsibilities reliably.
24. Demonstrate respect, empathy, and integrity.
25. Demonstrate understanding of ethical principles of autonomy, beneficence, informed consent, and confidentiality.
26. Recognize the role of the Family Physician as a member and coordinator of the healthcare delivery team.
27. Recognize social and economic factors that affect patient care.
28. Identify the various people/factors involved in the patient care process, such as: patient, family, staff, consultants (medical and non-medical), and insurance companies.
29. Practice quality cost-effective healthcare.
30. Realize the Family Physician's role in the community and society.

PCOM Georgia

## Family Medicine/Osteopathic Manipulative Medicine Selective Syllabus

### A. OVERVIEW

The Clinical Clerkship in Family Medicine/Osteopathic Manipulative Medicine is a rotation that engages the student in the basic tenets of Osteopathic Medicine with special interaction in osteopathic manipulative treatment with a diverse patient group of acute, sub-acute, and

chronic complaints in the Family Medicine setting. These complaints may range from purely musculoskeletal problems and pain to visceral diseases with musculoskeletal components and visceral related symptoms secondary to musculoskeletal dysfunction. The student will work directly with patients doing hands-on OMT during the scheduled patient encounter under the supervision of their physician preceptor.

The FM OMM clinical rotation provides exposure to the disciplines of Family Medicine and Osteopathic

Manipulative Medicine. In addition to the clerkship clinical requirements there is an OMM On-Line Learning Component to reinforce osteopathic competencies. Information and policies about clerkships can be found in the PCOM Georgia Clerkship Manual. All on-line learning assignments are on Blackboard and managed by the 3rd Year FM OMM On-Line Learning Coordinator and the FM OMM Clerkship Director.

## B. CONTACTS

Course Directors:

### William A. Delp, DO

FM OMM Clerkship Director  
Associate Professor of Osteopathic Manipulative Medicine  
PCOM Georgia  
625 Old Peachtree Road NW  
Suwanee, GA 30024  
office 678-225-7496 | fax 678-225-7489  
[williamde@pcom.edu](mailto:williamde@pcom.edu)

### Lauren B. Ball, DO, MPH, FAOCOPM

FM OMM On-Line Learning Coordinator  
Assistant Professor, Family/Preventive Medicine  
PCOM Georgia  
625 Old Peachtree Road NW  
Suwanee, GA 30024  
office 770-682-2373 | fax 678-225-7509  
[lauren.ball@pcom.edu](mailto:lauren.ball@pcom.edu)

## C. SCHEDULE

The 3<sup>rd</sup> Year FM OMM Clerkships is a 4-week rotation. Students will report to their assigned preceptor as directed by the Office of Clinical Education.

One week prior to the test date students will receive specific scheduling information to their PCOM e-mail with the time and location of the COMAT exam. If you do not receive an e-mail one week before the end of your rotation, please initiate contact with the Office of Clinical Education to ensure you are included in the appropriate COMAT exam session.

## D. GOALS & OBJECTIVES

The FM OMM Clerkship with the OMM On-Line Learning Component will highlight the 7 CORE COMPETENCIES with a focus on Osteopathic Philosophy/Osteopathic Manipulative Medicine and Family Medicine.

### OMM GOALS and OBJECTIVES

## I. Osteopathic Principles and Practice

GOAL: Students will integrate Osteopathic Principles and Practice routinely into the conventional care of patients seeking an osteopathic model of care.

OBJECTIVES: The student will:

- Recognize that the Osteopathic philosophy is applicable to all patients.
- Identify those patients who would benefit from Osteopathic Manipulative Treatment (OMT)
- Demonstrate attitudes and behaviors consistent with the Osteopathic philosophy.
- Appropriately educate inquisitive patients and their family, naïve to Osteopathic philosophy.
- Demonstrate the ability to diagnose somatic dysfunction, implement an appropriate manipulative medicine prescription, and demonstrate mastery in effective OMT.

## II. Patient Care

GOAL: Students will employ the knowledge, attitudes, and skills necessary to provide either preventive, episodic, or continuing care to individual patients and families in an ambulatory and/or inpatient setting.

OBJECTIVES: The student will:

- Recognize the patient's motivation(s) for seeking care.
- Assess the type and level of care needed for the particular encounter.
- Project empathy.
- Encourage patients to seek continuing medical care at intervals appropriate for their condition(s).
- Utilize appropriate health maintenance screening protocols.
- Provide anticipatory health care.

### III. Medical Knowledge

GOAL: Students will demonstrate a basic level of competency of history, physical examination, procedural, and problem-solving skills required to adequately assess and manage the spectrum of disease processes seen in family medicine.

OBJECTIVES: The student will:

- Understand the relationship between the basic and clinical sciences.
- Apply their knowledge in the basic and clinical sciences to the care of their patients.
- Demonstrate the ability to assess a patient and differentiate the need for urgent versus non-urgent care.
- Utilize knowledge and technical skills, when appropriate, to assist with the diagnosis and treatment of a patient.
- Employ viable treatment plans within the confines of clinical data available, and within the socioeconomic capability of the patient and/or family.
- Demonstrate the ability to differentiate between viscerosomatic, somatosomatic, and somatovisceral dysfunctions.

### IV. Practice Based Learning and Improvement

GOAL: Students will practice evidence-based medicine.

OBJECTIVES: The student will:

- Facilitate and support his/her own education by reading current journal publications and utilizing information technology.

- Assess, apply, and assimilate investigative knowledge to improve patient care.
- Describe the clinical significance of and apply strategies for integrating research evidence into clinical practice.
- Critically evaluate medical information and its sources, and apply such information appropriately to decisions relating to patient care.

## V. Interpersonal and Communication Skills

GOAL: Students will establish effective and ethically sound relationships with patients, faculty, staff, and peers to provide quality health care.

OBJECTIVES: The student will:

- Appraise literacy level of their patients and others in an effort to improve communication.
- Use effective written, verbal, and nonverbal language.
- Utilize intuitive and listening skills.
- Illustrate the attributes of a team player.
- Cite and communicate information in an organized and succinct manner.

## VI. Professionalism

GOAL: Students will respect and be sensitive to the individuality, values, goals, concerns, and rights of all with whom they interact in the ambulatory and inpatient healthcare setting.

OBJECTIVES: The student will:

- Complete responsibilities reliably.
- Demonstrate respect, empathy, and integrity.
- Demonstrate understanding of ethical principles of autonomy, beneficence, informed consent, and confidentiality.
- Be mindful of the hands-on approach of the osteopathic physician and at all times contact the patient with a caring, diagnostic, and professional palpatory method after gaining patient permission for such examination and treatment.

## VII. Systems-Based Practice



GOAL: Students will effectively integrate ancillary healthcare resources and appropriately utilize business systems for optimal care of their patients.

OBJECTIVES: The student will:

- Recognize social and economic factors that affect patient care.
- Identify the various people/factors involved in the patient care process, such as: patient, family, staff, consultants (medical and non-medical), and insurance companies.
- Practice quality cost-effective healthcare.
- Be cognizant of the holistic concept of osteopathic medicine and consider distal disease processes as potentially related aspects of the patient's chief complaint.

FAMILY MEDICINE GOALS and OBJECTIVES:

## I. Osteopathic Principles and Practice

GOAL: Students will integrate Osteopathic Principles and Practice routinely into the conventional care of patients seeking an osteopathic model of care.

OBJECTIVES: The student will:

- Approach the patient with recognition of the entire clinical context, including mind-body and psychosocial interrelationships
- Diagnose clinical conditions and plan patient care
- Perform or recommend OMT as part of a treatment plan
- Communicate and document treatment details

## II. Patient Care

GOAL: Students will employ the knowledge, attitudes, and skills necessary to provide either preventive, episodic, or continuing care to individual patients and families in an ambulatory and/or inpatient setting.

OBJECTIVE: The student will:

- Gather accurate data related to the patient encounter.
- Develop a differential diagnosis appropriate to the context of the patient setting and findings.

- Form a patient-centered, inter-professional, evidence-based management plan.
- Provide health promotion and disease prevention (HPDP).
- Engage in documentation, case presentation, and team communication.

### III. Medical Knowledge

GOAL: Students will demonstrate a basic level of competency of history, physical examination, procedural, and problem-solving skills required to adequately assess and manage the spectrum of disease processes seen in family medicine.

OBJECTIVES: The student will:

- Articulate basic biomedical science and epidemiological and clinical science principles related to patient presentation

### IV. Practice Based Learning and Improvement

GOAL: Students will practice evidence-based medicine.

OBJECTIVES: The student will:

- Facilitate and support his/her own education by reading current journal publications and utilizing information technology.
- Assess, apply, and assimilate investigative knowledge to improve patient care.
- Describe the clinical significance of and apply strategies for integrating research evidence into clinical practice
- Critically evaluate medical information and its sources, and apply such information appropriately to decisions relating to patient care

### V. Interpersonal and Communication Skills

GOAL: Students will establish effective and ethically sound relationships with patients, faculty, staff, and peers to provide quality health care.

OBJECTIVES: The student will:

- Establish and maintain the physician-patient relationship.

- Demonstrate effective written and electronic communication in dealing with patients and other health care professionals.
- Work effectively with other health professionals as a member or leader of a health care team.

## VI. Professionalism

GOAL: Students will respect and be sensitive to the individuality, values, goals, concerns, and rights of all with whom they interact in the ambulatory and inpatient healthcare setting.

OBJECTIVES: The student will:

- Demonstrate humanistic behavior, including respect, compassion, probity, honesty, and trustworthiness.
- Demonstrate accountability to patients, society, and the profession, including the duty to act in response to the knowledge of professional behavior of others.
- Attain milestones that indicate a commitment to excellence, as, for example, through ongoing professional development as evidence of a commitment to continuous learning.

## VII. Systems-Based Practice

GOAL: Students will effectively integrate ancillary healthcare resources and appropriately utilize business systems for optimal care of their patients.

OBJECTIVES: The student will:

- Demonstrate understanding of how patient care and professional practices affect other health care professionals, health care organizations, and society.
- Identify and utilize effective strategies for assessing patients.

## E. REQUIREMENTS & ASSIGNMENTS

During the course of this rotation, the student is expected to take a proactive approach to learning about the discipline of Family Medicine and Osteopathic Manipulative Medicine. Students should make every effort to have an initial orientation session with their attending physician in an effort to review goals, objectives and expectations on both the part of the preceptor and student. This will improve the overall rotational experience in terms of training

and evaluation. Students should have a mid-month evaluation during the rotation to gain formative feedback and make adjustments as needed based on commentary from the preceptor. This will encourage active participation and improve summative evaluations that occur at the end of the rotation.

It is expected that the student will meet the following *clinical responsibilities* during this rotation:

- Report to their rotation in a timely fashion, dressed appropriately for each day of work. Be cognizant of any scheduling changes that occur and provide timely communication to the preceptor about excused or unexpected absences.
- Demonstrate an enthusiastic and proactive attitude towards the learning process in general and family medicine specifically.
- Treat all staff members, other rotators and patients with respect and demonstrate professional behavior in all interactions.
- Not engage in behaviors that are either: unprofessional/unethical, illegal or pose a risk to the patient or practice. If there is a question about something you are asked to do, speak with your precepting physician or (if the person you have concern about is the precepting physician) your Student Coordinator and/or Director of Medical Education for your base hospital.
- Complete any and all requested responsibilities in a timely fashion and as directed by your precepting physician excepting behaviors mentioned previously.
- Represent you, fellow students and the College in a positive and professional manner.

It is expected that the student will meet the following *academic requirements* during this rotation:

- Complete the FM OMM On-Line Learning Component assignments as directed on Blackboard.
- Complete COMAT as assigned.
- Complete all mandatory on-line assignments (additional information can be found in Section F, Readings and Self-Directed Learning).

**Mandatory Assignments include at the minimum:**

## **Submit One (1) OMM SOAP Note**

- You must use the OMM SOAP NOTE template and instructions provided on Blackboard
- *Due date: 8:00 pm on the last Friday of the second week of rotation*

## Submit your OMM LOG

- You must use the template and instructions provided on Blackboard
- *Due date: 8:00 pm on the last Friday of the third week of rotation*

Failure to meet the clinical and/or academic responsibilities (as determined by your Clerkship Director and Preceptor) may result in a failing grade for this rotation and require a corrective action plan and/or remediation.

## F. READINGS and SELF-DIRECTED LEARNING

Reading assignments and related instructions for the 3<sup>rd</sup> Year FM OMM On-Line Learning Component are posted on Blackboard.

- Reading Assignments may be *Recommended* or *Required* to enhance exposure to Osteopathic Philosophy and Osteopathic Manipulative Medicine.
- Reading Assignments may be used to facilitate virtual discussion using the Discussion Board feature in Blackboard.

Additional assignments may include but are not limited to the following:

- Learning Modules
- Video Demonstrations
- OMM Journal Articles or other assigned readings
- OMM Webinars/Power Point presentations
- Discussion Board assignments
- Quizzes

## G. GRADING

The FM OMM Clerkship is clinical rotation with an OMM On-Line Learning Component and a COMAT exam. The PCOM Georgia FM OMM Clerkship has both a Clinical Clerkship Director and an OMM On-Line Learning Component Coordinator.

Grades will be determined in the same manner as described in the PCOM Georgia Clerkship Manual for rotations with a Blended Learning Component and a COMAT (Preceptor Evaluation, COMAT, Successful completion of on-line learning component).

To successfully complete the clerkship with the OMM on-line learning component, students

will not only engage in clinical learning with direct patient contact but will also be required to complete specific learning exercises administered through Blackboard. Please refer to this syllabus and your FM OMM Rotation site on Blackboard for more information about assignments and grading.

- Blackboard Announcements and Content areas will provide specific information related to grading of on-line learning assignments. All assignments and deadlines are determined by the GA FM OMM Selective Course Directors.
- **You must successfully complete the mandatory OMM SOAP Note and the OMM Patient Log assignments to PASS the FM OMM On-Line Learning Component.**
- The OMM SOAP Note Grading Rubric is posted on Blackboard with the Assignment. You must upload your OMM SOAP Note by the deadline.
- You must score at least 70% to receive a PASS on this assignment.
- If you score lower than a 70%, you may be given the opportunity to repeat the assignment prior to the end of the clerkship as directed by the Clerkship Directors.
- If you do not upload your OMM SOAP Note by the deadline in Blackboard, you will FAIL this assignment and will need to complete the assignment as directed by the Clerkship Directors.
- The OMM Patient Log will be graded on a Complete/Incomplete basis.
- You must upload your completed OMM Patient Log by the deadline to receive a PASS.
- If you do not upload your OMM Patient Log by the deadline in Blackboard, you will FAIL this assignment and will need to complete the assignment as directed by the Clerkship Directors.

The student's final grade for the PCOM Georgia FM OMM clerkship is calculated by first determining the grade according to the rubric below using the combination of the COMAT/Exit exam and the preceptor's Clerkship Evaluation.

Clinical Competency Evaluation Grade	COMAT/Exit Exam Score	FINAL GRADE
Honors	Honors	Honors
Honors	Pass	High Pass

Pass	Honors	High Pass
Pass	Pass	Pass
Pass	Fail	Pass*
Fail	Pass	Pass*
Fail	Fail	Fail*

\*Grade to be determined after review of Exit Exam grade and Clinical Competency Evaluation by the Associate Dean of Clinical Education.

The FINAL GRADE will be determined using the grade from the rubric and then adjusted as follows:

- Students who complete ALL learning activities by the assigned deadlines will receive the grade earned by the rubric above.
- Students who do not participate in learning activities as required, or who do not complete ALL learning activities by the assigned deadlines will be assigned a grade of "Incomplete" (I).
- Those students who subsequently complete ALL required learning activities within 4 weeks of the last day of the rotation will have their grade (as determined by the rubric) changed but will be limited to a PASS unless the rubric indicates a failure.
- Those students who do NOT complete ALL required learning activities within the 4 weeks, will have the "Incomplete" changed to a "FAIL" and will have to remediate the On-Line Learning Component assignments as directed by the Clerkship Directors.

## PCOM Georgia

### 3<sup>rd</sup> Year FM OMM Learning Objectives

#### OMM:

1. Recognize that the Osteopathic philosophy is applicable to all patients.
2. Identify those patients who would benefit from Osteopathic Manipulative Treatment (OMT).
3. Demonstrate attitudes and behaviors consistent with the Osteopathic philosophy.
4. Appropriately educate inquisitive patients and their family, naïve to Osteopathic philosophy.
5. Demonstrate the ability to diagnose somatic dysfunction, implement an appropriate manipulative medicine prescription, and demonstrate mastery in effective OMT.
6. Recognize the patient's motivation(s) for seeking care.
7. Assess the type and level of care needed for the particular encounter.
8. Project empathy.
9. Encourage patients to seek continuing medical care at intervals appropriate for their condition(s).



10. Utilize appropriate health maintenance screening protocols.
11. Provide anticipatory health care.
12. Understand the relationship between the basic and clinical sciences.
13. Apply their knowledge in the basic and clinical sciences to the care of their patients.
14. Demonstrate the ability to assess a patient and differentiate the need for urgent versus non-urgent care.
15. Utilize knowledge and technical skills, when appropriate, to assist with the diagnosis and treatment of a patient.
16. Employ viable treatment plans within the confines of clinical data available, and within the socioeconomic capability of the patient and/or family.
17. Demonstrate the ability to differentiate between viscerosomatic, somato-somatic, and somatovisceral dysfunctions.
18. Facilitate and support his/her own education by reading current journal publications and utilizing information technology.
19. Assess, apply, and assimilate investigative knowledge to improve patient care.
20. Describe the clinical significance of and apply strategies for integrating research evidence into clinical practice.
21. Critically evaluate medical information and its sources, and apply such information appropriately to decisions relating to patient care.
22. Appraise literacy level of their patients and others in an effort to improve communication.
23. Use effective written, verbal, and nonverbal language.
24. Utilize intuitive and listening skills.
25. Illustrate the attributes of a team player.
26. Cite and communicate information in an organized and succinct manner.
27. Complete responsibilities reliably.
28. Demonstrate respect, empathy, and integrity.
29. Demonstrate understanding of ethical principles of autonomy, beneficence, informed consent, and confidentiality.
30. Be mindful of the hands-on approach of the osteopathic physician and at all times contact the patient with a caring, diagnostic, and professional palpatory method after gaining patient permission for such examination and treatment.
31. Recognize social and economic factors that affect patient care.
32. Identify the various people/factors involved in the patient care process, such as: patient, family, staff, consultants (medical and non-medical), and insurance companies.

33. Practice quality cost-effective healthcare.
34. Be cognizant of the holistic concept of osteopathic medicine and consider distal disease processes as potentially related aspects of the patient's chief complaint.

#### FM:

1. Approach the patient with recognition of the entire clinical context, including mind-body and psychosocial interrelationships.
2. Diagnose clinical conditions and plan patient care.
3. Perform or recommend OMT as part of a treatment plan.
4. Communicate and document treatment details.
5. Gather accurate data related to the patient encounter.
6. Develop a differential diagnosis appropriate to the context of the patient setting and findings.
7. Form a patient-centered, inter-professional, evidence-based management plan.
8. Provide health promotion and disease prevention (HPDP).
9. Engage in documentation, case presentation, and team communication.
10. Articulate basic biomedical science and epidemiological and clinical science principles related to patient presentation.
11. Facilitate and support his/her own education by reading current journal publications and utilizing information technology.
12. Assess, apply, and assimilate investigative knowledge to improve patient care.
13. Describe the clinical significance of and apply strategies for integrating research evidence into clinical practice.
14. Critically evaluate medical information and its sources, and apply such information appropriately to decisions relating to patient care.
15. Establish and maintain the physician-patient relationship.
16. Demonstrate effective written and electronic communication in dealing with patients and other health care professionals.
17. Work effectively with other health professionals as a member or leader of a health care team.
18. Demonstrate humanistic behavior, including respect, compassion, probity, honesty, and trustworthiness.
19. Demonstrate accountability to patients, society, and the profession, including the duty to act in response to the knowledge of professional behavior of others.
20. Attain milestones that indicate a commitment to excellence, as, for example, through ongoing professional development as evidence of a commitment to continuous learning.

21. Demonstrate understanding of how patient care and professional practices affect other health care professionals, health care organizations, and society.
22. Identify and utilize effective strategies for assessing patients.

## PCOM Georgia INTERNAL MEDICINE

### Third-Year Clerkship

#### A. OVERVIEW

The Core Clinical Clerkship in General Internal Medicine is a four-week rotation that allows third-year medical students the opportunity to learn in a variety of clinical settings, consistent with the student's medical students the opportunity to learn in a variety of clinical settings, consistent with the student's learning preferences, utilizing a diverse community of patients and healthcare professionals. While on the General Internal Medicine Clerkship, the education of the student occurs using a multifaceted approach.

Students are taught the essentials of General Internal Medicine through didactic lectures, observation of clinical procedures, hands on clinical experiences and direct interaction with faculty, individual patients, and families. Integration of clinical skills and evidence-based medicine is achieved with emphasis on didactic discussions, and development of clinical skills.

#### B. CONTACTS

Program Director: Colette Bullock, D.O., [coletteta@pcom.edu](mailto:coletteta@pcom.edu)

Program Director Blackboard Blended Online: Daniel Parenti, DO: [danielp@pcom.edu](mailto:danielp@pcom.edu)

## C. SCHEDULE

Students do not return to PCOM for GIM lectures. Effective 1/2/2018 Students are required to review the course material posted to the Blended Online Blackboard course one week prior to start of the Core Clinical Clerkship in GIM. If you are not able to access or view the GIM Blackboard site after one week on the rotation please contact Dr. Parenti and cc [gaclinicaleducation@pcom.edu](mailto:gaclinicaleducation@pcom.edu) so we can troubleshoot your access status.

Please note MLH CCC students are only required to complete the GIM Blended Online Learning assignments during the first scheduled month of GIM. Students are encouraged to continue to review material for the second month of medicine but it is not mandatory.

All students are expected to complete all required online activities. You must complete each of the online course requirements to pass the rotation, and any delays on completing the course requirements will prevent you from receiving HONORS in the course.

Mandatory Medicine COMAT test will be given on the last Friday of your designated Internal Medicine rotation. One week prior to the test date you will receive specific scheduling information to your PCOM e-mail with the time and location. If you do not receive an e-mail one week before the end of your rotation, please initiate contact with the Office of Clinical Education to ensure you are included in the appropriate COMAT exam session.

## D. GOALS & OBJECTIVES

### I. Osteopathic Principles and Practice

GOAL: Students will integrate Osteopathic Principles and Practice routinely into the conventional care of patients.

OBJECTIVE: The student will:

- a. Recognize that the Osteopathic philosophy is applicable to patients on a General Internal Medicine service.
- b. Identify those patients who would benefit from Osteopathic Manipulative Medicine.
- c. Demonstrate attitudes and behaviors consistent with the Osteopathic philosophy.

d. Appropriately educate inquisitive patients naïve to the Osteopathic philosophy.

## II. Patient Care

GOAL: Students will employ the knowledge, attitudes, and skills necessary to provide preventive, episodic, or continuing care to individual patients in an ambulatory and or in patient setting.

OBJECTIVE: The student will:

- a. Recognize the patient's motivation(s) for seeking care.
- b. Assess the type and level of care needed for the particular encounter.
- c. Demonstrate an empathetic attitude.
- d. Encourage patients to seek continuing medical care at intervals appropriate for their condition(s).
- e. Utilize appropriate health maintenance screening protocols.
- f. Provide anticipatory and preventive health care.

## III. Medical Knowledge

GOAL: Students will demonstrate a basic level of competency of history, physical examination, procedural, and problem-solving skills required to adequately assess and manage the spectrum of disease processes seen in General Internal Medicine.

OBJECTIVE: The student will:

- a. Understand the relationship between the basic and clinical sciences.
- b. Apply their knowledge in the basic and clinical sciences to the care of their General Internal Medicine patients.
- c. Demonstrate the ability to assess a patient and differentiate the need for urgent versus non-urgent care.
- d. Utilize knowledge and clinical skills, when appropriate, to assist with the diagnosis and treatment of a patient.
- e. Employ viable treatment plans within the confines of clinical data available, and within the socioeconomic capability of the patient and/or family.
- f. Develop skills in differential diagnosis as applied to clinical experience.

## IV. Practice Based Learning and Improvement

GOAL: Students will practice evidence-based medicine.

OBJECTIVE: The student will:

- a. Facilitate and support his/her own education by demonstrating the reading of current journal publications and utilizing information technology.
  - b. Assess, apply, and assimilate investigative knowledge to improve patient care.
- V. Interpersonal and Communication Skills

GOAL: Students will establish effective and ethically sound relationships with patients, their family as well as faculty, staff, and peers to provide quality health care.

OBJECTIVE: The student will:

- a. Appraise the literacy level of their General Internal Medicine patients and others in an effort to improve communication.
  - b. Use effective written, verbal, and nonverbal language.
  - c. Utilize intuitive and listening skills.
  - d. Illustrate the attributes of a team player.
  - e. Cite and communicate information in an organized and succinct manner.
- VI. Professionalism

GOAL: Students will respect and be sensitive to the individuality, values, goals, concerns, and rights of all with whom they interact in the ambulatory and or inpatient healthcare setting.

OBJECTIVE: The student will:

- a. Complete responsibilities reliably.
- b. Demonstrate respect, empathy, and integrity.
- c. Demonstrate understanding of ethical principles of autonomy, beneficence, informed consent, and confidentiality.

## VII. Systems-Based Practice

GOAL: Students will effectively integrate ancillary healthcare resources and appropriately utilize available business systems for optimal care of their patients.

OBJECTIVE: The student will:

- a. Recognize the role of the General Internist as a member and coordinator of the healthcare delivery team.
- b. Recognize social and economic factors that affect patient care.
- c. Identify the various people/factors involved in the patient care process, such as: patient, family, staff, consultants (medical and non-medical), and insurance companies.
- d. Practice quality cost-effective healthcare.
- e. Understand the General Internist's role in the community and society.

## E. REQUIREMENTS & ASSIGNMENTS

SEE BLENDED ONLINE LEARNING BELOW

### Student Course Evaluation Surveys

Students must complete the Course Evaluation survey for the rotation in General Internal Medicine. The survey becomes available on the first day the rotation begins.

## F. READINGS

Students are required to purchase "Pocket Medicine", 5th Edition, edited by Marc S. Sabatine, available in the PCOM bookstore.

Recommended reference book Harrison's Principle Internal Medicine 20th Edition, Volume 1 and 2 Jamison JL et al. McGraw- Hill 2018

## G. GRADING

The final grade for the General Internal Medicine Rotation will be affected by the student's clinical performance during the rotation, as well as the student's performance on the COMAT examination. A student may not receive a passing grade for the rotation without passing the examination and participating in the Blackboard exercises. A student must achieve an Honors Pass on the examination in order to maintain Honors Pass on the rotation.

## GENERAL INTERNAL MEDICINE - BLENDED ONLINE LEARNING OVERVIEW

Dear Student Doctor:

Welcome to the General Internal Medicine rotation.

The knowledge and skills that you acquire during this period will prepare you for the

reality of modern medical practice, for it is the Generalist who is the gatekeeper. Your whole-hearted application during this time will demonstrate the process of acquisition of information, integration of data, problem solving, case presentation, differential diagnosis and economic management. As you sort out the difficulties and delve into complexly ill patients, you will become aware of the intensity of the bio-psychosocial issues, as well as the didactic principles involved. After this experience, you will have no difficulty moving on to the areas of subspecialty medicine.

Sincerely yours,

Pat A Lannutti, DO, MSc

Chairman, Division of General Internal Medicine Vice-Chairman, Department of Internal Medicine

Philadelphia College of Osteopathic Medicine

### THIRD-YEAR ROTATIONS IN GENERAL INTERNAL MEDICINE

This four (4) week clerkship clinical rotation is an introductory clinical experience to General Internal Medicine in the hospital setting. It is completed at one of the affiliated hospitals. Clinical responsibilities are coordinated by the Directors of Medical Education, Internal Medicine Department Chair and Subdivisional personnel. Students are members of the house staff team and participate in academic programs on-site.

Academic responsibilities include the required readings and assignments.

#### A. ONLINE LEARNING GOALS AND OBJECTIVES

1. The student will acquire and demonstrate a basic level of competency in the History and Physical Examination.
2. The student will apply the techniques of Problem Solving set forth by Paul Cutlet in his manuscript, Problem Solving in Clinical Medicine published by Williams & Wilkins.
3. The student will acquire the following vital skills in relationship to clinical patient care:
4. Collection and interpretation of data
5. Pathophysiology of disease
6. Processing of data into what is relevant
7. Many presentations of a disease



8. Many diseases causing a presentation
9. Appreciation of what is common and likely
10. Solution of Problems
11. By the completion of this rotation, the student should be able to:
12. Elicit patient information in an intelligent and purposeful order.
13. Process, evaluate, and cluster patient information according to relevance, significance and relatedness.
14. Formulate single, multiple, or competing hypothesis which suggest possible diagnoses.
15. Confirm or reject hypothesis, with additional carefully selected and acquired bits of patient information.
16. Utilize various problem-solving techniques and be consciously aware of their use.
17. Create diagnostic game plans and structure decision scenarios that are reasonable, orderly, precise, and considerate of cost-benefit-risk-time factors.
18. Gather additional information about the patient in accordance with a problem-based student-motivated format.
19. Decide what additional data are needed and what further tests to order bearing in mind the concept of imperfect information.
20. Transcribe patient information into an orderly well-written database that includes the history, physical exam and basic para-clinical procedures.
21. Relate clues in the patient's database to the underlying pathophysiology.
22. Construct a complete problem list from the available patient information and be able to assess each problem.
23. Solve patient presentations and confirm diagnoses rapidly, like the seasoned clinician who uses shortcuts, tangents, selected data subsets, and high yield tests.
24. Develop a more intellectual approach to problem solving by knowing what diseases are most common and therefore most likely to be present, by knowing the various presentations of a single disease, and by realizing that several diseases may coexist in one patient.
25. Understand and deal with the taxonomy of quantization. The student must appreciate and deal with such poorly quantified phrases as "usually", "almost always", and "most of the time".
26. Identify a "core curriculum" and deal diagnostically with a large majority of clinical presentations, almost all that the practicing physician sees can be pared down to a reasonably limited number of presentations and diseases.
27. Judge who needs a complete work up and who can be managed quickly with a small database, not everybody needs a lengthy study, since most patients see the physician with simple problems that can be solved with a few questions, a brief exam and no lab work.
28. Miniaturize a case for presentation to others.

## B. GENERAL INTERNAL MEDICINE (M3) CURRICULUM

### ENDOCRINOLOGY

Adrenal Disorders

Thyroid Disorders

Diabetes Mellitus

Calcium Disorders

### GASTROENTEROLOGY

GI Bleeding

Inflammatory Bowel Disease

Acute Pancreatitis

Cirrhosis

Abnormal Liver Function Tests

Hepatitis

### HEMATOLOGY

Anemia

Platelet Disorders

Coagulopathies

Hypercoagulable states

Leukemia

Lymphoma

Myelo Proliferative Disorders

### NEPHROLOGY

Sodium and water homeostasis

Potassium Homeostasis

Renal Failure: Acute and Chronic

Essential and Secondary hypertension

Glomerular Disease

### NEUROLOGY

Change in Mental Status

Seizures

Stroke – TIA, RIND < CVA

### PULMONOLOGY

COPD/Asthma

Hemoptysis

Interstitial Lung Disease

Pleural Effusion

Pulmonary Hypertension  
Venous and Pulmonary Thrombo-Embolism  
Mechanical Ventilation  
ARDS  
RHEUMATOLOGY  
Osteo and Rheumatoid Arthritis  
SLE  
Infectious Arthritis  
Connective Tissue Disease

#### GENERAL INTERNAL MEDICINE

- The approach to a comprehensive history and physical examination.
- A thorough discussion of:
  - o Problem identification
  - o Differential diagnosis
  - o Data processing
  - o Treatment planning
  - o Progress note writing (S.O.A.P.)
- The student will be exposed to complex medical problems in order to develop a process of prioritization.
- The role of the primary care internist will be emphasized Case presentation will be monitored and critiques.
- Third party issues will be discussed related to the basic bio-psycho-social issues of the active cases.
- Every effort will be made to incorporate outpatient experience and longitudinal care as well as issues of prevent

## PCOM Georgia

### INTERNAL MEDICINE ROTATION LEARNING OBJECTIVES

1. The student will acquire and demonstrate a basic level of competency in the History and Physical examination.
2. The student will apply the techniques of problem solving set forth by Paul Cutlet in his manuscript, Problem Solving in Clinical Medicine by Williams & Wilkins.
3. The student will acquire the following vital skills in relationship to clinical patient care:
  - a. Collection and interpretation of data
  - b. Pathophysiology of disease
  - c. Processing of data into what is relevant
  - d. Many presentations of a disease
  - e. Many diseases causing a presentation
  - f. Appreciation of what is common and likely
  - g. Solution of problems
4. By the completion of the rotation, the student should be able to:

- a. Elicit patient information in an intelligent and purposeful order.
- b. Process, evaluate and cluster patient information according to relevance, significance and relatedness.
- c. Formulate single, multiple or competing hypothesis which suggest possible diagnoses.
- d. Confirm or reject hypotheses with additional carefully selected and acquired bits of patient information.
- e. Utilize various problem-solving techniques and be consciously aware of their use.
- f. Create diagnostic game plans and structure decision scenarios that are reasonable, orderly, precise and considerate of cost-benefit-risk-time factors.
- g. Gather additional information about the patient in accordance with a problem-based student-motivated format.
- h. Decide what additional data is needed and what further tests to order bearing in mind the concept of imperfect information.
- i. Transcribe patient information into an orderly, well-written database that includes the history, physical exam and basic para-clinical procedures.
- j. Relate clues in the patient's database to the underlying pathophysiology.
- k. Construct a complete problem list from the available patient information and be able to assess each problem.
- l. Solve patient presentations and confirm diagnoses rapidly, like the seasoned clinician who uses shortcuts, tangents, selected data subsets and high yield tests.
- m. Develop a more intellectual approach to problem solving by knowing what diseases are most common and therefore most likely to be present.
- n. Understand and deal with the taxonomy of quantization. The student must appreciate and deal with such poorly quantified phrases as 'usually', 'almost always' and 'most of the time'.
- o. Identify a 'core curriculum' and deal diagnostically with a large majority of clinical presentations, almost all that the practicing physician sees can be pared down to a reasonably limited number of presentations and diseases.
- p. Judge who needs a complete work-up and who can be managed quickly with a small database. Not everyone needs a lengthy study since most patients see the physician with simple problems that can be solved with a few questions.
- q. Miniaturize a case presentation for others.

## PCOM Georgia

### GENERAL SURGERY

Third-year Clerkship

#### A. OVERVIEW

General surgery is a demanding field of medicine requiring an in-depth understanding of Internal Medicine, Anatomy, Physiology and Emergency medicine. More than a form of therapy, surgery is a medical philosophy providing an alternative pathway of therapeutic intervention. The Clinical Clerkship in General Surgery is a four-week rotation that offers the medical student the opportunity to learn the potential advantages and benefits of surgical care as well as the risks, complications and limitations such care can impose.

To achieve this level of understanding, the rotation in general surgery consists of a four week experience in both inpatient and outpatient surgical services, a "hands on" operative experience, a complimentary on-line module, as well as a didactic lecture series. The student is

exposed to patients during the pre-operative, intra-operative and post-operative phases of surgical care. Surgical reasoning, in conjunction with the Osteopathic holistic concepts of medical care are reinforced and stressed during this rotation. The student will become further acquainted with the team concept of medical care, through simulations stressing inter professional education, communication and professionalism. Students will also gain an appreciation for the difference of an acute surgical event and elective procedures and the role of the surgical consultant.

## B. CONTACTS

Arthur Sesso, DO

Clerkship Director of Surgery/ Chairman of Surgery/Residency Director — PA  
[asesso@aol.com](mailto:asesso@aol.com) Suite 509 Rowland Hall - Phone 215-871-6942

Robert J. Lloyd, DO

Online Preceptor of Surgery (PA and GA)  
[robertll@pcom.edu](mailto:robertll@pcom.edu)

Frank Jones, MD

Clerkship Director of Surgery — GA  
[frankjo@pcom.edu](mailto:frankjo@pcom.edu)

## C. GOALS & OBJECTIVES

Goals and objectives are segregated for each of the established core competencies as follows:

### MEDICAL KNOWLEDGE

Goals	Means to Achieve Goal	Metric Evaluation Method
Aseptic/sterile technique	Surgical scrubbing/bedside procedures	Longs/direct observation/global evaluation
Acute surgical abdomen	ER consultations/outpatient clinics/online exercises	CSR/logs/global evaluation
Pre-operative risk assessment	Ward patients/outpatient clinics/ER consults	CSR/logs/global evaluation
CSR, Logs, Global Evaluations		
Post-operative complications	Ward patients/outpatient clinics/ER consults	CSR/global evaluations/MCQ

Biliary colic	Didactic presentations/Ward patients/ER consults/Online Exercises	Logs/CSR/MCQ/global evaluations
Bowel obstruction	Pre-operative care, intra-operative care/Ward patients	Logs/global evaluation/direct observation
Trauma	ER consults/ICU care/Didactics/Online Exercises	Logs/simulation/global evaluation
Elective surgery	Outpatient clinic/pre-intra-operative care	Logs/global evaluation/Online grade
Hemodynamics/Resuscitation	Pre-operative evaluation/Online Exercises/Outpatient clinic	Logs/global evaluations/MCQ
GI Bleeding	Ward patients/ER consults/Online exercises/consults	Logs/global evaluations/MCQ

#### PATIENT CARE

Goals	Means to Achieve Goal	Metric Evaluation Method
Gowning/gloving and sterile technique	Operative assistance/floors/office procedures	Logs/direct observation/global evaluation
Pre and Post-operative orders	Ward patients/outpatient clinics/consultations	Direct observation/global evaluation
The surgical consult	Ward patients/outpatient clinic	CSR/global evaluation/Logs
Minor surgical procedures	Ward care/emergency consults/pre-op care/night call	Logs/global evaluation
Wound care	Ward care/Online exercises/consultations/outpatient clinics	Logs/global evaluations/MCQ
Nutrition	Pre-op Evaluation/post-op care/online cases	Logs/global evaluation/MCQ
Surgical Diagnosis	Ward care/consults/outpatient clinic/night call	Logs/global evaluations/CSR
Pain management	Ward care/outpatient clinic/OMM consultation	Logs/global evaluation/direct observation

#### SYSTEM BASED PRACTICE

Goals	Means to Achieve Goal	Metric Evaluation Method
Discharge planning	Ward service/ER consultations/outpatient clinic	360 evaluations/global evaluation/direct observation
IPE	Multi discipline unit cases/multi-trauma/M&M conferences	Direct observation/simulation/global evaluation



Oncologic management	Ward service/outpatient clinic/consultations	Logs/global evaluation/360 evaluation
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## PRACTICE BASED LEARNING

Goals	Means to Achieve Goal	Metric Evaluation Method
Perform a literature review	Presentations/journal club/M&M/online cases	Direct observation/360/evaluations/global evaluations
Research (optional)	Participate in Q&A project, assist research project	360 evaluation/global evaluation

## INTERPERSONAL AND COMMUNICATION SKILLS

Goals	Means to Achieve Goal	Metric Evaluation Method
Present a patient	Ward rounds/outpatient clinic/ER consults/online blog	CSR/direct observation/global evaluation
Lecture presentation	Grand rounds/case conference/M&M	Direct observation/global evaluation
Explain procedures/informed consent	Ward rounds/outpatient clinic/night call	360 evaluation/direct observation

## PROFESSIONALISM

Goals	Means to Achieve Goal	Metric Evaluation Method
To become familiar with transitions in care	Night call/sign out/Ward rounds	Direct observation/global evaluation
Become familiar with patients right to privacy	Online training/Ward rounds/outpatient clinic	360 evaluation/global evaluation/MCQ
Maintain physician wellness	Online training/mentor program/grand rounds	Global evaluation/360 evaluation
Advocate for patient safety	Ward rounds/outpatient clinic/M&M conference	360 evaluation/global evaluation/direct observation

## OSTEOPATHIC THERAPY AND PHILOSOPHY

Goals	Means to Achieve Goal	Metric Evaluation Method
Understand the role of OMM in post-op care	Ward rounds/outpatient clinic	Global evaluation/direct observation
Appreciate the role of OMM in opioid reduction	Ward rounds/outpatient clinic/lecture	Global evaluation/direct observation/MCQ
Appreciate connections between visceral and somatic pain	Ward rounds/ER consultations/clinics	Global evaluation/direct observation

## D. ASSIGNMENTS & RESPONSIBILITIES

1. Students must be prepared and present for all formal patient rounds
2. Students should be prepared to record daily progress notes as assigned by the service chief
3. Students should attend all department didactic presentations, Operative procedures, surgical consultations and Family Conferences
4. Students are responsible to be knowledgeable about the patients they are assigned
5. Students are responsible to perform all assigned readings
6. Students should attend outpatient clinics
7. Perform all night coverage assigned
8. Maintain a healthy life style to optimize patient care
9. Advocate for patient safety
10. Respect Patient privacy
11. Be prepared mentally and physically for daily surgical procedures
12. Be prepared to evaluate consultations
13. Be capable of assessing operative risk
14. Be prepared to assist at Surgery
15. Your medical career will require you to enter case logs for all patient encounters.

Completing case logs now will prepare you for residency and your professional practice. Case logs document your clinical encounters during your rotations. Students are required to document all clinical encounters. This should include at least 40 encounter entries per 4week rotation and 20 encounter entries for a 2 week rotation. Students should enter one entry for each clinical encounter. In addition to patient encounters, didactic learning can also be entered into a case log. Please refer to the Case Logs section on the course Blackboard page for more information.

## BLACKBOARD ONLINE LEARNING

The online curriculum is an integral part of the clerkship training program. It is prepared to supplement the clinical education provided by your onsite preceptors. The program is provided to insure all students, regardless of their rotation assignments will be exposed to a core of standard issues in surgical practice. This material is also very useful in preparing for the standardized COMAT exam. This curriculum is mandatory for all students on rotation and participation is considered in the student's final evaluation for the course.

## E. READINGS

- 1) Sabiston Textbook of Surgery- Sections 1,2,3,10
- 2) Lange Fundamentals of Surgery- Sections 1,2,3,4,5

### 3) Cope's Diagnosis of The Acute Abdomen

## F. GRADING

Evaluation methods may include some or all of the following:

- 1) Global evaluations —an end of rotation summary of student achievement in all seven core competencies
- 2) 360 evaluations — evaluations performed by attending's, your peers, ancillary medical personnel ,patients and family members
- 3) Direct observation- a review of student performance during a specific event such as a procedure or presentation
- 4) MCQ- multiple choice questions as found on the COMAT exam
- 5) Chart Stimulated Recall (CSR)- used to evaluate your ability to report chart findings and summarize important patient details

## G. SURGICAL MENTORING/OBTAINING A SURGICAL RESIDENCY

The college has mentoring resources for students interested in a surgical residency and a career in surgery. We would encourage students interested in surgery to take additional electives in surgery, and develop a working relationship with the attending staff who are interested in mentoring young surgeons. Students should realize that audition rotations are one of the most effective ways to obtain a desired residency position. The department of surgery is also acutely aware of how difficult obtaining these rotations can be especially in view of your already difficult schedules. You should consider the following as acceptable alternatives:

- A) Strong rotations in Critical Care at the institution where you desire to obtain a surgical residency
- B) Rotations in Pulmonary, cardiology and oncology at potential surgery training sites
- C) Attending surgical didactics while on non-surgical services
- D) Partnering with surgical residents and attending's for research and Q&A projects

## PCOM Georgia

### GENERAL SURGERY LEARNING OBJECTIVES

1. The student will understand the role of OMM in surgical post-op care.
2. The student will appreciate and understand the role of OMM in opioid reduction.
3. The student will appreciate connections between visceral and somatic pain.
4. The student will practice and perform proper gowning, gloving and sterile techniques.
5. The student will provide patients with pre and post-operative orders such as, nutrition, pain and wound care.
6. The student will perform patient surgical consultations.
7. The student will perform minor surgical procedures under proper supervision.
8. The student will provide patients with surgical diagnosis.
9. The student will practice and perform Aseptic/sterile techniques including surgical scrubbing and bedside procedures.
10. The student will understand the acute surgical abdomen through surgical ER consultations, surgical outpatient clinics, and surgical online exercises.
11. The student will conduct pre-operative risk assessments.
12. The student will understand post-operative complications
13. The student will review such surgical concepts as biliary colic, bowel obstruction, trauma, elective surgery, hemodynamics/resuscitation, and GI bleeding.
14. The student will perform a surgical literature review.

15. The student may conduct research by participating in a Q&A project and/or assisting in a pre-existing surgical research project.
16. The student will present a surgical patient.
17. The student will give a lecture presentation.
18. The student will be able to explain surgical procedures to a patient and/or loved one, and obtain informed consent.
19. The student will become familiar with transitions in care.
20. The student will become familiar with patients' right to privacy.
21. The student will understand the importance of maintaining physician wellness.
22. The student will be able to advocate for patient safety.
23. The student will understand and practice discharge planning.
24. The student will engage in appropriate interprofessional education (PE).
25. The student will understand the basics of surgical oncologic management.
26. The student will understand the role of OMM in surgical post-op care.
27. The student will appreciate and understand the role of OMM in opioid reduction.
28. The student will appreciate connections between visceral and somatic pain.
29. The student will practice and perform proper gowning, gloving and sterile techniques.
30. The student will provide patients with pre and post-operative orders such as, nutrition, pain and wound care.
31. The student will perform patient surgical consultations.
32. The student will perform minor surgical procedures under proper supervision.
33. The student will provide patients with surgical diagnosis.
34. The student will practice and perform Aseptic/sterile techniques including surgical scrubbing and bedside procedures.
35. The student will understand the acute surgical abdomen through surgical ER consultations, surgical outpatient clinics, and surgical online exercises.
36. The student will conduct pre-operative risk assessments.
37. The student will understand post-operative complications
38. The student will review such surgical concepts as biliary colic, bowel obstruction, trauma, elective surgery, hemodynamics/resuscitation, and GI bleeding.
39. The student will perform a surgical literature review.
40. The student may conduct research by participating in a Q&A project and/or assisting in a pre-existing surgical research project.
41. The student will present a surgical patient.
42. The student will give a lecture presentation.
43. The student will be able to explain surgical procedures to a patient and/or loved one, and obtain informed consent.
44. The student will become familiar with transitions in care.
45. The student will become familiar with patients' right to privacy.
46. The student will understand the importance of maintaining physician wellness.
47. The student will be able to advocate for patient safety.
48. The student will understand and practice discharge planning.
49. The student will engage in appropriate interprofessional education (PE).
50. The student will understand the basics of surgical oncologic management.

PCOM Georgia

## OBSTETRICS AND GYNECOLOGY

Third-Year Clerkship

### A. OVERVIEW

The Core Clinical Clerkship in Obstetrics and Gynecology is a four-week rotation that affords third-year medical students the opportunity to learn in a variety of clinical settings and among a diverse community of patients and healthcare professionals. While on the Obstetrics and Gynecology Clerkship, education occurs via a multifaceted approach. Students are taught the essentials of Obstetrics and Gynecology through didactic lectures, observation of and participation in surgical and clinical procedures, hands-on clinical experiences, and direct interaction with faculty, individual patients, families and residents. Clinical skills are integrated with evidence-based medicine.

### B. CONTACTS

Program Director: Joanne Kakaty-Monzo, DO (215) 871-6788

Program Director Blackboard Blended Online: Jason Meade: [Jasonmea@pcom.edu](mailto:Jasonmea@pcom.edu)

## C. SCHEDULE

Students do not return to PCOM for OB/GYN lectures. Students are required to review the course material posted to the Blended Learning Online Blackboard page one week prior to start of the Core Clinical Clerkship in OB/GYN. If you are not able to access or view the OB/GYN Blackboard site after one week on the rotation please contact Dr. Meade and cc [gaclinicaleducation@pcom.edu](mailto:gaclinicaleducation@pcom.edu) we can troubleshoot your access status.

All students are expected to complete all required online activities. You must complete each of the online course requirements to pass the rotation, and any delays on completing the course requirements will prevent you from receiving honors in the course.

Mandatory COMAT exam will be given on the last Friday of your scheduled Core OB/GYN rotation. One week prior to the test date you will receive specific scheduling information to your PCOM e-mail with the time and location. If you do not receive an e-mail one week before the end of your rotation, please initiate contact with the Office of Clinical Education to ensure you are included in the appropriate COMAT exam session.

## D. GOALS & OBJECTIVES

### I. Osteopathic Principles and Practice

GOAL: Students will integrate Osteopathic Principles and Practice routinely into the conventional care of Obstetrical and Gynecological patients.

OBJECTIVE: The student will:

- Recognize that the Osteopathic philosophy is applicable to Obstetrical and/or Gynecological patients.
- Identify those Obstetrical and/or Gynecological patients who would benefit from Osteopathic Manipulative Medicine.
- Demonstrate attitudes and behaviors consistent with the Osteopathic philosophy.
- Appropriately educate Obstetrical and/or Gynecological patients about the Osteopathic philosophy.

### II. Patient Care

GOAL: Students will employ the knowledge, attitudes, and skills necessary to provide

preventive, episodic, or continuing Obstetrical and /or Gynecological care in ambulatory and/or inpatient settings.

OBJECTIVE: The student will:

- Recognize the Obstetrical and/or Gynecological patient's motivation(s) for seeking care.
- Assess the type and level of care needed for the particular encounter.
- Project empathy.
- Encourage patients to seek continuing medical care at intervals appropriate for their condition(s).
- Utilize appropriate health maintenance screening protocols.
- Provide anticipatory health care.

### III. Medical Knowledge

GOAL: Students will demonstrate a basic level of competency of history, physical examination, procedural, and problem-solving skills required to adequately assess and manage the spectrum of disease processes seen in Obstetrics/Gynecology, Gynecologic Oncology, Reproductive Medicine, and Urogynecology.

OBJECTIVE: The student will:

- Understand the relationship between the basic and clinical sciences as it applies to Obstetrics and Gynecology.
- Apply their knowledge in the basic and clinical sciences to the care of Obstetrical and/or Gynecological patients.
- Demonstrate the ability to assess an Obstetrical and/or Gynecological patient and differentiate the need for urgent versus non- urgent care.
- Utilize knowledge and clinical skills, when appropriate, to assist with the diagnosis and treatment of an Obstetrical and/or Gynecological patient.
- Employ viable treatment plans within the confines of clinical data available, and within the socioeconomic capability of the Obstetrical and/or Gynecological patient and family.

### IV. Practice Based Learning and Improvement

GOAL: Students will practice evidence-based medicine.



OBJECTIVE: The student will:

- Facilitate and advance his/her education by reading current journal publications and utilizing information technology.
- Assess, apply, and assimilate investigative knowledge to improve patient care.

## V. Interpersonal and Communication Skills

GOAL: Students will establish effective and ethically sound relationships with Obstetrical and/or Gynecological patients, their families, as well as faculty, staff, and peers to provide quality health care.

OBJECTIVE: The student will:

- Appraise the health literacy level of their Obstetrical and/or Gynecological patients and others in an effort to improve communication.
- Use effective written, verbal, and nonverbal language.
- Utilize intuitive and listening skills.
- Exhibit the attributes of a team player.
- Cite and communicate information in an organized and succinct manner.

## VI. Professionalism

GOAL: Students will respect and be sensitive to the individuality, values, goals, concerns, and rights of all with whom they interact in ambulatory and/or inpatient healthcare settings.

OBJECTIVE: The student will:

- Complete responsibilities reliably.
- Demonstrate respect, empathy, and integrity.
- Demonstrate understanding of ethical principles of autonomy, beneficence, non-maleficence, informed consent, and confidentiality.

## VII. Systems-Based Practice

GOAL: Students will effectively integrate ancillary healthcare resources and appropriately utilize all resources for optimal care of their Obstetrical and/or Gynecological patients.

OBJECTIVE: The student will:

- Recognize the role of the Obstetrician-Gynecologist as a member and coordinator of the healthcare delivery team.
- Recognize social and economic factors that affect Obstetrical and/or Gynecological patient care.
- Identify the various people/factors involved in the Obstetrical and/or Gynecological patient care process, such as: patient, family, staff, consultants (medical and non- medical), and insurance companies.
- Practice quality cost-effective healthcare.
- Realize the role of the Obstetrician-Gynecologist in the community and society.

## E. REQUIREMENTS & ASSIGNMENTS

SEE BLENDED ONLINE LEARNING BELOW

## F. SELF-DIRECTED LEARNING

You have a blended learning clerkship with Dr. Jason Meade as your online preceptor who is available to you for multiple education opportunities. Mandatory OMM PROMOTE Protocol is self-directed learning to include Promote protocol inclusive of autonomic association as well as Lymphatics.

## G. READINGS

Please review the “Blended Online Learning” information.

## H. GRADING

The final grade for OB/GYN is derived from three separate components – the completion of the blended online assignments within the deadline constraints; the overall clinical performance evaluation from the Preceptor; and the successful passing of the COMAT at the end of rotation. Based on the results from these three components a student may receive a Pass, High Pass, Honors Pass, or Fail as the final grade.

# OBSTETRICS AND GYNECOLOGY - Blended Online Learning

## OVERVIEW

Hello and welcome!

My name is Jason Meade. I will be facilitating your online education for the OB/GYN clerkship. Currently, I am a Board Certified OB/GYN and FPMRS (Female Pelvic Medicine and Reconstructive Surgery) Fellow. My medical school education was through UMDNJ-SOM and residency through Inspira in South Jersey. I am volunteer national faculty with the NBOME as an exam question writer and reviewer for the COMAT and COMLEX.

The Blackboard portion of your rotation is designed to help provide you with the important educational information for the Clerkship, COMAT and COMLEX. In this area no question is considered small or silly. It is my job to provide you an environment where we can discuss the pertinent information of general OBGYN and how it will impact your medical career.

With over 50% of the population being female, there is no field of medicine that OBGYN does not apply to and integrate with.

The attached file is a list of specific topics you should be proficient in on the completion of this course.

## A. REQUIREMENTS AND ASSIGNMENTS

The following are **mandatory** assignments:

- **Orientation:** PCOM OB/GYN Clerkship PowerPoint presentation (available below)
- **Week One through Four:** Each week has Specific topics to facilitate your discussion board posts. That being said though you may find it helpful to skip around the readings and videos based on your current clinical locations. (Remember not everyone is in the same place at the same time.)
- **Discussion Board:** There are required weekly discussion board assignments to complete. Please be sure to read the instructions completely each week.
- **"The OB/GYN Clerkship: Your Guide to Success"** (available on BlackBoard in Course Materials)
- **"Practical Tools For The Clerkship"** (available on BlackBoard in Course Materials)
- Electronic Fetal Monitoring online course (accessible at <http://www.ob-efm.com/>)
- uWISE 100-question practice exam to be taken twice (access is described in Orientation PowerPoint) o uWise: The link below will take you to a page where you will create your log in credentials. We ask that you use your school e-mail address as your user name so that we can manage your individual subscription easier. It is imperative that you do not share your log in credentials with anyone else. These credentials are connected to your personal scores which will be displayed on your portal page and by sharing your log in you will also be breaking the copyright and use guidelines for this resource. Once you set up a log in you will have access to this resource until you have completed the clerkship and taken the shelf exam.

o <https://apgo.mycrowdwisdom.com/diweb/institution?guid=a44310d4-495d-4e42->

[acf3583e8c2e0ea3](#)

- PCOM OB/GYN Clerkship Mandatory Assignment Checklist and Attestation (available on BlackBoard under Assignments).

The mandatory reading assignment topics for the OB/GYN Clerkship are aligned with the COMAT exam. In order to pass the end-of-rotation COMAT OB/GYN exam, it is necessary to complete all of the mandatory assignments.

Lastly, the PCOM OB/GYN Clerkship Mandatory Assignment Checklist and Attestation is available as a fillable PDF on BlackBoard under Assignments. This checklist and attestation must be completed fully (by checking and dating the completion of each item) and honestly. When complete, it must be submitted via BlackBoard.

Orientation PPT Link

[https://pcom6.blackboard.com/bbcswebdav/pid-645058-dt-content-rid-995832\\_2/courses/DO\\_315\\_01\\_201700/Dr.%20Kakaty-Monzo\\_OB%20Course%20Intro.mp4](https://pcom6.blackboard.com/bbcswebdav/pid-645058-dt-content-rid-995832_2/courses/DO_315_01_201700/Dr.%20Kakaty-Monzo_OB%20Course%20Intro.mp4)

#### PCOM OB/GYN Clerkship Mandatory Assignment Checklist and Attestation

1. Preconception
2. Prenatal Care
3. Normal / Abnormal Labor & Delivery: Operative Delivery
4. Fetal Monitoring / Antenatal Testing
5. Menstrual Physiology
6. Pelvic Anatomy
7. Family Planning / Contraception
8. Performance and Evaluation of Pap Tests
9. Sexually Transmitted Infections and Pelvic Inflammatory Disease
10. Maternal Physiology
11. First Trimester Bleeding / Ectopic / Pregnancy Loss
12. Preterm Labor / PROM
13. Hypertension in Pregnancy and Related Disorders
14. Gestational Diabetes
15. Nutrition
16. Lactation
17. Vaginitis
18. Abnormal Uterine Bleeding/ Uterine Leiomyoma / Imaging Tools
19. Pelvic Pain / Endometriosis
20. Amenorrhea
21. Menopause / Hormone Therapy
22. Evaluation of Infertile Couple
23. GYN Malignancies
24. Domestic Violence / Sexual Assault

## PCOM Georgia

### OBSTETRICS & GYNECOLOGY LEARNING OBJECTIVES

1. The student will recognize that the Osteopathic philosophy is applicable to Obstetrical and/or Gynecological patients.
2. The student will be able to identify those Obstetrical and/or Gynecological patients who would benefit from Osteopathic Manipulative Medicine.
3. The student will demonstrate attitudes and behaviors consistent with the Osteopathic philosophy.
4. The student will appropriately educate Obstetrical and/or Gynecological patients about the Osteopathic philosophy.
5. The student will be able to recognize the Obstetrical and/or Gynecological patient's motivation(s) for seeking care.
6. The student will be able to assess the type and level of care needed for the particular encounter.
7. The student will project empathy.
8. The student will encourage patients to seek continuing medical care at intervals appropriate for their condition(s).
9. The student will utilize appropriate health maintenance screening protocols.
10. Provide anticipatory health care.
11. The student will understand the relationship between the basic and clinical sciences as it applies to Obstetrics and Gynecology.
12. The student will be able to apply their knowledge in the basic and clinical sciences to

the care of Obstetrical and/or Gynecological patients.

13. The student will be able to demonstrate the ability to assess an Obstetrical and/or Gynecological patient and differentiate the need for urgent versus non- urgent care.
14. The student will utilize knowledge and clinical skills, when appropriate, to assist with the diagnosis and treatment of an Obstetrical and/or Gynecological patient.
15. The student will employ viable treatment plans within the confines of clinical data available, and within the socioeconomic capability of the Obstetrical and/or Gynecological patient and family.
16. The student will facilitate and advance his/her education by reading current journal publications and utilizing information technology.
17. The student will be able to assess, apply, and assimilate investigative knowledge to improve patient care.
18. The student will be able to appraise the health literacy level of their Obstetrical and/or Gynecological patients and others in an effort to improve communication.
19. The student will be able to use effective written, verbal, and nonverbal language.
20. The student will utilize intuitive and listening skills.
21. The student will exhibit the attributes of a team player.
22. The student will cite and communicate information in an organized and succinct manner.
23. The student will complete responsibilities reliably.
24. The student will demonstrate respect, empathy, and integrity.
25. The student will demonstrate understanding of ethical principles of autonomy, beneficence, non- maleficence, informed consent, and confidentiality.
26. The student will recognize the role of the Obstetrician-Gynecologist as a member and coordinator of the healthcare delivery team.
27. The student will recognize social and economic factors that affect Obstetrical and/or Gynecological patient care.
28. The student will be able to identify the various people/factors involved in the Obstetrical and/or Gynecological patient care process, such as: patient, family, staff, consultants (medical and non- medical), and insurance companies.
29. The student will practice quality cost-effective healthcare.
30. The student will realize the role of the Obstetrician-Gynecologist in the community and society.

PCOM Georgia

## PEDIATRICS

Third-Year Clerkship

### A. OVERVIEW

The Core Clinical Clerkship in Pediatrics is a four-week rotation that affords third-year medical students the opportunity to learn in a variety of clinical settings, cognizant with the students learning preferences amongst a diverse community of patients and healthcare professionals. While on the Pediatric Clerkship, the education of the student occurs via a multifaceted approach. Students are taught the essentials of Pediatrics through didactic lectures, observation of clinical procedures, hands on clinical experiences and direct interaction with faculty, individual patients, and families. Integration of clinical skills and evidence-based medicine is achieved with emphasis on didactic discussions, and development of clinical skills. Students also have supplemental online blended assignments to further augment their clinical experience.

## B. CONTACTS

Pediatric Clerkship Director: Gary Freed, D.O.

[garyfr@pcom.edu](mailto:garyfr@pcom.edu) Program Directors for Blackboard Blended

Online Learning:

Dr. John Bishara, D.O. [johnbi@pcom.edu](mailto:johnbi@pcom.edu)

Dr. Erik Langenau, D.O. [erikla@pcom.edu](mailto:erikla@pcom.edu)

## C. SCHEDULE

Each site sets the 4-week rotation schedule based on the Preceptor. Site specific lectures will be determined by the Preceptor. Students are required to watch the Pediatrics Orientation posted to Tegrity prior to the beginning of their rotation but will also receive site specific orientations on their first day.

Along with their clinical learning students are also expected to complete the Blended Online Assignments on Blackboard. These assignments have a weekly deadline ***and all students are expected to complete all required online activities. Failure to do so or delay in completing by the deadline will prevent the student from receiving Honors Pass as final grade or passing rotation altogether.***

If a student is not able to access or view the Pediatrics Blackboard site at the beginning of week one of the rotation, they are advised to contact Dr. Bishara above and cc: [clinical\\_education@pcom.edu](mailto:clinical_education@pcom.edu) so we can troubleshoot your access status.

A mandatory COMAT Exam will be given on the last Friday of your scheduled Core Pediatrics rotation. One week prior to the test date you will receive specific scheduling information to your PCOM e-mail with the time and location. If you do not receive an e-mail one week before the end of your rotation, please initiate contact with the Office of Clinical Education to ensure you are included in the appropriate COMAT exam session.

## D. GOALS & OBJECTIVES

### I. Osteopathic Principles and Practice



GOAL: Students will integrate Osteopathic Principles and Practice routinely into the

OBJECTIVE: The student will:

- Recognize that the Osteopathic philosophy is applicable to patients on a Pediatric service.
- Identify those Pediatric patients who would benefit from Osteopathic Manipulative Medicine.
- Demonstrate attitudes and behaviors consistent with the Osteopathic philosophy.
- Appropriately educate inquisitive Pediatric patients and their family naïve to the Osteopathic philosophy.

## **II. Patient Care**

GOAL: Students will employ the knowledge, attitudes, and skills necessary to provide either preventive, episodic, or continuing care to individual Pediatric patients and their families in an ambulatory and or inpatient setting.

OBJECTIVE: The student will:

- Recognize the Pediatric patient and family's motivation(s) for seeking care.
- Assess the type and level of care needed for the particular encounter.
- Project empathy.
- Encourage Pediatric patients and their family to seek continuing medical care at intervals appropriate for their condition(s).
- Utilize appropriate health maintenance screening protocols.
- Provide anticipatory health care.

## **III. Medical Knowledge**

GOAL: Students will demonstrate a basic level of competency of

history, physical examination, procedural, and problem-solving skills required to adequately assess and manage the spectrum of disease processes seen in Pediatrics.

OBJECTIVE: The student will:

- Understand the relationship between the basic and clinical sciences as it applies to Pediatrics.
- Apply their knowledge in the basic and clinical sciences to the care of Pediatric patients.
- Demonstrate the ability to assess a Pediatric patient and differentiate the need for urgent versus non-urgent care.
- Utilize knowledge and clinical skills, when appropriate, to assist with the diagnosis and treatment of a Pediatric patient.
- Employ viable treatment plans within the confines of clinical data available, and within the socioeconomic capability of the Pediatric patient and/or family.

#### **IV. Practice Based Learning and Improvement**

GOAL: Students will practice evidence-based medicine.

OBJECTIVE: The student will:

- Facilitate and support his/her own education by reading current journal publications and utilizing information technology.
- Assess, apply, and assimilate investigative knowledge to improve Pediatric patient care.

#### **V. Interpersonal and Communication Skills**

GOAL: Students will establish effective and ethically sound relationships with Pediatric patients, their family, as well as faculty, staff, and peers to provide quality health care.

OBJECTIVE: The student will:

- Appraise literacy level of Pediatric patients and others in an effort to improve communication.
- Use effective written, verbal, and nonverbal language.
- Utilize intuitive and listening skills.
- Illustrate the attributes of a team player.
- Cite and communicate information in an organized and succinct manner.

## VI. Professionalism

GOAL: Students will respect and be sensitive to the individuality, values, goals, concerns, and the rights of all with whom they interact in the ambulatory and/or inpatient healthcare setting.

OBJECTIVE: The student will:

- Complete responsibilities reliably.
- Demonstrate respect, empathy, and integrity.
- Demonstrate understanding of ethical principles of autonomy, beneficence, informed consent, and confidentiality.

## VII. Systems-Based Practice

GOAL: Students will effectively integrate ancillary healthcare resources and appropriately utilize business systems for optimal care of their patients.

OBJECTIVE: The student will:

- Recognize the role of the Pediatrician as a member and coordinator of the healthcare delivery team.
- Recognize social and economic factors that affect patient care.
- Identify the various people/factors involved in the Pediatric patient care process, such as: patient, family, staff, consultants (medical and non-medical), and insurance companies.
- Practice quality cost-effective healthcare.

## E. REQUIREMENTS & ASSIGNMENTS

See Blended Online Learning below.

## F. READINGS

- Nelson Textbook of Pediatrics
- Red Book of Pediatric Infectious Diseases
- Pediatric Dermatology
- The Harriet Lane Handbook

## G. GRADING

The final grade for Pediatrics is derived from three separate components – the completion of the blended online assignments within the deadline constraints; the overall clinical performance evaluation from the Preceptor; and the successful passing of the COMAT at the end of rotation. Based on the results from these three components a student may receive a Pass, High Pass, Honors Pass, or Fail as the final grade.

# PEDIATRICS - BLENDED ONLINE LEARNING

## COURSE DESCRIPTION

Pediatrics is a dynamic field, spanning preconception through early adulthood. General pediatrics is considered a primary care specialty, but it also includes a number of subspecialties such as Pediatric Emergency Medicine, Adolescent Medicine, Critical Care, Cardiology, Pulmonology, Immunology, among many others. Following a holistic care tradition, all osteopathic physicians are expected to be familiar with diseases and health across the patient's lifespan. Whether you plan on pursuing a career where you will be caring for children or not, being familiar with pediatrics will help you become the best osteopathic physician, parent, aunt, uncle, etc. All PCOM students are expected to learn the basics of pediatrics and caring for children.

During this rotation, students will have the unique opportunity of combining face-to-face clinical experience with a number of other learning activities, such as eLearning opportunities. While seeing patients in the clinical setting, students will learn various aspects of pediatric care and applications to patients. The remaining time will be spent participating in eLearning activities (reviewing video vignettes, exploring videos, engaging in discussion boards and remote clinical encounters, reflecting on experiences).

Students are expected to actively participate in both face-to-face and eLearning

educational activities. All students must comply with Dr. Freed's course requirements for the pediatric third year clerkship at PCOM, which are described in the following pages. This document is intended to be a companion document to Dr. Freed's course materials and syllabus which can be found on Blackboard.

#### REQUIREMENTS FOR THIRD-YEAR STUDENTS ROTATING IN PEDIATRICS

1. **Patient Log.** Over the four-week rotation, each student is expected to maintain a patient log, identifying each patient seen (including age and problems/diagnoses). The log should be presented and reviewed by your site director weekly. At the end of the rotation, please submit these logs through the Blackboard Assignment Link.
2. **SOAP Note (four).** Over the four-week rotation, each student is expected to submit four separate SOAP Notes. In general, we expect one H&P should be completed per week, and should include one from each of the following groups.
  1. Newborn to 2 years of age
  2. 3 to 6 years of age
  3. 7 to 11 years of age
  4. 12 years and older

Using the SOAP Note format, review them with your site director and submit them to Clinical Education at the end of the rotation.

3. **OMM Article Quiz.** Carreiro JE. Pediatric Manual Medicine: An Osteopathic Approach. New York: Churchill Livingstone, 2009. After reading this OMT article, answer the questions related to the article using the Quiz within Blackboard.
4. **Aquifer Cases (Ten total: Cases 1-6 and an additional four).** Over the four-week rotation, each student is expected to complete the first 6 Pediatric Aquifer Cases. Each Aquifer case is an interactive virtual patient case presentation, emphasizing important competency-based teaching points. The cases are designed to engage students, reinforce teaching points, and expose students to patient presentations which may have not been seen during the live patient encounters during the rotation. The following six Aquifer cases are required:

Case 1: Evaluation and care of the newborn infant: Thomas

Case 2: Infant well-child (2, 6 and 9 months): Asia

Case 3: Three-year-old well-child check: Benjamin

Case 4: Eight-year-old well-child check: Jimmy

Case 5: Sixteen-year-old girl's health maintenance visit: Betsy

Case 6: Sixteen-year-old boys' pre-sport physical: Mike

In addition to the required first six cases, the remaining Aquifer cases may be selected from the following:

Case 7: Newborn with respiratory distress - Adam

Case 8: Six-day old with jaundice - Meghan

Case 9: Two-week-old with lethargy: Crimson

Case 10: Six-month-old with fever: Holly

Case 11: Five-year-old with fever and adenopathy: Jason

Case 12: Ten-month-old with a cough: Anna

Case 13: Six-year-old with chronic cough: Sunita

Case 14: Eighteen-month-old with congestion: Rebecca

Case 15: Two siblings with vomiting – Caleb (age 4) and Ben (age 8 weeks)

Case 16: Seven-year old with abdominal pain and vomiting: Isabella

Case 17: Four-year-old refusing to walk

Case 18: Two-week-old with poor feeding: Tyler

Case 19: Sixteen-month-old with first seizure: Ian

Case 20: Seven-year-old with headaches: Nicholas

Case 21: Six-year-old boy with bruising: Alex

Case 22: Sixteen-year-old with abdominal pain: Mandy

Case 23: Eleven-year-old with lethargy and fever: Sarah

Case 24: Two-year-old with altered mental status: Madelyn

Case 25: Two-month-old with apnea: Jeremy

Case 26: Nine-week-old with failure to thrive: Bobby

Case 27: Eight-year-old with abdominal pain: Jenny

Case 28: Eighteen-month-old with developmental delay: Anton

Case 29: Infant with hypotonia: Daniel

Case 30: Two-year-old with sickle cell disease: Gerardo

Case 31: Five-year-old with puffy eyes: Katie

Case 32: Five-year-old with rash: Lauren

All seem too interesting? Cannot decide which ones? We would recommend Cases 13, 15, 16, 22 and 32. Of course, you're welcome to complete as many of these as you like. Traditionally, students have really valued these CLIPP cases, and most students completed 12-16 cases total.

After completing the 10 Aquifer cases, please complete the Blackboard Quiz, attesting to the completion of these Aquifer Cases.

**5. Discussion Board Participation (Four Discussion Boards).** The discussion board provides opportunities for students to make connections, drawing from clinical experiences and reading materials, to develop a deeper level of understanding. Prompts will help the students to better understand how concepts apply to clinical pediatrics, clarify questions, and promote critical thinking. The discussion is meant to encourage dialog: each student is expected to provide an original response to the probe, comment on posts from other students, and respond to comments made about the original discussion post. The following rubric is used to develop high quality participation, reflection and learning.

PERFORMANCE	CRITERIA
PROFICIENT	<ul style="list-style-type: none"> <li>● The student integrates reading material, clinical resources and clinical experiences.</li> <li>● The student explores different perspectives and aspects of the posed topic.</li> <li>● The writing includes specific examples, insights, and connections regarding the explored topic.</li> <li>● The student posts the original comment by Tuesday evening, affording opportunity to other students to comment.</li> <li>● The student responds to all other student posts over the course of the week with constructive comments, reflections and connections.</li> </ul>
ADEQUATE	<ul style="list-style-type: none"> <li>● The student does not adequately summarize the reading, includes one example and responds to one other writer.</li> <li>● The student posts and responds on only one day, or fails to respond to all posts.</li> </ul>
POOR	<ul style="list-style-type: none"> <li>● The writing is poorly developed and not related to the reading or the prompt.</li> </ul>
UNACCEPTABLE	<ul style="list-style-type: none"> <li>● The writing is haphazard and unfocused.</li> </ul>

Please try to post your initial response to the question by **Tuesday evening**, allowing for continued discussion and posts by others throughout the week. Please avoid the use of patient names or identifiable information when discussing clinical information. If you would like to discuss a patient privately, please contact your site director directly. The four Discussion Board topics will include:

- Identify strategies that may help you interact with children and families.
- Identify one practice guideline intended to prevent illness or promote health in children. Provide evidence-based references and/or recommendations (using AMA style).
- Identify nutritional requirements for infants or children. Provide evidence-based references and/or recommendations (using AMA style).
- Identify a medical condition in one of your patients and describe how the disease affected the lives of the child and family.



## 6. Course Blogs (two)

- a. **Introduction Blog.** Share information about yourself, your interests, professional goals, experience with children, and three specific goals for the rotation.
- b. **Reflection Blog** Reflect on the course learning and how you plan to apply your learning in the future. Did you meet your three specific goals identified in the Introduction Blog? If so, how? If not, why. What will you take away from this course?

7. **EZIZ Vaccine Training.** This online vaccine training module is designed to teach the basics of vaccine administration. Upon completion, students receive a certificate of completion.

## ROTATION SCHEDULE

As a requirement of the course, you are expected to participate in the following learning activities, in addition to your clinical requirements with your patients and your preceptor. The assignments can be found under the corresponding weeks (e.g. Week 1) within the Blackboard Site for this course.

Week	Topics	Learning activity	Assignments
One	<ul style="list-style-type: none"><li>• Communication with children and families</li><li>• Vaccination</li></ul>	<ul style="list-style-type: none"><li>• Attend clinical days at clinical rotation site (TBD by site director)</li><li>• Maintain clinical patient log for all patients seen</li><li>• Post an Introduction Blog and share information about yourself, your interests, professional goals, experience with children, and three specific goals for the rotation</li><li>• Complete Aquifer Cases</li><li>• Participate in weekly discussion board</li><li>• Complete one SOAP Note</li><li>• Read supplemental materials</li><li>• Watch supplemental videos and recorded presentations</li><li>• Explore supplemental websites</li><li>• Complete "EZIZ Vaccine Administration Videos: preparing and administering" video</li><li>• Review vaccine documentation instructions</li></ul>	<ul style="list-style-type: none"><li>• <b>Introduction Blog</b></li><li>• <b>Discussion Board:</b> After reading <i>Pediatrics 101</i> and watching <i>Pediatric Examination</i>, identify strategies that may help you interact with children and families.</li><li>• <b>EZIZ Vaccine Training</b></li></ul>

Two	<ul style="list-style-type: none"> <li>• Child Development</li> <li>• Anticipatory Guidance</li> </ul>	<ul style="list-style-type: none"> <li>• Attend clinical days at clinical rotation site (TBD by site director)</li> <li>• Maintain clinical patient log for all patients seen</li> <li>• Complete Aquifer Cases</li> <li>• Participate in weekly discussion board</li> <li>• Complete one SOAP Note</li> <li>• Read supplemental materials</li> <li>• Watch supplemental videos and recorded presentations</li> <li>• Explore supplemental websites</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Discussion Board:</b> Identify one practice guideline intended to prevent illness or promote health in children. Provide evidence based references and/or recommendations (using AMA style)</li> </ul>
Three	<ul style="list-style-type: none"> <li>• Nutrition</li> <li>• Community Health</li> </ul>	<ul style="list-style-type: none"> <li>• Attend clinical days at clinical rotation site (TBD by site director)</li> <li>• Maintain clinical patient log for all patients seen</li> <li>• Complete Aquifer Cases</li> <li>• Participate in weekly discussion board</li> <li>• Complete one SOAP Note</li> <li>• Read supplemental materials</li> <li>• Watch supplemental videos and recorded presentations</li> <li>• Explore supplemental websites</li> <li>• Read OMT Article (Carreiro JE)</li> <li>• Answer questions related to OMT article</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Discussion Board:</b> Identify nutritional requirements for infants or children. Provide evidence-based references and/or recommendations (using AMA style) OMT quiz.</li> </ul>
Four	<ul style="list-style-type: none"> <li>• Infant and Childhood Diseases</li> <li>• Osteopathic Medicine</li> </ul>	<ul style="list-style-type: none"> <li>• Attend clinical days at clinical rotation site (TBD by site director)</li> <li>• Maintain clinical patient log for all patients seen</li> <li>• Complete Aquifer Cases</li> <li>• Participate in weekly discussion board</li> <li>• Complete one SOAP Note</li> <li>• Read supplemental materials</li> <li>• Watch supplemental videos and recorded presentations</li> <li>• Explore supplemental websites</li> <li>• Post your reflections using the Reflection Blog</li> <li>• Review our patient log with your site director</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Discussion Board:</b> Identify a medical condition in one of your patients and describe how the disease affected the lives of the child and family</li> <li>• <b>Reflection Blog</b></li> <li>• <b>Patient Log</b></li> <li>• <b>SOAP Notes (4)</b></li> <li>• <b>Aquifer Cases (10)</b></li> <li>• <b>Course Evaluation</b></li> <li>• <b>Faculty Evaluation</b></li> <li>• <b>COMAT Exam</b></li> </ul>

## COMPETENCY-BASED ASSESSMENT AND COURSE GRADING

	Competency Assessment						
Required Assignments	OPP	PC	IPC	MK	SBP	PBLI	Prof

Patient log (1)	x	x		x			
SOAP Notes (4)	x	x		x			
OMM article questions (1)	x	x		x			
CLIPP Cases (10)		x	x	x	x	x	x
Discussion Board (4)	x	x	x	x	x	x	x
Blogs (2)			x			x	x
EZIZ Vaccine Training (1)		x	x	x	x	x	x

## CONTACT INFORMATION

Should you need any help or have questions during the rotation, please contact:

- Larissa Dominy, DO at [dr.dominy@pandabearpediatrics.com](mailto:dr.dominy@pandabearpediatrics.com) (concerns regarding requirements, grades and lectures)
- John Bishara, DO at [johnbi@pcom.edu](mailto:johnbi@pcom.edu) or Erik Langenau, DO, MS at [erikla@pcom.edu](mailto:erikla@pcom.edu) (concerns regarding Blackboard, discussion boards, and online content)
- Individual preceptors/site directors (concerns regarding rotation schedule, patient care activities, end-of- rotation evaluations).

## PCOM Georgia

### PEDIATRICS LEARNING OBJECTIVES

1. The student will recognize that the Osteopathic philosophy is applicable to patients on a Pediatric service.
2. The student will be able to identify those Pediatric patients who would benefit from Osteopathic Manipulative Medicine.
3. The student will demonstrate attitudes and behaviors consistent with the Osteopathic philosophy.
4. The student will be able to appropriately educate inquisitive Pediatric patients and their family naïve to the Osteopathic philosophy.
5. The student will recognize the Pediatric patient and family's motivation(s) for seeking care.
6. The student will be able to assess the type and level of care needed for the particular encounter.
7. The student will be able to project empathy.
8. The student will encourage Pediatric patients and their family to seek continuing medical care at intervals appropriate for their condition(s).
9. The student will utilize appropriate health maintenance screening protocols.
10. The student will be able to provide anticipatory health care.
11. The student will understand the relationship between the basic and clinical sciences as it applies to Pediatrics.
12. The student will be able to apply their knowledge in the basic and clinical sciences to the care of Pediatric patients.
13. The student will demonstrate the ability to assess a Pediatric patient and differentiate the need for urgent versus non-urgent care.
14. The student will be able to utilize knowledge and clinical skills, when appropriate, to assist with the diagnosis and treatment of a Pediatric patient.
15. The student will be able to employ viable treatment plans within the confines of clinical data available, and within the socioeconomic capability of the Pediatric patient and/or family.
16. The student will facilitate and support his/her own education by reading current journal

- publications and utilizing information technology.
17. The student will be able to assess, apply, and assimilate investigative knowledge to improve Pediatric patient care.
  18. The student will be able to appraise literacy level of Pediatric patients and others in an effort to improve communication.
  19. The student will be able to use effective written, verbal, and nonverbal language.
  20. The student will utilize intuitive and listening skills.
  21. The student will illustrate the attributes of a team player.
  22. The student will be able to cite and communicate information in an organized and succinct manner.
  23. The student will complete responsibilities reliably.
  24. The student will demonstrate respect, empathy, and integrity.
  25. The student will demonstrate understanding of ethical principles of autonomy, beneficence, informed consent, and confidentiality.
  26. The student will recognize the role of the Pediatrician as a member and coordinator of the healthcare delivery team.
  27. The student will recognize social and economic factors that affect patient care.
  28. The student will be able to identify the various people/factors involved in the Pediatric patient care process, such as: patient, family, staff, consultants (medical and nonmedical), and insurance companies.
  29. The student will practice quality cost-effective healthcare.

## PCOM Georgia

### PSYCHIATRY

#### Third-Year Clerkship

The Core Clinical Clerkship in Psychiatry is a four-week rotation that affords the third-year medical student an opportunity to learn the clinical presentations, differential diagnoses, and treatment plans related to the field of psychiatry within a variety of clinical settings, within a diverse community of patients and healthcare professionals. While on the Psychiatry Clerkship, student learning occurs via a multifaceted approach. Students are educated in the essentials of Psychiatry through didactic lectures, observation of clinical procedures, hands-on clinical experiences, online blended learning, and direct interactions with clerkship site faculty, individual patients, and families. Integration of clinical skills and evidence-based medicine is achieved with an emphasis on didactic discussions, development of clinical skills, and self-directed learning.

#### A. CONTACTS

##### Clerkship Director:

Ryan Smith, D.O., M.Ed.

Chief of Psychiatry and Professor of Psychiatry at UNECOM

Assistant Professor of Psychiatry at PCOM

E-Mail: [RSmith8@une.edu](mailto:RSmith8@une.edu)

Phone: 207-602-2456

##### Online Blended Learning Preceptor:

Matthew Geromi, D.O.

E-mail: [matthewge@pcom.edu](mailto:matthewge@pcom.edu)

#### B. SCHEDULE

The student shall follow his/her individual schedule as organized by their clinical preceptor.

#### C. GOALS & OBJECTIVES

## **I. Osteopathic Principles and Practice**

GOAL: Students will integrate osteopathic principles and practice routinely into the conventional care of psychiatric patients.

OBJECTIVE: The student will:

- Recognize that the osteopathic philosophy is applicable to patients on a psychiatry service.
- Identify psychiatric patients who would benefit from osteopathic manipulative medicine.
- Demonstrate attitudes and behaviors consistent with the osteopathic philosophy.
- Appropriately educate the patient relative to the osteopathic philosophy.

## **II. Patient Care**

GOAL: Students will employ the knowledge, attitudes, and skills necessary to provide either preventive, episodic, or continuing care to individual psychiatric patients and their families in an ambulatory and/or inpatient setting.

OBJECTIVE: The student will:

- Perform a comprehensive psychiatric history and mental status examination, and recognize relevant physical findings pertaining to the psychiatric complaint.
- Conduct an interview that facilitates information gathering and the formation of a therapeutic alliance with the patient.
- Identify clinical psychiatric symptoms and syndromes and formulate differential and working diagnoses in order to develop an appropriate assessment and treatment plan for the patient.
- Recognize the signs and symptoms of a psychiatric emergency.
- Perform a risk assessment and recommend management for a patient exhibiting suicidal ideation or behavior.
- Conduct an evaluation of decision-making capacity in a medical patient.
- Identify the diagnosis and treatment of the following common psychiatric diagnoses: major mood disorders (including major depressive disorder and bipolar I & II disorders), anxiety disorders, personality disorders, PTSD, and schizophrenia.
- Select and initiate appropriate pharmacologic treatment with common psychiatric medications including antidepressants, mood stabilizers, antipsychotics, and benzodiazepines.

## **III. Medical Knowledge**

GOAL: Students will demonstrate competency of medical knowledge regarding the diagnoses and appropriate treatment of a patient with mental illness.

OBJECTIVE: The student will:

- Understand the differential diagnoses of depression, dementia and delirium, and know the appropriate medical management of all three conditions; regarding delirium, perform a medical workup for the various etiologies of delirium.
- Understand the relationship between the basic and clinical sciences as applied to psychiatry.
- Apply knowledge in the basic and clinical sciences to the care of psychiatric patients.

#### **IV. Practice Based Learning and Improvement**

GOAL: The student will understand and develop the practice of evidence-based medicine within the context of psychiatric care.

OBJECTIVE: The student will:

- Facilitate and support his/her own education by reading current journal publications and utilizing information technology.
- Assess, apply, and assimilate investigative knowledge to improve psychiatric patient care.

#### **V. Interpersonal and Communication Skills**

GOAL: Students will establish effective and ethically-sound professional relationships with psychiatric patients and their families, as well as with faculty, staff and peers to provide quality health care to patients.

OBJECTIVE: The student will:

- Appraise literacy level of psychiatric patients and others to improve communication.
- Use effective written, verbal, and nonverbal language.
- Utilize intuitive and listening skills.
- Illustrate the attributes of a team player.
- Cite and communicate information in an organized and succinct manner.

#### **VI. Professionalism**

GOAL: Students will respect and appreciate the individuality, values, goals, concerns, and rights of all persons with whom they interact with in all healthcare settings.

OBJECTIVE: The student will:



- Complete responsibilities reliably.
- Demonstrate respect, empathy, and integrity.
- Demonstrate understanding of ethical principles of autonomy, beneficence, informed consent, and confidentiality, including the principles of HIPAA.

## VII. Systems-Based Practice

GOAL: Students will effectively integrate the many varied healthcare resources and teams integral to the care of the psychiatric patient and understand the impact of the complexities of the health care system in relation to the psychiatric patient.

OBJECTIVE: The student will:

- Recognize the role of the psychiatrist as member and coordinator of the healthcare delivery team.
- Recognize social and economic factors that affect psychiatric patient care.
- Identify the various people/factors involved in the psychiatric patient care process, such as: patient, family, staff, consultants (medical and non-medical), and insurance companies.
- Practice quality cost-effective healthcare.
- Realize the psychiatrist's role in the community and society.

## D. REQUIREMENTS & ASSIGNMENTS

See "Blended Online Learning" section, below.

## E. READINGS

Recommended supplemental Readings:

- o Sadock, B. J., Sadock, V. A., & Ruiz, P. (2015). *Kaplan & Sadock's Synopsis of Psychiatry*.
- o American Psychiatric Association. (2013). *Desk reference to the diagnostic criteria from DSM-5*. Washington, DC: American Psychiatric Publishing.
- o Stahl, S. M. (2017). *Prescriber's Guide: Stahl's Essential Psychopharmacology* (Sixth Edition). Cambridge, England: Cambridge University Press.

## F. GRADING

The student's grade shall be determined by a combination of the following three factors:

1. Preceptor feedback regarding performance on clerkship;
2. Online blended learning work;
3. COMAT grade.

The above is discussed in detail in the *PCOM Clerkship Manual*. Please refer to that reference for additional information on clerkship grading.

## PSYCHIATRY – BLENDED ONLINE LEARNING

### OVERVIEW

This online experience is designed to supplement your clinical rotation. This is a unique experience aimed at providing you with an interactive learning environment to reinforce the experience you will have at your rotation site. While everyone's individual rotation site will be different, this online module affords you the opportunity to learn from your peer's experience, share your own experience and engage in the aspects of psychiatry while not on-site at your rotation.

### CONTACT

Instructor: Matthew Geromi, D.O. [matthewge@pcom.edu](mailto:matthewge@pcom.edu)

### PHILOSOPHY OF THE COURSE

Psychiatry is one of the core clinical rotation requirements for the Doctor of Osteopathic Medicine degree candidate and is generally experienced during the third-year of the curriculum. Attaining proficiency in the core psychiatric competencies is essential both to passing the assessment in the COMLEX-USA examination series and to clinical practice. Regardless of the student doctor's chosen specialty for residency, the fundamental principles of psychiatry will be encountered in day-to-day patient care. The psychiatry clinical rotation is an opportunity for the student doctor to further develop clinical interviewing skills, encounter patients with unique and sensitive histories and needs, and challenge the baseline comfort level of the student. As a supplement to the on-site clinical rotation experience, this online blended learning curriculum serves to enhance the student's patient and clinical encounters. It also provides a platform for students to share individual rotation experiences, learn from their peers and provide insight to peers. This online blended learning module affords the student an opportunity to discuss and explore clinical scenarios and topics that may be impractical for the individual rotation site to offer.

## COURSE OBJECTIVES

1. Utilize psychiatric interview skills through a formal interview skills assessment.
2. Detect clinical features of psychopathology with a sample patient interview.
3. Formulate and analyze psychiatric differential diagnosis through a psychiatric evaluation note.
4. Design a psychiatric treatment plan with psychopharmacology and/or therapy orders and appropriate referrals.

## RECOMMENDED READINGS

There are numerous textbooks that provide a synopsis of general psychiatry. The widely used *Kaplan and Sadock* textbook is the main resource for this online blended learning experience. The textbook information can be found by clicking on the "Books" tab on the main course screen. The textbook is available through the PCOM library. If you are considering psychiatry as your specialty, I highly recommend owning a print and/or digital copy as it is required reading material by many psychiatry residency programs. Additionally, the pocket-sized desk reference of the diagnostic criteria for the DSM-5 is an invaluable resource.

- o Sadock, B. J., Sadock, V. A., & Ruiz, P. (2015). *Kaplan & Sadock's Synopsis of Psychiatry*.
- o American Psychiatric Association. (2013). *Desk reference to the diagnostic criteria from DSM-5*. Washington, DC: American Psychiatric Publishing. Stahl, S. M. (2017). *Prescriber's Guide: Stahl's Essential Psychopharmacology* (Sixth Edition). Cambridge, England: Cambridge University Press.

## ASSIGNMENTS

The online blended learning portion of the clinical rotation will consist of discussion board participation and a weekly assignment based on a clinical vignette video available for review on the course's Blackboard website. In addition, an interview skills evaluation is to be submitted during the last week of the 4-week rotation.

## DISCUSSION BOARDS

Discussion boards serve as the foundation for the online blended learning component. The student doctor will be expected to actively participate in the discussion boards. Weekly posts are expected: one main post, as well as two posts in response to peer's main posts. The discussion boards will serve as an opportunity to learn from peers and get instructor feedback on the weekly topics. They are also an opportunity for the student to advance knowledge about a clinical topic that was encountered at the rotation site. It is expected that the student

doctor will post discussions that are professional, respectful and thought-provoking. The posting should be in the student's own words, although it is acceptable to quote or reference a peer's statements and/or an article or text. It is expected that appropriate citation will be utilized when referencing an article, text, etc.

Specific requirements for each week's discussion board post are as follows:

1. Each week, a minimum of 3 total posts are required, consisting of:
  - a. A minimum of 1 main post/thread
  - b. A minimum of 2 reply posts to other student's posts
2. Your main post must be posted by Wednesday of each week.
3. Your two reply posts must be posted by Friday of each week.

## Discussion Board Evaluation

The following rubric will be utilized to evaluate the student doctor's weekly discussion board participation and posts.

PERFORMANCE	CRITERIA
<i>Proficient</i>	<ul style="list-style-type: none"> <li>• The student integrates reading material, clinical resources and clinical experiences.</li> <li>• The student explores different perspectives and aspects of the posed topic. The writing includes specific examples, insights, and connections regarding the explored topic.</li> <li>• The student posts the original comment by Tuesday evening, affording opportunity to other students to comment.</li> <li>• The student responds to all other student posts over the course of the week with constructive comments, reflections and connections.</li> </ul>
<i>Adequate</i>	<ul style="list-style-type: none"> <li>• The student does not adequately summarize the reading; includes one example; and responds to one other writer.</li> <li>• The student posts and responds on only one day or fails to respond to all posts.</li> </ul>
<i>Poor</i>	<ul style="list-style-type: none"> <li>• The writing is poorly developed and not related to the reading or the prompt.</li> </ul>
<i>Unacceptable</i>	<ul style="list-style-type: none"> <li>• The writing is haphazard and unfocused.</li> </ul>

## CLINICAL SKILLS EVALUATION FORM

By the last day of the rotation, have a mentor from your rotation site complete the interview skills evaluation form after watching you interview a patient. Use the form as a guide for the key elements that are expected in a psychiatric patient interview. The form is available on the

Blackboard course site.

## COURSE SCHEDULE

**Note:** This schedule is tentative and is subject to change.

WEEK	TOPIC	ASSIGNMENT
ONE	The Psychiatric Interview	Introduction Blog Discussion Board Patient Video Viewing Introduction to the Clinical Skills Evaluation Form
TWO	Clinical Presentations of Psychopathology & Mental Status Examination	Discussion Board Mental Status Exam of Patient Video
THREE	Psychiatric Differential Diagnosis & Psychiatric Assessment and Treatment Plan	Discussion Board Assessment and Plan Write-Up of Patient Video
FOUR	Psychiatric Treatment Plan	Discussion Board Clinical Skills Evaluation Form Submission Reflection Blog Course Survey

## PROFESSIONAL EXPECTATIONS

Students are expected to adhere to a standard of behavior and conduct consistent with the high standards of the healing and scientific profession.

All students are expected to:

1. Respect the right of their fellow students to pursue their studies in a professional environment conducive to study.
2. Maintain professional interpersonal relationships by demonstrating civility and respect for each other.
3. Uphold the highest standard of academic honesty and integrity.
4. Show respect for the diversity that exists among students, faculty and patients regarding disability, social background, age, gender, religious beliefs, race, sexual orientation and particular disease processes.

5. Fulfill responsibilities to their peers and patients in group work, including clinical clerkships and outside training assignments.
6. Adhere to all the policies of the College, including those prohibiting discrimination or harassment.

## PCOM Georgia

### Psychiatry Learning Objectives

1. Recognize that the osteopathic philosophy is applicable to patients on a psychiatry service.
2. Identify psychiatric patients who would benefit from osteopathic manipulative medicine.
3. Demonstrate attitudes and behaviors consistent with the osteopathic philosophy.
4. Appropriately educate the patient relative to the osteopathic philosophy.
5. Perform a comprehensive psychiatric history and mental status examination, and recognize relevant physical findings pertaining to the psychiatric complaint.
6. Conduct an interview that facilitates information gathering and the formation of a therapeutic alliance with the patient.
7. Identify clinical psychiatric symptoms and syndromes and formulate differential and working diagnoses in order to develop an appropriate assessment and treatment plan for the patient.
8. Recognize the signs and symptoms of a psychiatric emergency.
9. Perform a risk assessment and recommend management for a patient exhibiting suicidal ideation or behavior.
10. Conduct an evaluation of decision-making capacity in a medical patient.
11. Identify the diagnosis and treatment of the following common psychiatric diagnoses: major mood disorders (including major depressive disorder and bipolar I & II disorders), anxiety disorders, personality disorders, PTSD, and schizophrenia.
12. Select and initiate appropriate pharmacologic treatment with common psychiatric medications including antidepressants, mood stabilizers, antipsychotics, and benzodiazepines.
13. Understand the differential diagnoses of depression, dementia and delirium, and know the appropriate medical management of all three conditions; regarding delirium, perform a medical workup for the various etiologies of delirium.
14. Understand the relationship between the basic and clinical sciences as applied to psychiatry.
15. Apply knowledge in the basic and clinical sciences to the care of psychiatric patients.

16. Facilitate and support his/her own education by reading current journal publications and utilizing information technology.
17. Assess, apply, and assimilate investigative knowledge to improve psychiatric patient care.
18. Appraise literacy level of psychiatric patients and others to improve communication.
19. Use effective written, verbal, and nonverbal language.
20. Utilize intuitive and listening skills.
21. Illustrate the attributes of a team player.
22. Cite and communicate information in an organized and succinct manner.
23. Complete responsibilities reliably.
24. Demonstrate respect, empathy, and integrity.
  - a. Demonstrate understanding of ethical principles of autonomy, beneficence, informed consent, and confidentiality, including the principles of HIPAA.
25. Recognize the role of the psychiatrist as member and coordinator of the healthcare delivery team.
26. Recognize social and economic factors that affect psychiatric patient care.
27. Identify the various people/factors involved in the psychiatric patient care process, such as: patient, family, staff, consultants (medical and non-medical), and insurance companies.
28. Practice quality cost-effective healthcare.
29. Realize the psychiatrist's role in the community and society.

## PCOM Georgia

### RURAL UNDERSERVED MEDICINE

Fourth-Year Clerkship

#### A. OVERVIEW

The Core Clinical Clerkship in Rural/Underserved Medicine is a four-week rotation that continues the development of the primary care knowledge, attitudes and skills of the third-year osteopathic medical student which are essential to the scope of practice of Rural/Underserved Medicine physicians. The setting of the clerkship is in a health community center or preceptor's practice in which the student will be trained and directly supervised by a primary care physician. The student will participate in the care of diverse patient populations in the ambulatory and health center settings integrating the principles of Osteopathic Manipulative Medicine. Active participation in all academic and clinical sessions such as lectures, journal club, case reviews, etc. are required.

#### B. CONTACTS

FM Clerkship Director: Jeffrey Trawick, DO, [Jeffreytr@pcom.edu](mailto:Jeffreytr@pcom.edu)

#### C. SCHEDULE

Students are assigned or locate an approved Rural and/or Underserved Medicine site for this four week rotation.

#### D. GOALS & OBJECTIVES

##### I. Osteopathic Principles and Practice

GOAL: Students will integrate Osteopathic Principles and Practice routinely into the conventional care of patients.

OBJECTIVE: The student will:

- a. Recognize that the Osteopathic philosophy is applicable to all patients.



- b. Identify those patients who would benefit from Osteopathic Manipulative Medicine.
- c. Demonstrate attitudes and behaviors consistent with the Osteopathic philosophy.
- d. Appropriately educate inquisitive patients and their family, naïve to the Osteopathic philosophy.

## **II. Patient Care**

GOAL: Students will employ the knowledge, attitudes, and skills necessary to provide either preventive, episodic, or continuing care to individual patients and families in an ambulatory or health community center.

OBJECTIVE: The student will:

- a. Recognize the patient's motivation(s) for seeking care.
- b. Assess the type and level of care needed for the particular encounter.
- c. Project empathy.
- d. Encourage patients to seek continuing medical care at intervals appropriate for their condition(s).
- e. Utilize appropriate health maintenance screening protocols.
- f. Provide anticipatory health care.
- g. Develop an understanding of the special needs associated with a rural population and Family Medicine practitioner in this setting
- h. Develop an understanding of the problems that occur in rural areas due to, but not limited to, long transport times to definitive health care as well as access to tertiary care facilities and care.
- i. Develop an understanding of the special needs associated with underserved populations often underscored by lower socioeconomic status, including but not limited to lack of healthcare coverage, lack of follow up with established practitioners, lack of understanding of importance of regular healthcare, and/or cultural barriers to seeking care in diverse communities

## **III. Medical Knowledge**

GOAL: Students will demonstrate a basic level of competency of history, physical examination, procedural, and problem-solving skills required to adequately assess and manage the spectrum of disease processes seen in Family Medicine.

OBJECTIVE: The student will:

- a. Understand the relationship between the basic and clinical sciences.
- b. Apply their knowledge in the basic and clinical sciences to the care of their patients.
- c. Demonstrate the ability to assess a patient and differentiate the need for urgent versus non-urgent care.

- d. Utilize knowledge and technical skills, when appropriate, to assist with the diagnosis and treatment of a patient.
- e. Employ viable treatment plans within the confines of clinical data available, and within the socioeconomic capability of the patient and/or family.

#### **IV. Practice Based Learning and Improvement**

GOAL: Students will practice evidence-based medicine.

OBJECTIVE: The student will:

- a. Facilitate and support his/her own education by reading current journal publications and utilizing information technology.
- b. Assess, apply, and assimilate investigative knowledge to improve patient care.

#### **V. Interpersonal and Communication Skills**

GOAL: Students will establish effective and ethically sound relationships with patients, faculty, staff, and peers to provide quality health care.

OBJECTIVE: The student will:

- a. Appraise literacy level of their patients and others in an effort to improve communication.
- b. Use effective written, verbal, and nonverbal language.
- c. Utilize intuitive and listening skills.
- d. Illustrate the attributes of a team player.
- e. Cite and communicate information in an organized and succinct manner.

#### **VI. Professionalism**

GOAL: Students will respect and be sensitive to the individuality, values, goals, concerns, and rights of all with whom they interact in the ambulatory and inpatient healthcare setting.

OBJECTIVE: The student will:

- a. Complete responsibilities reliably.
- b. Demonstrate respect, empathy, and integrity.
- c. Demonstrate understanding of ethical principles of autonomy, beneficence, informed consent, and confidentiality.

#### **VII. Systems-Based Practice**

GOAL: Students will effectively integrate ancillary healthcare resources and appropriately utilize business systems for optimal care of their patients.

OBJECTIVE: The student will:

- a. Recognize the role of the Family Physician as a member and coordinator of the healthcare delivery team.
- b. Recognize social and economic factors that affect patient care.
- c. Identify the various people/factors involved in the patient care process, such as: patient, family, staff, consultants (medical and non-medical), and insurance companies.
- d. Practice quality cost-effective healthcare.
- e. Realize the Family Physician's role in the community and society.

## **E. REQUIREMENTS & ASSIGNMENTS**

The requirements for this rotation include:

- Full participation in patient care responsibilities at the rotation site.
- Attendance at all didactic and educational sessions.

## **F. GRADING**

The grading rubric is found in the Clerkship Manual. Please review the grading policy for a rotation with 1 component which is:

- Preceptor grade

Students not completing the any assignment by the assigned deadlines will be ineligible for an Honor Pass grade.

## PCOM Georgia

### M4 Rural/Underserved Medicine Learning Objectives

1. Recognize that the Osteopathic philosophy is applicable to all patients.
2. Identify those patients who would benefit from Osteopathic Manipulative Medicine.
3. Demonstrate attitudes and behaviors consistent with the Osteopathic philosophy.
4. Appropriately educate inquisitive patients and their family, naïve to the Osteopathic philosophy.
5. Recognize the patient's motivation(s) for seeking care.
6. Assess the type and level of care needed for the particular encounter.
7. Project empathy.
8. Encourage patients to seek continuing medical care at intervals appropriate for their condition(s).
9. Utilize appropriate health maintenance screening protocols.
10. Provide anticipatory health care.
11. Develop an understanding of the special needs associated with a rural population and Family Medicine practitioner in this setting.
12. Develop an understanding of the problems that occur in rural areas due to, but not limited to, long transport times to definitive health care as well as access to tertiary care facilities and care.
13. Develop an understanding of the special needs associated with underserved populations often underscored by lower socioeconomic status, including but not limited to lack of healthcare coverage, lack of follow up with established practitioners, lack of understanding of importance of regular healthcare, and/or cultural barriers to seeking care in diverse communities.
14. Understand the relationship between the basic and clinical sciences.
15. Apply their knowledge in the basic and clinical sciences to the care of their patients.
16. Demonstrate the ability to assess a patient and differentiate the need for urgent versus non-urgent care.
17. Utilize knowledge and technical skills, when appropriate, to assist with the diagnosis and treatment of a patient.
18. Employ viable treatment plans within the confines of clinical data available, and within the socioeconomic capability of the patient and/or family.
19. Facilitate and support his/her own education by reading current journal publications and utilizing information technology.
20. Assess, apply, and assimilate investigative knowledge to improve patient care.

21. Appraise literacy level of their patients and others in an effort to improve communication.
22. Use effective written, verbal, and nonverbal language.
23. Utilize intuitive and listening skills.
24. Illustrate the attributes of a team player.
25. Cite and communicate information in an organized and succinct manner.
26. Complete responsibilities reliably.
27. Demonstrate respect, empathy, and integrity.
28. Demonstrate understanding of ethical principles of autonomy, beneficence, informed consent, and confidentiality.
29. Recognize the role of the Family Physician as a member and coordinator of the healthcare delivery team.
30. Recognize social and economic factors that affect patient care.
31. Identify the various people/factors involved in the patient care process, such as: patient, family, staff, consultants (medical and non-medical), and insurance companies.
32. Practice quality cost-effective healthcare.
33. Realize the Physician's role in the community and society.