



Philadelphia College of Osteopathic Medicine
Philadelphia Campus

Preceptor Manual

2023-2024

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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.

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,

A handwritten signature in black ink that reads "Michael A. Becker, DO, MS, FACOF". The signature is written in a cursive, flowing style.

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SECTION 1

GENERAL PRECEPTOR INFORMATION

GENERAL PRECEPTOR INFORMATION

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

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

Preceptors perform an important role in the assessment of medical students during their clinical clerkships. Preceptors will complete a Clinical Evaluation Form for each medical student.

Core clerkships are graded as Honors Pass, High Pass, Pass, and Fail, and are determined by both the clinical competency evaluation, COMAT exam score, and other required work. Elective clerkships are graded as Honors Pass, Pass, and Fail as indicated in the preceptors recommended final grade at the bottom of the evaluation form. All final grades, core or elective, are assigned by the Associate/Assistant Dean of Clinical Education.

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

The GRADING PROCESS in Detail: The expectation is that a student achieves a mean 70% in the core competencies for their Performance evaluation.

- Preceptor evaluation. Each competency will be evaluated in several (2-3) areas (sub-competencies). 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 for an evaluation in which all 7 competencies are assessed = 35. (Appendix A)

- 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 7 scores are added and then added to the COMAT score.
- Minimum pass for all core clerkships is 104. For any student earning less than a mean of 70% on all competencies scored (25 if 7 competencies are scored, an 83 on the COMAT is required).

| | Score Ranges for Cores with Patient Care (7 competencies evaluated) | | | | | | | |
|------------------|--|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| | FMED* | IMED | OBGY | PEDS | PSYC | SURG | OMM* | EMED |
| Honors | 149+ | 150+ | 148+ | 150+ | 151+ | 146+ | 144+ | 150+ |
| High Pass | 140-148 | 141-149 | 140-147 | 140-149 | 142-150 | 136-145 | 136-143 | 141-149 |
| Pass | 104 | 104 | 104 | 104 | 104 | 104 | 104 | 104 |
| Review | <104 | <104 | <104 | <104 | <104 | <104 | <104 | <104 |

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

Please note that for core rotations without a COMAT, the following rubric will be used for grading:

- For an evaluation in which all 7 competencies are evaluated, 90% of a maximum total of 35 points is 31.5; so any score \geq 32 is equivalent to an Honors Pass. (Note should some competencies not be evaluated, 90% of the total maximum scores in those competencies assessed will be recommended as an Honors Pass final grade.)
- For an evaluation in which all 7 competencies are evaluated, 80% of a maximum of 35 total points is 28; so any score of 28 and under 32 is equivalent to a High Pass. (Note should some competencies not be evaluated, 80 %-89% of the total maximum score in those competencies assessed will be recommended as a High Pass final grade.)
- For an evaluation in which all 7 competencies are evaluated, 70% of a maximum score of 35 total points is 24.5; so any score of 25 and under 28 is equivalent to a Pass. (Note should some competencies not be evaluated, 70%-79% of the total maximum score in those competencies assessed will be recommended as a final Pass grade.)
- Any student receiving 69% or less of those competencies assessed on the Evaluation will be given a grade of Fail, and must meet with the Associate Dean of Clinical Education.
- In cores for which only a COMAT score is given or for which a competency is not evaluated, adjustments will be made as shown:

| COMAT Only | FMED | IMED | OBGY | PEDS | PSYC | SURG | OMM | EMED |
|----------------------|-------------|-------------|-------------|-------------|-------------|-------------|------------|-------------|
| Min Honors | 117 | 118 | 116 | 118 | 119 | 114 | 112 | 118 |
| Min High Pass | 112 | 113 | 112 | 112 | 114 | 108 | 108 | 113 |
| Min Pass | 83 | 83 | 83 | 83 | 83 | 83 | 83 | 83 |
| | | | | | | | | |

| 6 Competencies | FMED | IMED | OBGY | PEDS | PSYC | SURG | OMM | EMED |
|-----------------------|-------------|-------------|-------------|-------------|-------------|-------------|------------|-------------|
| Min Honors | 144 | 145 | 143 | 145 | 146 | 141 | 139 | 145 |
| Min High Pass | 136 | 137 | 136 | 136 | 138 | 132 | 132 | 137 |
| Min Pass | 101 | 101 | 101 | 101 | 101 | 101 | 101 | 101 |
| | | | | | | | | |
| 5 Competencies | FMED | IMED | OBGY | PEDS | PSYC | SURG | OMM | EMED |
| Min Honors | 140 | 141 | 139 | 141 | 142 | 137 | 135 | 141 |
| Min High Pass | 132 | 133 | 132 | 132 | 134 | 128 | 120 | 133 |
| Min Pass | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 |
| | | | | | | | | |
| 4 Competencies | FMED | IMED | OBGY | PEDS | PSYC | SURG | OMM | EMED |
| Min Honors | 135 | 136 | 134 | 136 | 134 | 132 | 130 | 136 |
| Min High Pass | 128 | 129 | 128 | 128 | 128 | 124 | 124 | 129 |
| Min Pass | 95 | 95 | 95 | 95 | 95 | 95 | 95 | 95 |
| | | | | | | | | |
| 3 Competencies | FMED | IMED | OBGY | PEDS | PSYC | SURG | OMM | EMED |
| Min Honors | 133 | 134 | 132 | 134 | 132 | 130 | 128 | 134 |
| Min High Pass | 126 | 127 | 128 | 126 | 128 | 122 | 122 | 127 |
| Min Pass | 92 | 92 | 92 | 92 | 92 | 92 | 92 | 92 |

- OMM-Family Medicine clerkship in PA is graded only on the COMAT; all other assignments must be completed.

| OMM | |
|------------|---------|
| Honors | 112 |
| High Pass | 108-111 |
| Pass | 83 |
| Review | <83 |

- OMM-Family Medicine clerkship in GA is graded in based on the evaluation and COMAT; all other assignments must be completed.

| OMM | |
|-----------|---------|
| Honors | 144+ |
| High Pass | 136-143 |
| Pass | 104 |
| Review | <104 |

- Students with less than 104 points (or the minimum passing score with all competencies assessed) in clerkships that are in patient settings or virtual will be reviewed.
 - COMAT is less than 83 and the evaluation score is less than the minimum required, i.e. 21 for 7 scored competencies – failed clerkship. The student will be reviewed by SPEC.
 - COMAT is less than 83 and evaluation score is the minimum or greater than required – the COMAT must be successfully remediated. A second failed COMAT in a discipline – failed clerkship. The student will be reviewed by SPEC.
 - COMAT score is 83 or greater and the total score (COMAT and evaluation score) is less than 104 or appropriate for the competencies assessed – failed clerkship. The student will be reviewed by SPEC. At the time the clerkship is repeated, the COMAT may be waived by the Associate Dean.
- Any COMAT score below 83 must be retaken within 90 days of the end of the clerkship. The maximum clerkship grade for a repeated COMAT will be a Pass.

All blended learning assignments must be completed. Failure to satisfactorily complete assignments may impact the final grade.

Electives will be graded Honors/Pass/Fail.

Grading changes planned for June 2024

PCOM has reviewed student performances for the past two years and will implement revisions to it grading for M3 and M4 clerkships. Highlights of the revisions include:

- The grading revisions will begin for any clerkship or exam taken after 31 May 2024.
- The minimum passing score on all COMATs will become 90.
- Grading for electives will include an option for High Pass. In the past, grading has been Pass, Honors, or Failure.
- A transition plan will be in place for students who complete a clerkship by 31 May but whose COMAT grade or evaluation is not received until after 1 June 2024.

The new grading revisions will not affect the preceptor evaluation of the students' competencies. The preceptor selection of pass, high pass, and honors will be reserved for electives only. For all other clerkships (cores, selectives, subspecialties, and sub-internships, student grades will be based upon the preceptor evaluation of competencies and COMAT, if applicable.

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 2023-2024 grading scale, described in previous sections, 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.

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 student's 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, residency interviews, 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 student's 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 their 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. 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 approval¹. 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.”

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.

¹ 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.

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 diagnoses, 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

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

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).

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.

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; 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).

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.

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.

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 internal 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.

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.

| 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

- History and physical
- History of present illness
- Mental status exam
- Gloving

- 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)
- 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

Entrustable Professional Activities

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, 5th edition, McGraw-Hill Lange Publishers.
- Powell L. 2019. The Comprehensive Osteopathic Manipulative Medicine Review Guide. (125 practice questions).

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 grades for Family Medicine are determined by the preceptor evaluation, the score on the Family Medicine COMAT and completion of Blended Online 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 = 35.²
- The Evaluation Score will be added to the COMAT score to determine the grade:
 - Pass = 104
 - High Pass = 140-148
 - Honors = 149+
- 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 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 83 – retake COMAT; grade is IP until successfully remediated
 - A student who scores at least an 83 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 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.
- 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 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.
- Any COMAT score below 83 will be a failure of the exam and must be retaken within 90 days of 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 without notice during the course as deemed necessary by the course/clerkship directors.

² Note: If fewer than 7 competencies are scored by the preceptor, an adjusted scale will be used.

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, valeriecad@pcom.edu and through Course Evaluations.

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/>

PCOM Philadelphia Counselors:

- Ruth Conboy, DNP, LPC (she/her), Senior Associate Director of Counseling Phone: 215-871-6606; Email: ruthco@pcom.edu
- Natashja Rinaldo, BSW, MS, LPC, RYT (she/her), Personal Support Counselor Phone: 215-871-7151; Email: natashjri@pcom.edu

PCOM Georgia Counselors:

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

PCOM South Georgia Counselors:

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

DO 310 - FAMILY MEDICINE LEARNING OBJECTIVES

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



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

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 therapy.
- 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 Osteopathic philosophy.
4. Appropriately educate patients and their families 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 viscero-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
- History of present illness
- Obtain vital signs
- Patient note/SOAP note

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

Expected 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*, 13th edition, Lippincott Wolters Kluwer. [ISBN 9781496398178]
- Jameson JL, AS Fauci, DL Kasper, SL Hauser, DL Longo. 2019. *Harrison's Principles of Family Medicine-OMM*, 20th edition. McGraw-Hill Publishers [ISBN-13: 978-1259644030, ISBN-10: 1259644030]
- Toy EC, JT Patlan. 2021. *Case Files Family Medicine-OMM*, 6th edition. McGraw-Hill Lange Publishers [ISBN-13: 978-0071843355, ISBN-10: 0071843353].

Grading Policy

The final grades for Family Medicine-OMM are determined by the score on the Family Medicine-OMM COMAT.

- o Pass = 83
- o High Pass = 108 - 111

- o Honors = 112
 - o Review < 83
- A COMAT score below 83 will result in exam failure. The exam must be retaken within 90 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.

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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

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 hypotheses 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 data base 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 everybody needs a lengthy study, since most patients see the physician with simple problems that can be solved with a few questions, a brief exam and no lab work
- Miniaturize a case for presentation to others.

Clerkship Core Competencies

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).

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.

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; 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).

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.

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.

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 internal 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.

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

Introduced/practiced

- IV cannulation
- Obtain informed consent
- 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 (H&N, ENT, cardiovascular/respiratory)
- Gloving/sterile technique
- Digital rectal exam
- Urethral/Foley catheterization
- Wound management
- Differential diagnosis
- Interpret lab tests, imaging studies, basic EKG
- Discuss orders/prescriptions
- Formulate treatment plan
- Demonstrate evidence-based medicine
- Collaborate as a team member
- Demonstrate appropriate behaviors of a physical

Expected 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 |
|-------------------------|---|-------------------------|---|

Expected Essential Skills for the Internal Medicine Clerkship

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 (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 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*, 20th edition. McGraw-Hill Publishers [ISBN-13: 978-1259644030, ISBN-10: 1259644030]
- Toy EC, JT Patlan. 2021. *Case Files Internal Medicine*, 6th edition. McGraw-Hill Lange Publishers [ISBN-13: 978-0071843355, ISBN-10: 0071843353].

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 both the General Internal Medicine core clerkship, Internal Medicine Cardiology core clerkship, and the IM Subspecialty clerkship. The COMAT score will be part of the General Internal Medicine core clerkship grade.

The final grades for Internal Medicine are determined by the preceptor evaluation, the score on the Internal Medicine COMAT, and completion of all required blended online 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 in these will be averaged and 4.5 will be added to other competency means. The maximum score = 35.³
- The Evaluation Score will be added to the COMAT score to determine the grade:
 - Pass = 104
 - High Pass = 141-149
 - Honors = 150 or greater
- 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 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 83 – retake COMAT; grade is IP until successfully remediated
 - A student who scores at least an 83 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 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.
- 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

³ Note: If fewer than 7 competencies are scored by the preceptor, an adjusted scale will be used.

- 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.
- Any COMAT score below 83 will be a failure of the exam and must be retaken within 90 days of 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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DO 313 - INTERNAL MEDICINE LEARNING OBJECTIVES

1. The student will acquire and demonstrate a basic level of competency in the History and Physical Examination.
2. The student will apply the techniques of Problem Solving set forth by Paul Cutlet in his manuscript, Problem Solving in Clinical Medicine published by Williams & Wilkins.
3. The student will acquire the following vital skills in relationship to clinical patient care:
 - a. Collection and interpretation of data
 - b. Pathophysiology of disease
 - c. Processing of data into what is relevant
 - d. Many presentations of a disease
 - e. Many diseases causing a presentation
 - f. Appreciation of what is common and likely
 - g. Solution of Problems
4. By the completion of this rotation the student should be able to:
 - a. Elicit patient information in an intelligent and purposeful order.
 - b. Process, evaluate, and cluster patient information according to relevance, significance and relatedness.
 - c. Formulate single, multiple, or competing hypotheses which suggest possible diagnoses.
 - d. Confirm or reject hypotheses, with additional carefully selected and acquired bits of patient information.
 - e. Utilize various problem-solving techniques and be consciously aware of their use.
 - f. Create diagnostic game plans and structure decision scenarios that are
 - g. Reasonable, orderly, precise, and considerate of cost-benefit-risk-time factors.
 - h. Gather additional information about the patient in accordance with a problem-based student-motivated format.
 - i. Decide what additional data are needed and what further tests to order bearing in mind the concept of imperfect information.
 - j. Transcribe patient information into an orderly well-written database that includes the history, physical exam and basic para-clinical procedures.
 - k. Relate clues in the patient's database to the underlying pathophysiology.
 - l. Construct a complete problem list from the available patient information and be able to assess each problem.
 - m. Solve patient presentations and confirm diagnoses rapidly, like the seasoned
 - n. Clinician who uses shortcuts, tangents, selected data subsets, and high yield tests.
 - o. Develop a more intellectual approach to problem, solving by knowing what
 - p. Diseases are most common and therefore most likely to be present, by knowing
 - q. The various presentations of a single disease, and by realizing that several diseases may coexist in one patient.
 - r. Understand and deal with the taxonomy of quantization. The student must
 - s. Appreciate and deal with such poorly quantified phrases as "usually", "almost always", and "most of the time".
 - t. 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.

- u. Judge who needs a complete work up and who can be managed quickly with a small database, not everybody needs a lengthy study, since most patients see the physician with simple problems that can be solved with a few questions, a brief
- v. Exam and no lab work.
- w. Miniaturize a case for presentation to others.



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

Competencies & Objectives

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.

Expected 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 embolism | 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 |

Patient Care

- The student should be proficient in performing a complete history and review of systems in outpatient settings.
- Develop skills in performing a physical exam, including auscultation of lung sounds with interpretation, cardiac sounds including gallops and murmurs, identification of acute abdomen recognizing organomegaly and signs of liver disease, and a basic neurological exam.
- Develop proficiency in recognizing the activity of illness and formulate a differential diagnosis and treatment plan.
- Be able to interpret basic hematologic and chemistry values; interpret plain abdominal and chest x-ray films and spinal fluid evaluation. Become more proficient in interpreting ECG rhythm disturbance (A fib, MAT, VT) and other abnormalities (Acute STEMI, BBB, AV blocks).
- Become familiar with the EMR charting system.

Expected Essential Skills for the Internal Medicine Cardiology 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 (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 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

Recommended Texts

- Jameson JL, AS Fauci, DL Kasper, SL Hauser, DL Longo. 2022. *Harrison's Principles of Internal Medicine*, 21th edition. McGraw-Hill Publishers [ISBN-13-978-1264268504]
-
- Sun, JC and Joffe HV. 2007. *The Most Common Inpatient Problems in Internal Medicine*. Saunders Elsevier. [ISBN 13:978-1-4160-3203-8]
- Toy EC, JT Patlan. 2021. *Case Files Internal Medicine*, 6th edition. McGraw-Hill Lange Publishers [ISBN-13: 978-0071843355, ISBN-10: 0071843353].

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 both the General Internal Medicine core clerkship, Internal Medicine Cardiology core clerkship, and the IM Subspecialty clerkship. The COMAT score will be part of the General Internal Medicine core clerkship grade.

The final grade for Internal Medicine Cardiology is determined by the preceptor evaluation and other required aspects described for a clerkship to be completed.

- 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 = 35.⁴
 - Pass = 21-27
 - High Pass = 28-31
 - Honors = 32 or greater
- 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 with less than 21 points (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.
- 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 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.
- Any COMAT score below 83 will be a failure of the exam and must be retaken within 90 days of 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 without notice during the course as deemed necessary by the course/clerkship directors.

Diversity, Equity, and Inclusion:

⁴ Note: If fewer than 7 competencies are scored by the preceptor, an adjusted scale will be used.

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, valeriecad@pcom.edu and through Course Evaluations.

Mental Health Resources:

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

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PCOM South Georgia Counselors:

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

DO 314 - CARDIOLOGY LEARNING OBJECTIVES

1. Recognize that the Osteopathic philosophy is applicable to patients on a Cardiology service.
2. Identify those Cardiology patients who would benefit from Osteopathic Manipulative Medicine.
3. Demonstrate attitudes and behaviors consistent with the Osteopathic philosophy.
4. Appropriately educate inquisitive Cardiology patients naïve to the Osteopathic philosophy.
5. Recognize the Cardiology patient's motivation(s) for seeking care.
6. Assess the type and level of care needed for the particular encounter.
7. Project empathy.
8. Encourage Cardiology patients to seek continuing medical care at intervals appropriate for their condition(s).
9. Utilize appropriate health maintenance screening protocols.
10. Provide anticipatory health care.
11. Attempt to educate patients as to the etiology, pathology and pharmacology of their disease process.
12. Understand the relationship between the basic and clinical sciences as it applies to the field of Cardiology.
13. Apply their knowledge in the basic and clinical sciences to the care of Cardiology patients.
14. Demonstrate the ability to assess a Cardiology patient and differentiate the need for urgent versus non-urgent care.
15. Utilize knowledge and clinical skills, when appropriate, to assist with the diagnosis and treatment of a Cardiology patient.
16. Employ viable treatment plans within the confines of clinical data available, and within the socioeconomic capability of the Cardiology patient and/or family.
17. Facilitate and support his/her own education by reading current journal publications, journal articles on Cardiology Blackboard site, Internal Medicine and Physiology textbooks, EKG's, and utilizing information technology.
18. Assess, apply, and assimilate investigative knowledge to improve Cardiology patient care.
19. Appraise the literacy level of Cardiology patients and others in an effort to improve communication.
20. Use effective written, verbal, and nonverbal language.
21. Utilize intuitive and listening skills.
22. Illustrate the attributes of a team player.
23. Cite and communicate information in an organized and succinct manner.
24. Complete responsibilities reliably.

25. Demonstrate respect, empathy, and integrity.
26. Demonstrate understanding of ethical principles of autonomy, beneficence, informed consent, and confidentiality.



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

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

Osteopathic Principles and Practice (if applicable)

Goal: Integration and application 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).

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.

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; 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).

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.

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.

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 internal 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.

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

Introduced/practiced

- Give/receive patient handover

Expected to perform

- History and physical
- History of present illness
- Obtain past medical history (including previous screenings)
- Obtain family history
- Obtain personal and social history
- Review of systems
- Obtain vital signs
- Patient note/SOAP note
- Patient presentation
- Focused Exam (H&N, 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 physical
- Pelvic rock technique

Expected 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 | | |

Expected Essential Skills for the Obstetrics and Gynecology Clerkship

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 presentation
- Focused Exam (H&N, ENT, cardiovascular/respiratory, gynecologic, breast exam)
- Fundoscopy
- Gloving
- Suturing
- Differential diagnosis
- Interpret lab tests, imaging studies, basic EKG
- Discuss orders/prescriptions
- Assist with delivery
- 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 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*, 25th edition. McGraw-Hill Publishers [ISBN-13: 978-12596420-6]
- Toy EC, JT PJ Ross, B Baker, J Jennings. 2021. *Case Files Obstetrics and Gynecology*, 6th edition. McGraw-Hill Lange Publishers]. **ISBN-10** : 126046878X
ISBN-13 : 978-1260468786

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 grades for Obstetrics and Gynecology are determined by the preceptor evaluation and the score on the Obstetrics and Gynecology 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 in these will be averaged and 4.5 will be added to other competency means. The maximum score = 35.⁵
- The Evaluation Score will be added to the COMAT score to determine the grade:
 - Pass = 104
 - High Pass = 140-147
 - Honors = 148 or greater
- 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 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.
- Clerkship failure – a student who
 - Does not meet the minimum requirements for passing a clerkship based on the preceptor evaluation

⁵ Note: If fewer than 7 competencies are scored by the preceptor, an adjusted scale will be used.

- 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.
- Any COMAT score below 83 will be a failure of the exam and must be retaken within 90 days of 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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DO 315 - OBSTETRICS & GYNECOLOGY LEARNING OBJECTIVES

1. The student will recognize that the Osteopathic philosophy is applicable to Obstetrical and/or Gynecological patients.
2. The student will be able to identify those Obstetrical and/or Gynecological patients who would benefit from Osteopathic Manipulative Medicine.
3. The student will demonstrate attitudes and behaviors consistent with the Osteopathic philosophy.
4. The student will appropriately educate Obstetrical and/or Gynecological patients about the Osteopathic philosophy.
5. The student will be able to recognize the Obstetrical and/or Gynecological patient's motivation(s) for seeking care.
6. The student will be able to assess the type and level of care needed for the particular encounter.
7. The student will project empathy.
8. The student will encourage patients to seek continuing medical care at intervals appropriate for their condition(s).
9. The student will utilize appropriate health maintenance screening protocols.
10. Provide anticipatory health care.
11. The student will understand the relationship between the basic and clinical sciences as it applies to Obstetrics and Gynecology.
12. The student will be able to apply their knowledge in the basic and clinical sciences to the care of Obstetrical and/or Gynecological patients.
13. The student will be able to demonstrate the ability to assess an Obstetrical and/or Gynecological patient and differentiate the need for urgent versus non- urgent care.
14. The student will utilize knowledge and clinical skills, when appropriate, to assist with the diagnosis and treatment of an Obstetrical and/or Gynecological patient.
15. The student will employ viable treatment plans within the confines of clinical data available, and within the socioeconomic capability of the Obstetrical and/or Gynecological patient and family.
16. The student will facilitate and advance his/her education by reading current journal publications and utilizing information technology.
17. The student will be able to assess, apply, and assimilate investigative knowledge to improve patient care.
18. The student will be able to appraise the health literacy level of their Obstetrical and/or Gynecological patients and others in an effort to improve communication.
19. The student will be able to use effective written, verbal, and nonverbal language.
20. The student will utilize intuitive and listening skills.
21. The student will exhibit the attributes of a team player.
22. The student will cite and communicate information in an organized and succinct manner.
23. The student will complete responsibilities reliably.
24. The student will demonstrate respect, empathy, and integrity.
25. The student will demonstrate understanding of ethical principles of autonomy, beneficence, non- maleficence, informed consent, and confidentiality.

26. The student will recognize the role of the Obstetrician-Gynecologist as a member and coordinator of the healthcare delivery team.
27. The student will recognize social and economic factors that affect Obstetrical and/or Gynecological patient care.
28. The student will be able to identify the various people/factors involved in the Obstetrical and/or Gynecological patient care process, such as: patient, family, staff, consultants (medical and non- medical), and insurance companies.
29. The student will practice quality cost-effective healthcare.
30. The student will realize the role of the Obstetrician-Gynecologist in the community and society.



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 with the students' learning preferences amongst a diverse community of patients and healthcare professionals. While on the Pediatric Clerkship, the education of the student occurs via a multifaceted approach. Students are taught the essentials of Pediatrics through didactic lectures, observation of clinical procedures, hands-on clinical experiences and direct interaction with faculty, individual patients, and families. Integration of clinical skills and evidence-based medicine is achieved with emphasis on didactic discussions, and development of clinical skills

Credit: 17 credits

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.

Pediatrics Clerkship Core Competencies

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 naïve to the Osteopathic philosophy.

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.

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 a Pediatric 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.

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.
2. Assess, apply, and assimilate investigative knowledge to improve Pediatric patient care.

Interpersonal and Communication Skills

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

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.

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.

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 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 nonmedical), 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)

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 Pediatrics Clerkship

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 (H&N, ENT, cardiovascular/respiratory)
- Gloving
- 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 |
|--|-----------------|---|-----------------|
| 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

- Marcdante K and RM Kliegman. 2022. Nelson Essentials of Pediatrics, 9th edition, Elsevier Publisher. **ISBN-10** : 0323775624
ISBN-13 : 978-0323775625
- Toy EC, R Yetman, M Hormann, M McNeese, et al. 2021. Case Files: Pediatrics, 6th Edition. McGraw-Hill Publisher.
ISBN-10 : 126047495X
ISBN-13 : 978-1260474954

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 grades for Pediatrics are determined by the preceptor evaluation, the score on the Pediatrics COMAT, and completion of all required 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 = 35.⁶

- The Evaluation Score will be added to the COMAT score to determine the grade:
 - Pass = 104
 - High Pass = 140-149
 - Honors = 150+
- 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 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.
- 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.
- Any COMAT score below 83 will be a failure of the exam and must be retaken within 90 days of 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.
- 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 without notice during the course as deemed necessary by the course/clerkship directors.

Diversity, Equity, and Inclusion:

⁶ Note: If fewer than 7 competencies are scored by the preceptor, an adjusted scale will be used.

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, valeriecad@pcom.edu and through Course Evaluations.

Mental Health Resources:

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

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

PCOM Georgia Counselors:

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

PCOM South Georgia Counselors:

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

DO 316 - PEDIATRICS LEARNING OBJECTIVES

1. The student will recognize that the Osteopathic philosophy is applicable to patients on a Pediatric service.
2. The student will be able to identify those Pediatric patients who would benefit from Osteopathic Manipulative Medicine.
3. The student will demonstrate attitudes and behaviors consistent with the Osteopathic philosophy.
4. The student will be able to appropriately educate inquisitive Pediatric patients and their family naïve to the Osteopathic philosophy.
5. The student will recognize the Pediatric patient and family's motivation(s) for seeking care.
6. The student will be able to assess the type and level of care needed for the particular encounter.
7. The student will be able to project empathy.
8. The student will encourage Pediatric patients and their family to seek continuing medical care at intervals appropriate for their condition(s).
9. The student will utilize appropriate health maintenance screening protocols.
10. The student will be able to provide anticipatory health care.
11. The student will understand the relationship between the basic and clinical sciences as it applies to Pediatrics.
12. The student will be able to apply their knowledge in the basic and clinical sciences to the care of Pediatric patients.
13. The student will demonstrate the ability to assess a Pediatric patient and differentiate the need for urgent versus non-urgent care.
14. The student will be able to utilize knowledge and clinical skills, when appropriate, to assist with the diagnosis and treatment of a Pediatric patient.
15. The student will be able to employ viable treatment plans within the confines of clinical data available, and within the socioeconomic capability of the Pediatric patient and/or family.
16. The student will facilitate and support his/her own education by reading current journal publications and utilizing information technology.
17. The student will be able to assess, apply, and assimilate investigative knowledge to improve Pediatric patient care.
18. The student will be able to appraise the literacy level of Pediatric patients and others in an effort to improve communication.
19. The student will be able to use effective written, verbal, and nonverbal language.
20. The student will utilize intuitive and listening skills.
21. The student will illustrate the attributes of a team player.
22. The student will be able to cite and communicate information in an organized and succinct manner.
23. The student will complete responsibilities reliably.

24. The student will demonstrate respect, empathy, and integrity.
25. The student will demonstrate understanding of ethical principles of autonomy, beneficence, informed consent, and confidentiality.
26. The student will recognize the role of the Pediatrician as a member and coordinator of the healthcare delivery team.
27. The student will recognize social and economic factors that affect patient care.
28. The student will be able to identify the various people/factors involved in the Pediatric patient care process, such as: patient, family, staff, consultants (medical and non-medical), and insurance companies.
29. The student will practice quality cost-effective healthcare.



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.

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 physician 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

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).

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.

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; 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).

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.

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.

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 internal 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.

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.

Expected 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 |
| UTI | 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 (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

- Muskin PR. 2015. *Study Guide to Psychiatry: A Companion to the American Psychiatric Publishing Textbook of Psychiatry*, 6th edition. American Psychiatric Publishing.
- Toy EC, DL Klamen. 2020. *Case Files Psychiatry*, 6th edition. McGraw-Hill Publishers.
- Ganit L, M Kaufman, S Blitzstein. 2019. *First Aid for the Psychiatry Clerkship*, 5th edition. McGraw-Hill Publishers.

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 grades for Psychiatry are determined by the preceptor evaluation, the score on the Psychiatry COMAT, as well as participation 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 in these will be averaged and 4.5 will be added to other competency means. The maximum score = 35.⁷
- The Evaluation Score will be added to the COMAT score to determine the grade:
 - Pass = 104
 - High Pass = 142-150
 - Honors = 151 or greater
- 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.
- Any COMAT score below 83 will be a failure of the exam and must be retaken within 90 days. The maximum grade for a repeated COMAT will be a Pass.
- 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 83 – retake COMAT; grade is IP until successfully remediated
 - A student who scores at least an 83 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/Assistant 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/Assistant Dean.
- 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

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

- 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.
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- 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 Counselors:

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

DO 317 - PSYCHIATRY LEARNING OBJECTIVES

1. Recognize that the Osteopathic philosophy is applicable to patients on a Psychiatry service.
2. Identify those Psychiatric patients who would benefit from Osteopathic Manipulative Medicine.
3. Demonstrate attitudes and behaviors consistent with the Osteopathic philosophy.
4. Appropriately educate inquisitive patient's naïve to the Osteopathic philosophy.
5. Perform a competent psychiatric history and a complete mental status examination, and recognize relevant physical findings pertaining to psychiatry.
6. Conduct an interview that facilitates information gathering and the formation of a therapeutic alliance with a patient.
7. Identify clinical psychiatric symptoms and syndromes, as well as formulate a differential and working diagnosis, in order to develop an appropriate assessment and treatment plan for psychiatric patients.
8. Recognize the signs and symptoms of a psychiatric emergency.
9. Perform a clinical assessment and recommend management for a patient exhibiting suicidal ideation or behavior.
10. Conduct an evaluation of decision-making capacity in a medical patient.
11. Identify the diagnosis and treatment of the following common psychiatric diagnoses: major mood disorders, anxiety disorders, personality disorders, PTSD, psychosis, and schizophrenia.
12. Select and initiate appropriate pharmacologic treatment with common psychiatric medications including antidepressants, mood stabilizers, antipsychotics, and benzodiazepines.
13. Understand the diagnoses of dementia and delirium, and know the appropriate medical management of both.
14. Understand the relationship between the basic and clinical sciences as it applies to Psychiatry.
15. Apply their knowledge in the basic and clinical sciences to the care of Psychiatric patients.
16. Facilitate and support his/her own education by reading current journal publications and utilizing information technology.
17. Assess, apply, and assimilate investigative knowledge to improve Psychiatric patient care.
18. Appraise the literacy level of Psychiatric patients and others in an effort to improve communication.
19. Use effective written, verbal, and nonverbal language.

20. Utilize intuitive and listening skills.
21. Illustrate the attributes of a team player.
22. Cite and communicate information in an organized and succinct manner.
23. Complete responsibilities reliably.
24. Demonstrate respect, empathy, and integrity.
25. Demonstrate understanding of ethical principles of autonomy, beneficence, informed consent, and confidentiality.
26. Recognize the role of the Psychiatrist as a member and coordinator of the healthcare delivery team.
27. Recognize social and economic factors that affect Psychiatric patient care.
28. Identify the various people/factors involved in the Psychiatric patient care process, such as: patient, family, staff, consultants (medical and non-medical), and insurance companies.
29. Practice quality cost-effective healthcare.
30. Realize the Psychiatrist's role in the community and society.



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

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

Osteopathic Principles and Practices

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

Objective: 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 family naïve to the Osteopathic philosophy.

Patient Care

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

Objective: The student will:

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 health care.

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.

Objective: 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.

Practice Based Learning and Improvement

Goal: Students will practice evidence-based medicine.

Objective: 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.

Interpersonal and Communication Skills

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

Objective: The student will:

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.

Professionalism

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

Objective: The student will:

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

Systems-Based Practice

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

Objective: 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 General Surgery 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. For in-patient

Introduced/practiced

- Give/receive patient handover

Expected to perform

| | |
|---|--|
| <ul style="list-style-type: none"> ● 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 ● Focused Exam (H&N, ENT, cardiovascular/respiratory) ● Gloving/sterile technique | <ul style="list-style-type: none"> ● Patient note/SOAP note ● Patient presentation ● 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 | 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*, 21th edition, Elsevier Publisher [ISBN 9780323401623]
- Silen W. 2010. *Cope's Early Diagnosis of the Acute Abdomen*, 33rd edition, Oxford University Press [ISBN 10: 0199730458].
- Toy EC, TH Liu, AR C. 2021. *Case Files Surgery*, 6th edition. McGraw-Hill Lange Publishers .**ISBN-10** : 1260468801
ISBN-13 : 978-1260468809

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. 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 other required aspects described for a clerkship to be completed.

- 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 = 35.⁸
- The Evaluation Score will be added to the COMAT score to determine the grade:
 - Pass = 104
 - High Pass = 136-145
 - Honors = 146 or greater
- 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 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 83 – retake COMAT; grade is IP until successfully remediated
 - A student who scores at least an 83 on the COMAT but with less than 3 points per evaluation competency on the clerkship evaluation, i.e. 21 points for 7

⁸ Note: If fewer than 7 competencies are scored by the preceptor, an adjusted scale will be used.

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.
- 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.
- Any COMAT score below 83 will be a failure of the exam and must be retaken within 90 days of 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 without 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, valeriecad@pcom.edu and through Course Evaluations.

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/>

PCOM Philadelphia Counselors:

- Ruth Conboy, DNP, LPC (she/her), Senior Associate Director of Counseling Phone: 215-871-6606; Email: ruthco@pcom.edu
- Natashja Rinaldo, BSW, MS, LPC, RYT (she/her), Personal Support Counselor Phone: 215-871-7151; Email: natashjri@pcom.edu

PCOM Georgia Counselors:

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

PCOM South Georgia Counselors:

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

DO 319 - GENERAL SURGERY LEARNING OBJECTIVES

1. The student will understand the role of OMM in surgical post-op care.
2. The student will appreciate and understand the role of OMM in opioid reduction.
3. The student will appreciate connections between visceral and somatic pain.
4. The student will practice and perform proper gowning, gloving and sterile techniques.
5. The student will provide patients with pre and post-operative orders such as, nutrition, pain and wound care.
6. The student will perform patient surgical consultations.
7. The student will perform minor surgical procedures under proper supervision.
8. The student will provide patients with surgical diagnosis.
9. The student will practice and perform Aseptic/sterile techniques including surgical scrubbing and bedside procedures.
10. The student will understand the acute surgical abdomen through surgical ER consultations, surgical outpatient clinics, and surgical online exercises.
11. The student will conduct pre-operative risk assessments.
12. The student will understand post-operative complications
13. The student will review such surgical concepts as biliary colic, bowel obstruction, trauma, elective surgery, hemodynamics/resuscitation, and GI bleeding.
14. The student will perform a surgical literature review.
15. The student may conduct research by participating in a Q&A project and/or assisting in a pre-existing surgical research project.
16. The student will present a surgical patient.
17. The student will give a lecture presentation.
18. The student will be able to explain surgical procedures to a patient and/or loved one, and obtain informed consent.
19. The student will become familiar with transitions in care.
20. The student will become familiar with patients' right to privacy.
21. The student will understand the importance of maintaining physician wellness.
22. The student will be able to advocate for patient safety.
23. The student will understand and practice discharge planning.
24. The student will engage in appropriate interprofessional education (IPE).
25. The student will understand the basics of surgical oncologic management.



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

Subspecialties

Students will be assigned to one of the following surgery subspecialties:

| | |
|--------------------------|------------------------------|
| Anesthesiology | Obstetrics and Gynecology |
| Cardiothoracic Surgery | Surgery |
| Colorectal Surgery | Oncology Surgery |
| Critical Care | Ophthalmology |
| Emergency Medicine | Orthopedics |
| ENT | Otolaryngology |
| General Surgery | Pediatric Orthopedic Surgery |
| Gynecologic Oncology | Plastic Surgery |
| Gynecologic Surgery | Radiology |
| Hand Surgery | Thoracic Surgery |
| Interventional Radiology | Trauma Surgery |
| Neurology | Urogynecology |
| | 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. This overarching competencies and objectives specifically addressed in the clerkship are denoted in bold:

1. Demonstrate basic knowledge of osteopathic philosophy and practice and 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, and 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)

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 – the below list 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 TEXTBOOKS

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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 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 in these will be averaged and 4.5 will be added to other competency means. The maximum score = 35.⁹
 - Pass = 21-27
 - High Pass = 28-31
 - Honors = 32 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 Associate/Assistant 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.
- Clerkship failure – a student who

⁹ Note: If fewer than 7 competencies are scored by the preceptor, an adjusted scale will be used.

- 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.
- Any COMAT score below 83 will be a failure of the exam and must be retaken within 90 days of 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; to the to the Assistant Dean of Health Equity Integration, valeriecad@pcom.edu and through Course Evaluations.

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PCOM Georgia Counselors:

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

PCOM South Georgia Counselors:

- Christin Zipperer, LPC, NCC, Personal Support Counselor Phone: 229-668-3207; Email: 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

Subspecialties

Students will be assigned to one of the following internal medicine subspecialties:

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

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. This overarching competencies and objectives specifically addressed in the clerkship are denoted in bold:

1. Demonstrate basic knowledge of osteopathic philosophy and practice and 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, and 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.

Expected Patient Encounters – the below list 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 (Mellitus) | 2 | Surgery consult | 1 |
| 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 core clerkship, and the 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 = 35.¹⁰
 - Pass = 21-27
 - High Pass = 28-31
 - Honors = 32+
- 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:
 - 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/Assistant 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/Assistant Dean.
- 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.

¹⁰ Note: If fewer than 7 competencies are scored by the preceptor, an adjusted scale will be used.

- 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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Radiology

DO 322

Clerkship Description

The purpose of this elective 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 services: plain films, CT, MRI, ultrasound, fluoroscopy, vascular intervention, PET and nuclear imaging.

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 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; 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

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 problems

Abdominal Imaging

A. Identify the following structures on a KUB (plain film of the abdomen):

- | | |
|----------------|-----------------|
| • Psoas muscle | • Small bowel |
| • Spleen | • Bladder |
| • Stomach | • Renal outline |
| • Colon | • Rectum |
| • Liver | |

B. Identify the following abnormal conditions on a flat and upright film of the abdomen:

- | | |
|-----------------------------|--------------------------------------|
| • Small bowel obstruction | • Splenomegaly |
| • Appendicolith | • Ruptured abdominal aortic aneurysm |
| • Sigmoid volvulus | • Pneumatosis of the bowel wall |
| • Colonic obstruction | • Ileus |
| • Pneumoperitoneum | • Renal calculus |
| • Misplaced tubes and lines | |

C. Identify the following normal structures on a CT scan of the abdomen and pelvis:

- Liver
- Spleen
- 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 an abdominal pelvic CT:

- Ascites
- Spleen and liver lacerations
- Ruptured 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 ruptured 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 left 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 tubes 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
- 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 Radiology clerkship:

- EPA 2: Prioritize a differential diagnosis following a clinical encounter
- EPA 3: Recommend and interpret common diagnostic and screening tests
- EPA 4: Document a clinical encounter in the patient record
- 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 Material

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

Additional Resources:

These sites have excellent resources for students to review.

- <http://www.med-ed.virginia.edu/courses/rad/> - University of Virginia has provided excellent electronic tutorials on several radiology topics. Chest imaging is an especially helpful module.
- <http://rad.usuhs.edu/medpix/index.html> - Medpix is an excellent source for cases. It is recommended that you submit your case presentations for web publishing.
- <http://www.rsna.org/> - Radiology Society of North America. One of major radiology professional organizations. Publishers of *Radiology*, aka "The Gray Journal" (<http://radiology.rsna.org/>) and *Radiographics* (<http://radiographics.rsna.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/> - American College of Radiology. Professional organization of radiologists. Provides an excellent 'Case of the Day'.
- <http://www.auntminnie.com/> - Aunt Minnie.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 post 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.

- 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 = 35.¹¹
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 - 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.
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- For additional information, refer to the Clinical Clerkship Manual.

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DO 322 - RADIOLOGY

1. Aid student's 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 in 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 has not been
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 thought 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 the patient's

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.



Osteopathic Primary Care Sub-I

DO 412

Course Description

This 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 with a rural or underserved primary care setting.

Credits: 17

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. This overarching competencies and objectives specifically addressed in the Osteopathic Primary Care Sub-I clerkship are denoted in bold:

1. Demonstrate basic knowledge of osteopathic philosophy and practice and 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, and participation in directed reading g 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 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://quickfacts.census.gov/qfd/index.html>
 - 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 |

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| 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 Osteopathic Primary Care Sub-I 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

Online Blended Learning Supplemental Education Activities

The online blended learning supplemental education is to be performed asynchronously through self-directed learning. This education curriculum utilizes modules from the *Choosing Wisely*[®] initiative, MAT Waiver Training, as well as exposes the learner to Physician Wellness/Resilience and Empathy. The student must complete these modules by the end of the rotation.

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

Grading Policy:

- Blended/Online content may be included in this rotation. All Blended Learning assignments must be completed in their entirety. Failure to satisfactorily complete assignments will impact the final grade.

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DO 412 - OSTEOPATHIC/AMBULATORY SUB-I LEARNING OBJECTIVES

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2. The student will be able to identify those patients who would immediately benefit from hands-on Osteopathic Manipulative Medicine and competently perform appropriate Osteopathic manipulative techniques.
3. The student will demonstrate attitudes and behaviors consistent with the Osteopathic philosophy.
4. The student will be able to appropriately educate inquisitive patients and their family, naïve to the Osteopathic philosophy.
5. The student will be able to apply Choosing Wisely® strategies in the care of various patients.
6. The student will recognize the patient's motivation(s) for seeking care.
7. The student will be able to assess the type and level of care needed for the particular encounter.
8. The student will be able to project empathy.
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10. The student will utilize appropriate health maintenance screening protocols.
11. The student will be able to provide anticipatory health care.
12. The student will gain an understanding for evidence based medicine and treatment goals.
13. The student will improve knowledge involving preventive medicine and delivery in regards to population health.
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19. The student will gain an understanding for antibiotic selection in various common family medicine patient presentations.
20. The student will be able to improve antibiotic prescribing and dosing for various common family medicine patient presentations.
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24. The student will facilitate and support his/her own education by reading current journal publications and utilizing information technology.
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49. The student will be able to describe the ethical case for resource stewardship in health care.
50. The student will be able to identify common barriers to resource stewardship and enablers of inappropriate resource use.
51. The student will be able to identify the structural and personal barriers to implementing your specialty society's Choosing Wisely® recommendations in your care of patients.
52. The student will recognize the role of the Family Physician as a member and coordinator of the healthcare delivery team.
53. The student will be able to identify the various people/factors involved in the patient care process, such as: patient, family, staff, consultants (medical and non-medical), and insurance companies.

- 54. The student will be able to practice quality cost-effective healthcare.
- 55. The student will realize the Family Physician's role in the community and society.
- 56. The student will improve knowledge and familiarity with the Opioid Crisis in America and potential ways to improve identification, delivery and execution of possible solutions.



Ambulatory Primary Care Sub-I

DO 413

Course Description

This 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 with a rural or underserved primary care setting.

Credit: 17

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. This overarching competencies and objectives specifically addressed in the Ambulatory Primary Care Sub-I clerkship are denoted in bold:

1. Demonstrate basic knowledge of osteopathic philosophy and practice and 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, and participation in directed reading g 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.

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://quickfacts.census.gov/qfd/index.html>
 - 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 site).
- 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 treatment plan based on the patient's individual condition, which may include OMT.

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 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 growth | 1 |
| Acid base disorder (Fluid, Electrolyte) | 1 | Jaundice – newborn | 1 |
| Acute coronary syndrome | 1 | Joint pain/swelling/injury | 1 |
| Acute upper respiratory infections | 3 | Liver diseases | 1 |
| Adult preventive care | 1 | Lumbar Radiculopathy (Low back pain) | 1 |
| Adolescent health visit | 1 | Lung exam (pneumonia) | 1 |
| Altered mental status | 1 | Medial/lateral Epicondylitis of the elbow | 1 |
| Amenorrhea/Dysmenorrhea | 1 | Menopause | 1 |
| Anemia | 1 | Mood Disorder | 1 |
| Anxiety/depression | 1 | Muscle/fascia strain | 1 |
| Anxiety disorder | 1 | Nausea, vomiting, diarrhea, abdominal pain | 1 |
| Atrial fibrillation | 1 | Neurological exam | 1 |
| Back pain | 3 | Nutritional concerns by parent or physician | 1 |
| Birth Control Counseling | 1 | Obesity | 1 |
| Breast exam | 1 | Obstructive airway disease | 1 |
| Cancer | 1 | OMM/OMT | 3 |

| | | | |
|---|---|-------------------------------|---|
| Carpal Tunnel Syndrome | 1 | Orthopedic injury | 1 |
| Cervical Radiculopathy | 1 | 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 | Respiratory Distress | 1 |
| Costochondritis | 1 | Renal failure | 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 | 1 |
| EKG Interpretation | 1 | STI | 1 |
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| Epigastric pain | 1 | Substance Abuse Disorder | 1 |
| Eye exam (diabetes) | 1 | Surgery consult | 1 |
| Fever | 1 | Suturing | 1 |
| Fetal Doppler for Heart Rate | 1 | Syncope | 1 |
| Fibrous Adhesive Capsulitis | 1 | Thoracic Outlet Syndrome | 1 |
| Gastroenteritis | 1 | Thyroid disease | 1 |
| Gastrointestinal bleeding | 1 | Toddler health visit | 1 |
| GERD/PUD | 1 | Torsade de pointes | 1 |
| Geriatric | 1 | URI | 1 |
| History & Physical Exam | 2 | UTI | 1 |
| HIV infection | 1 | Vaginal bleeding | 1 |
| Hypertension | 1 | Vaginal discharge | 1 |

| | | | |
|-------------------------|---|-------------------------|---|
| Immunization counseling | 1 | Valvular heart disease | 1 |
| Infant well check | 1 | Ventricular hypertrophy | 1 |
| Issues of behavior | 1 | Ventricular pacemaker | 1 |
| Issues of development | 1 | Ventricular tachycardia | 1 |

Expected Essential Skills for the Ambulatory Primary Care Sub-I Clerkship

Introduced/practiced

- Digital rectal exam
- 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, gynecologic, breast)
- 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
- 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
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- 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:

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Emergency Medicine

DO 415

Course Description:

This clerkship 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 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

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. This overarching competencies and objectives specifically addressed in the clerkship are denoted in bold:

1. Demonstrate basic knowledge of osteopathic philosophy and practice and 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, and 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 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 an evaluation plan
- 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 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 | • Gloving/sterile technique |
| • 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 physical |
| • Patient presentation | |
| • Focused Exam (H&N, ENT, cardiovascular/respiratory) | |

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, Cough, Dyspnea (Shortness of Breath) | 5 | Rash | 1 |
| Cognitive disorder | 1 | Respiratory Distress | 1 |
| Congestive heart failure | 1 | Right atrial hypertrophy | 1 |
| Asthma | 1 | Shock (Recognition/Mgt. of shock) | 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 (Mellitus) | 2 | Somatic Dysfunction | 1 |
| Diarrhea | 1 | STI | 1 |
| Dyslipidemia | 1 | CVA | 1 |
| Dysuria | 1 | Substance Abuse Disorder | 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 |
| 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 Textbooks

- Cline DM, Ma OJ, et al. 2013. Just the Facts in Emergency Medicine. 3rd ed, 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/cdem/emergency-medicine-clerkship-primer.pdf?Status=Master&sfvrsn=2f56e821_0
- Toy EC, Simon BC, et al. 2009. Case Files: Emergency Medicine, 4th edition. Lange Medical Books/McGraw-Hill, New York (ISBN 978-0-07-159899-6)
- Practice tests for students <https://www.saem.org/about-saem/academies-interest-groups-affiliates2/cdem/for-students/emergency-medicine-clerkship-primer/saemtests>

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 grades for Emergency Medicine are 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 in these will be averaged and 4.5 will be added to other competency means. The maximum score = 35.¹²
- The Evaluation Score will be added to the COMAT score to determine the grade:
 - Pass = 104
 - High Pass = 141-149
 - Honors = 150 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 83 – retake COMAT; grade is IP until successfully remediated
 - A student who scores at least an 83 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 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.
- Blended/Online content is included in this rotation and required to be completed. 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 Clinical Education and the preceptor.

¹² Note: If fewer than 7 competencies are scored by the preceptor, an adjusted scale will be used.

- Any COMAT score below 83 will be a failure of the exam and must be retaken within 90 days of 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 paperwork 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 write in 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. Re-writing 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 written up 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 an 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 clinic, 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.

Teaching in EM is not limited to the attending or resident physicians. The ED techs and nursing staff are valuable resources and should be utilized as such. Some staff are more approachable than others, but if you are courteous and appreciative, and ask to be shown how to do something, most will agree to it—as long as you are sensitive to the fact that if they say “no” it may be your bad timing—try again later. If you are not able to work with a particular nursing personality, try a different nurse or wait another shift. It never pays to make enemies of the nursing staff.

Part of the learning experience this month is that you should learn how to do many of the simple things that you will be asking nurses to do for the rest of your career. You may

find in the future that some things you will just do yourself (if you know how!) when you can't find a nurse or you are in a hurry.

The issues of privacy and confidentiality are paramount in the EM setting. The environment makes it difficult to promote these things but you must do your best and avoid talking about patients where others may overhear. Also, unlike an office or clinic setting, there is a very good chance that you will encounter dangerous or potentially dangerous patients. Listen to your instincts and do not play hero. Notify the EM physician at once if you suspect a patient may harm himself or others. Also, if a patient is obviously violent or threatening, do not attempt to intervene, and summon help immediately.

You will be keeping a patient encounter log to document the kinds of illnesses and injuries you are seeing. It is helpful to read about what you saw as soon as possible after you see them—*after* your shift. If you have the chance to read while you are on duty, it will be the exception and you should not use studying as an excuse for not evaluating your share of the patients. Students are graded for their knowledge, their skills, and their professional work ethic.

EM is very hands-on, very procedure oriented, but this does not mean that students will be permitted to do every procedure or that the month is sub-optimal if they don't witness every emergency procedure. Once again, this month is the best opportunity to prepare for emergencies you *may* encounter especially during your internship and residency. Becoming familiar with the "how-to" and the "when" & "when not to" is equally important to achieving technical expertise. Use the time you have this month to acquaint yourself with these procedures... you never know when you may be asked to do your first one! Preparedness is one of the precepts of EM.

Disclaimer: The syllabus is a guide, not a contract. Elements within the syllabus can change without 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, valeriecad@pcom.edu and through Course Evaluations.

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/>

PCOM Philadelphia Counselors:

- Ruth Conboy, DNP, LPC (she/her), Senior Associate Director of Counseling Phone: 215-871-6606; Email: ruthco@pcom.edu
- Natashja Rinaldo, BSW, MS, LPC, RYT (she/her), Personal Support Counselor Phone: 215-871-7151; Email: natashjri@pcom.edu

PCOM Georgia Counselors:

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

PCOM South Georgia Counselors:

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

DO 415 - EMERGENCY MEDICINE LEARNING OBJECTIVES

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

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

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

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.

