



Philadelphia College of Osteopathic Medicine  
Philadelphia Campus

Preceptor Manual

2024-2025

Revised: September 2024

Policies and procedures established in this manual supersede previous publications. The college reserves the right to change policies as needed between manual revisions.



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Greetings!

The PCOM 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).

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.

Thank you so much for agreeing to train our Philadelphia College of Osteopathic Medicine (PCOM) third- and fourth-year DO students. We appreciate your interest and dedication to educating our next generation of Osteopathic physicians!

Enclosed in this document are items necessary for you to supervise our students on clerkship. Such information includes syllabi of core clerkships, learning objectives, grading, evaluations, online blended learning, and clinical faculty appointments.

Feel free to contact me for questions or concerns related to this manual, clerkships, or any other student concerns.

I am looking forward to working with you during this clinical academic year.

With Gratitude,



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# SECTION 1

## GENERAL PRECEPTOR INFORMATION

# GENERAL PRECEPTOR INFORMATION

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## PURPOSE OF THIS MANUAL

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

- The role and responsibilities of clinical preceptors at PCOM
- The process of evaluating medical students on clinical clerkships
- The understanding of how the preceptors' evaluations fit into the overall grading process
- The benefits of being a preceptor at PCOM
- How to become a preceptor
  - How to achieve clinical professorial academic rank
  - How to qualify for consideration for promotion to a higher academic rank
- An overview of the third- and fourth-year clinical education curriculum

## ROLE OF THE PRECEPTOR

Preceptors are integral to the clinical education and training of PCOM students. Preceptors provide and supervise the experiential portion of the curriculum by supervising the student physicians as they continue to build their fund of knowledge and clinical skills in helping to care for real patients. The clerkship settings include inpatient, outpatient environments, emergency departments, surgical departments, and other medical care arenas. Preceptors are responsible to meet with students at the midpoint of the clerkship to discuss their progress.. The completion of the clinical evaluation form is required for each student at the conclusion of their clerkship. The clinical evaluation documents each student's level of competence in the seven core competencies of Osteopathic medical education.

## BENEFITS OF BEING A PRECEPTOR AT PCOM - PHILADELPHIA CAMPUS

- Adjunct clinical faculty appointment
- Online access to the PCOM library
- Continuing Medical Education as specified by the physician's professional organization:
  - AOA Category 1B – one hour can be claimed for each hour of direct supervision of a student
  - AMA PRA Category 2 – one hour can be claimed for each hour of direct supervision of a student
- Research assistance and collaboration opportunities
- Faculty Development Resources
- Gratis CME
- Giving back to the profession

## HOW TO BECOME A PRECEPTOR AT PCOM - PHILADELPHIA CAMPUS

Physicians interested in a faculty appointment should complete the application link below. Please be prepared to upload a current C.V., copy of board certification, and a copy of your current medical license.

[Become a Preceptor](#)

## APPOINTMENT AS CLINICAL FACULTY

As per the faculty handbook, volunteer preceptors are appointed to the clinical faculty in the academic rank appropriate for the preceptor's medical education experience and at the recommendation of the Chair of the department and/or the Assistant/Associate Dean of Clinical Education.

### 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 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/Assistant Dean of Clinical Education. No one will be considered for promotion until they have served at least two years at PCOM in their current academic rank.

## PERMITTED PRECEPTOR QUALIFICATIONS

Only licensed DO or MD physicians are qualified to serve as "preceptors-of-record" for PCOM 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 medical students; however, Residents or Fellows may not serve as preceptors-of-record for PCOM medical students. Only attending physicians may be the formal preceptor.

Although highly qualified health professionals, the following are NOT permitted to serve as the formal preceptor-of-record for any PCOM medical student, regardless of their professional licensure or certifications:

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

The above professionals may contribute to the student’s clinical training as this is interprofessional education(IPE).

# THE CLINICAL CLERKSHIP PROGRAM

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## OVERVIEW OF CLERKSHIPS

There are a total of twenty-four clerkship periods over two years, including one 4-week "vacation" or "study" period for students in the Class of 2024, and there are two 4-week "vacation" or "study" periods for the Class of 2025. There are twelve (12) 4-week rotations in each of the third- and fourth-year of medical school.

The third-year schedule is designed as a fixed schedule. Students must complete the outlined third-year core and required clerkships in order to be promoted to their fourth-year of medical education. The fourth-year schedule is designed as a flexible schedule, permitting fourth-year students ample opportunities to complete elective clerkships in their desired field of study.

Third-year - Each student will be required to complete the following Core and Required clerkships:

- General Internal Medicine (Blended Learning)
- IM/Cardiology (Blended Learning)
- Internal Medicine Specialty
- General Surgery (Blended Learning)
- Specialty Surgery
- Pediatrics (Blended Learning)
- Obstetrics and Gynecology (Blended Learning)
- Psychiatry (Blended Learning)
- Family Medicine (Blended Learning)
- Radiology (Blended Learning)
- OMM-FM (Blended Learning)
- Two Electives

Fourth-year - Each student will be required to complete the following Core clerkships for the Class of 2024.

- Osteopathic Primary Care Sub-Internship (Blended Learning)
- Ambulatory Primary Care Sub-Internship
- Emergency Medicine (Blended Learning)

Flexibility during the fourth-year is demonstrated by the completion of eight (4) week elective rotation opportunities. Additionally, for the Class of 2024, fourth-year students are provided one (4) week vacation/scheduled time off month to use as they deem fit. The Class of 2025 are afforded a total of two vacation blocks to take over the M3 and M4 years.

The third-year schedule is designed to ensure that a student receives the core fund of knowledge needed in their third-year so that they may sit for National Board exams and advance into their fourth-year. The fourth-year schedule is designed to permit students ample opportunities to pursue desired rotations, audition with residency programs of interest, and ultimately match into graduate medical education programs.

### Core Rotations

A Core rotation is a PCOM mandated rotation which each student must complete. Core rotations are completed with the PCOM network of Core Affiliated Partners by both J-Group and Core Clinical Campus (CCC) students.

### Required Rotations

A required rotation is a PCOM mandated rotation which each student must complete as scheduled. Required rotations are completed either within the PCOM network of Core Affiliated partners (J-Group and CCC students), or outside of the PCOM affiliated network.

### Elective Rotations

Elective rotations are open rotations in which a student is presented with the opportunity to find and complete rotations of their choosing. Electives may be in any medical specialty. Electives may also be referred to as "Audition" Rotations for fourth-year students.

### IM Subspecialty Rotations

The IM Subspecialty rotation will permit students some flexibility, in that they may find a rotation of their choosing. This clerkship must follow the subspecialty guidelines listed for that field of medicine. Students are permitted to complete one four-week clerkship or two, two-week clerkships during this rotation.

### Split Elective Rotations

Elective and subspecialty clerkships can only be taken in two or four week blocks. . Students are not permitted to complete one- or three-week clerkships unless the one week elective is for a Dermatology elective for Dermatology residency interested students.

### Overlapping Rotations

Students are not permitted to register for more than one clerkship during the same timeframe; rotations are not permitted to overlap, even by one day.

## STUDENT GROUPS

M3 students completing rotations at the Philadelphia Campus will be placed in one of two student groups or cohorts; a Core Clinical Campus (CCC) or a Junior Group (J-Group).

### CORE CLINICAL CAMPUS (CCC)

The Core Clinical Campus (CCC) educational model permits students the opportunity to complete the majority, if not all, of their third-year Clerkships within 1 Healthcare Network.

A CCC provides students with the continuity of learning within 1 network.

PCOM has established CCC's in Pennsylvania, New Jersey, Delaware, and Maryland.

For students who are involved with a "Home" CCC, both two week rotations for Radiology and OMM-FM will be completed on the PCOM campus.

### JUNIOR GROUP (J-Group)

The J-Group model is the traditional rotation model in which students will complete their required clinical rotations with different affiliated partners and healthcare systems each month. This rotation model permits students the opportunity to experience a wide variety of clinical settings in diverse geographic areas.

PCOM has established J-Group rotation affiliations in Pennsylvania, New Jersey, Delaware, and Maryland.

## GRADING OF CLERKSHIPS

Status **Active** PolicyStat ID **16441190**



Origination 08/2024  
Last Approved 08/2024  
Effective 08/2024  
Last Revised 08/2024  
Next Review 08/2025

Owner Linda Adkison:  
Associate  
Provost  
Area Academic and  
Research  
Policies

## Clerkship Grading Policy, 3.002

### SCOPE:

This policy addresses the process for determining clinical clerkship grades for all DO students.

### POLICY STATEMENT:

Grades for core and elective clerkships will be the same across all campuses. Core clerkship grades will be weighted equally between the preceptor evaluation and the NBOME COMAT score. Selectives, subspecialties, and electives will be graded based upon the preceptor evaluation.

### DEFINITIONS:

COMAT – Comprehensive Osteopathic Medical Aptitude Test; these clinical subject examinations are given at the end of core clerkship: family medicine, internal medicine, obstetrics and gynecology, OPP/OMM, pediatrics, psychiatry, surgery, and emergency medicine.

COMAT scoring - Standard scores are provided to students ranging from less than 70 to more than 130. A standard score of 90 equals the 15.9th percentile; greater than 124 equals the 99<sup>th</sup> percentile or greater.

Complete clerkship – a clerkship is completed when the student completes the entire scheduled clerkship, including any excused absences that have been made up, all assignments, the COMAT (if required), blended online assignments and participation (if required), and demonstrated professional behaviors.

Incomplete clerkship – a student who does not fulfill the completed clerkship requirements or has been dismissed by a preceptor.

Clerkship failure – a student who

- Does not meet the minimum requirements for passing a clerkship based on the preceptor evaluation and clerkship COMAT, if appropriate.
- Does not meet all expectations for a "complete" clerkship.
- Is dismissed by a preceptor from a scheduled preceptor.



- Does not show up for a planned clerkship as expected either at the beginning or during the clerkship without appropriate approval from Clinical Education and the preceptor.

Core clerkships – four-week rotations in family medicine, internal medicine, obstetrics and gynecology, pediatrics, psychiatry, surgery, and emergency medicine. Core clerkships must include patient care.

- Additional clerkships that are required in M3 are internal medicine and surgery sub-specialties and family medicine-OMM.
- Additional clerkships that are required in M4 are emergency medicine, primary care ambulatory sub-internship, and osteopathic primary care sub-internships.

Competencies evaluated – osteopathic philosophy and manipulative medicine, medical knowledge, patient care, interpersonal and communication skills, professionalism, practice-based learning and improvement, and systems-based practice. Each competency may have more than one area that is evaluated.

Honors – the grade awarded to students for outstanding performance in a clerkship.

High Pass – the grade awarded to students for above average performance in a clerkship.

Pass – the grade awarded to students for satisfactory performance in a clerkship. All students are expected to be satisfactory.

Pass\* - the grade awarded to a student after satisfactory remediation of a clerkship.

[1] Note: Failures are reviewed by SPEC. A student with 2 failed clerkships may be recommended to repeat the year or be dismissed.

## **POLICY:**

Grades for core and elective clerkships will be the same across all campuses. Grades for core clerkships will be weighted equally between the preceptor evaluation and the NBOME COMAT score. Grades for core clerkships without COMATs and electives are based on the preceptor's evaluation of competencies. Some clerkships may have online blended learning assignments.

A student is expected to perform at the "expected" level (a rating of 3 of 5) in each core competency.

## **Process:**

- Preceptor evaluation. Each competency will be evaluated in several (2-3) areas. The means of each competency will be used. Example: For Patient Care competency, students are assessed in the areas of history taking and physical exam. Scores of 4 and 5 in these will be averaged, and 4.5 will be added to other competency means. The maximum score = 35.
- The evaluation score will be added to the COMAT score to determine the clerkship grade. The evaluation score is the mean score in each competency; these seven scores are added to the COMAT score.
- The minimum pass for all core clerkships is 105. For any student earning less than a mean of 70% on all competencies scored (25 if seven competencies are scored, a 90 on the COMAT is required).

Score Ranges for Cores with Patient Care (7 competencies evaluated)								
	FMED*	IMED	OBGY	OMM	PEDS	PSYC	SURG	EMED
Honors	141	142	143	144	143	142	141	144
High Pass	133	134	135	136	133	134	133	136
Pass	111	111	111	111	111	111	111	111
Review	<111	<111	<111	<111	<111	<111	<111	<111

\*For FMED and OMM only clerkships in which there is an evaluation and the COMAT is taken.

- In cores for which there is only a COMAT or for which competency is not evaluated, adjustments will be made as shown:

COMAT Only	FMED	IMED	OBGY	OMM	PEDS	PSYC	SURG	EMED
Min Honors	109	110	111	112	111	110	109	112
Min High Pass	105	105	107	108	105	106	105	108
Min Pass	90	90	90	90	90	90	90	90
6 Competencies	FMED	IMED	OBGY	OMM	PEDS	PSYC	SURG	EMED
Min Honors	136	137	138	139	138	137	136	139
Min High Pass	129	130	131	132	129	130	129	132
Min Pass	108	108	108	108	108	108	108	108
5 Competencies	FMED	IMED	OBGY	OMM	PEDS	PSYC	SURG	EMED
Min Honors	132	133	134	135	134	133	132	135
Min High Pass	125	125	127	128	125	126	125	128
Min Pass	105	105	105	105	105	105	105	105
4 Competencies	FMED	IMED	OBGY	OMM	PEDS	PSYC	SURG	EMED
Min Honors	128	129	130	131	130	129	128	131
Min High Pass	121	122	123	124	121	122	121	124
Min Pass	102	102	102	102	102	102	102	102
3 Competencies	FMED	IMED	OBGY	OMM	PEDS	PSYC	SURG	EMED
Min Honors	123	124	125	126	125	124	123	126
Min High Pass	117	118	119	120	117	118	117	120
Min Pass	99	99	99	99	99	99	99	99

- Family Medicine - OMM clerkship in PA is graded only on the COMAT; all other assignments must be completed.
- Family Medicine - OMM clerkship in GA is graded in based on the evaluation and COMAT; all other assignments must be completed.
- Students with less than 111 points (or the minimum passing score) in clerkships that are in patient settings will be reviewed. The following will also be reviewed:
  - Any student with less than 21 points (or a mean of 3 for the competencies evaluated) on the clerkship evaluation – student meets with Assistant Dean to discuss a plan of action.



- Any student with less than satisfactory (3) on any sub-competency evaluated will meet with the Assistant Dean to discuss a plan of action.
- Students scoring less than 90 on a COMAT will retake the COMAT. The clerkship grade will be IP until the COMAT is successfully remediated, and then the grade will then be posted as Pass\*.

#### Blended Online Assignments

Some clerkships require additional self-directed online assignments (Blended Learning) outside of the in-person clinical experience. All Blended Learning assignments must be completed in their entirety. Failure to satisfactorily complete assignments may impact the final grade.

Clerkships with Blended Learning have both a Clinical Clerkship Director and a Blended Learning Preceptor. To successfully complete a clerkship with a Blended 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.

The student's final grade for a clerkship with a Blended Learning component will be calculated by first determining the grade according to the rubric using the combination of the COMAT exam and the preceptor's Clerkship Evaluation. The grade from the rubric will then be adjusted as follows:

- On-time completion of ALL learning activities – the student will receive the grade earned by the rubric above.
- Late submission of activities – the student's grade will decrease one level (i.e. Honors to High Pass, High Pass to Pass, Pass to Fail) regardless of the COMAT or evaluation grade.
- Failure to submit all Blended online requirements entirely – the student is subject to a failure of the rotation.

#### Internal Medicine Selective and Surgery Sub-specialty

- The clerkship will be graded Pass, High Pass, Honors, or Fail based on the mean scores in the competencies scored.

	Competencies Scored					
	7	6	5	4	3	2
Honors	32	27	23	18	14	9
High Pass	28	24	20	16	12	8
Pass	21	18	15	12	9	6
Review	<21	<18	<15	<12	<9	<6

#### Elective Clerkships

Students in elective clerkships will be reviewed and graded on the evaluation and other required aspects for a clerkship to be completed.

- Preceptors will assess the students in each competency to provide formative feedback to the student.
- Preceptors will indicate the student grade for the clerkship on the evaluation form: Pass, High Pass, Honors, Fail.

#### Failure of a COMAT

- Students scoring less than 90 on any COMAT = failure of the COMAT.
- A second failed COMAT in the same discipline with result in failure of the clerkship and the student will be referred to SPEC.
- Two or more COMAT failures, regardless of discipline, the student will meet with the assistant dean and/or be referred to SPEC.
- If a COMAT score is 90 or greater and the total score with the preceptor evaluation score is less than the minimum passing score (depending on the number of competencies scored), the clerkship is failed. The student will be reviewed by SPEC. At the time the clerkship is repeated, the COMAT may be waived by the Assistant Dean of Clinical Education.
- A failed COMAT must be successfully remediated within 45 days. The maximum grade for a repeated COMAT will be a Pass.

Review - This process should be reviewed annually and adjustments made as needed.

#### **EFFECTIVE DATES AND REVIEW HISTORY:**

Effective date: July 2021

Reviewed: 25 May 2021

Revisions approved: 18 April 2022

Revisions discussed and reviewed: June 2023

Revisions discussed and reviewed: November 2023

Transition Grading Addendum reviewed: 22 November 2022

Approved by CC 19 December 2023

#### **APPROVAL AUTHORITY AND DATE HISTORY:**

CC Reviewed and approved, June/July 2020

Approved by COM Deans, May 2020

Approved by the COM Deans and Provost, April 2022

Approved by the COM Deans, June 2023

Approved by the COM Deans, November 2023

Approved by the COM Deans, 22 November

## **Grading Policy Change Addendum**

Date of Implementation of new grading minimums for COMATs: 1 June 2024

The new grading minimums will be effective for any COMAT taken after 31 May whether a first-time exam or a remediation.

The new grading minimums will not affect the preceptor evaluation form.

## **Assumptions**

- Any Clerkship completed by 31 May 2024 will be graded with the existing grading minimums if the COMAT has been taken.
- Any COMAT taken on or before 31 May 2024 but whose grade is received after 31 May 2024 will be graded on the scale existing on 31 May 2024.

- Any Preceptor evaluation received after 31 May 2024 but for a clerkship completed before 31 May 2024 will not be impacted by the new grading minimums because there is no change in the preceptor evaluation Likert scale and determining the mean score for each competency.
- If a clerkship is completed on or before 31 May 2024 but the COMAT is taken after 31 May 2024 for the first time, the existing 2022-2023 grading scale will apply.
  - Examples of cases where this may apply: excused absence, testing center problems, accommodation problems, other pre-approved reasons.
  - Any exam retaken after 31 May 2024 will be graded with the new 2024-2025 grading scale.

**Date of Addendum Termination: 31 December 2024**

## Approval Signatures

Step Description	Approver	Date
Provost Approval	Ken Veit: Provost-Sr. VP Acad.Aff.& Dean	08/2024
Department Approval	Linda Adkison: Associate Provost	08/2024



## CLERKSHIP CLINICAL COMPETENCY EVALUATION - Preceptors evaluation of Students

### Clinical Competency Evaluation:

Completed by preceptor – Clerkship Evaluation Forms for all clerkships are sent to the preceptor electronically, via eValue, at the email designated by the site or preceptor. It is important that the Office of Clinical Education (OCE) has the correct email for the preceptor at the start of each clerkship rotation. The evaluation will appear in the evaluators queue on the 3rd Friday of a 4-week rotation, or the 1st Friday of a 2-week rotation.

The evaluation MUST be completed by the attending physician. Evaluations completed by residents or other healthcare professionals will not be accepted.

\*\*\*For services in which there are multiple attending physicians, fellows, and residents working with the student, it is expected that the evaluation be a consolidation of all faculty working with the student.

The student's level of performance in the seven core clinical competencies are evaluated in comparison with other students at the same level of training. Grading is from 1 to 5, with 1 being substandard and 5 being outstanding.

Core rotations final evaluation grade is the combined total of all points assigned (1-5) of the seven core clinical competencies. Elective rotations final evaluation grade is determined by the preceptors recommended grade of Honors Pass, Pass, or Fail, at the bottom of the evaluation.

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.

### Comments Section of the Evaluation Form:

Final (Summative) Comments are intended to identify final performance and WILL APPEAR verbatim in the student's MSPE.

Comments placed in the student's MSPE come from the Summative/Final Comments section of the evaluation form. These cannot be edited in any fashion.

### Substandard Evaluations:

A substandard evaluation is one in which a student receives a one (1) or two (2) on any numerical competency assessment; it may also be defined through comments written by the attending describing students performance as either substandard or a failure.

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.

### Honors Grades:

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

- Please assess students based on their current level of training. What is outstanding for a third year medical student may be regarded as only competent (satisfactory) for a fourth year student.
- Within the seven competencies on which the student is evaluated, a majority of 5's (outstanding) must be given to contribute to an Honors grade.
- The Honors box must be checked (on the bottom of the last page).
- Summative Comments are strongly encouraged to enhance the student's MSPE and provide valuable performance feedback to the student. Examples of Summative Comments that support the recommended Honors grade:
  - Shows exceptional performance compared to peers
  - Outstanding student
  - Best student I have had all year
  - Student performing at a resident level

### Automatic Evaluation Reminders:

A completed evaluation of the student's performance is due at the end of the rotation. Evaluation reminders will be automatically generated one week prior to the end of the rotation from eValue, PCOM's electronic evaluation platform. Reminders will continue in one-week increments until the completed evaluation is received. Per accreditation and federal regulations requirements a completed evaluation must be captured for all student rotations.

## COMAT EXAMS

The COMAT (Comprehensive Osteopathic Medical Achievement Test) is the “shelf” or “exit” exam that is administered at the end of a core clerkship.

All COMATs must be taken on the assigned scheduled date

- If a student, for whatever reason, cannot take the exam on the assigned day, he/she must contact the Office of Clinical Education no less than *one week prior to the exam* to obtain an excused absence and reschedule the exam.
- Failure to obtain an excused absence for missing the COMAT will result in an automatic failing grade.

COMAT Exams are required in the following rotations: Family Medicine, Internal Medicine, General Surgery, OB/GYN, Pediatrics, Psychiatry, OMM-FM, and Emergency Medicine.

*Students should be free from call or other clerkship duties and responsibilities no later than 4:00 PM the evening before their scheduled COMAT.*

All COMATs are taken in person and administered by a proctor. The proctor ensures students are not using prohibited aids such as books, notes, internet sites, etc. while taking the exam.

Students are assigned their COMAT location and time approximately one-week prior to the exam date.

The exam is approximately two and a half hours long. Students are not required to report back to their rotation site following the exam.

Students with any questions, concerns or difficulties regarding COMATs should be advised to contact the PCOM Office of Clinical Education at 215-871-6857 for further assistance.

## Grading of Clerkships - Continued

### Failures:

An “F” will be recorded on the student’s official transcript. The student will be required to meet with the Associate Dean of Clinical Education and any additional required academic committee review board.

After satisfactory completion of the clerkship, a “P” will be added to the transcript for the repeated rotation, and the final grade for the initially failed rotation will be changed to a “P\*”.

**Nonattendance:**

Any student who does not report on time to a clerkship without prior consent of the Associate/Assistant Dean of Clinical Education will receive an automatic "F." The student will be required to meet with the Associate/Assistant Dean of Clinical Education and be referred to the appropriate academic committees.(Please see "Failures" above).

## GUIDELINES FOR CLINICAL CLERKSHIPS

1. Students shall be under the supervision of a physician designated for this purpose.
2. Students shall assume responsibility for and perform their assigned duties in accordance with the Training Institution (TI) regulations.
3. The Training Institution should provide suitable housing accommodations for core clerkships if not within a reasonable commuting distance from PCOM.
4. Students are expected to be on duty in the Training Institution 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 them time for assigned readings, self-directed learning, and attendance at conferences and lectures.
5. When requested or required by the supervising physician, students are permitted to take a history and physical examination of the patient. Histories and physicals may be dictated or recorded in the chart, and may be signed by the student's attending according to the rules and regulations of the Training Institution.
6. Progress notes may be written by the students 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 Institution.
7. Students shall not order any examinations, tests, medications, or procedures without consulting and obtaining the prior approval of the attending or supervising physician. Students shall not write prescriptions.
8. PCOM is committed to ensuring that any health professional providing health services through a therapeutic relationship will recuse him/herself from the academic assessment or promotion of the student. If a student is assigned to a supervising physician with whom there is a therapeutic relationship, please notify your Office of Clinical Education, for reassignment..
9. Attendance by students is required at all conferences, discussions, and study sessions, and any other programs of an educational nature designed specifically for students, and should be documented with an attendance record. In addition, students should be encouraged to attend lectures for interns, provided these do not interfere with the students own program.
10. Students shall not be excused for trips away from the training location except by the Director of Medical Education and/or the Preceptor. In addition, for each clerkship, the student is required to complete assigned readings and to evaluate the clerkship.
11. If a student becomes ill, the illness must be reported to the attending physician 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 if the illness lasts longer than three (3) days, and medical clearance to return to work must be secured. A copy of this note must be sent to the Office of Clinical Education.
12. Students shall be granted permission to be absent from their service in order to take any National Board of Osteopathic Medical Examiners examinations. The student shall advise the Training Institution well in advance of their intent to take these examinations. If necessary, students should be allotted travel time to reach the destination of their next clerkship.



13. Students shall be required and encouraged to participate in the utilization of osteopathic manipulative therapy when ordered. This therapy shall be applied under the direction of an attending or supervising osteopathic physician.
14. Students shall learn and perform procedures under appropriate and proper supervision in those areas where the Training Institution regulations permit such instruction. In addition to the general regulations, students shall abide by all specific departmental regulations of the Training.
15. Institution - The Training Institution shall provide each clinical clerk with an orientation program when he/she first reports for service.
16. Students are to conduct themselves in a courteous and professional manner and shall follow the dress code of the Training Institution and the College at all times.

## 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 institution. All problems or difficulties should be communicated to the Director of Medical Education at the teaching site. If unresolved, the Clerkship Director at PCOM should be contacted for guidance. If still unresolved, the next step is to contact the Associate/Assistant Dean for Clinical Education at PCOM.

## HOLIDAYS AND CLERKSHIP HOURS

While on clerkships, PCOM students should be on service a minimum of 40 and a maximum of 60 hours per week. At the discretion of the Director of Medical Education, students may be required to be on call during weekends and 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 PCOM-DO Medical Students are: Thanksgiving (the holiday starts at the end of the workday on the Wednesday before and ends on the following Monday morning), Winter Break, and the two week break between third- and fourth-year. Core sites will be advised by the Office of Clinical Education in advance of the approved PCOM Holidays. If the student wishes to complete a rotation for academic credit during a scheduled PCOM break, they may do so. The student is required to register the break rotation to receive credit.

## ABSENCES

PCOM students are not granted approved absences for personal days, mental health days, birthdays, anniversaries, weddings, or other non academic occasions except during the Winter Break. In addition, the Office of Clinical Education does not authorize days off for other reasons such as study days, conferences, or religious holidays, (unless the student has received an accommodation by the school). All such days off must be requested through the

Office of Clinical Education and communicated to the Supervising Attending and Director of Medical Education or DIO where the student is doing their clerkship if/once approved.

Students are able to proactively request time off from rotations via this [Time-Off Request Form](#).

No student who misses more than four (4) days on any 4-week clerkship or (2) days for 2 week clerkships will not receive credit for the clerkship unless and until the missed days are made-up in a manner acceptable to the hospital's Osteopathic Director of Medical Education, or the DIO, and the Associate Dean for Clinical Education.

Any requested and approved days off from a Clerkship Rotation may have 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.

### Excused Absences

Excused absences during the third-year and fourth-year of the DO program are limited to national board examinations, illness/emergencies, or proactively requested and approved absences. A maximum of four (4) days of excused absences MAY be granted during any four week clerkship. A maximum of two (2) days of excused absence MAY be granted during any two-week clerkship.

#### Proactively Requested Time Off

All requests for an excused absence must be requested via the Time-Off Request Form. Once submitted the request will be reviewed by The Office of Clinical Education and communicated to the students site and preceptor for final decision.

#### National Board Examinations

Students are approved to take one day off from a clerkship on the day of a scheduled National Board exam. Students are to complete the Time-Off Request Form and submit confirmation of the scheduled exam. Once received, the Office of Clinical Education will inform the site and preceptor of the excused absence. The student will not be required to be on service nor to make-up the time missed for the day of a National Board Exam.

#### Illness/Emergency

In the event that a student is suddenly ill or involved in an emergency situation, the student should first prioritize their health, safety, and wellbeing. When able, the student should immediately email both the Office of Clinical Education, the training site, and preceptor to inform them of the event and missed time. In the event of illness/hospitalization, the student will need to provide a doctor's note or discharge papers.

All requests for more than 4 days (or 2 days in the case of 2-week clerkship rotations) of excused absences 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.

### Unexcused Absences

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/Assistant 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 theirhis/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.

## 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/Assistant Dean of Clinical Education in consultation 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

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.

### Patient Care

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

### Unsupervised Medical Care

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.

### Professionalism Warning

A professionalism warning occurs when a student fails to demonstrate respect to the university, school, faculty, peers, or others as a matriculated student. A Level 1, 2, or 3 Warning will be determined by the faculty, the administration, or collectively by both and be described as "needs improvement" or "unsatisfactory". Warnings will be reviewed at the end of the designated period and may be removed or extended. Students with a Level 3 or repeated Warnings may be recommended to the disciplinary committee.

Any person involved with PCOM student activities that needs to report professionalism issues should email the Office of Clinical Education, [clinical\\_education@pcom.edu](mailto:clinical_education@pcom.edu). A meeting can be scheduled to further discuss the students conduct and next steps.

#### Levels of Warning:

**Level 1: General Disrespect.** Issued for a first or minor event that the student should be aware of. Examples include

- Disrespect to faculty or peers
- Disrespect for diversity/uniqueness

- Disrespect toward staff at PCOM or a clinical site
- Failure to attend a required event (including clerkships), without prior approval
- Late arrival to a required event including clerkships
- Late assignments including evaluations and on-line learning

#### Level 2A: Inappropriate interpersonal interaction and patient care

- Disrespectful attitude toward a Standardized Patient
- Inappropriate reported behavior at an campus-sponsored peer event
- Any AOA Code of Ethics violation (<https://osteopathic.org/about/leadership/aoa-governance-documents/code-of-ethics/>)
- Any repeated Level 1 event

#### Level 2b: Inadequate professionalism for a physician-in-training

- Failure to sit for a licensure examination by the required date (see Student Handbook), without prior approval<sup>1</sup>. A student will proceed with scheduled clinical clerkships.
- Any PCOM Code of Ethics violation (PCOM General Student Handbook, pp. 3-4,)

#### Level 3: Serious concerns

- Any repeated Level 2 event
- Failure to rectify any level 2 offense by the date specified
- Egregious violation of AOA or PCOM Code of Ethics

### Academic Appeals

A student dismissed from the DO program may appeal this decision according to the policies set forth in the PCOM General Student Handbook under the section "Appealing an Academic Dismissal Decision."

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<sup>1</sup> Prior approval: Approval requiring documentation of reason such as illness, significant life event in immediate family. Documentation may include physician or other health care provider note or public notice. Documentation will remain part of the student record.

## 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 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 should 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 is always the personal choice of each individual preceptor.

When students are applying for internship and residency programs, your letters of recommendation should be sent via the ERAS system.

## LEGAL LIMITATIONS ON PROFESSIONAL PRACTICE

It is a violation of the laws of the State of Pennsylvania 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, the student is NOT a licensed-health care provider and until he/she has graduated and is licensed, a student 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 a student 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 assigned or approved clinical clerkships are covered by the professional liability insurance of the Philadelphia College of Osteopathic Medicine during their third (M3) and fourth (M4) years.

Malpractice Insurance does not cover rotations (or shadowing) for which students are not receiving academic credit. While students are welcome to shadow a physician in their free time, they do not receive credit for “extracurricular experiences” and therefore are not covered by PCOM’s malpractice insurance.

# SECTION 2

SYLLABI AND LEARNING OBJECTIVES





## Family Medicine DO 310

### **Clerkship Description**

The Core Clinical Clerkship in Family Medicine is a four-week rotation that affords third- year medical students the opportunity to learn about the clinical presentations, differential diagnosis, and treatment plans related to the field of family medicine within a variety of clinical settings, amongst a diverse community of patients and healthcare professionals. While on the Family Medicine Clerkship, the education of the student occurs via a multifaceted approach. Students are educated in the essentials of family medicine through didactic lectures, observation of clinical procedures, hands on clinical experiences, online blended learning, and direct interactions with 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.

**Credit: 17 credits**

### **Clerkship Director:**

Harry Morris, DO, MPH, CPE, FACOFP [Harrym@pcom.edu](mailto:Harrym@pcom.edu)

### **Goals and Objectives**

By the end of this rotation, the student will:

1. Learn how to safely and successfully perform a history and physical examination on patients with various common complaints pertaining to family medicine.
2. Recognize clinical manifestations of common diseases relevant to family medicine and formulate appropriate differential diagnoses.
3. Develop treatment plans and management strategies for common family medicine disease presentations.
4. Identify and treat patients who would benefit from Osteopathic Manipulative Medicine.
5. Demonstrate the ability to assess a patient and differentiate the need for urgent versus non-urgent care.
6. Utilize knowledge and technical skills, when appropriate, to assist with the diagnosis and treatment of a patient.
7. Employ viable treatment plans within the confines of clinical data available, and within the socioeconomic capability of the patient and/or family.

8. Recognize the role of the Family Physician as a member and coordinator of the healthcare delivery team.
9. Develop skills on how to research, analyze, and critique clinical guidelines relevant to family medicine.
10. Understand how to prescribe for, monitor and treat chronic conditions through various pharmacological and non-pharmacological modalities.
11. Improve cultural competency skills especially in regards to underrepresented patient groups.
12. Demonstrate integrity, respect, and empathy.
13. Consider clinical ethics in the decision making processes of the family physician.
14. Cultivate skills needed for motivational interviewing in regards to patient care.

#### **Clerkship Core Competencies:**

##### **A. Osteopathic Principles and Practice (if applicable)**

Goal: Integration and application of osteopathic principles into the diagnosis and management of patients .

Objectives: Observe and emulate osteopathic physicians (internists and others) caring for the whole patient. OPP need not involve manipulation. Note any difference in approach to common problems by osteopathic and allopathic physicians (much as internal medicine and surgical specialties may approach common problems differently).

##### **B. Patient Care:**

Goal: Evaluate and develop appropriate treatment plans for patients with acute and chronic conditions as well as promote health maintenance and disease prevention.

Objectives: With oversight from the preceptor, develop a treatment plan for a patient's condition taking into account their medical history, physical exam findings, and expected outcome of the care. As allowed, participate directly in the care of the patient to appreciate its effectiveness.

##### **C. Medical Knowledge:**

Goal: A thorough knowledge of the complex differential diagnoses and treatment options in family medicine and the ability to integrate the applicable sciences with clinical experiences.

Objectives: Develop an awareness of your knowledge base through life experiences prior to osteopathic medical school, two years of didactic teachings, and experiences from previous clerkships; and grow that knowledge through experiences on this clerkship including patient encounters, readings, lectures, and possibly teaching (other students and/or patients and their families).

##### **D. Practice-Based Learning and Improvement:**

Goal: Become committed to lifelong learning and scholarly pursuit for the betterment of patient care.

Objectives: Observe and emulate preceptors, attending physicians, residents, interns, other students, and even patients and their families furthering their education of family medicine and how it impacts health maintenance and disease.

E. Interpersonal and Communication Skills:

Goal: Use clear, sensitive and respectful communication with patients, patients' families and members of the health care team.

Objectives: Become familiar with common modes of communication: face-to-face, telephonic, electronic, etc.; and understand the appropriate mode to use during a given need to communicate. Appreciate the barriers to effective communication and develop the skills to overcome them.

F. Professionalism:

Goal: Adherence to principles of ethical conduct and integrity in dealing with patients, patients' families and members of the health care team.

Objectives: Observe and emulate professional behavior of preceptors. Develop a sense of pride in the osteopathic family medicine field, and the high standards of behavior all physicians are expected to have. Interact appropriately with members of the health care team by respecting their opinions, skills, and actions. Work as a team, and understand roles one may assume at different periods of training.

G. Systems-Based Practice:

Goal: Skills to lead healthcare teams in the delivery of quality patient care using all available resources.

Objectives: Experience delivery of health care during the current clerkship, learning how the system works and the roles that provide it. Compare other systems during your training, and understand how your caring for the patient may differ based on the capabilities of different systems.

**Documentation:**

- Patients ≠ Encounters
- Encounter = clinically relevant interactions (talking to the patient or touching the patient) or observing a clinician patient-interaction in a teaching environment
- History (full or partial)
- Physical exam (full or partial)
- Procedures (observed, assisted, or performed with supervision)

**Patient Encounter** – an interaction with a patient where a medical procedure or treatment is provided and/or evaluation and management services are provided.

Encounter List	Min. # Required	Encounter List	Min. # Required
Abdominal pain	1	Issues of behavior	1
Acid base disorder (Hyperkalemia & Hypokalemia - Fluid, Electrolyte)	1	Issues of development	1
Acute coronary syndrome	2	Issues of growth	1
Adult preventive care	1	Jaundice – newborn	1
Acute upper respiratory infections	3	Joint pain/swelling/injury	2
Adult preventive care	1	Liver diseases	1
Adolescent health visit	1	Lumbar Radiculopathy (Low back pain)	1
Altered mental status	1	Lung exam (pneumonia)	1
Amenorrhea/Dysmenorrhea	1	Medial/lateral Epicondylitis of the elbow	1
Anemia	1	Menopause	1
Anxiety/depression	1	Mood Disorder	1
Anxiety Disorder	1	Muscle/fascia strain	1
Atrial fibrillation	1	Nausea, vomiting, diarrhea, abdominal pain	1
Back pain	1	Neurological exam	1
Back pain/ joint pain	2	Nutritional concerns by parent or physician	1
Birth Control Counseling	1	Obesity	2
Breast exam	1	Obstructive airway disease	1
Cancer	1	Orthopedic injury	1
Cardiac exam (murmur, CHF)	1	Otalgia/Otitis Media	1
Carpal Tunnel Syndrome	1	Pap Smear	1
Cervical Radiculopathy	2	Pelvic Exam	1
Cervical Cultures (wet prep)	1	Pelvic Pain	1
Chest pain	1	Peripheral Vascular Disease	1
Chest Pain, Cough, Dyspnea (Shortness of Breath)	1	Phlebotomy	1
Cognitive disorder	1	Rash	1
Congestive heart failure	1	Renal failure	1

Asthma	1	Respiratory Distress	1
COPD	1	Right atrial hypertrophy	1
Coronary artery disease	1	School-aged health visit	1
Costochondritis	1	Skin & soft tissue infection	1
Cough	1	Skin & Soft Tissue Lesions	1
Chronic disease	1	Non-Healing Lesions or Wounds	1
CNS, headache, irritability, seizures	1	Skin survey	1
Dementia	1	Sinus bradycardia	1
Depression	1	Smoking cessation	1
Dermatitis	1	Sore throat	1
Diabetes Mellitus – Type 1 or 2	2	Somatic Dysfunction	1
Diarrhea	1	STI	1
Dyslipidemia	1	CVA	1
Dysuria	1	Substance Abuse Disorder	1
EKG Interpretation	1	Surgery consult	1
Endocrine disorder	1	Suturing	1
Epigastric pain	1	Syncope	1
Eye exam (diabetes)	1	Thoracic Outlet Syndrome	2
Fever	1	Thyroid disease	1
Fibrous Adhesive Capsulitis	1	Toddler health visit	1
Gastroenteritis	1	Torsade de pointes	1
Gastrointestinal bleeding	1	URI	1
GERD/PUD	1	UTI	1
Geriatric	1	Vaginal bleeding	1
History & Physical Exam	2	Vaginal discharge	1
HIV infection	1	Valvular heart disease	1
Hypertension	2	Ventricular hypertrophy	1
Immunization counseling	1	Ventricular pacemaker	1
Infant well check	1	Ventricular tachycardia	1

### **Expected Essential Skills for the Family Medicine Clerkship:**

#### **Introduced/practiced:**

- Focused exam (gynecologic, breast exam)
- Digital rectal exam
- Suturing
- Wound management
- Formulate treatment plan
- Obtain informed consent

**Expected to perform:**

<ul style="list-style-type: none"><li>History and physical</li><li>• History of present illness</li><li>• Obtain past medical history</li><li>• Obtain family history</li><li>• Obtain personal and social history</li><li>• Review of systems</li></ul>	<ul style="list-style-type: none"><li>• Mental status exam</li><li>• Gloving</li><li>• Differential diagnosis</li><li>• Interpret lab tests, imaging studies, basic EKG</li><li>• Discuss orders/prescriptions</li></ul>
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**Entrustable Professional Activities (EPA):**

The following physician activities are expected of new residents should be practiced during the Family Medicine clerkship:

- EPA 1: Gather a history and perform a physical examination
- EPA 2: Prioritize a differential diagnosis following a clinical encounter
- EPA 3: Recommend and interpret common diagnostic and screening tests
- EPA 4: Enter and discuss orders and prescriptions
- EPA 5: Document a clinical encounter in the patient record
- EPA 6: Provide an oral presentation of a clinical encounter
- EPA 7: Form clinical questions and retrieve evidence to advance patient care
- EPA 9: Collaborate as a member of an interprofessional team
- EPA 10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management
- EPA 11: Obtain informed consent for tests and/or procedures
- EPA 12: Perform general procedures of a physician

**Recommended Texts:**

Ellis R. 2018. Step-Up to Family Medicine. Wolters Kluwer Publishers.

Toy E, D Briscoe, B Britton, JJ Heidelbaugh. 2021. Case Files Family Medicine, 5<sup>th</sup> edition, McGraw-Hill Lange Publishers.

Powell L. 2019. The Comprehensive Osteopathic Manipulative Medicine Review Guide. (125 practice questions).

**Online Blended Learning:**

Beginning with Block #2 of the clinical academic year 2024-2025, this clerkship shall have the following mandatory online blended learning requirements:

1. Weekly 60-90 minute active learning sessions, dates and times to be determined by the Clerkship Director and Online Blended Learning Preceptor.

- a. All cameras will be required to be turned on for each session.

b. Students shall be excused by the Office of Clinical Education for any major life event, illness, mandated clerkship obligation from your preceptor, (such as rounds, surgeries, laboring/delivering patients, on site educational activities, and other necessary patient care responsibilities), as long as proper documentation is furnished for the excused absence. Students excused for a live session are required to watch the recording of the session in its entirety.

2. Completion of 75 questions in the approved question bank per week.

3. Mandatory completion of weekly 25 question quizzes in weeks #1,2,& 3.

All of these components of the online blended learning curriculum must be completed at the satisfaction of the faculty member. Failure to satisfy these requirements shall result in a "Incomplete Clerkship", which could result in failure of the Clerkship and referral to the SPEC committee.

### **Grading Policy:**

A clerkship is completed when the student has satisfactorily completed the entire scheduled clerkship, including any excused absences beyond those allowed and/or any unexcused absences which must be made up; all assignments; patient/procedure logs; the COMAT exam; and has demonstrated competent professionalism behaviors.

The final grades for Family Medicine are determined by the preceptor evaluation, score on the Family Medicine COMAT and completion of Blended Online assignments.

- Blended/Online content is included in this rotation. All Blended Learning assignments must be completed in their entirety. Failure to satisfactorily complete assignments will impact the final grade.
- Preceptor Evaluation. Each competency will be evaluated in several (2-3) areas. The means of each competency will be used. Example: For the Patient Care competency, students are evaluated in the areas of history taking and physical exam. Scores of 4 and 5 in these will be averaged and 4.5 will be added to other competency means. The maximum score = 35<sup>1</sup>.
- The Evaluation Score will be added to the COMAT score to determine the grade. The Evaluation Score will be added to the COMAT score to determine the grade. Should all 7 competencies be graded by the Preceptor, the following total score shall represent the final clerkship grade:
  - o Pass = 111
  - o High Pass = 133-140
  - o Honors = 141 and greater
- Students with less than 111 points (or the minimum passing score) in clerkships that are in patient settings or virtual will be reviewed.
  - o COMAT is less than 90 – retake COMAT.

- o A student who scores at least a 90 on the COMAT but with less than 3 points per evaluation competency on the clerkship evaluation, i.e. <21 points for 7 competencies, will meet with the Associate Dean of Clinical Education to discuss remediation strategies. Remediation strategies may include repeating the clerkship.
- o A student who scores less than 3 points in any competency will meet with the Associate Dean of Clinical Education.
- Clerkship failure – a student who
  - o Does not meet the minimum requirements for passing a clerkship based on the preceptor evaluation and clerkship COMAT, if appropriate
  - o Does not meet all expectations for a “complete” clerkship
  - o Is dismissed by a preceptor from a scheduled clerkship
  - o Does not show up for a scheduled clerkship as scheduled either at the beginning or during the clerkship without appropriate approval from the Office of Clinical Education and the preceptor.

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<sup>1</sup> Note: If fewer than 7 competencies are scored by the preceptor, an adjusted scale will be used.

- A COMAT score below 90 will result in exam failure. The exam must be retaken within 45 days from the end of the clerkship. The maximum grade for a repeated COMAT will be a Pass.
- Any student with 2 clerkship failures will be referred to SPEC for review.
- For additional information, refer to the Clinical Clerkship Manual.

**Disclaimer:** The syllabus is a guide, not a contract. Elements within the syllabus can change with notice during the course as deemed necessary by the course/clerkship directors.

**Diversity, Equity, and Inclusion:**

PCOM course directors and faculty are committed to supporting students and fostering an environment that is both culturally sensitive and responsive to Diversity, Equity and Inclusion in the curriculum.

Students are encouraged to play an active role in creating an academic atmosphere that advocates for

Diversity, Equity, and Inclusion within the PCOM community and the classroom. The commitment to Diversity, Equity, and Inclusion from the faculty, staff, and students will contribute to producing PCOM graduates that are prepared to treat all people with culturally appropriate respect and to provide their patients/clients with the highest level of care.

Student suggestions for improvement in DEI-related curricular content may be shared through a variety of channels including communicating your thoughts, concerns and ideas to your Class Representatives; to the Curriculum Committee; to the Course Director or Faculty; to the Assistant Dean of Health Equity Integration.



## **Mental Health Resources:**

PCOM provides mental health services and resources to support the academic success and wellbeing of students. Counseling Resources are available on and off campus at no cost to the student. Students should utilize the following website to access support services:

<https://www.pcom.edu/studentlife/student-affairs/counseling/>

PCOM Philadelphia Counselors:

Natashja Rinaldo, BSW, MS, LPC, RYT (she/her), Personal Support Counselor

Phone: 215-871-7151; Email: [natashjri@pcom.edu](mailto:natashjri@pcom.edu)

Andre Watson, PsyD, Assistant Director of Student Affairs & Personal Support Counselor

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## Family Medicine - Osteopathic Manipulative Medicine (FM-OMM)

DO 312

### **Clerkship Description:**

The Core Clinical Clerkship in Family Medicine/OMM 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. These complaints may range from purely musculoskeletal problems and pain to visceral diseases with musculoskeletal components and visceral related symptoms secondary to musculoskeletal dysfunction.

**Credit:** 17 credits

Co Clerkship Directors:

Larry N. Finkelstein, DO, FACOFP [LarryF@pcom.edu](mailto:LarryF@pcom.edu)

Michelle Hobson, DO, [michellehob@pcom.edu](mailto:michellehob@pcom.edu)

### **Goals and Objectives:**

By the end of this clerkship rotation, the student should be able to:

- Elicit a focused history that includes information about adherence, self-management, and barriers to care.
- Assess improvement or progression of the chronic disease.
- Communicate respectfully with patients who do not fully adhere to their treatment plan.
- Perform a focused physical examination that includes a musculoskeletal examination.
- Describe major treatment modalities, including osteopathic manipulative treatment.
- Propose an evidence-based management plan that includes pharmacologic and non-pharmacologic treatments and appropriate surveillance and tertiary prevention.
- Document a chronic care visit.
- Communicate appropriately with other health professionals (e.g., physical therapists, nutritionists, counselors).

### **Clerkship Core Competencies:**

A. Osteopathic Principles and Practice (if applicable)

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:

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 patients and their family about the Osteopathic philosophy.
5. Demonstrate the ability to diagnose somatic dysfunction, implement an appropriate manipulative medicine prescription and demonstrate mastery in effective OMT.

## B. 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:

1. Recognize the patient's motivation(s) for seeking care.
2. Assess the type and level of care needed for the particular encounter.
3. Project empathy.
4. Demonstrate the ability to assess a patient and differentiate the need for urgent versus non-urgent care
5. Employ viable treatment plans within the confines of clinical data available, and within the socioeconomic capability of the patient and/or family.
6. Encourage patients to seek continuing medical care at intervals appropriate for their condition(s).
7. Utilize appropriate health maintenance screening protocols.
8. Provide anticipatory health care.

## C. Medical Knowledge

Goal: Students will demonstrate a competency of biomedical science and clinical science necessary for the care of patients in the osteopathic family medicine setting.

Objectives: The student will:

1. Understand the relationship between the basic and clinical sciences.
2. Apply their knowledge in the basic and clinical sciences to the care of their patients.
3. Demonstrate the ability to assess a patient and differentiate the need for urgent versus non-urgent care.
4. Utilize knowledge and technical skills, when appropriate, to assist with the diagnosis and treatment of a patient.

5. Employ viable treatment plans within the confines of clinical data available, and within the socioeconomic capability of the patient and/or family.
6. Demonstrate the ability to differentiate between visceros-somatic, somato-somatic, and somato-visceral dysfunctions.

#### D. Practice Based Learning and Improvement

Goal: Students will practice evidence-based medicine.

Objectives: The student will:

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

#### E. 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:

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

#### F. 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:

1. Complete responsibilities reliably.
2. Demonstrate respect, empathy, and integrity.
3. Demonstrate understanding of ethical principles of autonomy, beneficence, informed consent, and confidentiality.
4. 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.

#### G. 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:

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

**Documentation:**

- Patients ≠ Encounters
- Encounter = clinically relevant interactions (talking to the patient or touching the patient) or observing a clinician patient-interaction in a teaching environment
- History (full or partial)
- Physical exam (full or partial)
- Procedures including OMM (observed, assisted, or performed with supervision)

**Patient Encounter** – an interaction with a patient where a medical procedure or treatment is provided and/or evaluation and management services are provided.

**Expected Essential Skills for the Family Medicine-OMM Clerkship:**

Introduced/practiced:

- IV cannulation
- Obtain informed consent
- Give/receive patient handover

Expected to perform:

- |   |   |
|---|---|
| ● History and physical                            | ● Obtain vital signs                                  |
| ● History of present illness                      | ● Patient note/SOAP note                              |
| ● Obtain past medical history                     | ● Patient presentation                                |
| ● Obtain family history                           | ● Focused Exam (H&N, ENT, cardiovascular/respiratory) |
| ● Obtain personal and social history              | ● Gloving/sterile technique                           |
| ● Review of systems                               | ● Formulate treatment plan                            |
| ● Digital rectal exam                             | ● Demonstrate evidence-based medicine                 |
| ● Urethral/Foley catheterization                  | ● Collaborate as a team member                        |
| ● Wound management                                | ● Demonstrate appropriate behaviors of a physician    |
| ● Differential diagnosis                          | ● Discuss orders/prescriptions                        |
| ● Interpret lab tests, imaging studies, basic EKG |   |

## Recommended Patient Encounters

Encounter List	Min. # Required	Encounter List	Min. # Required
Abdominal pain	1	Jaundice – newborn	1
Acid base disorder (Hyperkalemia & Hypokalemia - Fluid, Electrolyte)	1	Joint pain/swelling/injury	2
Acute upper respiratory infections	3	Liver diseases	1
Adult preventive care	1	Lumbar Radiculopathy (Low back pain)	2
Adolescent health visit	1	Lumbar puncture	1
Altered mental status	1	Lung exam (pneumonia)	1
Amenorrhea/Dysmenorrhea	1	Medial/lateral Epicondylitis of the elbow	2
Anemia	1	Menopause	1
Anxiety/depression	1	Mood Disorder	1
Anxiety Disorder	1	Muscle/fascia strain	1
Atrial fibrillation	1	Nausea, vomiting, diarrhea, abdominal pain	1
Back pain	3	Neurological exam	1
Birth Control Counseling	1	Nutritional concerns by parent or physician	1
Breast exam	1	Obesity	2
Cancer	1	Obstructive airway disease	1
Cardiac exam (murmur, CHF)	1	OMM/OMT	1
Carpal Tunnel Syndrome	2	Orthopedic injury	1
Cervical Radiculopathy	2	Otalgia/Otitis Media	1
Cervical Cultures (wet prep)	1	Pap Smear	1
Chest Pain, Cough, Dyspnea (Shortness of Breath)	1	Pelvic Exam	1
Cognitive disorder	1	Pelvic Pain	1
Congestive heart failure	1	Peripheral Vascular Disease	1
Asthma	1	Phlebotomy	1
COPD	1	Rash	1
Coronary artery disease	1	Renal failure	1
Costochondritis	1	Respiratory Distress	1

Cough	1	Right atrial hypertrophy	1
Chronic disease	1	School-aged health visit	1
CNS, headache, irritability, seizures	1	Skin & soft tissue infection	1
Dementia	1	Skin & Soft Tissue Lesions	1
Depression	1	Non-Healing Lesions or Wounds	1
Dermatitis	1	Skin survey	1
Diabetes Mellitus – Type 1 or 2 (Mellitus)	2	Sinus bradycardia	1
Diarrhea	1	Smoking cessation	1
Dyslipidemia	1	Sore throat	1
Dysuria	1	Somatic Dysfunction	5
EKG Interpretation	1	STI	1
Endocrine disorder	1	CVA	1
Epigastric pain	1	Substance Abuse Disorder	1
Eye exam (diabetes)	1	Surgery consult	1
Fever	1	Suturing	1
Fibrous Adhesive Capsulitis	2	Syncope	1
Gastroenteritis	1	Thoracic Outlet Syndrome	2
Gastrointestinal bleeding	1	Thyroid disease	1
GERD/PUD	1	Toddler health visit	1
Geriatric	1	Torsade de pointes	1
History & Physical Exam	2	URI	1
HIV infection	1	UTI	1
Hypertension	2	Vaginal bleeding	1
Immunization counseling	1	Vaginal discharge	1
Infant well check	1	Valvular heart disease	1
Issues of behavior	1	Ventricular hypertrophy	1
Issues of development	1	Ventricular pacemaker	1
Issues of growth	1	Ventricular tachycardia	1

### Entrustable Professional Activities

The following physician activities are expected of new residents should be practiced during the Family Medicine-OMM clerkship:

- EPA 1: Gather a history and perform a physical examination
- EPA 2: Prioritize a differential diagnosis following a clinical encounter
- EPA 4: Enter and discuss orders and prescriptions, (as allowed)
- EPA 5: Document a clinical encounter in the patient record (as allowed)
- EPA 6: Provide an oral presentation of a clinical encounter
- EPA 7: Form clinical questions and retrieve evidence to advance patient care
- EPA 8: Give or receive a patient handover to transition care responsibility
- EPA 11: Obtain informed consent for tests and/or procedures

- EPA 12: Perform general procedures of a physician  
EPA 13: Identify systems failures and contribute to a culture of safety and improvement

### **Recommended Texts**

Bickley LS, PG Szilagyi, RM Hoffman, RP Soriano. 2020. *Bates' Guide to Physical Examination and History Taking*, 13<sup>th</sup> edition, Lippincott Wolters Kluwer. [ISBN 9781496398178]

Jameson JL, AS Fauci, DL Kasper, SL Hauser, DL Longo. 2019. *Harrison's Principles of Family Medicine-OMM*, 20<sup>th</sup> edition. McGraw-Hill Publishers [ISBN-13: 978-1259644030, ISBN-10: 1259644030]

Toy EC, JT Patlan. 2021. *Case Files Family Medicine-OMM*, 6<sup>th</sup> edition. McGraw-Hill Lange Publishers [ISBN-13: 978-0071843355, ISBN-10: 0071843353].

### **Grading Policy**

The final grade for Family Medicine-OMM is determined by the score on the OMM COMAT.

- o Pass = 90 - 107
  - o High Pass = 108 - 111
  - o Honors = 112
  - o Review < 90
- 
- A COMAT score below 90 will result in exam failure. The exam must be retaken within 45 days from the end of the clerkship. The maximum grade for a repeated COMAT will be a Pass.
  - For additional information, refer to the Clinical Clerkship Manual.

**Disclaimer:** The syllabus is a guide, not a contract. Elements within the syllabus can change with notice during the course as deemed necessary by the course/clerkship directors.

### **Diversity, Equity, and Inclusion:**

PCOM course directors and faculty are committed to supporting students and fostering an environment that is both culturally sensitive and responsive to Diversity, Equity and Inclusion in the curriculum. Students are encouraged to play an active role in creating an academic atmosphere that advocates for Diversity, Equity, and Inclusion within the PCOM community and the classroom. The commitment to Diversity, Equity, and Inclusion from the faculty, staff, and students will contribute to producing PCOM graduates that are prepared to treat all people with culturally appropriate respect and to provide their patients/clients with the highest level of care.

Student suggestions for improvement in DEI-related curricular content may be shared through a variety of channels including communicating your thoughts, concerns and ideas to your Class Representatives;



to the Curriculum Committee; to the Course Director or Faculty; to the Assistant Dean of Health Equity Integration.

### **Mental Health Resources:**

PCOM provides mental health services and resources to support the academic success and wellbeing of students. Counseling Resources are available on and off campus at no cost to the student. Students should utilize the following website to access support services:

<https://www.pcom.edu/student-life/student-affairs/counseling/>

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# Internal Medicine

## DO 313

### **Clerkship Description:**

The Core Clinical Clerkship in Internal Medicine introduces students to the principles of caring for the medical patient. Students will begin to understand the general process of the application of medical therapy to patients in a wide variety of settings. The student participates as a member of the medical team and observes the role of the internist as a member of the multidisciplinary team providing patient care.

**Credit:** 17 credits

### **Clerkship Director:**

Daniel J. Parenti, DO, FCCP, FACOI [Danielp@pcom.edu](mailto:Danielp@pcom.edu)

### **Goals and Objectives:**

By the end of this rotation, the student will:

- Elicit patient information in an intelligent and purposeful order.
- Process, evaluate and cluster patient information according to relevance, significance and relatedness.
- Formulate single, multiple or competing hypotheses which suggest possible diagnoses.
- Confirm or reject hypothesis with additional carefully selected and acquired bits of patient information.
- Utilize various problem-solving techniques and be consciously aware of their use.
- Create diagnostic game plans and structure decision scenarios that are reasonable, orderly, precise, and considerate of cost-benefit-risk-time factors.
- Gather additional information about the patient in accordance with a problem-based student-motivated format.
- Decide what additional data are needed and what further tests to order bearing in mind the concept of imperfect information.
- Transcribe patient information into an orderly well written database that includes the history, physical exam and basic para-clinical procedures.
- Relate clues in the patient's database to the underlying pathophysiology.
- Construct a complete problem list from the available patient information and be able to assess each problem.
- Solve patient presentations and confirm diagnoses rapidly, like the seasoned clinician who

uses shortcuts, tangents, selected data subsets and high yield tests.

- 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.
- 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.”
- 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.
- Judge who needs a complete work up and who can be managed quickly with a small database. Not all patients need 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.
- Miniaturize a case for presentation to others.

#### **Clerkship Core Competencies:**

##### **A. Osteopathic Principles and Practice (if applicable)**

Goal: Integration and application of osteopathic principles into the diagnosis and management of patients.

Objectives: Observe and emulate osteopathic physicians (internists and others) caring for the whole patient. OPP need not involve manipulation. Note any difference in approach to common problems by osteopathic and allopathic physicians (much as internal medicine and surgical specialties may approach common problems differently).

##### **B. Patient Care:**

Goal: Evaluate and develop appropriate treatment plans for patients with acute and chronic conditions as well as promote health maintenance and disease prevention.

Objectives: With oversight from the preceptor, develop a treatment plan for a patient’s condition taking into account their medical history, physical exam findings, and expected outcome of the care. As allowed, participate directly in the care of the patient to appreciate its effectiveness.

##### **C. Medical Knowledge:**

Goal: A thorough knowledge of the complex differential diagnoses and treatment options in internal medicine and the ability to integrate the applicable sciences with clinical experiences.

Objectives: Develop an awareness of your knowledge base through life experiences prior to osteopathic medical school, two years of didactic teachings, and experiences from previous

clerkships. Expand that knowledge through this clerkship's experiences including patient care encounters, readings, lectures, and possibly teaching (other students and/or patients and their families).

D. Practice-Based Learning and Improvement:

Goal: Become committed to lifelong learning and scholarly pursuit for the betterment of patient care.

Objectives: Observe and emulate preceptors, attending physicians, residents, interns, other students, and even patients and their families furthering their education of internal medicine and how it impacts health maintenance and disease.

E. Interpersonal and Communication Skills:

Goal: Use clear, sensitive and respectful communication with patients, patients' families and members of the health care team.

Objectives: Become familiar with common modes of communication: face-to-face, telephonic, electronic, etc. Understand the appropriate mode to use during a given need to communicate. Appreciate the barriers to effective communication and develop the skills to overcome them.

F. Professionalism:

Goal: Adherence to principles of ethical conduct and integrity in dealing with patients, patients' families and members of the healthcare team.

Objectives: Observe and emulate professional behavior of preceptors. Develop a sense of pride in the osteopathic internal medicine field, and the high standards of behavior all physicians are expected to have. Interact appropriately with members of the healthcare team by respecting their opinions, skills, and actions. Work as a team, and understand roles one may assume at different periods of training.

G. Systems-Based Practice:

Goal: Skills to lead health-care teams in the delivery of quality patient care using all available resources.

Objectives: Experience delivery of health care during the current clerkship, learning how the system works and the roles that provide it. Compare other systems during your training, and understand how your caring for the patient may differ based on the capabilities of different systems.

**Documentation:**

- Patients ≠ Encounters

- Encounter = clinically relevant interactions (talking to the patient or touching the patient) or observing a clinician patient-interaction in a teaching environment
- History (full or partial)
- Physical exam (full or partial)
- Procedures (observed, assisted, or performed with supervision)

**Patient Encounter** – an interaction with a patient where a medical procedure or treatment is provided and/or evaluation and management services are provided. For in-patient

### **Expected Essential Skills for the Internal Medicine Clerkship:**

#### Introduced/practiced

- IV cannulation
- Obtain informed consent
- Give/receive patient handover

#### Expected to perform

- |   |   |
|---|---|
| ● History and physical                                | ● Urethral/Foley catheterization                  |
| ● History of present illness                          | ● Wound management                                |
| ● Obtain past medical history                         | ● Differential diagnosis                          |
| ● Obtain family history                               | ● Gloving/sterile technique                       |
| ● Obtain personal and social history                  | ● Digital rectal exam                             |
| ● Review of systems                                   | ● Interpret lab tests, imaging studies, basic EKG |
| ● Obtain vital signs                                  | ● Discuss orders/prescriptions                    |
| ● Patient note/SOAP note                              | ● Formulate treatment plan                        |
| ● Patient presentation                                | ● Demonstrate evidence-based medicine             |
| ● Focused Exam (H&N, ENT, cardiovascular/respiratory) | ● Collaborate as a team member                    |
| ● Demonstrate appropriate behaviors of a physician    | ● Mental status exam                              |

#### Recommended Patient Encounters

Encounter List	Min. # Required	Encounter List	Min. # Required
Abdominal pain	1	HIV infection	1
Acid base disorder (Hyperkalemia & Hypokalemia - Fluid, Electrolyte)	1	Hypertension	2
Acute coronary syndrome	2	Immunization counseling	1
Acute pulmonary embolus	1	IV placement	1
Acute upper respiratory infections	1	Joint pain/swelling/injury	1

Adult preventive care	1	Liver diseases	1
Airway management	1	Lumbar Radiculopathy (Low back pain)	1
Altered mental status	1	Lumbar puncture	1
Anemia	1	Lung exam (pneumonia)	1
Anxiety/depression	1	Medicine consult	1
Anxiety Disorder	1	Menopause	1
Atrial fibrillation	2	Mood Disorder	1
Atrial flutter	1	Nausea, vomiting, diarrhea, abdominal pain	2
Back pain	1	Neurological exam	1
Cancer	1	Obesity	2
Cardiac exam (murmur, CHF)	1	Obstructive airway disease	1
Central Line	1	Orthopedic injury	1
Catheter placement – female	1	Otalgia/Otitis Media	1
Catheter placement – male	1	Peripheral Vascular Disease	1
Chest pain	1	Phlebotomy	1
Chest Pain, Cough, Dyspnea (Shortness of Breath)	1	Rash	1
Cognitive disorder	1	Renal failure	1
Colonoscopy/Endoscopy	1	Respiratory Distress	1
Congestive heart failure	1	Right atrial hypertrophy	1
Asthma	1	Skin & soft tissue infection	1
COPD	1	Skin & Soft Tissue Lesions	1
Coronary artery disease	1	Non-Healing Lesions or Wounds	1
Costochondritis	1	Skin survey	1
Cough	1	Sinus bradycardia	1
Chronic disease	1	Smoking cessation	1
CNS, headache, irritability, seizures	1	Sore throat	1
Dementia	1	Somatic Dysfunction	1
Depression	1	STI	1
Dermatitis	1	CVA	1
Diabetes Mellitus – Type 1 or 2 (Mellitus)	2	Substance Abuse Disorder	1
Diarrhea	1	Surgery consult	1
Digitalis effect	1	Suturing	1
Dyslipidemia	1	Syncope	1
Dysuria	1	Thoracic Outlet Syndrome	1
EKG Interpretation	1	Thyroid disease	1
Endocrine disorder	1	Torsade de pointes	1
Epigastric pain	1	Transplant	1

Eye exam (diabetes)	1	URI	1
Fever	1	UTI	1
Gastroenteritis	1	Valvular heart disease	1
Gastrointestinal bleeding	1	Ventricular fibrillation	1
GERD/PUD	1	Ventricular hypertrophy	1
Geriatric	1	Ventricular pacemaker	1
History & Physical Exam	2	Ventricular tachycardia	1

### Entrustable Professional Activities

The following physician activities are expected of new residents should be practiced during the Internal Medicine clerkship:

- EPA 1: Gather a history and perform a physical examination
- EPA 2: Prioritize a differential diagnosis following a clinical encounter
- EPA 3: Recommend and interpret common diagnostic and screening procedures
- EPA 4: Enter and discuss orders and prescriptions (as allowed)
- EPA 5: Document a clinical encounter in the patient record (as allowed)
- EPA 6: Provide an oral presentation of a clinical encounter
- EPA 7: Form clinical questions and retrieve evidence to advance patient care
- EPA 8: Give or receive a patient handover to transition care responsibility
- EPA 10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management
- EPA 11: Obtain informed consent for tests and/or procedures
- EPA 12: Perform general procedures of a physician
- EPA 13: Identify systems failures and contribute to a culture of safety and improvement

### Recommended Texts

Jameson JL, AS Fauci, DL Kasper, SL Hauser, DL Longo. 2019. *Harrison's Principles of Internal Medicine*, 20<sup>th</sup> edition. McGraw-Hill Publishers [ISBN-13: 978-1259644030, ISBN-10: 1259644030]

Toy EC, JT Patlan. 2021. *Case Files Internal Medicine*, 6<sup>th</sup> edition. McGraw-Hill Lange Publishers [ISBN-13: 978-0071843355, ISBN-10: 0071843353].

### Online Blended Learning

Beginning with Block #2 of the clinical academic year 2024-2025, this clerkship shall have the following mandatory online blended learning requirements:

1. Weekly 60-90 minute active learning sessions, dates and times to be determined by the Clerkship Director and Online Blended Learning Preceptor.

- a. All cameras will be required to be turned on for each session.

b. Students shall be excused by the Office of Clinical Education for any major life event, illness, mandated clerkship obligation from your preceptor, (such as rounds, surgeries, laboring/delivering patients, on site educational activities, and other necessary patient care responsibilities), as long as proper documentation is furnished for the excused absence. Students excused for a live session are required to watch the recording of the session in its entirety.

2. Completion of 75 questions in the approved question bank per week.

3. Mandatory completion of weekly 25 question quizzes in weeks #1,2,& 3.

All of these components of the online blended learning curriculum must be completed at the satisfaction of the faculty member. Failure to satisfy these requirements shall result in a "Incomplete Clerkship", which could result in failure of the Clerkship and referral to the SPEC committee.

### **Grading Policy**

A clerkship is completed when the student has satisfactorily completed: the entire scheduled clerkship, including any excused absences beyond those allowed and/or any unexcused absences which must be made up; all assignments; patient/procedure logs (if required); the COMAT exam (if required); and, has demonstrated competent professionalism behaviors.

The Internal Medicine COMAT exam will be taken after completing the General Internal Medicine Core Clerkship, Internal Medicine Cardiology and/or Ambulatory Care and IM Subspecialty Clerkship. The COMAT score will be part of the General Internal Medicine Core Clerkship Grade.

The final grade for the Internal Medicine clerkship is determined by the preceptor evaluation, the score on the Internal Medicine COMAT and completion of all all required assignments.

- Blended/Online content is included in this rotation. All Blended Learning assignments must be completed in their entirety. Failure to satisfactorily complete assignments will impact the final grade.
- Preceptor Evaluation. Each competency will be evaluated in several (2-3) areas. The means of each competency will be used. Example: For the Patient Care competency, students are evaluated in the areas of history taking and physical exams. Scores of 4 and 5 will be averaged and 4.5 will be added to other competency means. The maximum score = 35.<sup>[1]</sup>
- The Evaluation Score will be added to the COMAT score to determine the grade. Should all 7 competencies be graded by the Preceptor, the following total score shall represent the final clerkship grade: :
  - Pass = 111
  - High Pass = 134-141
  - Honors = 142 or greater
- Students with less than 111 points (or the minimum passing score) in clerkships that are in



patient settings or virtual/distance learning settings will be reviewed.

- If COMAT is less than 90, – retake COMAT; grade is IP until successfully remediated
- A student who scores at least an 90 on the COMAT but with less than 3 points per evaluation competency on the clerkship evaluation, i.e. < 21 points for 7 competencies, will meet with the Associate Dean of Clinical Education to discuss remediation strategies. Remediation strategies may include repeating the clerkship.
- A student who scores less than 3 points in any competency will meet with the Associate Dean of Clinical Education.

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<sup>1</sup> Note: If fewer than 7 competencies are scored by the preceptor, an adjusted scale will be used.

- Clerkship failure – a student who
  - Does not meet the minimum requirements for passing a clerkship based on the preceptor evaluation
  - Does not meet all expectations for a “complete” clerkship
  - Is dismissed by a preceptor from a scheduled clerkship
  - Does not show up for a scheduled clerkship as scheduled either at the beginning or during the clerkship without appropriate approval from the Office of Clinical Education and the preceptor.
- A COMAT score below 90 will result in an exam failure. The exam must be retaken within 45 days from the end of the clerkship. The maximum grade for a repeated COMAT will be a Pass.
- Any student with 2 clerkship failures will be referred to SPEC for review.
- For additional information, refer to the Clinical Clerkship Manual.

#### **Disclaimer:**

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#### **Diversity, Equity, and Inclusion:**

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Student suggestions for improvement in DEI-related curricular content may be shared through a variety of channels including communicating your thoughts, concerns and ideas to your Class Representatives; to the Curriculum Committee; to the Course Director or Faculty; or to the Assistant Dean of Health Equity Integration.

## **Mental Health Resources:**

PCOM provides mental health services and resources to support the academic success and wellbeing of students. Counseling Resources are available on and off campus at no cost to the student. Students should utilize the following website to access support services:

<https://www.pcom.edu/studentlife/student-affairs/counseling/>

### **PCOM Philadelphia Counselors:**

Natashja Rinaldo, BSW, MS, LPC, RYT (she/her), Personal Support Counselor  
Phone: 215-871-7151; Email: [natashjri@pcom.edu](mailto:natashjri@pcom.edu)

Andre Watson, PsyD, Assistant Director of Student Affairs & Personal Support Counselor  
Phone: 215-871-6603; email: [andrewa@pcom.edu](mailto:andrewa@pcom.edu)

Danielle Bieber, MS, NCC, LPC Personal Support Counselor;  
Email: [daniellbi@pcom.edu](mailto:daniellbi@pcom.edu)

### **PCOM Georgia Counselor:**

Leanne Henry-Miller, LPC, MFT, Senior Associate Director of Counseling Phone: 678-225-7537; Email: [leannehe@pcom.edu](mailto:leannehe@pcom.edu)

Curnesia Bogans, LMFT, Personal Support Counselor; Phone: 470-387-7737  
Email: [curnesibo@pcom.edu](mailto:curnesibo@pcom.edu)

### **PCOM South Georgia Counselor:**

Christin Zipperer, LPC, NCC, Personal Support Counselor Phone: 229-668-3207;  
Email: [christizi@pcom.edu](mailto:christizi@pcom.edu)



## Internal Medicine - Cardiology

### DO 314

#### **Clerkship Description:**

The Core Clinical Clerkship in Cardiology provides the student with clinical exposure, observation and training to further their understanding of cardiology. Students focus on the basic care, treatment and diagnosis of cardiovascular illnesses in the adult patient to prepare for more advanced study of the discipline. Training emphasizes physician awareness, assessment, treatment, and acknowledgement of cardiovascular conditions.

**Credit:** 17 credits

#### **Clerkship Director:**

Jason Kaplan, DO,FACC, FASE, FACP [jasonka@pcom.edu](mailto:jasonka@pcom.edu)

#### **Clerkship Core Competencies:**

##### A. Osteopathic Principles and Practice (if applicable)

Goal: Integration and application of osteopathic principles into the diagnosis and management of patients.

Objectives: Observe and emulate osteopathic physicians caring for the whole patient. Note any difference in approach to common problems by osteopathic and allopathic physicians.

##### B. Patient Care:

Goal: Evaluate and develop appropriate treatment plans for patients with acute and chronic conditions as well as promote health maintenance and disease prevention.

Objectives: With oversight from the preceptor, develop a treatment plan for a patient's condition taking into account their medical history, physical exam findings, and expected outcome of the care plan. As allowed, participate directly in the care of the patient to appreciate the effectiveness of the treatment plan.

##### C. Medical Knowledge:

Goal: A thorough knowledge of the complex differential diagnoses and treatment options in cardiac disease medicine and the ability to integrate the applicable sciences with clinical experiences.

Objectives: Develop an awareness of your knowledge base through life experiences prior to osteopathic medical school, two years of didactic teaching, and experiences from previous clerkships. Expand that knowledge through this clerkship's experience including patient encounters, readings, lectures, and possibly teaching (other students and/or patients and their families).

D. Practice-Based Learning and Improvement:

Goal: Become committed to lifelong learning and scholarly pursuit for the betterment of patient care.

Objectives: Observe and emulate preceptors, attending physicians, residents, interns, other students, and even patients and their families furthering their education of cardiac disease medicine and how it impacts health maintenance and disease.

E. Interpersonal and Communication Skills:

Goal: Use clear, sensitive and respectful communication with patients, patients' families and members of the healthcare team.

Objectives: Become familiar with common modes of communication: face-to-face, telephonic, electronic, etc. Understand the appropriate mode to use during a given need to communicate. Appreciate the barriers to effective communication and develop the skills to overcome them.

F. Professionalism:

Goal: Adherence to principles of ethical conduct and integrity in dealing with patients, patients' families and members of the healthcare team.

Objectives: Observe and emulate professional behavior of preceptors. Develop a sense of pride in the osteopathic medicine field as well as the high standards of behavior all physicians are expected to have. Interact appropriately with members of the healthcare team by respecting their opinions, skills and actions. Work as a team and understand roles one may assume at different periods of training.

G. Systems-Based Practice:

Goal: Skills to lead health-care teams in the delivery of quality patient care using all available resources.

Objectives: Experience delivery of health care during the current clerkship, learning how the system works and the roles that provide it. Compare other systems during your training, and understand how your caring for the patient may differ based on the capabilities of different systems.

#### Documentation:

- Patients ≠ Encounters
- Encounter = clinically relevant interactions (talking to the patient or touching the patient) or observing a clinician patient-interaction in a teaching environment
- History (full or partial)
- Physical exam (full or partial)
- Procedures (observed, assisted, or performed with supervision)

**Patient Encounter** – an interaction with a patient where a medical procedure or treatment is provided and/or evaluation and management services are provided.

#### Recommended Patient Encounters:

Encounter List	Min. # Required	Encounter List	Min. # Required
Abdominal pain	1	Obstructive airway disease	1
Acid base disorder (Hyperkalemia & Hypokalemia - Fluid, Electrolyte)	1	Peripheral Vascular Disease	1
Acute coronary syndrome	2	Phlebotomy	1
Acute pulmonary embolus	1	Right atrial hypertrophy	1
Acute upper respiratory infections	3	Sinus bradycardia	1
Atrial fibrillation	2	Smoking cessation	1
Atrial flutter	2	Somatic Dysfunction	1
Atrioventricular block	1	CVA	1
Bundle branch block	1	Substance Abuse Disorder	1
Cardiac exam (murmur, CHF)	1	Surgery consult	1
Chest Pain, Cough, Dyspnea (Shortness of Breath)	5	Suturing	1
Congestive heart failure	1	Syncope	1
Coronary artery disease	1	Thoracic Outlet Syndrome	1
Digitalis effect	1	Thyroid disease	1
Dual chamber pacemaker with ICD	2	Torsade de pointes	1
EKG Interpretation	1	Transplant	1
Geriatric	1	UTI	1

History & Physical Exam	2	Valvular heart disease	1
Hyperkalemia & Hypokalemia	1	Ventricular fibrillation	1
Hypertension	2	Ventricular hypertrophy	2
Left atrial hypertrophy	1	Ventricular pacemaker	2
Obesity	1	Ventricular tachycardia	2

#### Introduced/practiced:

- Give/receive patient handover

#### Expected to perform as requested or assigned:

- History and physical
- History of present illness
- Obtain past medical history
- Obtain family history
- Obtain personal and social history
- Review of systems
- Patient presentation
- Focused Exam (cardiovascular/ respiratory)
- Differential diagnosis
- Interpret lab tests
- Discuss orders/prescriptions
- Formulate treatment plan
- Demonstrate evidence-based medicine
- Collaborate as a team member
- Demonstrate appropriate behaviors of a physician

#### **Entrustable Professional Activities:**

The following physician activities are expected of new residents and should be practiced during the Cardiology clerkship:

- EPA 1: Gather a history and perform a physical exam
- EPA 2: Prioritize a differential diagnosis following a clinical encounter
- EPA 3: Recommend and interpret common diagnostic and screening procedures
- EPA 5: Document a clinical encounter in the patient record
- EPA 6: Provide an oral presentation of a clinical encounter
- EPA 7: Form clinical questions and retrieve evidence to advance patient care
- EPA 9: Collaborate as a member of an inter-professional team
- EPA 12: Perform general procedures of a physician

#### **General Clerkship Objectives:**

##### Patient Care

- Learn how to take a good history, i.e., dyspnea, orthopnea, chest pain claudication, and to perform a focused physical examination, i.e., heart sounds, gallops, edema, and crackles.
- Understand pathophysiology and principles of treatment for heart failure, cardiogenic shock, arrhythmias, angina, infarction, valvular heart disease, hypertension, cardiomyopathies, and

pulmonary embolus. Develop sound fundamentals of care in the ICU, learning to monitor arrhythmias and hemodynamics of critically ill patients.

- Be familiar with lifestyle changes and preventive care, including weight reduction, low fat diet, smoking cessation, exercise, and prescription drugs.

## **REQUIRED TEXTBOOKS**

Harrison's Textbook of Internal Medicine

## **Recommend Resource**

ECG Library: <https://ecglibrary.com/ecghome.php>

## **Online Blended Learning**

Beginning with Block #2 of the clinical academic year 2024-2025, this clerkship shall have the following mandatory online blended learning requirements:

1. Weekly 60-90 minute active learning sessions, dates and times to be determined by the Clerkship Director and Online Blended Learning Preceptor.
  - a. All cameras will be required to be turned on for each session.
  - b. Students shall be excused by the Office of Clinical Education for any major life event, illness, mandated clerkship obligation from your preceptor, (such as rounds, surgeries, laboring/delivering patients, on site educational activities, and other necessary patient care responsibilities), as long as proper documentation is furnished for the excused absence. Students excused for a live session are required to watch the recording of the session in its entirety.
2. Completion of 75 questions in the approved question bank per week.
3. Mandatory completion of weekly 25 question quizzes in weeks #1,2,& 3.

All of these components of the online blended learning curriculum must be completed at the satisfaction of the faculty member. Failure to satisfy these requirements shall result in a "Incomplete Clerkship", which could result in failure of the Clerkship and referral to the SPEC committee.

## **Grading Policy**

A clerkship is completed when the student has satisfactorily completed: the entire scheduled clerkship, including any excused absences beyond those allowed and/or any unexcused absences which must be made up; all assignments; patient/procedure logs (if required); the COMAT exam (if required); and, has demonstrated competent professionalism behaviors.

The Internal Medicine COMAT exam will be taken after completing : the Internal Medicine Core Clerkship, the Internal Medicine Cardiology and/or Ambulatory Clerkship, and Internal Medicine Subspecialty Clerkship (total three blocks). The COMAT score will be part of the Internal Medicine Core Clerkship grade.

The final grade for the IM Cardiology and/or IM Ambulatory Care and IM Subspecialty Clerkship is determined by the preceptor evaluation and other required aspects described for a clerkship to be completed.

- Blended/Online content is included in this rotation. All Blended Learning assignments must be completed in their entirety. Failure to satisfactorily complete assignments will impact the final grade.
- Preceptor Evaluation. Each competency will be evaluated in several (2-3) areas. The means of each competency will be used. Example: For the Patient Care competency, students are evaluated in the areas of history taking and physical exams. Scores of 4 and 5 will be averaged and 4.5 will be added to other competency means. The maximum score = 35.<sup>[1]</sup>
  - Pass = 21-27
  - High Pass = 28-31
  - Honors = 32 or greater

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<sup>[1]</sup> Note: If fewer than 7 competencies are scored by the preceptor, an adjusted scale will be used.

- Students with less than 21 points (the minimum passing score) will be reviewed and with no COMAT:
  - A student who scores less than 3 points per evaluation competency on the clerkship evaluation, i.e. < 21 points for 7 competencies, will meet with the Associate Dean of Clinical Education to discuss remediation strategies. Remediation strategies may include repeating the clerkship.
  - A student who scores less than 3 points in any competency will meet with the Associate Dean of Clinical Education.
- Clerkship failure – a student who:
  - Does not meet the minimum requirements for passing a clerkship based on the preceptor evaluation
  - Does not meet all expectations for a “complete” clerkship
  - Is dismissed by a preceptor from a scheduled clerkship
  - Does not show up for a scheduled clerkship as scheduled either at the beginning or during the clerkship without appropriate approval from the Office of Clinical Education and the preceptor.
- Any COMAT score below 90 will result in an exam failure. The exam must be retaken within 45 days from the end of the clerkship. The maximum grade for a repeated COMAT will be a Pass.
- Any student with 2 clerkship failures will be referred to SPEC for review.
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Andre Watson, PsyD, Assistant Director of Student Affairs & Personal Support Counselor  
Phone: 215-871-6603; email: [andrewa@pcom.edu](mailto:andrewa@pcom.edu)

Danielle Bieber, MS, NCC, LPC Personal Support Counselor;  
Email: [daniellbi@pcom.edu](mailto:daniellbi@pcom.edu)

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**PCOM South Georgia Counselor:**

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



## Obstetrics and Gynecology DO 315

### **Clerkship Description:**

The Core Clinical Clerkship in Obstetrics & Gynecology provides the student with clinical exposure, observation and training to further their understanding of Obstetrics and Gynecology. Students are introduced to the principles of caring for the OB/GYN patient and participate in the various stages of evaluation and treatment of patients. Students will begin to understand the general process of the application of OB/GYN specific therapies to patients in a wide variety of settings and participate as a member of a multidisciplinary team for patient care.

**Credit:** 17 credits

### **Clerkship Director:**

Joanne M. Kakaty-Monzo, DO [Joanneka@pcom.edu](mailto:Joanneka@pcom.edu)

### **Goals and Objectives:**

By the end of this rotation, the student will:

1. Learn how to take a specific Gynecologic and Obstetrics history as part of a comprehensive history of a patient.
2. Learn the basics of a Gynecologic and Obstetrics physical examination.
3. Develop a differential diagnosis based on specific historical facts and physical examination findings.
4. Gain an understanding of how to evaluate and treat non-obstetric complaints in a pregnant patient.
5. Learn about basic postpartum problems such as breastfeeding, bleeding, episiotomies and learn how to diagnose and treat them.
6. Learn routine Gynecologic care and counseling for contraception, menopause, abnormal bleeding, sexuality and pelvic pain.
7. Demonstrate respect for self, staff/coworkers, patients and the patient's right to confidentiality.
8. Work through the Mandatory Assignment Checklist and Attestation provided on line.

### **Clerkship Core Competencies:**

A. Osteopathic Principles and Practice (if applicable)

Goal: Integration and application of osteopathic principles into the diagnosis and management of patient care.

Objectives: Observe and emulate osteopathic physicians caring for the whole patient. OPP need not involve manipulation. Note any difference in approach to common problems by osteopathic and allopathic physicians (much as internal medicine and surgical specialties may approach common problems differently).

B. Patient Care:

Goal: Evaluate and develop appropriate treatment plans for patients with acute and chronic conditions as well as promote health maintenance and disease prevention.

Objectives: With oversight from the preceptor, develop a treatment plan for a patient's condition taking into account their medical history, physical exam findings, and expected outcome of the care. As allowed, participate directly in the care of the patient to appreciate its effectiveness.

C. Medical Knowledge:

Goal: A thorough knowledge of the complex differential diagnoses and treatment options in Obstetrics and Gynecology and the ability to integrate the applicable sciences with clinical experiences.

Objectives: Develop an awareness of your knowledge base through life experiences prior to osteopathic medical school, two years of didactic teaching, and experiences from previous clerkships. Expand that knowledge through this clerkship's experience including patient encounters, readings, lectures, and possibly teaching other students and/or patients and their families.

D. Practice-Based Learning and Improvement:

Goal: Become committed to lifelong learning and scholarly pursuit for the betterment of patient care.

Objectives: Observe and emulate preceptors, attending physicians, residents, interns, and other students. Educate patients and their families furthering their knowledge of obstetrics and gynecology and how it impacts health maintenance and disease.

E. Interpersonal and Communication Skills:

Goal: Use clear, sensitive and respectful communication with patients, patients' families and members of the healthcare team.

Objectives: Become familiar with common modes of communication: face-to-face, telephonic, electronic, etc. Understand the appropriate mode to use during various clinical situations. Appreciate the barriers to effective communication and develop the skills to overcome them.

F. Professionalism:

Goal: Adherence to principles of ethical conduct and integrity in dealing with patients, patients' families and members of the health care team.

Objectives: Observe and emulate professional behavior of preceptors. Develop a sense of pride in the osteopathic medicine field as well as in the high standards of behavior all physicians are expected to have. Interact appropriately with members of the healthcare team by respecting their opinions, skills and actions. Work as a team and understand roles one may assume at different periods of training.

G. Systems-Based Practice:

Goal: Skills to lead health-care teams in the delivery of quality patient care using all available resources.

Objectives: Experience delivery of healthcare during the current clerkship, learning how the system works and the roles that provide it. Compare other systems during your training, and understand how your caring for the patient may differ based on the capabilities of different systems.

**Documentation:**

- Patients ≠ Encounters
- Encounter = clinically relevant interactions (talking to the patient or touching the patient) or observing a clinician patient-interaction in a teaching environment
- History (full or partial)
- Physical exam (full or partial)
- Procedures (observed, assisted, or performed with supervision)
- May log non-patient care activities in the Case Logs such as presentations, lectures, IPE, etc.

**Patient Encounter** – an interaction with a patient where a medical procedure or treatment is provided and/or evaluation and management services are provided.

**Expected Essential Skills for the Obstetrics and Gynecology Clerkship:**

Introduced/practiced

- Give/receive patient handover

Expected to perform

<ul style="list-style-type: none"> <li>● History and physical</li> <li>● History of present illness</li> <li>● Obtain past medical history (including previous screenings)</li> <li>● Obtain family history</li> <li>● Obtain personal and social history</li> <li>● Review of systems</li> <li>● Obtain vital signs</li> <li>● Patient note/SOAP note</li> <li>● Patient presentation</li> <li>● Focused Exam (H&amp;N, ENT, cardiovascular/respiratory)</li> </ul>	<ul style="list-style-type: none"> <li>● Gloving/sterile technique</li> <li>● Differential diagnosis</li> <li>● Interpret lab tests</li> <li>● Discuss orders/prescriptions</li> <li>● Formulate treatment plan</li> <li>● Demonstrate evidence-based medicine</li> <li>● Collaborate as a team member</li> <li>● Demonstrate appropriate behaviors of a physician</li> <li>● Pelvic rock technique</li> </ul>
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Recommended Patient Encounters

Encounter List	Min. # Required	Encounter List	Min. # Required
Abdominal pain	1	Normal Spontaneous Vaginal Delivery	3
Amenorrhea/Dysmenorrhea	1	Obesity	1
Amniotomy	1	Obstructive airway disease	1
Anemia	1	Operative Note	1
Apgar Scoring	1	Pap Smear	2
Birth Control Counseling	1	Pelvic Exam (spec, bimanual & rectal)	2
Breast exam	1	Pelvic Pain	1
Catheter placement – female	1	Peripheral Vascular Disease	1
Cervical Cultures (wet prep)	1	Phlebotomy	1
Cervical or Vulvar Biopsies	1	Placement of Fetal Scalp Electrode	1
Cesarean Section	2	Placement of IUD	1
CNS, headache, irritability, seizures	1	Rash	1
D&C	1	Skin & soft tissue infection	1
Depression	1	Skin & Soft Tissue Lesions	1
Dermatitis	1	Non-Healing Lesions or Wounds	1
Diabetes Mellitus – Type 1 or 2 (Mellitus)	2	Smoking cessation	1
Dysuria	1	Somatic Dysfunction	1
Fetal Doppler for Heart Rate	1	STI	2

Fetal Growth Measurements (BPD, CRL, etc.)	1	CVA	1
Genetic Counseling	1	Substance Abuse Disorder	1
Gyn Surgery, Other Surgeries	1	Surgery consult	1
History & Physical Exam	2	Suturing	1
HIV infection	1	Syncope	1
Hypertension	1	Thyroid disease	1
Hysterectomy	1	Tubal Ligation	1
Laparoscopy	1	Ultrasound (Pelvic, Abdominal)	1
Menopause	1	UTI	2
Minimally Invasive Surgery	1	Vaginal bleeding	2
Mood Disorder	1	Vaginal Discharge	2
Nausea, vomiting, diarrhea, abdominal pain	1		

### Entrustable Professional Activities:

The following physician activities are expected of new residents should be practiced during the Obstetrics and Gynecology clerkship:

- EPA 1: Gather a history and perform a physical examination
- EPA 2: Prioritize a differential diagnosis following a clinical encounter
- EPA 3: Recommend and interpret common diagnostic and screening procedures
- EPA 4: Enter and discuss orders and prescriptions (as allowed)
- EPA 5: Document a clinical encounter in the patient record (as allowed)
- EPA 6: Provide an oral presentation of a clinical encounter
- EPA 7: Form clinical questions and retrieve evidence to advance patient care
- EPA 8: Give or receive a patient handover to transition care responsibility
- EPA 9: Collaborate as a member of an interprofessional team
- EPA 10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management
- EPA 11: Obtain informed consent for tests and/or procedures
- EPA 12: Perform general procedures of a physician
- EPA 13: Identify systems failures and contribute to a culture of safety and improvement

### Recommended Texts

Horsager R, SW Roberts, VL Rogers, PC Santiago-Munoz, KC Worley. 2019. *Williams Obstetrics Study Guide*, 25<sup>th</sup> edition. McGraw-Hill Publishers [ISBN-13: 978-12596420-6]

Werner CL, DL Richardson, SY Chang, WF Griffith, C Hamid, et al. 2016. *Williams Gynecology Study Guide*, 3<sup>rd</sup> edition. McGraw Hill Publishers [ISMB-13: 978-0071849944, ISBN-10: 9780071849944]

Toy EC, JT PJ Ross, B Baker, J Jennings. 2016. *Case Files Obstetrics and Gynecology*, 5<sup>th</sup> edition. McGraw-Hill Lange Publishers [ISBN-13: 978-0071848725 ISBN-10: 007184872X].

### **Online Blended Learning:**

Beginning with Block #2 of the clinical academic year 2024-2025, this clerkship shall have the following mandatory online blended learning requirements:

1. Weekly 60-90 minute active learning sessions, dates and times to be determined by the Clerkship Director and Online Blended Learning Preceptor.
  - a. All cameras will be required to be turned on for each session.
  - b. Students shall be excused by the Office of Clinical Education for any major life event, illness, mandated clerkship obligation from your preceptor, (such as rounds, surgeries, laboring/delivering patients, on site educational activities, and other necessary patient care responsibilities), as long as proper documentation is furnished for the excused absence. Students excused for a live session are required to watch the recording of the session in its entirety.
2. Completion of 75 questions in the approved question bank per week.
3. Mandatory completion of weekly 25 question quizzes in weeks #1,2,& 3.

All of these components of the online blended learning curriculum must be completed at the satisfaction of the faculty member. Failure to satisfy these requirements shall result in a "Incomplete Clerkship", which could result in failure of the Clerkship and referral to the SPEC committee.

### **Grading Policy**

A clerkship is completed when the student has satisfactorily completed: the entire scheduled clerkship, including any excused absences beyond those allowed and/or any unexcused absences which must be made up; all assignments; patient/procedure logs (if required); the COMAT exam (if required); and, has demonstrated competent professionalism behaviors.

The final grade for the Obstetrics and Gynecology clerkship is determined by the preceptor evaluation, the score on the Obstetrics and Gynecology COMAT and completion of all required assignments.

- Blended/Online content is included in this rotation. All Blended Learning assignments must be completed in their entirety. Failure to satisfactorily complete assignments will impact the final grade.
- Preceptor Evaluation. Each competency will be evaluated in several (2-3) areas. The means of each competency will be used. Example: For the Patient Care competency, students are evaluated in the areas of history taking and physical exam. Scores of 4 and 5 will be averaged

and 4.5 will be added to other competency means. The maximum score = 35.<sup>[1]</sup>

- The Evaluation Score will be added to the COMAT score to determine the grade. Should all 7 competencies be graded by the Preceptor, the following total score shall represent the final clerkship grade:
  - Pass = 111
  - High Pass = 135-142
  - Honors = 143 or greater
- Students with less than 21 points (or the minimum passing score) in clerkships that are in patient settings or virtual will be reviewed and with no COMAT:
  - A student who scores less than 3 points per evaluation competency on the clerkship evaluation, i.e. < 21 points for 7 competencies, will meet with the Associate Dean of Clinical Education to discuss remediation strategies. Remediation strategies may include repeating the clerkship.
  - A student who scores less than 3 points in any competency will meet with the Associate Dean of Clinical Education

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<sup>1</sup> Note: If fewer than 7 competencies are scored by the preceptor, an adjusted scale will be used.

- Clerkship failure – a student who:
  - Does not meet the minimum requirements for passing a clerkship based on the preceptor evaluation.
  - Does not meet all expectations for a “complete” clerkship.
  - Is dismissed by a preceptor from a scheduled clerkship.
  - Does not show up for a scheduled clerkship as scheduled either at the beginning or during the clerkship without appropriate approval from the Office of Clinical Education and the preceptor.
- A COMAT score below 90 will result in exam failure. The exam must be retaken within 45 days from the end of the clerkship. The maximum grade for a repeated COMAT will be a Pass.
- Any student with 2 clerkship failures will be referred to SPEC for review.
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## Pediatrics DO 316

### **Clerkship Description:**

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 of the student's 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.

**Credit:** 17 credits

### **Clerkship Director:**

Larissa Dominy, DO [drdominy@pandabearpediatrics.com](mailto:drdominy@pandabearpediatrics.com)

### **Goals and Objectives:**

By the end of this rotation, the student will:

1. Gain familiarity with the specialty of Pediatrics.
2. Understand this phase of a patient's life and the age specific diseases and risks in the pediatric population as part of a holistic, comprehensive approach to the entire life of the patient in true Osteopathic tradition and philosophy.
3. Learn the basics of Pediatrics and caring for children.
4. Develop the ability to effectively communicate with caregivers to obtain an accurate history and explain treatment plans.
5. Take part in face-to-face clinical encounters with pediatric patients and their caregivers.
6. Learn how to safely examine a Pediatric patient of any age.
7. Apply didactic education topics to the clinical setting.
8. Participate in eLearning activities and all course requirements as described in the 3rd Year Pediatric Rotation Requirements.

## **Clerkship Core Competencies:**

### **A. Osteopathic Principles and Practice**

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

Objectives: The student will:

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

### **B. 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.

Objectives: The student will:

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

### **C. 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.

Objectives: The student will:

1. Understand the relationship between the basic and clinical sciences as it applies to Pediatrics.
2. Apply their knowledge in the basic and clinical sciences to the care of Pediatric patients.
3. Demonstrate the ability to assess a Pediatric patient and differentiate the need for urgent versus non-urgent care.

4. Utilize knowledge and clinical skills, when appropriate, to assist with the diagnosis and treatment of the patient.
5. Employ viable treatment plans within the confines of clinical data available, and within the socioeconomic capability of the Pediatric patient and/or family.
6. Develop an appreciation for the impairments, disabilities and complications possibly encountered by the patient.

#### D. Practice Based Learning and Improvement

Goal: Students will practice evidence-based medicine.

Objectives: The student will:

1. Facilitate and support his/her education by reading current journal publications and utilizing information technology to expand the student's investigative knowledge base of Pediatric care.
2. Assess, apply and assimilate investigative knowledge to improve Pediatric patient care.

#### E. Interpersonal and Communication Skills

Goal: Students will establish effective and ethically sound relationships with Pediatric patients, their families, as well as faculty, staff, and peers to provide quality healthcare.

Objectives: The student will:

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

#### F. 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.

Objectives: The student will:

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

#### G. Systems-Based Practice

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

Objectives: The student will:

1. Recognize the role of the Pediatrician as a member and coordinator of the healthcare delivery team.
2. Recognize social and economic factors that affect patient care.
3. 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.
4. Practice quality, cost-effective healthcare.
5. Realize the Pediatrician's role in the community and society.

**Documentation:**

- Patients ≠ Encounters
- Encounter = clinically relevant interactions (talking to the patient or touching the patient) or observing a clinician patient-interaction in a teaching environment
- History (full or partial)
- Physical exam (full or partial)
- Procedures (observed, assisted, or performed with supervision)
- May log non-patient care activities in the Case Logs such as presentations, lectures, IPE, etc.

**Patient Encounter** – an interaction with a patient where a medical procedure or treatment is provided and/or evaluation and management services are provided.

**Expected Essential Skills for the Pediatrics Clerkship:**

Introduced/practiced

- Give/receive patient handover

Expected to perform

- |                                      |  |
|--------------------------------------|--|
| • History and physical               | • Gloving  |
| • History of present illness         | • Differential diagnosis                           |
| • Obtain past medical history        | • Interpret lab tests                              |
| • Obtain family history              | • Discuss orders/prescriptions                     |
| • Obtain personal and social history | • Formulate treatment plan                         |
| • Review of systems                  | • Demonstrate evidence-based medicine              |
| • Obtain vital signs                 | • Collaborate as a team member                     |
| • Patient note/SOAP note             | • Demonstrate appropriate behaviors of a physician |
| • Patient presentation               |  |
| • Focused Exam (H&N, ENT,            |  |

cardiovascular/respiratory)

Recommended Patient Encounters

Encounter List	Min. # Required	Encounter List	Min. # Required
Acute upper respiratory infections	3	Medial/lateral Epicondylitis of the elbow	1
Adolescent health visit	3	Mood Disorder	1
Anemia	1	Nausea, vomiting, diarrhea, abdominal pain	2
Anxiety/depression	1	Neurological exam	1
Anxiety Disorder	1	Nutritional concerns by parent or physician	2
Apgar Scoring	1	Obesity	2
Asthma	1	Orthopedic injury	1
Cough/wheeze	2	Otalgia/Otitis Media	1
Chronic disease	1	Pediatric Surgery	1
CNS, headache, irritability, seizures	1	Phlebotomy	1
Depression	1	Rash	2
Dermatitis	2	Respiratory Distress	1
Diabetes Mellitus – Type 1 or 2 (Mellitus)	2	School-aged health visit	2
Dysuria	1	Skin & soft tissue infection	1
Endocrine disorder	1	Skin & Soft Tissue Lesions	1
Epigastric pain	1	Non-Healing Lesions or Wounds	1
Fever	2	Skin survey	1
Gastroenteritis	1	Smoking cessation	1
GERD/PUD	1	Sore throat	2
History & Physical Exam	2	Somatic Dysfunction	1
Immunization counseling	1	STI	1
Infant well check	2	Substance Abuse Disorder	1
Issues of behavior	1	Surgery consult	1
Issues of development	1	Suturing	1
Issues of growth	1	Syncope	1
Jaundice – newborn	1	Thyroid disease	1
Lumbar Radiculopathy (Low back pain)	1	Toddler health visit	2
Lumbar puncture	1	UTI	1
Lung exam (pneumonia)	1	Valvular heart disease	1

## **Recommended Texts**

Marc Dante K and RM Kliegman. 2015. Nelson Essentials of Pediatrics, 7<sup>th</sup> edition, Elsevier Publisher.

Toy EC. 2016. Case Files: Pediatrics, 5<sup>th</sup> Edition. McGraw-Hill Publisher.

## **Online Blended Learning:**

Beginning with Block #2 of the clinical academic year 2024-2025, this clerkship shall have the following mandatory online blended learning requirements:

1. Weekly 60-90 minute active learning sessions, dates and times to be determined by the Clerkship Director and Online Blended Learning Preceptor.

a. All cameras will be required to be turned on for each session.

b. Students shall be excused by the Office of Clinical Education for any major life event, illness, mandated clerkship obligation from your preceptor, (such as rounds, surgeries, laboring/delivering patients, on site educational activities, and other necessary patient care responsibilities), as long as proper documentation is furnished for the excused absence. Students excused for a live session are required to watch the recording of the session in its entirety.

2. Completion of 75 questions in the approved question bank per week.

3. Mandatory completion of weekly 25 question quizzes in weeks #1,2,& 3.

All of these components of the online blended learning curriculum must be completed at the satisfaction of the faculty member. Failure to satisfy these requirements shall result in a "Incomplete Clerkship", which could result in failure of the Clerkship and referral to the SPEC committee.

## **Grading Policy:**

A clerkship is completed when the student has satisfactorily completed the entire scheduled clerkship, including any excused absences beyond those allowed and/or any unexcused absences which must be made up; all assignments; patient/procedure logs; the COMAT exam (if required); and has demonstrated competent professionalism behaviors.

The final grade for the Pediatrics clerkship is determined by the preceptor evaluation, the score on the Pediatrics COMAT and completion of all required assignments.

- Blended/Online content is included in this rotation. All Blended Learning assignments must be completed in their entirety. Failure to satisfactorily complete assignments will impact the final grade.
- Preceptor Evaluation. Each competency will be evaluated in several (2-3) areas. The means of each competency will be used. Example: For the Patient Care competency, students are evaluated in the areas of history taking and physical exam. Scores of 4 and 5 will be averaged

and 4.5 will be added to other competency means. The maximum score = 35.<sup>[1]</sup>

- The Evaluation Score will be added to the COMAT score to determine the grade. Should all seven competencies be graded by the Preceptor, the following total score shall represent the final clerkship grade:
  - Pass = 111
  - High Pass = 133 - 142
  - Honors = 143 or greater
- Students with less than 111 points (or the minimum passing score) will be reviewed and with no COMAT:
  - A student who scores less than 3 points per evaluation competency on the clerkship evaluation, i.e. < 21 points for 7 competencies, will meet with the Associate Dean of Clinical Education to discuss remediation strategies. Remediation strategies may include repeating the clerkship.

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<sup>[1]</sup> Note: If fewer than 7 competencies are scored by the preceptor, an adjusted scale will be used.

- A student who scores less than 3 points in any competency will meet with the Associate Dean of Clinical Education.
- Clerkship failure – a student who:
  - Does not meet the minimum requirements for passing a clerkship based on the preceptor evaluation.
  - Does not meet all expectations for a “complete” clerkship.
  - Is dismissed by a preceptor from a scheduled clerkship.
  - Does not show up for a scheduled clerkship as scheduled either at the beginning or during the clerkship without appropriate approval from the Office of Clinical Education and the preceptor.
- A COMAT score below 90 will result in failure of the exam. The exam must be retaken within 45 days from the end of the clerkship.
- The maximum grade for a repeated COMAT will be a Pass.
- Any student with 2 clerkship failures will be referred to SPEC for review.
- For additional information, refer to the Clinical Clerkship Manual.

**Disclaimer:**

The syllabus is a guide, not a contract. Elements within the syllabus can change with notice during the course as deemed necessary by the course/clerkship directors.

**Diversity, Equity, and Inclusion:**



PCOM course directors and faculty are committed to supporting students and fostering an environment that is both culturally sensitive and responsive to Diversity, Equity and Inclusion in the curriculum. Students are encouraged to play an active role in creating an academic atmosphere that advocates for Diversity, Equity, and Inclusion within the PCOM community and the classroom. The commitment to Diversity, Equity, and Inclusion from the faculty, staff, and students will contribute to producing PCOM graduates that are prepared to treat all people with culturally appropriate respect and to provide their patients/clients with the highest level of care.

Student suggestions for improvement in DEI-related curricular content may be shared through a variety of channels including communicating your thoughts, concerns and ideas to your Class Representatives; to the Curriculum Committee; to the Course Director or Faculty; or to the Assistant Dean of Health Equity Integration.

### **Mental Health Resources:**

PCOM provides mental health services and resources to support the academic success and wellbeing of students. Counseling Resources are available on and off campus at no cost to the student. Students should utilize the following website to access support services:

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



## Psychiatry DO 317

### **Clerkship Description:**

The Core Clinical Clerkship in Psychiatry is a four-week rotation that affords third-year medical students the opportunity to learn about the clinical presentations, differential diagnosis, and treatment plans related to the field of Psychiatry within a variety of clinical settings, amongst a diverse community of patients and healthcare professionals. While on the Psychiatry Clerkship, the education of the student 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 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.

### **Clerkship Director:**

(TBD)

**Credit:** 17 credits

### **Goals and Objectives:**

By the end of this rotation, the student will:

1. Utilize online tools in combination with in person training on rotation.
2. Learn how to safely and successfully perform a history and physical examination on a patient with a psychiatric disorder.
3. Understand the sensitive nature of various stressors that create problems for people throughout life.
4. Become comfortable discussing difficult issues with patients and display non-judgmental demeanor.
5. Learn how to recognize a potentially problematic encounter with escalating behavior that could lead to violent behavior.
6. Detect clinical features of psychopathology with a sample patient interview.
7. Formulate and analyze psychiatric differential diagnosis through a psychiatric evaluation note.
8. Design a psychiatric treatment plan with psychopharmacology and/or therapy orders and appropriate referrals.

9. Develop a work-up, differential diagnosis, assessment and plan utilizing a problem-based learning approach.
10. Show respect for the diversity that exists among students, faculty and patients in regard to disability, social background, age, gender, religious beliefs, race, sexual orientation and particular disease process.

#### **Clerkship Core Competencies:**

##### **A. Osteopathic Principles and Practice (if applicable)**

Goal: Integration and application of osteopathic principles into the diagnosis and management of the patient.

Objectives: Observe and emulate osteopathic physicians caring for the whole patient. OPP need not involve manipulation. Note any difference in approach to common problems by osteopathic and allopathic physicians (much as internal medicine and surgical specialties may approach common problems differently).

##### **B. Patient Care:**

Goal: Evaluate and develop appropriate treatment plans for patients with acute and chronic conditions as well as promote health maintenance and disease prevention.

Objectives: With oversight from the preceptor, develop a treatment plan for a patient's condition taking into account their medical history, physical exam findings, and expected outcome of the care. As allowed, participate directly in the care of the patient to appreciate its effectiveness.

##### **C. Medical Knowledge:**

Goal: A thorough knowledge of the complex differential diagnoses and treatment options in psychiatry and the ability to integrate the applicable sciences with clinical experiences.

Objectives: Develop an awareness of your knowledge base through life experiences prior to osteopathic medical school, two years of didactic teaching, and experiences from previous clerkships. Expand that knowledge through this clerkship's experience, including patient encounters, readings, lectures, and possibly teaching (other students and/or patients and their families).

##### **D. Practice-Based Learning and Improvement:**

Goal: Become committed to lifelong learning and scholarly pursuit for the betterment of patient care.

Objectives: Observe and emulate preceptors, attending physicians, residents, interns and other students. Educate patients and their families furthering their education of psychiatry and how it impacts health maintenance and disease.

#### E. Interpersonal and Communication Skills:

Goal: Use clear, sensitive and respectful communication with patients, patients' families and members of the health care team.

Objectives: Become familiar with common modes of communication: face-to-face, telephonic, electronic, etc. Understand the appropriate mode to use during various clinical situations to communicate. Appreciate the barriers to effective communication and develop the skills to overcome them.

#### F. Professionalism:

Goal: Adherence to principles of ethical conduct and integrity in dealing with patients, patients' families and members of the healthcare team.

Objectives: Observe and emulate professional behavior of preceptors. Develop a sense of pride in the osteopathic medicine field as well as in the high standards of behavior all physicians are expected to have. Interact appropriately with members of the healthcare team by respecting their opinions, skills, and actions. Work as a team and understand roles one may assume at different periods of training.

#### G. Systems-Based Practice:

Goal: Skills to lead health-care teams in the delivery of quality patient care using all available resources.

Objectives: Experience delivery of healthcare during the current clerkship, learning how the system works and the roles that provide it. Compare other systems during your training, and understand how your caring for the patient may differ based on the capabilities of different systems.

#### **Documentation:**

- Patients ≠ Encounters
- Encounter = clinically relevant interactions (talking to the patient or touching the patient) or observing a clinician patient-interaction in a teaching environment
- History (full or partial)
- Physical exam (full or partial)
- Procedures (observed, assisted, or performed with supervision)

- May log non-patient care activities in the Case Logs such as presentations, lectures, Opioid education certification, IPE, etc.

**Patient Encounter** – an interaction with a patient where a medical procedure or treatment is provided and/or evaluation and management services are provided.

Recommended Patient Encounters

Encounter List	Min. # Required
Anxiety/depression	1
Anxiety disorder	1
Cognitive disorder	1
Depression	1
Geriatric	1
Issues of behavior	1
Mood Disorder	2
Obesity	1
Psychotic disorder	2
Skin survey	1
Sinus bradycardia	1
Smoking cessation	1
Somatic Dysfunction	1
Substance Abuse Disorder	2
Surgery consult	1
Syncope	1
Thyroid disease	1

**Expected Essential Skills for the Psychiatry Clerkship:**

Expected to perform as requested or assigned

- History and physical
- History of present illness
- Obtain past medical history
- Obtain family history
- Obtain personal and social history
- Review of systems
- Patient presentation
- Focused Exam, if warranted (H&N, ENT, cardiovascular/ respiratory)
- Mental status exam
- Differential diagnosis
- Interpret lab tests
- Discuss orders/prescriptions
- Formulate treatment plan
- Demonstrate evidence-based medicine
- Collaborate as a team member
- Demonstrate appropriate behaviors of a physician

## **Entrustable Professional Activities**

The following physician activities are expected of new residents and should be practiced during the Psychiatry clerkship:

- EPA 1: Gather a history and perform a physical examination
- EPA 2: Prioritize a differential diagnosis following a clinical encounter
- EPA 5: Document a clinical encounter in the patient record (as allowed)
- EPA 6: Provide an oral presentation of a clinical encounter
- EPA 7: Form clinical questions and retrieve evidence to advance patient care
- EPA 9: Collaborate as a member of an interprofessional team

## **Recommended Texts**

Toy EC, DL Klamen. 2020. *Case Files Psychiatry*, 6<sup>th</sup> edition. McGraw-Hill Publishers.

Ganti,L., Kaufman,M., Blitzstein, M. 2021. *First Aid for the Psychiatry Clerkship*, 6<sup>th</sup> edition. McGraw-Hill Publishers.

Boland, R, Verduin, M. (2024). *Kaplan and Sadock's Textbook of Psychiatry*. 11th Edition. Wolters Kluwer Publishers.

McVoy, M., Stepanova, E., Findling, R.L. (2024)*Clinical Manual of Child and Adolescent Psychopharmacology*, Fourth Edition, APA Publishers, Washington, D.C.

Roberts, L.W. (2019) *Textbook of Psychiatry*, Seventh Edition, The American Psychiatric Association Publishers.

## **Online Blended Learning:**

Beginning with Block #2 of the clinical academic year 2024-2025, this clerkship shall have the following mandatory online blended learning requirements:

1. Weekly 60-90 minute active learning sessions, dates and times to be determined by the Clerkship Director and Online Blended Learning Preceptor.
  - a. All cameras will be required to be turned on for each session.
  - b. Students shall be excused by the Office of Clinical Education for any major life event, illness, mandated clerkship obligation from your preceptor, (such as rounds, surgeries, laboring/delivering patients, on site educational activities, and other necessary patient care responsibilities), as long as proper documentation is furnished for the excused absence. Students excused for a live session are required to notify the Clerkship Director and Online Blended Learning Preceptor in advance of the active learning session(s) and complete an assignment as assigned in lieu of the active learning sessions which

might include watching a recording or participating in an appropriate alternative activity as designated by the Clerkship Director and Online Blended Learning Preceptor.

2. Completion of 75 questions in the approved question bank per week.
3. Mandatory completion of weekly 25 question quizzes in weeks #1,2,& 3.

All of these components of the online blended learning curriculum must be completed at the satisfaction of the faculty member. Failure to satisfy these requirements shall result in a "Incomplete Clerkship", which could result in failure of the Clerkship and referral to the SPEC committee.

### **Grading Policy**

A clerkship is completed when the student has satisfactorily completed the entire scheduled clerkship, including any excused absences beyond those allowed and/or any unexcused absences which must be made up; all assignments; patient/procedure logs; the COMAT exam (if required); and has demonstrated competent professionalism behaviors.

The final grade for the Psychiatry clerkship is determined by the preceptor evaluation, the score on the Psychiatry COMAT, as well as participation and completion of the Online Blended Learning Curriculum.

- Blended/Online content is included in this rotation. All Blended Learning assignments must be completed in their entirety. Failure to satisfactorily complete assignments will impact the final grade.
- Preceptor Evaluation. Each competency will be evaluated in several (2-3) areas. The means of each competency will be used. Example: For the Patient Care competency, students are evaluated in the areas of history taking and physical exam. Scores of 4 and 5 will be averaged and 4.5 will be added to other competency means. The maximum score = 35.<sup>[1]</sup>

---

<sup>1</sup> Note: If fewer than 7 competencies are scored by the preceptor, an adjusted scale will be used.

- The Evaluation Score will be added to the COMAT score to determine the grade. Should all 7 competencies be graded by the Preceptor, the following total score shall represent the final clerkship grade:
  - Pass = 111
  - High Pass = 134-141
  - Honors = 142 or greater
- A COMAT score below 90 will result in exam failure. The exam must be retaken within 45 days from the end of the clerkship.
- The maximum grade for a repeated COMAT will be a Pass.
- For additional information, refer to the Clinical Clerkship Manual.

**Disclaimer:** The syllabus is a guide, not a contract. Elements within the syllabus can change with notice during the course as deemed necessary by the course/clerkship directors.

### **Diversity, Equity, and Inclusion:**

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Student suggestions for improvement in DEI-related curricular content may be shared through a variety of channels including communicating your thoughts, concerns and ideas to your Class Representatives; to the Curriculum Committee; to the Course Director or Faculty; or to the Assistant Dean of Health Equity Integration.

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## General Surgery DO 319

### **Clerkship Description:**

The Core Clinical Clerkship in Surgery is a four-week rotation in which students are introduced to the principles of surgery and its purpose in medical care delivery. The rotation consists of exposure to surgical practice, demonstrating the indications for, and the integration of, surgery with other medical disciplines. The rotation will use multiple modalities and venues to deliver a comprehensive surgical experience. From ward rounds to the operating room, and relying on didactic presentations and self-directed learning, the student will become familiar with potentialities and drawbacks of surgical therapy. Supplementing this “in-person” experience, the student will participate in a reinforcing on-line exercise to further solidify their required surgical knowledge.

**Credit:** 17 credits

### **Clerkship Director:**

Arthur Sesso, DO [ArthurSe@pcom.edu](mailto:ArthurSe@pcom.edu)

### **Goals and Objectives:**

By the end of this rotation, the student will:

1. Learn, review, and reinforce the basic knowledge base for a general surgery practice.
2. Accurately assess the patient presenting with a surgical complaint.
3. Complete an appropriate work-up of the surgical patient including a history and physical exam, as well as ordering and reviewing appropriate laboratory and imaging studies.
4. Make appropriate treatment recommendations, both surgical and non-surgical, in the surgical patient.
5. Incorporate osteopathic principles and practices in the management and care of the surgical patient.
6. Contribute to the ongoing education and academic endeavors of your student peers as well as clerkship preceptors and mentors.
7. Prepare for the end of rotation COMAT exam, as well as future COMLEX examinations.

### **Clerkship Core Competencies:**

- A. Osteopathic Principles and Practices

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

Objectives: The student will:

1. Recognize that the Osteopathic philosophy is applicable to patients on a General Surgery service.
2. Identify those General Surgery 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 families about the Osteopathic philosophy.

#### B. 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:

1. Recognize the General Surgery patient's motivation(s) for seeking care.
2. Assess the type and level of care needed for the particular encounter.
3. Project empathy.
4. Encourage General Surgery patients to seek continuing medical care at appropriate intervals.
5. Utilize appropriate health maintenance screening protocols.
6. Provide anticipatory healthcare.

#### C. 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 Surgery.

Objectives: The student will:

1. Understand the relationship between the basic and clinical sciences as it applies to individual General Surgery patients.
2. Apply their knowledge in the basic and clinical sciences to the care of their General Surgery patients.
3. Demonstrate the ability to assess a patient and differentiate the need for urgent versus non-urgent care.
4. Utilize knowledge and technical skills, when appropriate, to assist with the diagnosis and treatment of a General Surgery patient.
5. Employ viable treatment plans within the confines of clinical data available, and within the socioeconomic capability of the patient and/or family.
6. Develop an appreciation for the impairments, disabilities and complications possibly encountered by the surgical patient.

#### D. Practice Based Learning and Improvement

Goal: Students will practice evidence-based medicine.

Objectives: The student will:

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

#### E. 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:

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

#### F. 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:

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

#### G. Systems-Based Practice

Goal: Students will effectively integrate ancillary healthcare resources and appropriately utilize business systems for optimal care of their General Surgery patient care.

Objectives: The student will:

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

**Documentation:**

- Patients ≠ Encounters
- Encounter = clinically relevant interactions (talking to the patient or touching the patient) or observing a clinician patient-interaction in a teaching environment
- History (full or partial)
- Physical exam (full or partial)
- Procedures (observed, assisted, or performed with supervision)

**Patient Encounter** – an interaction with a patient where a medical procedure or treatment is provided and/or evaluation and management services are provided.

### Expected Essential Skills for the Surgery Clerkship:

#### Introduced/practiced

- Give/receive patient handover

#### Expected to perform

<ul style="list-style-type: none"> <li>● History and physical</li> <li>● History of present illness</li> <li>● Obtain past medical history</li> <li>● Obtain family history</li> <li>● Obtain personal and social history</li> <li>● Review of systems</li> <li>● Obtain vital signs</li> <li>● Focused Exam (H&amp;N, ENT, cardiovascular/respiratory)</li> <li>● Gloving/sterile technique</li> </ul>	<ul style="list-style-type: none"> <li>● Patient note/SOAP note</li> <li>● Patient presentation</li> <li>● Differential diagnosis</li> <li>● Interpret lab tests</li> <li>● Discuss orders/prescriptions</li> <li>● Formulate treatment plan</li> <li>● Demonstrate evidence-based medicine</li> <li>● Collaborate as a team member</li> <li>● Demonstrate appropriate behaviors of a physician</li> </ul>
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#### Recommended Patient Encounters

Encounter List	Min. # Required	Encounter List	Min. # Required
Abdominal pain	3	Liver diseases	1
Abdominal Surgery	2	Minimally Invasive Surgery	1
Acid base disorder (Fluid, Electrolyte)	1	Nausea, vomiting, diarrhea, abdominal pain	1
Anemia	1	Obesity	1
Anesthesia consult	1	Obstructive airway disease	1
Biliary tract Disease	1	Operative Note	1
Bleeding management	1	Peripheral Vascular Disease	1
Breast exam	1	Phlebotomy	1
Breast Problem/Excisional/Needle Biopsy	1	Post-Surgical Hernia	1

Cancer	1	Postoperative Complication	2
Central Line	1	Shock	1
Catheter placement – female	1	Skin & soft tissue infection	1
Catheter placement – male	1	Skin & Soft Tissue Lesions	1
Chest Pain, Cough, Dyspnea (Shortness of Breath)	1	Non-Healing Lesions or Wounds	2
Colonoscopy/Endoscopy	1	Smoking cessation	1
Diarrhea	1	Somatic Dysfunction	1
Endocrine disorder	1	Substance Abuse Disorder	1
Epigastric pain	1	Surgery consult	1
Excisional/Needle Biopsy - other than breast	1	Suturing	2
Gastrointestinal bleeding	1	Syncope	1
GERD/PUD	1	Thoracic Outlet Syndrome	1
Geriatric	1	Thoracotomy/Thoracoscopy/Median Sternotomy	1
Gyn Surgery, Other Surgeries	1	Thyroid disease	1
History & Physical Exam	2	Transplant	1
Hypertension	1	Trauma	1
Incision Dehiscence	1	Ultrasound (Pelvic, Abdominal)	1
IV Placement	1	UTI	1
Laparoscopy	1		

### **Entrustable Professional Activities:**

The following physician activities are expected of new residents should be practiced during the Surgery clerkship:

EPA 1: Gather a history and perform a physical examination

EPA 2: Prioritize a differential diagnosis following a clinical encounter

EPA 3: Recommend and interpret common diagnostic and screening procedures

EPA 4: Enter and discuss orders and prescriptions (as allowed)

EPA 5: Document a clinical encounter in the patient record (as allowed)

EPA 6: Provide an oral presentation of a clinical encounter

EPA 7: Form clinical questions and retrieve evidence to advance patient care

EPA 9: Collaborate as a member of an interprofessional team

EPA 10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management

EPA 11: Obtain informed consent for tests and/or procedures

EPA 12: Perform general procedures of a physician

EPA 13: Identify systems failures and contribute to a culture of safety and improvement

### **Recommended Texts:**

Townsend C, RD Beauchamp, BM Evers, K Mattox. 2021. *Sabiston Textbook of Surgery*, 21<sup>th</sup> edition, Elsevier Publisher [ISBN 9780323401623]

Silen W. 2010. *Copes Early Diagnosis of the Acute Abdomen*, 33<sup>rd</sup> edition, Oxford University Press [ISBN 10: 0199730458].

Toy EC, TH Liu, AR C. 2016. *Case Files Surgery*, 5<sup>th</sup> edition. McGraw-Hill Lange Publishers [ISBN-13: 978-1259585227, ISBN-10: 1259585220].

### **Online Blended Learning:**

Beginning with Block #2 of the clinical academic year 2024-2025, this clerkship shall have the following mandatory online blended learning requirements:

1. Weekly 60-90 minute active learning sessions, dates and times to be determined by the Clerkship Director and Online Blended Learning Preceptor.

- a. All cameras will be required to be turned on for each session.

- b. Students shall be excused by the Office of Clinical Education for any major life event, illness, mandated clerkship obligation from your preceptor, (such as rounds, surgeries, laboring/delivering patients, on site educational activities, and other necessary patient care responsibilities), as long as proper documentation is furnished for the excused absence. Students excused for a live session are required to watch the recording of the session in its entirety.

2. Completion of 75 questions in the approved question bank per week.

3. Mandatory completion of weekly 25 question quizzes in weeks #1,2,& 3.

All of these components of the online blended learning curriculum must be completed at the satisfaction of the faculty member. Failure to satisfy these requirements shall result in a "Incomplete Clerkship", which could result in failure of the Clerkship and referral to the SPEC committee.

### **Grading Policy**

A clerkship is completed when the student has satisfactorily completed: the entire scheduled clerkship, including any excused absences beyond those allowed and/or any unexcused absences which must be made up; all assignments; patient/procedure logs; the COMAT exam (if required); and has demonstrated competent professionalism behaviors.

The Surgery COMAT exam will be taken at the end of both the General Surgery core clerkship and Surgery Subspecialty clerkship. The COMAT score will be part of the General Surgery core clerkship grade.

The final grade for General Surgery is determined by the preceptor evaluation, the score on the Surgery COMAT, and completion of the Online Blended Learning Curriculum.

- Preceptor Evaluation. Each competency will be evaluated in several (2-3) areas. The means of each competency will be used. Example: For the Patient Care competency, students are evaluated in the areas of history taking and physical exam. Scores of 4 and 5 will be averaged and 4.5 will be added to other competency means. The maximum score = 35.<sup>[1]</sup>

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<sup>[1]</sup> Note: If fewer than 7 competencies are scored by the preceptor, an adjusted scale will be used.

- The Evaluation Score will be added to the COMAT score to determine the grade. Should all 7 competencies be graded by the Preceptor, the following total score shall represent the final clerkship grade:
  - Pass = 111
  - High Pass = 133-140
  - Honors = 141 or greater
- Students with less than 111 points (or the minimum passing score) in clerkships that are in patient settings or virtual will be reviewed.
  - If COMAT score is less than 90 - retake COMAT; grade is IP until successfully remediated
  - A student who scores at least an 90 on the COMAT but with less than 3 points per evaluation competency on the clerkship evaluation, i.e. < 21 points for 7 competencies, will meet with the Associate Dean of Clinical Education to discuss remediation strategies. Remediation strategies may include repeating the clerkship.
  - A student who scores less than 3 points in any competency will meet with the Associate Dean of Clinical Education.
- Blended/Online content is included in this rotation. All Blended Learning assignments must be completed in their entirety. Failure to satisfactorily complete assignments will impact the final grade.
- Clerkship failure – a student who:
  - Does not meet the minimum requirements for passing a clerkship based on the preceptor evaluation
  - Does not meet all expectations for a “complete” clerkship
  - Is dismissed by a preceptor from a scheduled clerkship
  - Does not show up for a scheduled clerkship as scheduled either at the beginning or during the clerkship without appropriate approval from the Office of Clinical Education and the preceptor.
- A COMAT score below 90 will result in an exam failure. The exam must be retaken within 45 days from the end of the clerkship. The maximum grade for a repeated COMAT will be a Pass.
- Any student with 2 clerkship failures will be referred to SPEC for review.
- For additional information, refer to the Clinical Clerkship Manual.

**Disclaimer:**

The syllabus is a guide, not a contract. Elements within the syllabus can change with notice during the course as deemed necessary by the course/clerkship directors.

**Diversity, Equity, and Inclusion:**

PCOM course directors and faculty are committed to supporting students and fostering an environment that is both culturally sensitive and responsive to Diversity, Equity and Inclusion in the curriculum. Students are encouraged to play an active role in creating an academic atmosphere that advocates for Diversity, Equity, and Inclusion within the PCOM community and the classroom. The commitment to Diversity, Equity, and Inclusion from the faculty, staff, and students will contribute to producing PCOM graduates that are prepared to treat all people with culturally appropriate respect and to provide their patients/clients with the highest level of care.

Student suggestions for improvement in DEI-related curricular content may be shared through a variety of channels including communicating your thoughts, concerns and ideas to your Class Representatives; to the Curriculum Committee; to the Course Director or Faculty; or to the Assistant Dean of Health Integration.

**Mental Health Resources:**

PCOM provides mental health services and resources to support the academic success and wellbeing of students. Counseling Resources are available on and off campus at no cost to the student. Students should utilize the following website to access support services:

<https://www.pcom.edu/studentlife/student-affairs/counseling/>

**PCOM Philadelphia Counselors:**

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Andre Watson, PsyD, Assistant Director of Student Affairs &  
Personal Support Counselor  
Phone: 215-871-6603; email: [andrewa@pcom.edu](mailto:andrewa@pcom.edu)

Danielle Bieber, MS, NCC, LPC Personal Support Counselor;  
Email: [daniellbi@pcom.edu](mailto:daniellbi@pcom.edu)

**PCOM Georgia Counselor:**

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678-225-7537; Email: [leannehe@pcom.edu](mailto:leannehe@pcom.edu)

Curnesia Bogans, LMFT, Personal Support Counselor; Phone: 470-387-7737  
Email: [curnesibo@pcom.edu](mailto:curnesibo@pcom.edu)

**PCOM South Georgia Counselor:**

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





## Surgery Subspecialty DO 320

### Clerkship Description

This clerkship provides the student with further clinical exposure, observation and training of surgery. Students focus on the basic care, treatment and diagnosis in a specific area to better understand the breadth and depth of the field of surgery. Training emphasizes physician awareness, assessment, treatment, and acknowledgement of surgical conditions.

**Credit:** 17 credits

### Clerkship Director:

Arthur Sesso, DO [ArthurSe@pcom.edu](mailto:ArthurSe@pcom.edu)

### Subspecialties:

Students may choose from one of the following surgery subspecialties:

Anesthesiology	Obstetrics and Gynecology Surgery
Cardiothoracic Surgery	Oncology Surgery
Colorectal Surgery	Ophthalmology
Critical Care	Orthopedics
Emergency Medicine	Otolaryngology
ENT	Pediatric Orthopedic Surgery
General Surgery	Plastic Surgery
Gynecologic Oncology	Radiology
Gynecologic Surgery	Thoracic Surgery
Hand Surgery	Trauma Surgery
Interventional Radiology	Urogynecology
Neurology	Vascular Surgery

### Clerkship Core Competencies:

The program has identified specific broad areas that students should develop during their training. These help ensure that the students are able to demonstrate and/or develop specific skills. These overarching competencies and objectives specifically addressed in the clerkship are denoted as follows:

1. Demonstrate basic knowledge of osteopathic philosophy and practice as well as osteopathic manipulative treatment;
2. Demonstrate medical knowledge through one or more of the following: Passing of course tests, standardized tests of the NBOME, end of clerkship tests, research activities, presentations, participation in directed reading programs and/or journal clubs, and/or other evidence based medical activities;
3. Demonstrate interpersonal and communication skills with patients and other health care professionals;
4. Demonstrate knowledge of professional, ethical, legal, practice management, and public health issues applicable to medical practice;
5. Demonstrate the ability to effectively treat patients, provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventive medicine, and health promotion.
6. Demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve patient care practices.
7. Demonstrate an understanding of health care delivery systems, provide effective and qualitative patient care with the system, and practice cost-effective medicine.

### **Clerkship Objectives:**

#### Patient Care, OPP and OMM

- Develop proper interviewing techniques
- Perform directed focus physical examinations
- Develop comprehensive differential diagnoses
- Develop proper skills for treatment and management as directed
- Proper patient disposition and follow-up

#### Medical Knowledge

- Practice evidence-based medicine
- Development an evaluation plan
- Lab test and imaging interpretation
- Development of a therapeutic plan
- Treatment of common acute problems

#### Interpersonal and Communication Skills

- Establishing rapport with patient and families
- Effective presentation
- Professional interaction with healthcare team

#### Professionalism

- Respect
- Ethical behavior
- Sensitivity to cultural issues
- HIPAA regulation compliance

### Systems-based Practice

- Assessment of undifferentiated patient
- Appropriate referral(s)
- Understanding of emergency procedures

### **Documentation:**

- Patients ≠ Encounters
- Encounter = clinically relevant interactions (talking to the patient or touching the patient) or observing a clinician patient-interaction in a teaching environment
- History (full or partial)
- Physical exam (full or partial)
- Procedures (observed, assisted, or performed with supervision)
- May log non-patient care activities in the Case Logs such as presentations, lectures, Opioid education certification, IPE, etc.

Patient Encounter – an interaction with a patient where a medical procedure or treatment is provided and/or evaluation and management services are provided.

Recommended Patient Encounters – The list below will vary with subspecialty

Encounter List	Min. # Required	Encounter List	Min. # Required
Abdominal pain	1	Orthopedic injury	1
Airway management	1	Pediatric Surgery	1
Anesthesia consult	1	Peripheral Vascular Disease	1
Catheter placement – male	1	Phlebotomy	1
Colonoscopy/Endoscopy	1	Plastic Surgery	1
Dysuria	1	Postoperative Complication	2
Epigastric pain	1	Smoking cessation	1
Excisional/Needle Biopsy - other than breast	1	Somatic Dysfunction	1
Fibrous Adhesive Capsulitis	1	Substance Abuse Disorder	1
Geriatric	1	Surgery consult	1
History & Physical Exam	2	Suturing	1
Hypertension	1	Syncope	1
Incision Dehiscence	1	Thoracic Outlet Syndrome	1
Laparoscopy	1	Thoracotomy/Thoracoscopy/ Median Sternotomy	1

Medial/lateral Epicondylitis of the elbow	1	Thyroid disease	1
Minimally Invasive Surgery	1	Transplant	1
Nausea, vomiting, diarrhea, abdominal pain	1	Trauma	1
Obesity	1	Ultrasound (Pelvic, Abdominal)	1
Obstructive airway disease	1	UTI	1
Operative Note	1	Valvular heart disease	1

#### Introduced/practiced

- Give/receive patient handover

#### Expected to perform as requested or assigned

- History and physical
- History of present illness
- Obtain past medical history
- Obtain family history
- Obtain personal and social history
- Review of systems
- Obtain vital signs
- Patient note/SOAP note
- Patient presentation
- Focused Exam (subspecialty specific)
- Gloving/sterile technique
- Differential diagnosis
- Interpret lab tests
- Discuss orders/prescriptions
- Formulate treatment plan
- Demonstrate evidence-based medicine
- Collaborate as a team member
- Demonstrate appropriate behaviors of a physical

#### **Entrustable Professional Activities**

The following physician activities are expected of new residents and should be practiced during the Surgery Subspecialty clerkship:

- EPA 1: Gather a history and perform a physical exam
- EPA 2: Prioritize a differential diagnosis following a clinical encounter
- EPA 3: Recommend and interpret common diagnostic and screening procedures
- EPA 4: Enter and discuss orders and prescriptions (if appropriate)
- EPA 5: Document a clinical encounter in the patient record
- EPA 6: Provide an oral presentation of a clinical encounter
- EPA 7: Form clinical questions and retrieve evidence to advance patient care
- EPA 9: Collaborate as a member of an inter-professional team
- EPA 10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management
- EPA 11: Obtain informed consent for tests and/or procedures

EPA 12: Perform general procedures of a physician

EPA 13: Identify systems failures and contribute to a culture of safety and improvement

### **Required Texts**

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Toy EC, TH Liu, AR C. 2016. *Case Files Surgery*, 5<sup>th</sup> edition. McGraw-Hill Lange Publishers [ISBN-13: 978-1259585227, ISBN-10: 1259585220].

### **Grading Policy**

A clerkship is completed when the student has satisfactorily completed: the entire scheduled clerkship, including any excused absences beyond those allowed and/or any unexcused absences which must be made up; all assignments; patient/procedure logs (if required); the COMAT exam (if required); and, has demonstrated competent professionalism behaviors.

The Surgery COMAT exam will be taken at the end of both the General Surgery core clerkship and the Surgery Subspecialty. The COMAT score will be part of the General Surgery core clerkship grade.

The final grade for Surgery Subspecialty is determined by the preceptor evaluation and completion of all assignments.

- Preceptor Evaluation. Each competency will be evaluated in several (2-3) areas. The means of each competency will be used. Example: For the Patient Care competency, students are evaluated in the areas of history taking and physical exam. Scores of 4 and 5 will be averaged and 4.5 will be added to other competency means. The maximum score = 35.<sup>[1]</sup>
  - Pass = 21-27
  - High Pass = 28-31
  - Honors = 32 or greater

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<sup>1</sup> Note: If fewer than 7 competencies are scored by the preceptor, an adjusted scale will be used.

- Students with less than 21 points (or the minimum passing score) in clerkships that are in patient settings or virtual will be reviewed and with no COMAT:
  - A student who scores less than 3 points per evaluation competency on the clerkship evaluation, i.e. < 21 points for 7 competencies, will meet with the Associate Dean to discuss remediation strategies. Remediation strategies may include repeating the clerkship.
  - A student who scores less than 3 points in any competency will meet with the Associate Dean of Clinical Education.
  
- Clerkship failure – a student who
  - Does not meet the minimum requirements for passing a clerkship based on the preceptor evaluation
  - Does not meet all expectations for a “complete” clerkship
  - Is dismissed by a preceptor from a scheduled clerkship
  - Does not show up for a scheduled clerkship as scheduled either at the beginning or during the clerkship without appropriate approval from Clinical Education and the preceptor.
  
- A COMAT score below 90 will result in exam failure. The exam must be retaken within 45 days from the end of the clerkship. The maximum grade for a repeated COMAT will be a Pass.
- Any student with 2 clerkship failures will be referred to SPEC for review.
- For additional information, refer to the Clinical Clerkship Manual.

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Diversity, Equity, and Inclusion within the PCOM community and the classroom. The commitment to Diversity, Equity, and Inclusion from the faculty, staff, and students will contribute to producing PCOM graduates that are prepared to treat all people with culturally appropriate respect and to provide their patients/clients with the highest level of care.

Student suggestions for improvement in DEI-related curricular content may be shared through a variety of channels including communicating your thoughts, concerns and ideas to your Class Representatives; to the Curriculum Committee; to the Course Director or Faculty; or to the Assistant Dean of Health Equity Integration.

## **Mental Health Resources:**

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Andre Watson, PsyD, Assistant Director of Student Affairs &  
Personal Support Counselor  
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Danielle Bieber, MS, NCC, LPC Personal Support Counselor;  
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### **PCOM South Georgia Counselor:**

Christin Zipperer, LPC, NCC, Personal Support Counselor Phone: 229-668-3207;  
Email: [christizi@pcom.edu](mailto:christizi@pcom.edu)



## IM Subspecialty DO 321

### Clerkship Description

This clerkship provides the student with clinical exposure, observation and training to further their understanding of internal medicine. Students focus on the basic care, treatment and diagnosis in a specific area to better understand the breadth and depth of the field of internal medicine. Training emphasizes physician awareness, assessment, treatment, and acknowledgement of subspecialty conditions.

**Credit:** 17 credits

### Clerkship Director:

Dan J. Parenti, DO, FCCP, FACOI [Danielp@pcom.edu](mailto:Danielp@pcom.edu)

### Subspecialties:

Students may choose from one of the following internal medicine subspecialties:

Allergy/Immunology Cardiology Critical Care Dermatology Endocrinology Gastroenterology General Internal Medicine Geriatric Medicine Hematology/Oncology Infectious Disease Neonatal ICU Nephrology	Neurology Pain Management Palliative Care Pediatric Cardiology Pediatric ICU Pediatrics Physical Medicine and Rehabilitation Radiology Radiation Oncology Rheumatology Wound Care
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### Clerkship Core Competencies:

The program has identified specific broad areas that students should develop during their training. These help ensure that the students are able to demonstrate and/or develop specific skills. These overarching competencies and objectives specifically addressed in the clerkship are denoted as follows:



1. Demonstrate basic knowledge of osteopathic philosophy and practice as well as osteopathic manipulative treatment;
2. Demonstrate medical knowledge through one or more of the following: Passing of course tests, standardized tests of the NBOME, end of clerkship tests, research activities, presentations, participation in directed reading programs and/or journal clubs, and/or other evidence based medical activities;
3. Demonstrate interpersonal and communication skills with patients and other health care professionals;
4. Demonstrate knowledge of professional, ethical, legal, practice management, and public health issues applicable to medical practice;
5. Demonstrate the ability to effectively treat patients, provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventive medicine, and health promotion.
6. Demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve patient care practices.
7. Demonstrate an understanding of health care delivery systems, provide effective and qualitative patient care with the system, and practice cost-effective medicine.

### **Clerkship Objectives:**

#### Patient Care, OPP and OMM

- Develop proper interviewing techniques
- Perform directed focus physical examinations
- Develop comprehensive differential diagnoses
- Develop proper skills for treatment and management as directed
- Proper patient disposition and follow-up

#### Medical Knowledge

- Practice evidence-based medicine
- Development an evaluation plan
- Lab test and imaging interpretation
- Development of a therapeutic plan
- Treatment of common acute problems

#### Interpersonal and Communication Skills

- Establishing rapport with patient and families
- Effective presentation
- Professional interaction with healthcare team

#### Professionalism

- Respect
- Ethical behavior
- Sensitivity to cultural issues

- HIPAA regulation compliance

#### Systems-based Practice

- Assessment of undifferentiated patient
- Appropriate referral(s)
- Primary care for the uninsured and individuals without PCPs
- Understanding of emergency procedures

#### **Documentation:**

- Patients ≠ Encounters
- Encounter = clinically relevant interactions (talking to the patient or touching the patient) or observing a clinician patient-interaction in a teaching environment
- History (full or partial)
- Physical exam (full or partial)
- Procedures (observed, assisted, or performed with supervision)

**Patient Encounter** – an interaction with a patient where a medical procedure or treatment is provided and/or evaluation and management services are provided.

Recommended Patient Encounters – The list below will vary with subspecialty.

Encounter List	Min. # Required	Encounter List	Min. # Required
Abdominal pain	1	Geriatric	1
Altered mental status	1	History & Physical Exam	2
Biliary tract Disease	1	HIV infection	1
Colonoscopy/Endoscopy	1	Hypertension	2
Congestive heart failure	1	Liver diseases	1
Asthma	1	Nausea, vomiting, diarrhea, abdominal pain	1
COPD	1	Obesity	1
Coronary artery disease	1	Obstructive airway disease	1
Cough	1	Peripheral Vascular Disease	1
CNS, headache, irritability, seizures	1	Phlebotomy	1
Dementia	1	Smoking cessation	1
Depression	1	Somatic Dysfunction	1
Dermatitis	1	Substance Abuse Disorder	1
Diabetes Mellitus – Type 1 or	2	Surgery consult	1

2 (Mellitus)			
Diarrhea	1	Syncope	1
Dyslipidemia	1	Thoracic Outlet Syndrome	1
EKG Interpretation	1	Thyroid disease	1
Endocrine disorder	1	URI	1
Epigastric pain	1	UTI	1
Eye exam (diabetes)	1	Ventricular hypertrophy	1
Fever	1	Ventricular pacemaker	1
Gastrointestinal bleeding	1	Ventricular tachycardia	1
GERD/PUD	1		

#### Introduced/practiced

- Give/receive patient handover

#### Expected to perform as requested or assigned

- History and physical
- History of present illness
- Obtain past medical history
- Obtain family history
- Obtain personal and social history
- Review of systems
- Patient presentation
- Focused physical exam
- Differential diagnosis
- Interpret lab tests
- Discuss orders/prescriptions
- Formulate treatment plan
- Demonstrate evidence-based medicine
- Collaborate as a team member
- Demonstrate appropriate behaviors of a physician

#### **Entrustable Professional Activities**

The following physician activities are expected of new residents and should be practiced during the Internal Medicine Subspecialty clerkship:

- EPA 1: Gather a history and perform a physical exam
- EPA 2: Prioritize a differential diagnosis following a clinical encounter
- EPA 3: Recommend and interpret common diagnostic and screening procedures
- EPA 4: Enter and discuss orders and prescriptions (if appropriate)
- EPA 5: Document a clinical encounter in the patient record
- EPA 6: Provide an oral presentation of a clinical encounter
- EPA 7: Form clinical questions and retrieve evidence to advance patient care
- EPA 9: Collaborate as a member of an inter-professional team
- EPA 11: Obtain informed consent for tests and/or procedures

EPA 12: Perform general procedures of a physician

## **REQUIRED TEXTBOOKS**

Harrison's Textbook of Internal Medicine

## **Recommend Resource**

ECG Library: <https://ecglibrary.com/ecghome.php>

## **Grading Policy**

A clerkship is completed when the student has satisfactorily completed the entire scheduled clerkship, including any excused absences beyond those allowed and/or any unexcused absences which must be made up; all assignments; patient/procedure logs; the COMAT exam (if required); and has demonstrated competent professionalism behaviors.

The Internal Medicine COMAT exam will be taken at the end of the Internal Medicine core clerkship, Internal Medicine Cardiology and/or Ambulatory Care and IM Subspecialty Clerkship. The COMAT score will be part of the General Internal Medicine core clerkship grade.

The final grade for Internal Medicine Subspecialty is determined by the preceptor evaluation and completion of all assignments.

- Preceptor Evaluation. Each competency will be evaluated in several (2-3) areas. The means of each competency will be used. Example: For the Patient Care competency, students are evaluated in the areas of history taking and physical exam. Scores of 4 and 5 in these will be averaged and 4.5 will be added to other competency means. The maximum score = 35.<sup>[1]</sup>
- Should all 7 competencies be graded by the Preceptor, the following total score shall represent the final clerkship grade:
  - Pass = 21-27
  - High Pass = 28-31
  - Honors = 32+

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<sup>[1]</sup> Note: If fewer than 7 competencies are scored by the preceptor, an adjusted scale will be used.

- Students with less than 21 points (or the minimum passing score, Failure) in clerkships that are in patient settings or virtual will be reviewed and with no COMAT:
  - COMAT is less than 90 – retake COMAT; grade is IP until successfully remediated

- o A student who scores at least a 90 on the COMAT but with less than 3 points per evaluation competency on the clerkship evaluation, i.e. < 21 points for 7 competencies, will meet with the Associate Dean of Clinical Education to discuss remediation strategies. Remediation strategies may include repeating the clerkship.
  - o A student who scores less than 3 points in any competency will meet with the Associate Dean of Clinical Education.
- Clerkship failure – a student who
    - o Does not meet the minimum requirements for passing a clerkship based on the preceptor evaluation
    - o Does not meet all expectations for a “complete” clerkship
    - o Is dismissed by a preceptor from a scheduled clerkship
    - o Does not show up for a scheduled clerkship as scheduled either at the beginning or during the clerkship without appropriate approval from Clinical Education and the preceptor.
  - A COMAT score below 90 will result in exam failure. The exam must be retaken within 45 days from the end of the clerkship. The maximum grade for a repeated COMAT will be a Pass.
  - Any student with 2 clerkship failures will be referred to SPEC for review.
  - For additional information, refer to the Clinical Clerkship Manual.

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PCOM South Georgia Counselor:

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## Radiology DO 322

### Clerkship Description

The purpose of this clerkship is to familiarize the student with the basic observation and language skills necessary for interpretation of imaging studies. The student will become familiar with appropriate methods for common medical conditions and with basic procedures and anatomy and indications for imaging studies.

Credit: 8.5 credits

Background: Students will find radiology a diverse field that includes different imaging modalities, plain films, CT, MRI, ultrasound, fluoroscopy, vascular intervention, PET and nuclear imaging.

### Clerkship Director:

Madelyn Sine-Karasick, DO [MadelynSi@pcom.edu](mailto:MadelynSi@pcom.edu)

### Clerkship Competencies

#### A. Patient Care:

Goal: Evaluate and develop appropriate treatment plans for patients with acute and chronic conditions as well as promote health maintenance and disease prevention. Objectives: With oversight from the preceptor, develop a treatment plan for a patient's condition taking into account their medical history, physical exam findings, and expected outcome of the care. As allowed, participate directly in the care of the patient to appreciate its effectiveness.

#### B. Medical Knowledge:

Goal: A thorough knowledge of the complex differential diagnoses in Radiology. and the ability to integrate the applicable sciences with clinical experiences.

Objectives: Develop an awareness of your knowledge base through life experiences prior to osteopathic medical school, two years of didactic teachings, and experiences from previous clerkships; and grow that knowledge through experiences on this clerkship including patient encounters, readings, lectures, and possibly teaching (other students and/or patients and their families).

### General Course Objectives

#### Medical Knowledge

- Demonstrate basic interpretation skills in evaluating images of the chest, breast, abdomen, and musculoskeletal system, and appreciate the importance of history and clinical data in the proper interpretation of imaging exams
- Describe how to use the radiographic findings to develop a differential diagnosis and outline subsequent diagnostic work-up for common medical problems such as bone trauma, chest pain, shortness of breath, abdominal pain and masses

- Review appropriate ordering of imaging, and understand the limitations of imaging, as well as the indications, contraindications, clinical impact and cost of imaging procedures
- Understand the principles of nuclear medicine, including the use of clinical positron emission tomography (PET)

#### Patient Care

- Understand the basic principles of safety and radiation protection for patients and health care practitioners

#### Learning Objectives:

1. Aid students' skills in recognizing how specific studies (x-ray, CT, MRI, US, NM and angiography) are able to image each part of the body and demonstrate and differentiate normal and abnormal anatomy.
2. Provide the student with information as to which studies are most useful and cost effective in arriving at a diagnosis and demonstrating specific pathology within different organ systems.
3. Develop an understanding of the advantages, disadvantages and cost of different imaging studies that are used to look at the anatomy and/or physiology of similar or same organ systems.
4. Understand how different pathologies change the normal appearance of structures seen on imaging studies.
5. Learn the value of integrating clinical information and the results of laboratory studies with information from invasive and/or non-invasive techniques to aid in establishing an imaging diagnosis.
6. Keep current on new changes in Radiology via journal review and use of the Internet, etc.
7. Understand how to review films of patients and to discuss them with family, etc.
8. Learn how to integrate information from their previous basic and clinical science courses with their radiologic studies to better understand how such information can be used to diagnose disease (normal, developmental and congenital conditions).
9. Recognize that the Osteopathic philosophy is applicable to all patients.
10. Pay particular attention to the osseous skeleton, with recognition of skeletal changes that could most probably relate to the patient's symptoms.
11. Place particular emphasis on changes to the spine, facet joints and disc, but not exclusive of changes seen in other structures.
12. Demonstrate attitudes and behaviors consistent with the Osteopathic philosophy.
13. Learn the anatomic appearance of all parts of the body recognizable on imaging studies.
14. Learn to recognize changes seen on follow-up studies and determine how the new and additional information learned can be used in the care of the patient.
15. Learn to understand when and which imaging studies are indicated for emergency, urgent or routine patient care and the appropriate time interval between such studies.
16. Learn which studies are contraindicated in a patient's condition.
17. Understand basic information on equipment capability and how to access the technical expertise of technicians to overcome the difficulty in recognition of pathologies created by other basic factors (example - obesity, fibrosis, scar tissue, etc.).
18. Understand the socioeconomic capabilities of patients and the financial impact upon them of having studies done, especially in those cases where the study ordered is not indicated.
19. Understand the relationship between the basic and clinical sciences as it applies to Radiology.



20. Apply their knowledge in the basic and clinical sciences to determine which imaging studies are most appropriate to care for their patients.
21. Understand which study would be most important and helpful versus which studies are less useful or helpful for diagnosing a wide spectrum of specific diseases.
22. Facilitate and support his/her own education by reading current journal publications and utilizing information technology.
23. Assess, apply, and assimilate investigative knowledge to improve patient care.
24. Have small group film interpretation discussions.
25. Learn the terminology specific to Radiology and how to use it in verbal and written communication with patients, family, staff and peers.
26. Learn how to communicate with patients as to the need for imaging studies and understanding the results of such studies.
27. Utilize intuitive and listening skills
28. Learn the importance of being a team player.
29. Learn how to communicate in an organized manner.
30. Complete responsibilities reliably.
31. Demonstrate respect, empathy, and integrity.
32. Demonstrate understanding of ethical principles of autonomy, beneficence, informed consent, and confidentiality.
33. Recognize the role of the Radiologist as a member and coordinator of the healthcare delivery team.
34. Recognize the reason that other physicians must understand Radiology.
35. Recognize social and economic factors that affect patient care.
36. Identify the various people/factors involved in the patient care process, such as: patient, family, staff, consultants (medical and non-medical), and insurance companies.
37. Practice quality cost-effective healthcare.
38. Realize the Radiologist's role in the community and society
39. Include patient education and counseling as part of the management plan; ensure the patient's understanding of the nature of the diagnosis.
40. Explain the nature of the patient's concern or complaint at a level appropriate to the patient's health literacy.
41. Describe diagnostic procedures, therapeutic options, and care plans at a level appropriate to the patient's health literacy.
42. Exhibit interest, respect, support, and empathy during interactions and counseling.
43. Allow the patient to complete his/her opening statement without interruption and to articulate the full set of patient concerns.
44. Use open-ended and closed-ended questions appropriately.
45. Listen actively, using appropriate verbal and non-verbal techniques, maintaining open body posture and eye contact at comfortable intervals throughout the interview.
46. Encourage the patient to continue speaking, using appropriate facilitation skills.
47. Use silence and nonverbal communication to encourage the patient's expression of thoughts and feelings.
48. Provide opportunity for patients to communicate their beliefs, concerns, expectations, and literacy about health and illness, and provide appropriate care given contextual factors such as a patient's culture, age, literacy, spirituality, sexuality, and economic background.
49. Share information using language the patient can understand, and check for patient understanding and questions.

50. Encourage patients' active participation in decision-making, and confirm patients' willingness and ability to follow treatment plans.
51. Provide closure to interviews, summarizing and affirming agreements, asking if the patient has other issues or concerns, and planning follow-up (e.g., next visit, unexpected outcomes).
52. Communicate effectively to deliver difficult news and information relative to death and dying and/or serious or life-threatening illness or disease.
53. Explore the psychosocial, occupational, and biomechanical environment in which the patient lives and/or in which healthcare is administered.
54. Identifying and responding to the patient's emotional cues.
55. Summarizing and checking for accuracy of content and interpretation.
56. Ensure that messages given are received and understood.
57. Close patient encounters appropriately.
58. Provide polite, considerate, and compassionate treatment to every patient.

## Detailed Learning Objectives

There are many areas of imaging. Here are objectives for common areas students may encounter.

### Musculoskeletal Imaging

- Recognize radiographic soft tissue clues for fractures of the wrist and elbow
- Understand basic concepts of MR imaging for cartilage injury, fracture, and edema
- Distinguish anterior from posterior dislocation of the hip on a pelvic radiograph
- Describe the radiographic findings seen in AVN of the hip
- Define a burst fracture of the spine and recognize it on AP and lateral films of the thoracic spine
- Describe standard views used to image the shoulder in trauma
- Identify the lines used to evaluate the cervical spine in acute trauma setting
- Understand the role of radiographs, CT, radionuclide bone scans, and MRI in evaluating patients with musculoskeletal pathology

### Abdominal Imaging

- A. Identify the following structures on a KUB (plain film of the abdomen):
  - Psoas muscle
  - Spleen
  - Stomach
  - Colon
  - Liver
  - Small bowel
  - Bladder
  - Renal outline
  - Rectum
- B. Identify the following abnormal conditions on a KUB and upright film of the abdomen:
  - Small Bowel Obstruction
  - Appendicolith
  - Sigmoid Volvulus
  - Colonic Obstruction
  - Pneumoperitoneum
  - Misplaced tubes and lines
  - Splenomegaly
  - Abdominal Aortic Aneurysm
  - Pneumatosis of the bowel wall
  - Ileus
  - Renal Calculus
- C. Identify the following normal structures on a CT scan of the abdomen and pelvis:

- Liver
- Adrenal glands
- Pancreas
- Kidneys
- Superior Mesenteric Artery and Vein
- Splenic Vein
- Portal Vein
- Aorta
- IVC
- Iliac Artery and Vein
- Small Bowel
- Colon
- Duodenum
- Stomach
- Psoas Muscle
- Gallbladder
- Urinary Bladder
- Ureters

D. Identify the following abnormalities on a CT scan of the abdomen and pelvis:

- Ascites
- Spleen and Liver Lacerations
- Abdominal Aortic Aneurysm
- Small Bowel Obstruction
- Renal Calculi
- Liver Metastasis
- Intrahepatic Biliary Dilation
- Toxic Megacolon
- Intestinal Perforation

E. Describe the imaging workup of abdominal pain, masses, and trauma.

F. Describe the imaging options for the evaluation of: Inflammatory Bowel Disease, jaundice, hepatic neoplasms, biliary disease, hematuria, urological neoplasms, and renal failure.

G. Describe the findings of Abdominal Aortic Aneurysm on KUB and CT.

### Breast Imaging

- Discuss current recommendations of the American College of Radiology (ACR), National Cancer Institute (NCI), and American Cancer Society (ACS) for mammography screening for various age groups
- Describe the role of ultrasound and MR in the evaluation of breast masses
- Describe the indications for ordering screening and diagnostic mammograms and understand the difference

### Cardiothoracic Imaging

- Identify a pneumothorax on an upright chest radiograph and list several causes of this condition
- Identify a pneumothorax on a supine chest radiograph
- Identify pneumomediastinum on a chest radiograph and list several causes of this condition
- Identify and list several possible causes of collapse of the lung
- Identify lobar consolidation on a chest radiograph and CT scan and list several causes of this condition
- Differentiate complete opacification of a hemithorax as pleural effusion, lung collapse, or lung consolidation/mass based on the position of the mediastinum
- Recognize the development of an enlarging pleural fluid collection on a chest radiograph of a patient with pneumonia and suggest the diagnosis of empyema and role of chest CT scanning
- Identify the findings of heart failure on a chest radiograph

- Define, identify, and describe the significance of the silhouette sign and the air bronchogram sign on a chest radiograph
- Identify a malpositioned chest tube, feeding/nasogastric tube, endotracheal tube, pacemaker leads, pulmonary artery catheter, and central venous catheter on a chest radiograph, and state the desired location for each
- Identify an abnormal mediastinum on a frontal chest radiograph and discuss the diagnosis of aortic disease or injury
- For cardiac MRI:
  - Identify appropriate indications for cardiac MRI
  - Describe differential diagnosis of abnormal delayed myocardial contrast enhancement
- For cardiac CT:
  - Identify appropriate indications for cardiac CT and thoracic Ct angiography
  - Review radiation doses and their implications with cardiac CT

### Documentation

- Patients ≠ Encounters
- Encounter = clinically relevant interactions (talking to the patient or touching the patient) or observing a clinician patient-interaction in a teaching environment
- History (full or partial)
- Physical exam (full or partial)
- Procedures (observed, assisted, or performed with supervision)

**Patient Encounter** – an interaction with a patient where a medical procedure or treatment is provided and/or evaluation and management services are provided.

### Expected Patient Encounters

Encounters/Categories	Minimum Number Required
Musculoskeletal (muscles, skeleton)	4
Head and neck	1
Neuroradiology (brain and nervous system; head, neck, spine)	1
Emergency radiology	1
Ultrasound (abdomen and pelvis – gallbladder uterus and ovaries FAST scan)	1
Breast imaging	4
Chest (heart and lungs)	1
Reproductive and urinary	1
GI (stomach, intestines, abdomen)	1
Pediatric patient	2
Geriatric patient	2

## Expected Essential Skills for the Radiology Clerkship

Expected to perform as requested or assigned

- Differential diagnosis
- Interpret diagnostic imaging
- Demonstrate evidence-based
- medicine
- Collaborate as a team member
- Demonstrate appropriate behaviors of a physician

## Entrustable Professional Activities

The following physician activities are expected of students and should be practiced during the Radiology clerkship:

EPA 2: Prioritize a differential diagnosis following a clinical encounter

EPA 3: Recommend and interpret common diagnostic and screening tests

EPA 5: Provide an oral presentation of a clinical encounter

EPA 6: Form clinical questions and retrieve evidence to advance patient care

EPA 9: Collaborate as a member of an inter-professional team

EPA 12: Perform general procedures of a physician

## RECOMMENDED TEXTBOOKS and Other Resource Materials

Farrel TA. 2021. Radiology 101: The Basics and Fundamentals of Imaging, 5<sup>th</sup> edition. Wolters Kluwer, Lippincott Williams & Williams.

### Additional Resources:

These sites have excellent resources for students to review.

<https://med.virginia.edu/radiology/education/online-training-resources/> -University of Virginia has provided excellent electronic tutorials on several radiology topics. Chest imaging is an especially helpful module.

<https://medpix.nlm.nih.gov/home> -IMedpix is an excellent source for cases. It is recommended that you submit your case presentations for web publishing.

<http://www.rsna.org/> -IRadiology Society of North America. One of major radiology professional organizations. Publishers of *Radiology*, aka “The Gray Journal” (<http://radiology.rsnaajnl.org/>) and *Radiographics* (<http://radiographics.rsnaajnl.org/>). Online subscription and hardcopy available via NMCS medical library.

<http://www.arrs.org/> -American Roentgen Ray Society. Another major general radiology professional organization. Publishers of American Journal of Radiology, aka “The Yellow Journal” (<http://www.ajronline.org/>). Online subscription and hardcopy available via NMCS medical library.

<http://www.acr.org/> -IAmerican College of Radiology. Professional organization of radiologists. Provides an excellent ‘Case of the Day’.

<http://www.auntminnie.com/> -AuntMinnie.com offers reference information, Case of the Day,

and other useful radiology information for interns, residents, and medical students. Also has medical student and resident 'forums' where you can discuss pertinent issues. Free membership.

<http://www.radiologyeducation.com/> - Mostly updated links to numerous radiology websites

### **Grading Policy**

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The final grades for Radiology are determined by the preceptor evaluation of the Medical Knowledge and Interpersonal Communication Competencies.

This clerkship is graded either on a Pass/Fail final grade.

- Preceptor Evaluation. Each competency will be evaluated in several (2-3) areas. The means of each competency will be used. Example: For the Patient Care competency, students are evaluated in the areas of history taking and physical exam. Scores of 4 and 5 in these will be averaged and 4.5 will be added to other competency means. The maximum score = 35.<sup>1</sup>
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## Critical Complex Care DO 412

### Course Description

In preparation for the first year of residency this required clerkship provides the learner an education in providing inpatient intensive care to critically ill and/or medically complex patients. Students focus on the diagnosis, care, and management of patients in any inpatient critical care environment such as, but not limited to : Intensive Care Unit (ICU), Cardiac Care Unit (CCU), Surgical Intensive care Unit (SICU), Neurologic/Neurosurgery Intensive Care Unit, Neonatal Intensive Care Unit (NICU), Pediatric Intensive Care Unit (PICU), Labor & Delivery (L&D), Emergency Department, Psychiatric Crisis Unit, Neuropsychiatry Unit, Geropsychiatry Unit, Inpatient Palliative Care unit, Poison Control, and any consultant service that consistently provides consultation or co-management of patients in a critical care environment.

**Credit: 17 credits**

### Clerkship Director(s):

Dr. Pat Lannutti [patl@pcom.edu](mailto:patl@pcom.edu)

### Competencies & Objectives

The educational program has identified specific broad areas that students should develop during their training. These help ensure that the students are able to demonstrate and/or develop specific skills. These overarching competencies and objectives specifically addressed in the Critical Complex Care Inpatient clerkship are denoted below:

1. Demonstrate basic knowledge of osteopathic philosophy and practice as well as osteopathic manipulative treatment;
2. Demonstrate medical knowledge through one or more of the following: passing of course tests, standardized tests of the NBOME, post-core rotation tests, research activities, presentations, participation in directed reading programs and/or journal clubs, and/or other evidence based medical activities;
3. Demonstrate interpersonal and communication skills with patients, families, and other healthcare professionals;
4. Demonstrate knowledge of professional, ethical, legal, practice management, and public health issues applicable to medical practice;



5. Demonstrate the ability to effectively treat patients, provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventive medicine, and health promotion.
6. Demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve patient care practices.
7. Demonstrate an understanding of healthcare delivery systems, provide effective and qualitative patient care with the system, and practice cost-effective medicine.

### **General Clerkship Objectives:**

#### **Osteopathic Philosophy and OMM**

- Incorporate the tenets of osteopathic medicine in the care of the patient populations treated in the clerkship.
- When possible, educate patients about Osteopathic Manipulative Medicine (OMM) techniques and potentially any simple modifications of those techniques.
  - Deduce viscerosomatic dysfunctions in the care of critically ill and complex patients.
- Perform OMM with supervision on patients with identified somatic dysfunction.
- Explain the application of OMM techniques for the critical and complex patient.

#### **Medical Knowledge**

- Be familiar with the diagnosis and treatment of conditions commonly seen in the clerkship region via patient encounters, didactics, and readings.
- Document the patient's findings in a SOAP note, with a suitable therapeutic and diagnostic plan.
- Derive a reasonable, cost-effective treatment plan, based on the information obtained during the patient encounter.

#### **Patient Care**

- Provide patient centered medical care to critically ill and complex patients
- Discern those patients who are in need of intensive/critical/emergent/complex care
- Compare and contrast the response of families to medical care provided to critically ill and medically complex patients.
- In conjunction with the preceptor, compose a treatment plan based on the patient's individual serious condition(s), which may include OMT.

#### **Interpersonal and Communication Skills**

- Provide patient instructions effectively to the patient and their families, while avoiding the use of medical jargon.
- Present the patient to the preceptor in a succinct, yet comprehensive manner.
- Communicate effectively with patients and their families, who may have limited literacy, communication challenges, and deficits.

- Effectively work with the many professionals involved in the care of the critically ill and complex patient.

#### Professionalism

- Demonstrate respect for each patient as an individual and their families, deserving of the same care as any person in any circumstance.
- Self reflect and demonstrate oneself in a professional manner and demeanor, to the preceptor, other health care workers, staff, patients, and patients' families.
- Implement information derived from both constructive positive and negative feedback from the preceptor.

#### Practice-based Learning and Improvement

- Implement evidence based care to effectively manage the critically ill and complex patient.
- Review the literature to enhance the care of a critically ill and complex patient.
- Devise a rationale for selection of medications used for patient care commonly seen with critical and complex diagnoses.

#### Systems Based Practice

- Compare and contrast the management of critically ill complex patients with those patients not requiring this level of care.
- Critique and defend the economics involved with the care of critically ill or complex patients.
- Detect the challenges faced by health care professionals and the healthcare team in caring for critically ill and complex patients
  - Link Patient Safety as an important component of critical and complex care management

**Patient Encounter** – an interaction with a patient where a medical procedure or treatment is provided and/or evaluation and management services are provided.

Encounter List	Discipline	Suggested #
Accelerated/Malignant Hypertension	CV	1
Acute coronary syndrome	CV	1
Atrial fibrillation	CV	2
Central Venous Access	CV	1
CODE Blue	CV	1
Congestive heart failure	CV	1
Coronary artery disease	CV	1
DNR	CV	1
Doppler Use	CV	1
Dyslipidemia	CV	1
EKG Interpretation	CV	1
Hemorrhage	CV	1
Hypertension	CV	1
Hypotension	CV	1
Organ failure	CV	1
Pericardial Effusion	CV	1
Peripheral Vascular Disease	CV	1
Rapid Response	CV	1
Right atrial hypertrophy	CV	1
Sinus bradycardia	CV	1
Torsade de pointes	CV	1
Valvular heart disease	CV	1
Ventricular hypertrophy	CV	1
Ventricular pacemaker	CV	1
Ventricular tachycardia	CV	1
Diabetes Mellitus – Type 1 or 2 (Mellitus)	EN	1
Endocrine disorder	EN	1
Thyroid disease	EN	1
Abdominal pain	GI	1
Ascites	GI	1
Constipation	GI	1

Encounter List	Discipline	Suggested #
Diarrhea	GI	1
Dysuria	GI	1
Epigastric pain	GI	1
Feeding Tube	GI	1
Gastrointestinal bleeding	GI	1
GERD/PUD	GI	1
Liver diseases	GI	1
Liver failure	GI	1
Nasogastric tube	GI	1
Nausea, vomiting, diarrhea, abdominal pain	GI	1
Nutritional concerns	GI	1
Obesity	GI	1
TPN	GI	1
Foley catheter	GU	1
UTI	GU	1
Anemia	HO	1
Cancer	HO	1
DIC	HO	1
Phlebotomy	HO	1
Thrombocytopenia	HO	1
ARDS	ID	1
Fever	ID	1
Hinfection	ID	1
Sepsis	ID	1
Skin & soft tissue infection	ID	1
Family Meeting	IP	1
Iatrogenic injury	IP	1
Surgery consult	IP	1
Withdraw life support	IP	1
Back pain	MS	3
Costochondritis	MS	1
Dermatitis	MS	1
Falls	MS	1
Joint pain/swelling/injury	MS	1
Non-Healing Lesions or Wounds	MS	1

Encounter List	Discipline	Suggested #
OMM/OMT	MS	1
Rash	MS	1
Skin & Soft Tissue Lesions	MS	1
Skin survey	MS	1
Somatic Dysfunction	MS	1
Suturing	MS	1
Thoracic Outlet Syndrome	MS	1
Acid base disorder (Fluid, Electrolyte)	NE	1
Hemodialysis	NE	1
Renal failure	NE	1
Agitation	NP	1
Altered mental status	NP	1
Anxiety	NP	1
Cognitive disorder	NP	1
CVA	NP	1
Delirium	NP	1
Dementia	NP	1
Depression	NP	1
Geriatric	NP	1
Headache	NP	1
Neurological exam	NP	1
Seizures	NP	1
Substance Abuse Disorder	NP	1
Syncope	NP	1
Use of Restraints	NP	1
Aspiration	PU	1
Asthma	PU	1
Bi-Pap	PU	1
COPD	PU	1
Cough	PU	1
Dyspnea	PU	1
Hypoxemia	PU	1
Obstructive airway disease	PU	1
Pleural Effusion	PU	1
Pneumonia	PU	1

Encounter List	Discipline	Suggested #
Respiratory Distress	PU	1
Respiratory Distress	PU	1
Smoking cessation	PU	1
Tracheostomy	PU	1
URI	PU	1
Vent Wean	PU	1
Ventilator management	PU	3

### **Expected Essential Skills for the Critical Care and Complex Care Management Clerkship:**

#### Introduced/practiced

- Participate in an acute, emergent, critical encounter (examples: acute resuscitation, Rapid Response, Obstetrical Emergency, Trauma code, etc..).
- IV fluids
- Obtain informed consent

#### Expected to perform

- History and physical
- History of present illness
- Obtain past medical history
- Obtain family history
- Obtain personal and social history
- Review of systems
- Obtain vital signs
- Write patient note/SOAP note
- Patient presentation
- Focused Exam (HEENT, cardiovascular/respiratory, abdomen, peripheral vascular, musculoskeletal, neurological, gynecologic, breast)
- Mental status exam
- Gowning & Gloving for sterile technique
- Differential diagnosis
- Interpret lab tests, imaging studies, basic EKG
- Discuss orders/prescriptions
- Demonstrate evidence-based medicine
- Collaborate as a team member
- Demonstrate appropriate behaviors of a physician
- Suturing
- Wound management
- OMT

### **Entrustable Professional Activities:**

As a fourth-year student, the focus of skills development is the tasks important for entering residency training:

- EPA1: Gather a history and perform a physical exam
- EPA 2: Prioritize a differential diagnosis following a clinical encounter
- EPA 3: Recommend and interpret common diagnostic and screening tests
- EPA 4: Enter and discuss orders and prescriptions
- EPA 5: Document a clinical encounter in the patient record
- EPA 6: Provide an oral presentation of a clinical encounter
- EPA 7: Form clinical questions and retrieve evidence to advance patient care
- EPA 8: Give or receive a patient handover to transition care responsibility
- EPA 9: Collaborate as a member of an inter-professional team
- EPA 10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management
- EPA 11: Obtain informed consent for tests and/or procedures
- EPA 12: Perform general procedures of a physician
- EPA 13: Identify systems failures and contribute to a culture of safety and improvement

**Grading Policy:**

- The final grade is determined by the preceptor evaluation using the published rubric for clerkships without a COMAT exam. The AY 24-25 numeric guidelines have not yet been released. A student may achieve an Honors Pass, High Pass, Pass, or Failure for this clerkship.

**Disclaimer:**

The syllabus is a guide, not a contract. Elements within the syllabus can change with notice during the course as deemed necessary by the course/clerkship directors.

**Diversity, Equity, and Inclusion:**

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Student suggestions for improvement in DEI-related curricular content may be shared through a variety of channels including communicating your thoughts, concerns and ideas to your Class Representatives; to the Curriculum Committee; to the Course Director or Faculty; to the Assistant Dean of Health.

## **Mental Health Resources:**

PCOM provides mental health services and resources to support the academic success and wellbeing of students. Counseling Resources are available on and off campus at no cost to the student. Students should utilize the following website to access support services:

<https://www.pcom.edu/studentlife/student-affairs/counseling/>

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Andre Watson, PsyD, Assistant Director of Student Affairs &  
Personal Support Counselor  
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## Osteopathic Primary Care Sub-I DO 412

### Course Description

This core clinical clerkship provides the learner an opportunity to explore the challenges and solutions for providing medical care to populations which do not have ready access to routine/specialist medical care. Students focus on continuity of patient care and ambulatory management of common acute to chronic medical problems within a rural or underserved primary care setting. As Osteopathic principles and practice, as well as Osteopathic Manipulative Medicine, are reviewed during this clerkship, students must rotate at a practice that includes an Osteopathic physician.

### Clerkship Director

Larry N. Finkelstein, DO, FACOFP [LarryF@pcom.edu](mailto:LarryF@pcom.edu) 215-871-6380

**Credit:** 17 credits

### Competencies & Objectives

The educational program has identified specific broad areas that students should develop during their training. These help ensure that the students are able to demonstrate and/or develop specific skills. These overarching competencies and objectives specifically addressed in the Primary Care Rural/Underserved OMM Sub-I clerkship are denoted below:

1. Demonstrate basic knowledge of osteopathic philosophy and practice as well as osteopathic manipulative treatment, keeping the 4 tenets in mind;
2. Demonstrate medical knowledge through one or more of the following: passing of course tests, standardized tests of the NBOME, post-core rotation tests, research activities, presentations, participation in directed reading programs and/or journal clubs, and/or other evidence based medical activities;
3. Demonstrate interpersonal and communication skills with patients and other healthcare professionals;
4. Demonstrate knowledge of professional, ethical, legal, practice management, and public health issues applicable to medical practice;

5. Demonstrate the ability to effectively treat patients, provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventive medicine, and health promotion.
6. Demonstrate the ability to critically evaluate methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve patient care practices.
7. Demonstrate an understanding of health care delivery systems, provide effective and qualitative patient care with the system, and practice cost-effective medicine.

### **General Course Objectives:**

#### **Osteopathic Philosophy and OMM**

- Be able to incorporate the tenets of osteopathic medicine in the care of the patient populations treated in the clerkship.
- When possible, educate patients about Osteopathic Manipulative Medicine (OMM) techniques and potentially any simple modifications of those techniques that they may safely do at home, thereby providing an inexpensive treatment option to a population with limited resources.
- Demonstrate OMM on patients with identified somatic dysfunction.
- Develop a better understanding and knowledge of the application of OMM techniques for the extremities in a clinical case context.

#### **Medical Knowledge**

- Be familiar with the diagnosis and treatment of ailments commonly seen in the clerkship region via didactic sessions and readings.
- Document the patient's findings in a SOAP note, with a suitable therapeutic and diagnostic plan.
- Arrive at a reasonable, cost-effective treatment plan, based on the information obtained during the patient encounter.
- Analyze the health of a community, using census, vital statistics, public health data, and other appropriate sources of data
  - Resource: County Census Data ( <http://census.gov/quickfacts>)
  - Resource: National Center for Health Statistics ( <http://www.cdc.gov/nchs/>)
  - Interpret the findings of an outbreak or cluster investigation

#### **Patient Care**

- Provide patient centered medical care to patients, regardless of their ability to pay
- Detail socioeconomic differences in the rural/underserved population and compare to that of urban America (specifically the population of the clerkship).
- Compare and contrast the response of families to medical care provided to urban family units to those family units encountered in the underserved region.
- In conjunction with the preceptor, create a comprehensive treatment, including OMM, plan based on the patient's individual condition.
- Diagnose and apply cranial manipulative treatment to the facial bones if indicated.
- Evaluate a patient with chronic pain and understand how to develop an OMM treatment plan for this type of patient.

### Interpersonal and Communication Skills

- Demonstrate the ability to provide patient instructions effectively to the patient and their families, while avoiding the use of medical jargon
- Be able to present the patient to the preceptor in a succinct, yet comprehensive manner.
- Demonstrate the ability to communicate effectively with patients who may have limited literacy.

### Professionalism

- Demonstrate respect for each patient as an individual, deserving of the same care as any person in any circumstance.
- Present oneself in a professional manner and demeanor, to the preceptor, other health care workers, as well as the office staff and patients.
- Demonstrate the ability to (as applicable) benefit from constructive feedback from the preceptor.

### Practice-based Learning and Improvement

- Use evidence based care to educate patients on the effectiveness of healthy lifestyle choices as a means to reduce disease burden.
- Educate patients in oral hygiene techniques as a means to reduce the incidence of dental caries.
- Understand the rationale for selection of medications used for patient care for commonly seen diagnoses such as hypertension, diabetes, and asthma, based on published guidelines.

### Systems-based Practice

- Compare and contrast the response of families to medical care provided to urban family units to those family units encountered in a rural region.
- Compare community response to medical care in underserved areas to the response seen in urban areas.
- Understand the challenges faced by patients in rural/underserved areas requiring specialist/subspecialist care.

### **Sub-Internship:**

A sub-internship is an acting internship to allow students the opportunity to *actively* participate, (under direct supervision by an attending physician), in the management of patients with common clinical presentations. Students will have the opportunity to experience a broad range of illness severity ranging from stable to life threatening requiring urgent changes in disposition. Students will have the opportunity to improve their basic clinical skills, learn new procedures and examination techniques, and assess the effectiveness of their clinical interventions.

The student will have increasing responsibility for the safe care of patients, based on the continued supervision by the attending physician(s) and demonstrated progress of the student. Student progress will be assessed in the areas of the entrustable professional activities.

### Minimal expectations for a sub-internship:

- A rotation that gives the sub-intern primary responsibility for providing care
- Be developmental, consolidating and refining the knowledge and skills acquired during core

clerkships

- Insure increased responsibility in the evaluation and management of acutely ill in directly supervised patient-care settings
- Promote development of effective inter-professional teamwork and communication skills

The sub-internship must contain rigorous expectations that define:

- Level of supervision
- Duty-hour regulations and clinical workload (typical of an intern)
- Care transitions
- Access to EHRs when possible
- Opportunities for evidence-based, high value care practice

**Patient Encounter** – an interaction with a patient where a medical procedure or treatment is provided and/or evaluation and management services are provided.

Encounter List	Min. # Required	Encounter List	Min. # Required
Abdominal pain	1	Issues of development	1
Acid base disorder (Fluid, Electrolyte)	1	Issues of growth	1
Acute coronary syndrome	1	Jaundice – newborn	1
Acute upper respiratory infections	3	Joint pain/swelling/injury	1
Adolescent health visit	1	Liver diseases	1
Adult preventive care	1	Lumbar Radiculopathy (Low back pain)	1
Altered mental status	1	Lung exam (pneumonia)	1
Amenorrhea/Dysmenorrhea	1	Medial/lateral Epicondylitis of the elbow	1
Anemia	1	Menopause	1
Anxiety disorder	1	Mood Disorder	1
Anxiety/depression	1	Muscle/fascia strain	1
Asthma	1	Nausea, vomiting, diarrhea, abdominal pain	1
Atrial fibrillation	1	Neurological exam	1
Back pain	3	Non-Healing Lesions or Wounds	1
Birth Control Counseling	1	Nutritional concerns by parent or physician	1
Breast exam	1	Obesity	1
Cancer	1	Obstructive airway disease	1
Carpal Tunnel Syndrome	1	OMM/OMT	3
Cervical Cultures (wet prep)	1	Orthopedic injury	1

Cervical Radiculopathy	1	Otalgia/Otitis Media	1
Chest Pain, Cough, Dyspnea (Shortness of Breath)	1	Pap Smear	1
Chronic disease	1	Pelvic Exam	1
CNS, headache, irritability, seizures	1	Pelvic Pain	1
Cognitive disorder	1	Peripheral Vascular Disease	1
Congestive heart failure	1	Phlebotomy	1
COPD	1	Rash	1
Coronary artery disease	1	Respiratory Distress	1
Costochondritis	1	Renal failure	1
Cough	1	Right atrial hypertrophy	1
CVA	1	School-aged health visit	1
Dementia	1	Sinus bradycardia	1
Depression	1	Skin & soft tissue infection	1
Dermatitis	1	Skin & Soft Tissue Lesions	1
Diabetes Mellitus – Type 1 or 2 (Mellitus)	2	Skin survey	1
Diarrhea	1	Smoking cessation	1
Dyslipidemia	1	Somatic Dysfunction	1
Dysuria	1	Sore throat	1
EKG Interpretation	1	STI	1
Endocrine disorder	1	Substance Abuse Disorder	1
Epigastric pain	1	Surgery consult	1
Eye exam (diabetes)	1	Suturing	1
Fetal Doppler for Heart Rate	1	Syncope	1
Fever	1	Thoracic Outlet Syndrome	1
Fibrous Adhesive Capsulitis	1	Thyroid disease	1
Gastroenteritis	1	Toddler health visit	1
Gastrointestinal bleeding	1	Torsade de pointes	1
GERD/PUD	1	URI	1
Geriatric	1	UTI	1
History & Physical Exam	2	Vaginal bleeding	1
HIV infection	1	Vaginal discharge	1
Hypertension	1	Valvular heart disease	1
Immunization counseling	1	Ventricular hypertrophy	1
Infant well check	1	Ventricular pacemaker	1
Issues of behavior	1	Ventricular tachycardia	1

**Expected Essential Skills for the Primary Care Rural/Underserved OMM Clerkship:**

### Introduced/practiced

- Focused exam (gynecologic, breast exam)
- Digital rectal exam
- Suturing
- Wound management
- Formulate treatment plan
- Obtain informed consent

### Expected to perform

- History and physical
- History of present illness
- Obtain past medical history
- Obtain family history
- Obtain personal and social history
- Review of systems
- Obtain vital signs
- Write patient note/SOAP note
- Patient presentation
- Focused Exam (H&N, ENT, cardiovascular/respiratory, abdomen, peripheral vascular, musculoskeletal, neurological)
- Mental status exam
- Gloving
- Differential diagnosis
- Interpret lab tests, imaging studies, basic EKG
- Discuss orders/prescriptions
- Demonstrate evidence-based medicine
- Collaborate as a team member
- Demonstrate appropriate behaviors of a physician
- ME, BLT, Soft tissue, HVLA, Cranial, and other OMT techniques
- Management, counseling and treatment of the LGBTQIA+ community
- Evaluation and Management of the Pediatric and Older Adult populations (cradle to grave)

### **Entrustable Professional Activities**

As a fourth-year student, the focus of skills development is the tasks important for entering residency training:

- EPA1: Gather a history and perform a physical exam
- EPA 2: Prioritize a differential diagnosis following a clinical encounter
- EPA 3: Recommend and interpret common diagnostic and screening tests
- EPA 4: Enter and discuss orders and prescriptions
- EPA 5: Document a clinical encounter in the patient record

- EPA 6: Provide an oral presentation of a clinical encounter
- EPA 7: Form clinical questions and retrieve evidence to advance patient care
- EPA 9: Collaborate as a member of an inter-professional team
- EPA 11: Obtain informed consent for tests and/or procedures
- EPA 12: Perform general procedures of a physician

### **Online Blended Learning:**

Students are expected to complete all online blended learning assignments as listed on the clerkship's associated Blackboard page.

### **Grading Policy:**

The final grade for Primary Care Rural/Underserved Osteopathic Sub-I is determined by the preceptor evaluation and completion of all online blended learning assignments.

- Preceptor Evaluation. Each competency will be evaluated in several (2-3) areas. The means of each competency will be used. Example: For the Patient Care competency, students are evaluated in the areas of history taking and physical exam. Scores of 4 and 5 will be averaged and 4.5 will be added to other competency means. The maximum score = 35.<sup>[1]</sup>
  - Pass = 21-27
  - High Pass = 28-31
  - Honors = 32 or greater

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<sup>1</sup> Note: If fewer than 7 competencies are scored by the preceptor, an adjusted scale will be used.

- Students with less than 21 points (or the minimum passing score) in clerkships that are in patient settings or virtual will be reviewed and with no COMAT:
  - A student who scores less than 3 points per evaluation competency on the clerkship evaluation, i.e. < 21 points for 7 competencies, will meet with the Associate Dean to discuss remediation strategies. Remediation strategies may include repeating the clerkship.
  - A student who scores less than 3 points in any competency will meet with the Associate Dean of Clinical Education.
  -

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## Emergency Medicine DO 415

**Course Description:** The Core Clinical Clerkship in Emergency Medicine provides the student with clinical exposure, observation and training to further their understanding of emergency medicine. Students focus on the care, treatment and diagnosis of a variety of acute and subacute problems in the adult and pediatric emergency medicine patient. Learning highlights how to stabilize and correctly triage critically ill patients to prepare for more advanced study of the discipline.

**Credit:** 17 credits

**Clerkship Director:** John Becher, DO, FACOEP-D, FAAEM [JohnB@pcom.edu](mailto:JohnB@pcom.edu)

**Expectations:** It is anticipated that the student will be able to observe/participate in a variety of emergency medicine procedures. Emphasis will be placed on:

- Physician awareness, assessment, treatment, and acknowledgement of a variety of conditions
- Urgent approach to evaluation, creation of differential diagnosis and acute patient management
  - Integrating basic sciences, including anatomy, microbiology, pharmacology, physiology, biochemistry as well as osteopathic principles and practices into the diagnosis and therapy of common EM conditions
  - Performance of the EM history and physical examination
  - Devising an evidence-based, cost-effective diagnostic approach
  - Appropriate interpretation of diagnostic studies
- Discriminating between available therapeutic modalities

### Competencies & Objectives

The program has identified specific broad areas that students should develop during their training. These help ensure that the students are able to demonstrate and/or develop specific skills. These overarching competencies and objectives specifically addressed in the clerkship are as follows:

1. Demonstrate basic knowledge of osteopathic philosophy and practice as well as osteopathic manipulative treatment;
2. Demonstrate medical knowledge through one or more of the following: Passing of course tests, standardized tests of the NBOME, end of clerkship tests, completion of Blended Learning assignments, research activities, presentations, participation in directed reading programs and/or journal clubs, and/or evidence based medical activities.
3. Demonstrate interpersonal and communication skills with patients and other healthcare professionals.

4. Demonstrate knowledge of professional, ethical, legal, practice management, and public health issues applicable to medical practice.
5. Demonstrate the ability to effectively evaluate and treat patients, provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventive medicine, and health promotion.
6. Demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve patient care practices.
7. Demonstrate an understanding of healthcare delivery systems, provide effective and qualitative patient care with the system, and practice cost-effective medicine.

### **Clerkship Objectives:**

#### Patient Care, OPP and OMM

- Develop proper interviewing techniques
- Perform directed physical examinations
- Develop comprehensive differential diagnoses
- Initiate resuscitation and stabilization
- Selected procedural and wound care techniques
- Develop proper skills for treatment and management as directed:
  - Chest pain
  - Shortness of breath
  - Abdominal pain
  - Pediatric fever
  - Trauma
  - Vaginal bleeding
  - Orthopedic injuries
- Proper patient disposition and follow-up

#### Medical Knowledge

- Identification of the acutely ill patient
- Practice evidence-based medicine
- Development of an evaluation plan
- Diagnostic Test interpretation
- Development of a therapeutic plan
- Treatment of common acute problems

#### Interpersonal and Communication Skills

- Establishing rapport with patient and families
- Effective presentation
- Professional interaction with healthcare team

#### Professionalism

- Respect
- Ethical behavior

- Sensitivity to cultural issues
- HIPAA regulation compliance

#### Systems-based Practice

- Assessment of undifferentiated patient
- Appropriate Consultation/referral(s)
- Primary care for the uninsured and individuals without PCPs
- Understanding of emergency procedures

**Patient Encounter** – an interaction with a patient where a medical procedure or treatment is provided and/or evaluation and management services are provided.

#### Introduced/practiced:

- Give/receive patient handover

#### Expected to perform:

##### History and physical

- History of present illness
- Obtain past medical history
- Obtain family history
- Obtain personal and social history
- Review of systems
- Obtain vital signs
- Patient note/SOAP note
- Patient presentation
- Focused Exam (Head/Neck, ENT, cardiovascular/respiratory)
- Gloving/sterile technique
- Differential diagnosis
- Interpret lab tests
- Discuss orders/prescriptions
- Formulate treatment plan
- Demonstrate evidence-based medicine
- Collaborate as a team member
- Demonstrate appropriate behaviors of a physician

#### Expected Patient Encounters

Encounter List	Min. # Required	Encounter List	Min. # Required
Abdominal pain	3	Medicine consult	3
Acute coronary syndrome	2	Muscle/fascia strain	1
Acute pulmonary embolism	1	Nausea, vomiting, diarrhea, abdominal pain	2
Acute upper respiratory infections	2	Neurological exam	1
Airway management	2	Obesity	1
Altered mental status	1	Obstructive airway disease	1
Amenorrhea/Dysmenorrhea	1	Operative Note	1
Anesthesia consult	1	Orthopedic injury	4

Anxiety/depression	1	Otalgia/Otitis Media	1
Atrial fibrillation	1	Pelvic Exam	1
Atrial flutter	1	Pelvic Pain	1
Back pain	1	Peripheral Vascular Disease	1
Bleeding management	2	Phlebotomy	1
Central Line	1	Psychotic disorder	2
Chest Pain, Cardiac Arrest, Cough, Dyspnea (Shortness of Breath)	5	Rash	1
Cognitive disorder	1	Respiratory Distress/Arrest	1
Congestive heart failure	1	Right atrial hypertrophy	1
Allergic Reaction/Anaphylaxis	1		
Asthma	1	Shock (Recognition/Mgt. of shock)	1
Bedside ultrasound	1		
COPD	1	Skin & soft tissue infection	2
Costochondritis	1	Skin & Soft Tissue Lesions	2
Cough	1	Non-Healing Lesions or Wounds	1
CNS, headache, irritability, seizures	1	Skin survey	1
Dementia	1	Sinus bradycardia	1
Depression	1	Smoking cessation	1
Dermatitis	1	Sore throat	1
Diabetes Mellitus – Type 1 or 2	2	Somatic Dysfunction	1
Diarrhea	1	STI	1
Dyslipidemia	1	CVA	1
Dysuria	1	Substance Abuse Disorder/Overdose	1
EKG Interpretation	4	Surgery consult	2
Epigastric pain	2	Suturing	3
Fever	2	Syncope	3
Fibrous Adhesive Capsulitis	1	Thoracic Outlet Syndrome	1
Gastroenteritis	1	Thyroid disease	1
Gastrointestinal bleeding	1	Torsade de pointes	1
		Toxicology/Poisoning	1
GERD/PUD	1	Transplant	1
Geriatric	1	Trauma	3
History & Physical Exam	2	Ultrasound (Pelvic, Abdominal)	1
HIV infection	1	URI	1
Hypertension	1	UTI	1
IV Placement	4	Vaginal bleeding	2
Joint pain/swelling/injury	2	Vaginal discharge	1
Liver diseases	1	Ventricular fibrillation	1

Lumbar Radiculopathy (Low back pain)	2	Ventricular hypertrophy	1
Lung exam (pneumonia)	1	Ventricular pacemaker	1
Medial/lateral Epicondylitis of the elbow	1	Ventricular tachycardia	1

### **Entrustable Professional Activities:**

The following physician activities are expected of new residents should be practiced during the Emergency Medicine clerkship:

- EPA 1: Gather a history and perform a physical examination
- EPA 2: Prioritize a differential diagnosis following a clinical encounter
- EPA 3: Recommend and interpret common diagnostic and screening tests
- EPA 5: Document a clinical encounter in the patient record (as allowed)
- EPA 6: Provide an oral presentation of a clinical encounter
- EPA 7: Form clinical questions and retrieve evidence to advance patient care
- EPA 8: Give or receive a patient handover to transition care responsibility
- EPA 9: Collaborate as a member of an interprofessional team
- EPA 10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management
- EPA 11: Obtain informed consent for tests and/or procedures (as allowed)
- EPA 13: Identify system failures and contribute to a culture of safety and improvement

### **Recommended References:**

Cline DM, Ma OJ, et al. 2013. Tintinalli's Emergency Medicine: Just the Facts, 3rd Edition, American College of Emergency Physicians, McGraw-Hill Medical Publishing Division

Emergency Medicine Clerkship Primer: A Manual for Medical Students.

[https://www.saem.org/docs/default-source/saem-documents/students/emclerkship\\_primer\\_manual\\_1.pdf](https://www.saem.org/docs/default-source/saem-documents/students/emclerkship_primer_manual_1.pdf)

Toy EC, Simon BC, et al. 2023. Case Files: Emergency Medicine, 5<sup>th</sup> edition. Lange Medical Books/McGraw-Hill, New York (ISBN 978-0-07-159899-6]

### **Grading Policy**

A clerkship is completed when the student has satisfactorily completed: the entire scheduled clerkship, including any excused absences beyond those allowed and/or any unexcused absences which must be made up; all assignments; patient/procedure logs; the COMAT exam; and has demonstrated competent professionalism behaviors.

The final grade for Emergency Medicine is determined by the preceptor evaluation and the score on the Emergency Medicine COMAT.

- Preceptor Evaluation. Each competency will be evaluated in several (2-3) areas. The means of each competency will be used. Example: For the Patient Care competency, students are evaluated in the areas of history taking and physical exam. Scores of 4 and 5 will be averaged and 4.5 will be added to other competency means. The maximum score = 35.<sup>[1]</sup>
- The Evaluation Score will be added to the COMAT score to determine the grade:
  - Pass = 111
  - High Pass = 136-143
  - Honors = 144 or greater
- Students with less than 104 points (or the minimum passing score) in clerkships that are in patient settings or virtual will be reviewed.
  - COMAT is less than 90 – retake COMAT; grade is IP until successfully remediated
  - A student who scores at least a 90 on the COMAT but with less than 3 points per evaluation competency on the clerkship evaluation, i.e. < 21 points for 7 competencies, will meet with the Associate Dean of Clinical Education to discuss remediation strategies. Remediation strategies may include repeating the clerkship.
  - A student who scores less than 3 points in any competency will meet with the Associate Dean of Clinical Education.
- Blended/Online content is included in this rotation. All Blended Learning assignments must be completed in their entirety. Failure to satisfactorily complete assignments will impact the final grade. Students who do not complete the assignments by the end of the rotation will be unable to get an Honors or High Pass. Students who do not complete the online blended learning within 30 days of the end of the clerkship shall receive a failing grade for the entire clerkship.

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<sup>1</sup> Note: If fewer than 7 competencies are scored by the preceptor, an adjusted scale will be used.

- Clerkship failure – a student who
  - Does not meet the minimum requirements for passing a clerkship based on the preceptor evaluation
  - Does not meet all expectations for a “complete” clerkship
  - Is dismissed by a preceptor from a scheduled clerkship
  - Does not show up for a scheduled clerkship as scheduled either at the beginning or during the clerkship without appropriate approval from Clinical Education and the preceptor.
- A COMAT score below 90 will result in exam failure. The exam must be retaken within 45 days from the end of the clerkship. The maximum grade for a repeated COMAT will be a Pass.
- Any student with 2 clerkship failures will be referred to SPEC for review.
- For additional information, refer to the Clinical Clerkship Manual.

General comments/recommended approach to the EM clerkship:

The Emergency Medicine clerkship *can* be one of the most practical and personal learning encounters if the student brings the right attitude to the rotation. Arriving on time, being professional in appearance, behaving in a courteous manner towards patients and families, and being helpful to the nursing and support staff is every bit as important as developing a differential diagnosis. You will not be anonymous on this clerkship.

Each patient that you evaluate will be presented to the EM physician on duty prior to any nursing orders or interventions. Thus, the first lesson you must understand is when you believe the patient is unstable or too sick to wait for the attending physician, you will usually be right. It is always best to trust your instincts and to seek help sooner rather than later. Your first clue (and first step) should always be to review the vital signs.

The ED chart is formatted differently from most other charting and it is closely scrutinized by various individuals in the department, in the hospital, and possibly, the courts. Therefore, it is imperative that your documentation is accurate and complete. After you write your H&P, ROS, PSH, PMH, Meds/Allergies, it is best not to document your assessment or your plan. Those portions of the chart should be recorded *after* you have discussed the patient with the EM physician. You are expected to have made an assessment and plan when you present the patient to the EM physician, but since the physician may not agree with your diagnosis or plan, it is best not to write these down based on your first impression. Changing or correcting/amending a legal document is risky and thus should be minimized. When you do record the final assessment/plan & disposition of the patient, it is important to document a final reassessment of the patient, including vital signs prior to discharge. Patients with abnormal vital signs or those who have not improved are generally not ready to be discharged.

When you evaluate the patient, you should be thorough but not take hours for either the examination or the write-up. After you complete your evaluation, it is generally believed that you should take no more

than five minutes to complete your oral presentation to the EM physician. You are expected to present the pertinent positives and negatives of the history and physical logically and concisely. You should have an idea of what you think is going on with the patient, what tests should be ordered (if any) and be able to present a brief differential diagnosis. It will be up to each individual physician's discretion whether he/she wants the chart to be documented before or after oral presentation of the patient.

There is no way to predict what kind of patients you will see but nearly every single one presents an opportunity for learning—even if you are not the one directly responsible for that patient's care. For example, students are not permitted to manage a trauma patient, but knowing ahead of time where you can stand in the room (to observe without interfering) allows you to witness the event. A trauma patient's care demonstrates the best of EM—it is rapid assessment and interventions in a teamwork environment. The student's role is one of observer in this situation, but every student cannot witness every trauma—even when the patient arrives on your shift. This is also true for critical care/medical resuscitations. The reality of EM is that other patient care must continue despite the arrival of critical patients.

The fact is that the majority of patients presenting to the ED do not have exciting or life-threatening conditions; most have walk-in clinics, urgent care type complaints. These are not a waste of time for anyone but students especially can use this rotation to learn the practical management of a variety of complaints that one's future patients may bring to the office, no matter what specialty you ultimately choose. These are the kinds of things that you, as a physician, may be asked for your advice by another parent at a child's soccer game or Sunday after church or your next-door neighbor. Use the EM experience to increase your competence, comfort level, and knowledge of minor emergencies.

The curriculum of EM necessarily overlaps with other specialties and some of the information you will be tested on will have been covered in other clerkships. That is not a bad thing! Use this month to read and understand procedures that you see, even if you are not allowed to actually perform them. Learn about potentially lifesaving procedures now and don't be surprised when you are an intern that you actually have to do some of these things. For example, for medical codes when the patient has PEA, you may consider pericardiocentesis or needle decompression. The time to read about these procedures is NOW, not when the occasion arises the first time and you are suddenly in the role of treating physician.

**Disclaimer:**

The syllabus is a guide, not a contract. Elements within the syllabus can change with notice during the course as deemed necessary by the course/clerkship directors.

**Diversity, Equity, and Inclusion:**

PCOM course directors and faculty are committed to supporting students and fostering an environment that is both culturally sensitive and responsive to Diversity, Equity and Inclusion in the curriculum. Students are encouraged to play an active role in creating an academic atmosphere that advocates for Diversity, Equity, and Inclusion within the PCOM community and the classroom. The commitment to Diversity, Equity, and Inclusion from the faculty, staff, and students will contribute to producing PCOM



graduates that are prepared to treat all people with culturally appropriate respect and to provide their patients/clients with the highest level of care.

Student suggestions for improvement in DEI-related curricular content may be shared through a variety of channels including communicating your thoughts, concerns and ideas to your Class Representatives; to the Curriculum Committee; to the Course Director or Faculty; or to the Assistant Dean of Health Equity Integration.

### **Mental Health Resources:**

PCOM provides mental health services and resources to support the academic success and wellbeing of students. Counseling Resources are available on and off campus at no cost to the student. Students should utilize the following website to access support services:

<https://www.pcom.edu/studentlife/student-affairs/counseling/>

#### **PCOM Philadelphia Counselors:**

Natashja Rinaldo, BSW, MS, LPC, RYT (she/her), Personal Support Counselor  
Phone: 215-871-7151; Email: [natashjri@pcom.edu](mailto:natashjri@pcom.edu)

Andre Watson, PsyD, Assistant Director of Student Affairs &  
Personal Support Counselor  
Phone: 215-871-6603; email: [andrewa@pcom.edu](mailto:andrewa@pcom.edu)

Danielle Bieber, MS, NCC, LPC Personal Support Counselor;  
Email: [daniellbi@pcom.edu](mailto:daniellbi@pcom.edu)

#### **PCOM Georgia Counselor:**

Leanne Henry-Miller, LPC, MFT, Senior Associate Director of Counseling Phone:  
678-225-7537; Email: [leannehe@pcom.edu](mailto:leannehe@pcom.edu)

Curnesia Bogans, LMFT, Personal Support Counselor; Phone: 470-387-7737  
Email: [curnesibo@pcom.edu](mailto:curnesibo@pcom.edu)

#### **PCOM South Georgia Counselor:**

Christin Zipperer, LPC, NCC, Personal Support Counselor Phone: 229-668-3207;  
Email: [christizi@pcom.edu](mailto:christizi@pcom.edu)

# APPENDIX A

## Academic Rank for volunteer Clinical Faculty Appointments of PCOM 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 third- and fourth-year medical students in the PCOM 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 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 third- or fourth-year medical students MAY be recommended for appointment as a Clinical Instructor.