Clinical Clerkship Manual
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PHILOSOPHY OF OSTEOPATHIC MEDICINE

Osteopathic medicine stresses a comprehensive approach to the maintenance of health. The roots of osteopathic medical education lie in the emphasis it places on the musculoskeletal system. The interrelationship between this and other body systems is basic to health maintenance and the prevention of disease. Founded by Andrew Taylor Still, MD, DO (1828-1917), osteopathic medicine utilizes four fundamental principles which enable the osteopathic physician to look at health and disease in a unique manner:

- The body is a unit; the person is a unity of body, mind, and spirit.
- The body is capable of self-regulation, self-healing, and health maintenance.
- Structure and function are reciprocally interrelated.
- Rational treatment is based on the above three principles.

OSTEOPATHIC PLEDGE OF COMMITMENT

I pledge to:

- Provide compassionate, quality care to my patients;
- Partner with them to promote health;
- Display integrity and professionalism throughout my career;
- Advance the philosophy, practice, and science of osteopathic medicine;
- Continue life-long learning;
- Support my profession with loyalty in action, word and deed; and
- Live each day as an example of what an osteopathic physician should be.

OSTEOPATHIC PHYSICIAN’S OATH

I do hereby affirm my loyalty to the profession I am about to enter. I will be mindful always of my great responsibility to preserve the health and the life of my patients, to retain their confidence and respect both as a physician and a friend who will guard their secrets with scrupulous honor and fidelity, to perform faithfully my professional duties, to employ only those recognized methods of treatment consistent with good judgment and with my skill and ability, keeping in mind always nature's laws and the body's inherent capacity for recovery.

I will be ever vigilant in aiding the general welfare of the community, sustaining its laws and institutions, not engaging in those practices which will in any way bring shame or discredit upon myself or my profession. I will give no drugs for deadly purposes to any person, though it be asked of me.

I will endeavor to work in accord with my colleagues in a spirit of progressive cooperation, and never by word or by act cast imputations upon them or their rightful practices.

I will look with respect and esteem upon all those who have taught me my art. To my college I will be loyal and strive always for its best interests and for the interests of the students who will come after me. I will be ever alert to further the application of basic biologic truths to the healing arts and to develop the principles of osteopathy which were first enunciated by Andrew Taylor Still.
Overview

This manual provides an overview of the current policies and procedures of Alabama College of Osteopathic Medicine (ACOM) pertaining to third- and fourth-year clinical clerkships. ACOM reserves the right to make changes at any time in educational policies, schedules, training sites, evaluation procedures, or any other aspects of the clinical training program. Changes will occur, as needed, to maintain educational requirements, standards, or the quality of the program. Every effort will be made to notify students in a timely manner when changes are implemented and new or revised policies are instituted. Changes will be effective on the date of the notification. Any conflicts regarding the application or interpretation of the policies contained in this manual will be resolved by the Dean of Clinical Sciences, whose decision is final. The Student Handbook is the primary student guide and the Clinical Clerkship Manual is a supplement for use by OMS-III and OMS-IV students while on clerkships.

Divisions of Clinical Resources and Clinical Sciences

Mission and Basic Procedures

The Division of Clinical Resources is dedicated to providing students with the highest quality clinical educational opportunities and providing exceptional service to everyone with whom we interact. Each student is assigned to a core site, which is managed by a director and coordinator, and connected to a regional coordinator for that geographical region. Collectively, the schedules and assignments are coordinated by these personnel. Clinical assignments are based on multiple factors, including availability of preceptors.

The Division of Clinical Sciences will provide students with a well-integrated didactic and experiential curriculum that will broaden students’ medical knowledge and task them to apply that knowledge in clinical settings common to clinical care. ACOM Clinical Sciences Faculty will serve as clerkship chairs and as facilitators for clerkship didactics. ACOM preceptors will assess student abilities at the Point of Care, on rounds, and during other clerkship venues.

Only clinical clerkships scheduled through and confirmed by the Division of Clinical Resources and approved by the Division of Clinical Sciences will fulfill the requirements of the clinical curriculum. No clinical clerkship will be accepted for credit unless approved and confirmed in advance.

A syllabus for each required clerkship, including didactics, reading assignments, and grading criteria, will be provided by the Clerkship Chair. Clerkship Chairs will also assign the final grade.

Division Hours

Regular hours for the Divisions of Clinical Resources and Clinical Sciences are 8:00 a.m. to 4:30 p.m. Central Time, excluding days when the ACOM campus is closed. It is recommended, because of varying schedules, that communication between students and the Divisions is made primarily via email. Along with email, the ACOM voice mail system is active twenty-four hours a day, including weekends and holidays. Voicemail may answer calls if staff members are unavailable. An emergency call schedule will be published annually.

Clinical Resources Staff / Regional Coordinators

The Clinical Resources staff will provide students with guidance and assistance in preparing their clinical clerkship schedule. All plans must be submitted in writing to the assigned staff member who will prepare a final, confirmed plan.
Clinical Sciences Faculty / Staff

The Clinical Sciences faculty and staff will provide students with guidance and assistance in clerkship rotation didactics, grading, and general curriculum issues.

### CLERKSHIP CHAIRS

<table>
<thead>
<tr>
<th>CLERKSHIP</th>
<th>CHAIR</th>
<th>PHONE</th>
<th>EMAIL</th>
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<tbody>
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### FACULTY / STAFF

<table>
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<th>NAME</th>
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</tbody>
</table>
Clerkship Management Software

ACOM uses E*Value management software to schedule clinical clerkships, record student evaluations, and manage the clinical experiences of students. Students receive instructions from their Regional Coordinator with log in information, user name, and password to access their clinical schedule, review evaluations, and complete evaluations of their preceptors and clerkship sites.

Change of Address

It is important that each student’s Regional Coordinator be kept up to date on current contact information. Failure to promptly report a change in mailing address, telephone number, or other contact information can result in failure to receive information important to the successful completion of clinical clerkships. It is the responsibility of the student to supply current and timely contact information.

Professional Demeanor and Titles

All students are held to high professional standards regarding truthfulness in word and deed regarding academic and clinical matters. Students are expected to perform at the highest level of professionalism. Any deviation from that standard as judged by the clinical site may be cause for failure of that clerkship. Reported violations of professionalism may result in referral to the Student Progress Committee.

Students will refer to themselves as “First name, Last name, third/fourth year medical student at Alabama College of Osteopathic Medicine” in a clinical setting. As a group, students are referred to as “Medical Students.” Students will refer to other professionals in the clinical setting by their appropriate title, such as “Dr. Smith,” “Ms. Jones,” etc. Students are never to represent themselves as licensed physicians. If a student has a doctoral degree in any field, this title cannot be used while in any clinical setting whether in a student environment or not. Students may expect to be treated as professionals by all clinical personnel at all times, and in turn conduct themselves professionally, ethically, and respectfully in regard to all clinic and hospital personnel and interactions. Courtesy and a professional demeanor at all times are essential traits for a physician.

Appearance

School officials and preceptors are the final arbiters of appropriate student appearance. If a student’s appearance is not appropriate, students may be immediately removed from clinical duties and asked to correct the problem before continuing with clinical duties. The following rules apply at all times while the student is participating in clerkship activities:

- The student will dress in a neat and professional manner:
  - Conservative hair styles,
  - Conservative make-up and jewelry
  - Neatly trimmed moustaches and beards
  - No visible body piercing or tattoos
  - Clean, pressed white coat
- Professional attire includes:
  - For men: dress shirt, dress pants, tie, closed toe dress shoes and socks
  - For women: dress or skirt not more than 3 inches above the knee, or dress slacks, conservative dress blouse or shirt, closed toe dress shoes and pantyhose or socks
  - No perfume, cologne, or scented body sprays
- The student will maintain a critical awareness of personal hygiene.
- A white student clinic jacket displaying the ACOM patch and an ACOM name badge is required at all times by all students when in a clinical environment.
• Some facilities may require students to wear or display their site specific name badge or ID in addition to that required by the school.
• For activities where an institution requires “scrubs” or other alternative or protective attire, the alternative attire will be provided by the institution, remain the institution’s property, and remain at the institution at all times. Scrubs are not to be worn away from or traveling to and from the clinical training site and are to be returned to the training site upon completion of the clerkship.
• The above requirements apply from the first day of the clerkship to the end of the clerkship, unless the preceptor specifically requests deviation from the above.
• If an affiliated hospital or clinical site has a dress code that differs from ACOM’s standards, the student will follow the dress code of the training facility.

Liability Insurance

The College provides liability insurance coverage for students on approved clinical clerkships while they are directly under the supervision of the assigned preceptor or designee. The College’s liability coverage does not apply to unsupervised student clinical activity. Any clerkship not officially scheduled through the Clinical Resources Division and approved by the Clinical Sciences Division will not be recognized for official credit toward graduation requirements.

Personal Insurance

Students are required to have personal health insurance while on clinical clerkships. Students may be asked to show evidence to the clinical training site that health insurance is in place.

Tobacco, Drug, and Alcohol Use

Unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance by any student of the Alabama College of Osteopathic Medicine while he or she is on College property, involved in College activities, or at any clerkship site, is prohibited. The College will take disciplinary action against a student, group of students, or student organization for any violation of this policy. A student or student organization may also be disciplined for, and is deemed in violation of the Code of Ethics and Honor for, the unlawful possession or consumption at any clerkship rotation site of alcoholic beverages, public drunkenness, or violation of state or local laws regarding alcohol use or possession. Use of any tobacco product or nonprescription narcotic is prohibited at any clerkship rotation site. Students are also required to adhere to the Tobacco, Drug, and Alcohol policy of their clerkship rotation site while in training at that site, and it will supersede ACOM’s clerkship policy only if its more restrictive. See ACOM’s Student Handbook at http://www.acomedu.org/wp-content/uploads/2014/12/2014-2015-ACOM-Student-Handbook.pdf for more information. Any disciplinary actions to be taken and the disciplinary procedures to be applied for the fair adjudication of the alleged violations will be in accordance with policies and procedures published in the Student Handbook.

Inappropriate Conduct

The Student Handbook provides additional information about appropriate student conduct, and the Student Progress Committee will address issues which arise regarding student conduct.

Property of Others

Students will not take temporary or permanent possession of hospital or preceptor property (books, journals, food, scrubs, etc.) without the owner’s expressed permission. Such items should be returned at the completion of the clinical clerkship.
Needle-Stick and Blood-Borne Pathogen Exposure

If a student experiences a needle stick, puncture wound, accident, or sharp injury, or is otherwise exposed to bodily fluids of a patient while on a clinical clerkship, the student should:

1. **Immediately** wash the area, scrubbing skin with soap and water.
2. **Immediately** report the incident to the attending physician or other appropriate supervising physician concerning his/her whereabouts and well-being. Prompt reporting is essential. In some cases, post-exposure treatment may be recommended and should be started as soon as possible.
3. **Seek post-exposure services.** Clinical sites will have a policy in place for blood-borne pathogens, with a point of contact. The student should follow the policy of the training site. If on a core clerkship, contact the Core Site Coordinator for instructions. If on a non-core clerkship, contact the nursing supervisor or employee health service. If the exposure occurs after hours or if the student cannot locate a person to guide them, he or she should go immediately to the emergency department and identify himself/herself as a student who has just sustained an exposure.
4. **Contact the Division of Clinical Resources within 24 hours for instruction regarding reporting the incident, handling costs for post-exposure treatment, etc.**

Eligibility for Clerkships

1. Only ACOM students currently enrolled as OMS-III or OMS-IV students will be allowed on clinical clerkships. To be eligible to begin clinical clerkships, students must successfully complete the entire course of study for year two and have achieved a passing COMLEX 1 score. To be eligible to begin 4th year clerkships, students must successfully complete all components of 3rd year clerkships. In a special circumstance, such as an incomplete grade, the student may begin 4th year clerkships, but a hold will be placed on the student record until all third year requirements are met, which may hinder subsequent registration.
2. Students who pass Level I after the term has begun must enroll in a minimum of 4 credit hours (at least one clerkship) in order to meet the enrollment requirements associated with Federal Student Loan disbursements. For more information, please contact the Office of Financial Aid.
3. Students must have current training in Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), OSHA, HIPAA, Universal Precautions and sterile technique. Training in these areas will be provided on campus before the end of year two. Attendance is mandatory at sessions pertaining to these topics provided at ACOM and at any clinical clerkship site at which they are required.
4. Students are responsible to keep a copy of BLS and ACLS certification cards and present to training sites upon request. It is the responsibility of the student to recertify in these areas before the certification expiration date. Students are encouraged to locate and register for recertification courses three months in advance of the expiration date to ensure that certification is not interrupted. Many core hospitals and other clinical clerkship sites routinely offer recertification classes, often free of charge to students.
5. Students must have personal health insurance and provide proof of insurance to clinical sites when requested.
6. The following documentation is required by most clinical training sites. **Students must provide the Division of Clinical Resources with these documents by April 15 of their OMS-II year.**
   a. Required immunizations and titers demonstrating immunity:
      - Immunizations:
        - Hepatitis B series
        - MMR booster
        - TdaP booster
        - Varicella Booster
• Serum Titers to prove immunity:
  - Varicella IgG titer
  - Measles IgG titer
  - Mumps IgG titer
  - Rubella IgG titer
  - Hepatitis B Surface Antibody titer

If documentation of the above immunizations and titers is not current and on file with the Division of Clinical Resources before clerkships begin, the student will not be allowed to begin clinical clerkships. It is, therefore, important for students to comply with the April 15 deadline for submission of immunization and titer documentation so that discrepancies can be cleared prior to the student's first scheduled clerkship. If you have an insufficient titer result, the subsequent vaccination and follow-up titer is on you. SAMC Employee Health will work with you, but you are responsible for costs incurred.

b. Many clerkship sites require an annual influenza vaccination, usually by December 1 of each year. Students are strongly encouraged to obtain the influenza vaccination and keep documentation on hand to provide to clerkship sites upon request.

c. An annual TB test must be current and on file by April 15 of each year; chest radiography is required every two years if the TB test is considered positive.

d. Updated Certified Background Check: The Certified Background report submitted for admission to ACOM will not meet this requirement. An updated report must be completed and on file with the Division of Clinical Resources by April 15 of the OMS-II year.

e. Ten-Panel Drug Screen: The drug screen completed for admission to ACOM will not meet this requirement. An updated drug screen must be completed between February 1st and April 1st and on file with the Division of Clinical Resources by April 15 of the OMS-II year.

f. Students will receive instructions from the Division of Clinical Resources regarding procedures to obtain an updated criminal background check and drug screen.

g. CertifiedBackground.com will be responsible for tracking and interpreting results for conducted background checks and drug tests, in addition to reports of physical examinations and immunizations submitted by ACOM students.

Some clinical training sites may require documentation in addition to that listed above. Students should pay close attention to clerkship requirements when applying for placement at non-ACOM sites. Students must adhere to and complete facility-specific orientation and/or training requirements at each clerkship site, even if repetitive of requirements met at ACOM or previous clerkship sites. For example, students may be required to attend HIPAA training at each of their training sites.

Assignment of Core Clerkships

Core sites and clerkships are assigned by the Division of Clinical Resources. Before completion of the second year, students rank their top choices for core sites. Using a “schedule optimization” (lottery) process, the Division of Clinical Resources will assign core sites based, to the extent possible, on the student’s top choices. There will be a one-to-two week trading period after core sites are assigned when students will be allowed to switch their core site assignment with other students, after which schedules will be set and finalized. After the trading period ends, students will not be permitted to change core sites.

Clerkship Schedule Changes

Students may request changing an elective or selective clerkship with 60 days’ notice to the Division of Clinical Resources. The student should send the request, with a reason for the change, by email to his/her regional coordinator. Each request will be considered on a case-by-case basis.
Core Clerkships

Core clerkships will be completed during the OMS-III year at an assigned core site. Core clerkships may require the student to work with a variety of instructors at various levels, including interns, residents, and attending physicians. The following are guidelines for the clinical clerkship experience:

- The student is clinically responsible to the person to whom he/she is assigned at that time.
- Students will comply with all rules and regulations at the core site and any institution to which they are assigned.
  - If assigned to a hospital, clinic, or other institution, the institution will define what benefits the students will have while at the institution (e.g. discounted or free meals, lodging, etc.) and under what circumstances the students will have access to those benefits.
  - The institution is responsible for determining the degree of student involvement at that institution including access to the facility and areas within the facility, clinical access to patients, access and contribution to the medical record, and observation and participation in procedures.
  - Each student should have access to the hospital library or learning resources center in the same capacity as physicians and house staff at the institution.
- Students will conduct themselves during the clerkship as though they were guests in someone else's home. Conduct otherwise may result in disciplinary action by the hospital and/or ACOM including dismissal from the clerkship and/or referral to the Student Progress Committee.
- Students will return any borrowed property before the end of the clerkship, including surgical garb, library materials, textbooks, pagers or other items.

Clinical Clerkship Sites

ACOM provides clinical training experiences primarily in Alabama, although excellent sites are available in other locations. Students will receive the highest quality clerkship experiences through the framework established by the Alabama Medical Education Consortium (AMEC). Since 2005, medical students from partner schools have served their third and fourth year clerkships in the core sites set up by AMEC and managed by core site directors (physicians) and coordinators. This enriched and expanding clinical network, coupled with mature core site management, adds value to the clinical clerkship experience for ACOM students.

The Division of Clinical Resources assigns students to specific core clerkships. These mandated learning experiences are at sites with preceptors who provide ACOM with training opportunities and from whom the school gets quality assessments of students throughout their clinical training.

Students will complete these specific core clerkships over the course of their third year of training at assigned core sites. These educational exposures occur in a practical, clinical environment designed to develop expertise in patient diagnosis and management. In addition to outpatient experiences at hospital-based clinics, free-standing clinics, and physicians’ offices, students will be provided with inpatient clinical experiences at hospitals and medical centers.

During the third year, the student will be assigned to a core site. Each site will be centered on a carefully selected hospital with sufficient resources to provide the third year curricular plan. The fourth year curriculum is intended to build on the foundational experience provided in the third year. Fourth year experiences are in settings where more demands for independence can be expected of the senior medical student. Flexibility is provided by three clerkships of elective time in the third year and up to eight clerkships of elective time in the fourth year to give students ample opportunity to pursue their special interests.
A current list of ACOM clerkship sites to which students will be assigned can be found at the end of this document. These clinical clerkships are directed toward areas of medicine that are important in the primary care practice.

Formal clinical affiliation agreements are in place with these training sites. Students are expected to comply with the policies, procedures, and general rules of the training facility at which any clerkship is completed. The institution is responsible for determining the degree of student involvement at that institution, including access to the facility and areas within the facility, clinical access to patients, access and contribution to patients’ medical records, as well as observation and participation in procedures. Each student should have access to the hospital library or learning resources center in the same capacity as physicians and house staff at the institution.

**Length of Clerkships**

The minimum length of a clerkship is four (4) consecutive weeks at the same site with a single physician or a hospital responsible to the school for the student’s education during the clerkship. A clerkship may not be “split” unless by approval by the Associate Dean of Clinical Sciences at least four weeks prior to the scheduled onset of the clerkship.

**Hours of Duty**

Each clinical training site sets its own schedule. Night call, weekend coverage, and holiday assignments are at the discretion of the training site.

- Clerkships begin at 7:00 a.m. on the first Monday of the clerkship block and end at 7:00 p.m. on Friday evening 26 days later. Deviation from these hours is at the discretion of the supervising physician preceptor. Students may not take call or remain on service after 7:00 p.m. on the last Friday of the clerkship. If the supervising physician deviates from the clerkship plan and has planned numerous “days off” such as his/her personal vacation, the student should contact the clerkship chair for advice and counsel.
- A typical workweek is 60 – 72 hours per week. The workweek shall be limited to a minimum of 45 hours and a maximum of 80 hours, averaged over the four-week period of the clerkship. Students may not “compress” their clerkship schedule, working extra hours some weeks in order to complete the clerkship in less than four weeks.
- The maximum duration of any work period will be 24 hours and must be followed by a minimum of 12 hours off duty. No student shall be required to be on call or perform night duty after a day shift more than once every three days.
- Students shall be given a minimum of two days off every 14 days. This requirement may be met by giving a student every other weekend off, but this is at the discretion of the supervising physician.
- Departure prior to the scheduled departure date will be considered an unexcused absence and may result in failure of the clerkship, unless approved by the supervising physician and the clerkship chair.
- On the final weekend of the rotation, the student must be given adequate time to travel to the next clerkship rotation site. It is intended that Saturday and Sunday are all travel days, and that all student assignments are completed by the final Friday of the clerkship rotation.

**Attendance**

- **One hundred percent attendance** is expected at all clinical clerkships. Any absence during scheduled clerkship work hours, for any reason, must be arranged with and excused by the preceptor and reported to the regional coordinator in advance. The student must report the absence to their regional coordinator in advance. If on a core clerkship, the student must also notify the Site Coordinator.
• **Any** absence during clerkship work hours must be made up by the student in accordance to a plan pre-approved by the preceptor.

• **Extended absences** will not be excused for travel to elective clerkships and/or medical mission work. Students will use the weekend between clerkships for travel time to the next clerkship. If a student needs additional time to travel to a geographically distant clerkship, this should be discussed with the supervising physician of the current clerkship and the student's regional coordinator as soon as the need is known.

• An absence from a clerkship will be excused only under extreme circumstances. Students cannot be absent from any clerkship experience without permission from the supervising physician. Absence from a clerkship in excess of three days or any unexcused absence will be reviewed by the Associate Dean of Clinical Sciences and may result in repetition or failure of the clerkship.

• The student may be excused, with **prior approval** from the student's regional coordinator, for COMLEX USA examinations. One day of excused absence is allowed for COMLEX Level 2 CE. Students are encouraged to schedule the NBOME/COMLEX exam at a testing center in close proximity to their training site. One day of excused absence is allowed for the COMLEX Level 2 PE exam. These absences must be as a written request in advance to the student's regional coordinator. Students should discuss with the supervising physician on the first day of the affected clerkship their need for release time for testing. Students wishing to take additional time for licensure exam study or review, may be approved to do so by the Associate Dean of Students, but will be required to take a leave of absence and make up the time prior to graduation.

• Should a student receive a notice for **Jury Duty**, he/she may obtain a letter from the Clinical Resources Division describing a clinical student's duties and obligations and verifying the status of "full time student," which should suffice for excusal from jury duty, but does not excuse the student from jury duty; only a judicial official has the authority to excuse the student from serving on a jury. The Clinical Resources Division will work with the student individually to ensure that such requests are provided in a timely and accurate manner.

• ACOM maintains, and the student must recognize, that fulfillment of the academic program is top priority and that it is the student's responsibility to fulfill all course and clerkship requirements.

• ACOM does not specifically allow time off for the USMLE exam or for interviews for postdoctoral positions. With approval from the supervising physician, time missed may be made up by taking night call or weekend call.

• If a personal health problem or family medical problem prevents a student from meeting the assigned responsibilities, the student should immediately contact their regional coordinator. A written physician's note must be presented to all involved parties for any absence exceeding 24 hours. All lost time is expected to be made up with night or weekend duty, at the direction of the supervising physician or Site Director.

• Dishonesty to a preceptor or the school (such as portraying oneself as "ill" when that is not the case) is inappropriate behavior. Should a student decide to take time away from a clerkship for reasons other than those listed above or be found to be dishonestly portraying his/her reason for being away from a clerkship, the "unexcused absence" policy will apply. In addition, the circumstances regarding the absence may be referred to the Student Progress Committee. Violations of student conduct can result in adverse consequences up to and including suspension and/or dismissal. Refer to the Student Handbook regarding standards of conduct and the Student Progress Committee.

### Non-Clinical Experiences

It is important for students to observe and participate in non-clinical experiences such as tumor board, journal club, or hospital committees in order to understand and appreciate the full spectrum of activities in which physicians are involved. Students are expected to participate in as many non-clinical experiences as are approved by the preceptor.
Health Insurance Portability and Accountability Act (HIPAA)

Students will abide by the rules established by HIPAA with a focus on maintaining privacy of Protected Health Information (PHI). This includes prohibition of discussing patient information in an inappropriate manner or setting.

Core Curriculum

ACOM entrusts its various clinical training sites, Site Directors, and Supervising Physicians to train students for excellence in clinical practice. The preceptors and clinical training sites will implement the curriculum in a manner that balances the learning needs of the students and the educational resources available at the site. To enhance learning, preceptors and sites are encouraged to use a variety of teaching techniques, including observation, monitored participation, video and audio recordings, computers, readings, individual discussions, and presentations by students, faculty, and others. Specific curricular expectations are outlined in the curriculum syllabus for each of the required clerkships.

The clinical years (3rd and 4th) will consist of clinic, hospital, and office-based training. All faculty are approved by ACOM based on interest and dedication to teaching as well as the evaluation of the Curricula Vitae (CV) and background checks. The clinical curricula reflect the mission of the college through planning and evaluation in the Academic Planning and Evaluation Committee for Curriculum (APECC) and the input and review of the Dean’s Cabinet.

Entry into any third year course requires successful completion of the entire course of study of the second year. During the third year, the student will be assigned to a core site. Each site will coordinate with clinics and hospitals within a 50-mile radius with sufficient resources to provide the third year core curricular plan. The core experience within the site will consist of the following REQUIRED clerkships: one month of Behavioral Medicine, two months of Internal Medicine, one month of General Surgery, one month of Obstetrics/Gynecology, one month of Pediatrics, and one month of Family Medicine. The remainder of the year is designated for selectives and electives.

The fourth year curriculum is intended to build on the foundational experience provided in the third year. The only required clerkship is Emergency Medicine. Fourth year experiences are in settings where more demands for independence can be expected of the senior medical student. Electives will allow students to travel to locations for clerkships in their chosen specialty in preparation for application to residency programs.

At each core site, there will be a Core Site Director and Core Site Coordinator. The Core Site Director manages the core site and its operation, as well as directing interaction with the College regarding student performance. The Core Site Coordinator manages the day-to-day activities of students, such as preceptor assignment, evaluations, lectures, and post-clerkship exams. The Core Site Coordinator will contact the student before core clerkships begin regarding student expectations, housing, orientation activities, and other pertinent information.

Classification of Clinical Clerkships

Clinical clerkships are classified as required core, selective or elective:

a. **Required Core Clerkships**: Required core clerkships are assigned by the Division of Clinical Resources and cannot be changed by the student.

b. **Selective Clerkships**: Students will complete two selective clerkships during the third year: one medical selective and one surgical selective. **Selectives must be performed in a hospital setting.** Selective clerkships must be chosen from the selective clerkships list approved by ACOM. The preceptor for a selective clerkship may be a member of the ACOM Clinical Faculty or adjunct
faculty, or a faculty member of an affiliated medical school. If a student wishes to complete a selective clerkship with a physician not on the approved faculty list, that physician must first receive approval through the Division of Clinical Sciences.

c. Elective Clerkships: Students will complete three elective clerkships during their third year and up to eight elective clerkships during their fourth year. Electives can be in any specialty and at any medical facility. Preceptors for elective clerkships may be any licensed, practicing physician approved by the Division of Clinical Sciences and is not required to be a member of the ACOM Clinical Faculty. Students are encouraged to schedule elective clerkships in a variety of clinical practice areas for broad-based clinical exposure. Students may not complete more than two elective clerkships with the same supervising physician over the combination of the third and fourth year.

OMS-III Clerkships

a. Core Hospital Clerkships: Clerkships are completed during the OMS-III year.

b. Students have the option to complete selective clerkships at locations other than at ACOM core sites provided the clerkships are approved by the Division of Clinical Sciences 60 days in advance.

<table>
<thead>
<tr>
<th>Clerkships</th>
<th>Course Numbers</th>
<th># of 4 Week Rotations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core: Behavioral Medicine</td>
<td>DO CLIN 801</td>
<td>1</td>
</tr>
<tr>
<td>Core: Internal Medicine I</td>
<td>DO CLIN 802</td>
<td>1</td>
</tr>
<tr>
<td>Core: Internal Medicine II</td>
<td>DO CLIN 803</td>
<td>1</td>
</tr>
<tr>
<td>Core: Obstetrics / Gynecology</td>
<td>DO CLIN 804</td>
<td>1</td>
</tr>
<tr>
<td>Core: General Surgery</td>
<td>DO CLIN 805</td>
<td>1</td>
</tr>
<tr>
<td>Core: Pediatrics</td>
<td>DO CLIN 806</td>
<td>1</td>
</tr>
<tr>
<td>Core: Family Medicine</td>
<td>DO CLIN 807</td>
<td>1</td>
</tr>
</tbody>
</table>

*Selectives must be chosen from designated specialties approved by the Associate Dean for Clinical Sciences. For month one, students choose from a medicine specialty, and for month two, students choose from a surgical specialty. If a student chooses to fulfill the clerkship with a physician not on the approved list, he/she must first receive approval through the Division of Clinical Sciences.

Selective Choices: (Course numbers DO CLIN 810-839 will be assigned)

**Month One - Medicine:**
- General Internal Medicine: DO CLIN 810
- Gastroenterology: DO CLIN 811
- Cardiology: DO CLIN 812
- Nephrology: DO CLIN 813
- Pulmonology: DO CLIN 814
- Hematology/Oncology: DO CLIN 815
- Rheumatology: DO CLIN 816
- Neurology: DO CLIN 817

**Month Two - Surgery:**
- General Surgery: DO CLIN 818
- Orthopedics: DO CLIN 819
- ENT: DO CLIN 820
- Ophthalmology: DO CLIN 821
- Urology: DO CLIN 822
- Urogynecology: DO CLIN 823
- Gynecological Surgery: DO CLIN 824
Elective Choices: (Course numbers DO CLIN 840-899 will be assigned)

** Electives shall not be with the same physician for more than two months for the combination of the 3rd and 4th years.

<table>
<thead>
<tr>
<th>General Internal Medicine</th>
<th>DO CLIN 840</th>
<th>Pediatrics</th>
<th>DO CLIN 854</th>
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<tbody>
<tr>
<td>Gastroenterology</td>
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<td>OB/GYN</td>
<td>DO CLIN 855</td>
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<td>Sports Medicine</td>
<td>DO CLIN 857</td>
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<td>Pulmonology</td>
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<td></td>
</tr>
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<td>Hematology/Oncology</td>
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<td>General Surgery</td>
<td>DO CLIN 861</td>
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<tr>
<td>Rheumatology</td>
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<td>Neurosurgery</td>
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<td>Otolaryngology</td>
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<td>Allergy/Immunology</td>
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<td>Anesthesiology</td>
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<td>Critical Care Medicine</td>
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<td>Vascular Surgery</td>
<td>DO CLIN 865</td>
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<tr>
<td>Infectious Diseases</td>
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<td>Orthopedics</td>
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<td>Adolescent Medicine</td>
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<td>PM&amp;R</td>
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<td>Addiction Medicine</td>
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<td>Pathology</td>
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<tr>
<td>FQHC</td>
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**SAMPLE STUDENT SCHEDULE - Third Year**

<table>
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<tr>
<th>Fall 2015 Semester Courses</th>
<th>Credit Hours</th>
<th>Spring 2016 Semester Courses</th>
<th>Credit Hours</th>
<th>Summer 2016 Semester Courses</th>
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<tr>
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<td>Selective II</td>
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<td>Internal Medicine I</td>
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<td>Family Medicine</td>
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<td>OB/GYN</td>
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</tr>
<tr>
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<td>Pediatrics</td>
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<td>TOTAL</td>
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<td>TOTAL</td>
<td>8</td>
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</table>

**OMS-IV Clerkships**

a. Emergency Medicine: OMS-IV students will complete a four-week emergency medicine clerkship at their core site or an affiliated site.
### Clerkships

Core: Emergency Medicine  

<table>
<thead>
<tr>
<th>Course Numbers</th>
<th># of 4 Week Rotations</th>
</tr>
</thead>
<tbody>
<tr>
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**Electives**  

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<th>Course Numbers</th>
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<tbody>
<tr>
<td>DO CLIN 940-999</td>
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**TOTAL**  

<table>
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<th># of 4 Week Rotations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10</td>
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</tbody>
</table>

**Elective Choices: (Course numbers DO CLIN 940-999 will be assigned)**

** Electives shall not be in the same specialty for more than four months for the combination of the 3rd and 4th years. Students may not precept with the same physician for more than two months for the combination of the 3rd and 4th years.

- General Internal Medicine: DO CLIN 940
- Gastroenterology: DO CLIN 941
- Cardiology: DO CLIN 942
- Nephrology: DO CLIN 943
- Pulmonology: DO CLIN 944
- Hematology/Oncology: DO CLIN 945
- Rheumatology: DO CLIN 946
- Neurology: DO CLIN 947
- Allergy/Immunology: DO CLIN 948
- Critical Care Medicine: DO CLIN 949
- Infectious Diseases: DO CLIN 950
- Adolescent Medicine: DO CLIN 951
- Emergency Medicine: DO CLIN 952
- Endocrinology: DO CLIN 953
- Pediatrics: DO CLIN 954
- OB/GYN: DO CLIN 955
- Sports Medicine: DO CLIN 957
- General Surgery: DO CLIN 961
- Neurosurgery: DO CLIN 962
- Otolaryngology: DO CLIN 963
- Anesthesiology: DO CLIN 964
- Vascular Surgery: DO CLIN 965
- Orthopedics: DO CLIN 966
- ENT: DO CLIN 967
- Ophthalmology: DO CLIN 968
- Urology: DO CLIN 969
- Radiology: DO CLIN 973
- Dermatology: DO CLIN 974
- Women’s Health: DO CLIN 975
- Behavioral Health: DO CLIN 976
- Family Medicine: DO CLIN 977
- OMM: DO CLIN 978
- Geriatrics: DO CLIN 979
- PM&R: DO CLIN 980
- Occupational Medicine: DO CLIN 981
- International Medicine: DO CLIN 982
- Addiction Medicine: DO CLIN 983
- Pathology: DO CLIN 984
- FQHC: DO CLIN 985
- Hospice & Palliative Care: DO CLIN 999

### SAMPLE STUDENT SCHEDULE - Fourth Year

<table>
<thead>
<tr>
<th>Fall 2015 Semester Courses</th>
<th>Credit Hours</th>
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<tbody>
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<td>Elective II</td>
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</tr>
<tr>
<td>Elective III</td>
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<tr>
<td>Elective IV</td>
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<tr>
<td>Elective V</td>
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<table>
<thead>
<tr>
<th>Spring 2016 Semester Courses</th>
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<td>Emergency Medicine</td>
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<td>Elective VI</td>
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<td>Elective VII</td>
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<td>Elective VIII</td>
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<td>Elective IX</td>
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<tr>
<td>TOTAL</td>
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</tbody>
</table>
Number of Clerkships

Students will complete 22 clinical clerkships in the third and fourth year, each of which is represented as a course on the student's transcript. Twelve clerkships are completed during the third year and ten clerkships are completed during the fourth year.

Third Year Clinical Clerkship Descriptions:

DO CLIN 801) Behavioral Medicine:
Four weeks focusing on the evaluation, intervention, and management of the psychiatric patient. Emphasis is placed on the medical student learning the triage and community integration of treatment models, treating the patient in the setting close to home rather than the inpatient psychiatric hospital. This month will offer the integration of the psychiatric treatment model with the goal of community treatment and placement for the mentally ill patient.

DO CLIN 802) Internal Medicine I:
Four weeks of training in clinic and hospital settings leading to a foundational understanding of general medical problems in the adult male and female patients. This precedes and represents a requirement for Internal Medicine II.

DO CLIN 803) Internal Medicine II:
Four weeks of training with the same objectives as IM I. Increases the consolidation of educational goals by providing continuity of environment and faculty found in IM I.

DO CLIN 804) Obstetrics/Gynecology:
Four weeks of training in the inpatient or outpatient setting to obtain acceptable competency for a medical student in the care of medical and surgical issues related to the female genitourinary system. This will include the evaluation and care of the pregnant patient for prenatal, delivery and post-natal period.

DO CLIN 805) General Surgery:
Four weeks of training in the hospital setting under the supervision of a hospital-based general surgeon(s). This will include the evaluation, surgical intervention, consultation, and follow-up of the adult male and female population.

DO CLIN 806) Pediatrics:
Four weeks of clinical training in the outpatient and/or inpatient setting. The student will learn to take an appropriate history for male and female patients from birth to adulthood. Emphasis will be placed on preventive health management for evaluation of growth milestones, as well as immunization strategies. Identification of the acutely ill patient will be integrated into the experience.

DO CLIN 807) Family Medicine:
Four weeks of training with a family physician students will work with a family physician in order to gain a more complete perspective of the uniqueness of family medicine and further their learning of clinical knowledge and skill sets necessary to practice medicine in a variety of outpatient and inpatient settings.

DO CLIN 810-839) Selectives:
There are two Selective Clerkships that are required in the third year: one in medicine, the other in surgery. They must be done in a hospital setting with preceptors that are approved by the Division of Clinical Sciences. Each student will be assigned to one physician/physician group to follow and work with faculty throughout his/her schedule of clinical activity. All selective clerkship preceptors will be approved by the Alabama College of Osteopathic Medicine's Division of Clinical Sciences.. The Division of Clinical Resources will offer a pre-approved set of clerkship sites from which the students may choose the required selective clerkships, but students will not be limited in their choice to only these sites. Site evaluations are collected and reviewed.
DO CLIN 840-899) Electives
Electives may be completed in any discipline, with any licensed practicing physician approved by the Division of Clinical Sciences and are not required to be completed with a member of the ACOM clinical faculty.

Osteopathic Principles & Practice During Third Year Clinical Clerkships
During all clerkship rotations, students will work to incorporate osteopathic structural diagnosis and treatment techniques in all hospital and outpatient areas. Students will pre-round; attend rounds, and post round at the discretion of the preceptor. Students will also observe and participate in patient care at the discretion of the preceptor. Students will complete the grading elements of this experience during their core clerkship rotations. Please note: This is NOT a clerkship. This is a curricular requirement that will run throughout the length of the third year. Completion is required in order for students to start their OMS-IV year. For more information, please consult the OPP for Clerkships syllabus.

Fourth Year Clinical Clerkship Descriptions
DO CLIN 903) Emergency Medicine:
Four weeks of training with a prerequisite of successful completion of the entire third year of training prior to entry. Students will be educated in the initial evaluation and stabilization of the acutely ill or traumatized patient. Education of the triage process at the entry into the Emergency Department is included in the experience.

DO CLIN 940-999) Electives
Electives may be completed in any discipline, with any licensed practicing physician approved by the Division of Clinical Sciences and are not required to be completed with a member of the ACOM clinical faculty.

Locating Selective or Elective Clerkships
a. If the student finds a selective/ elective clerkship that (s)he would like to do within the ACOM network, (s)he should contact her/his Regional Coordinator by email to request the clerkship. The majority of ACOM preceptors are clinicians with busy practices, so they may not always be available at the time for which the clerkship is requested.

b. Personal or Professional Contacts
If a student is interested in completing a clerkship with a physician who is not an ACOM credentialed preceptor, but who is interested in accepting students for clinical clerkships, that student may request approval from the Division of Clinical Sciences.

- For elective clerkships with a new preceptor, the student should send the physician’s name, practice name, telephone number, and e-mail to the Associate Dean of Clinical Sciences.
- For selective clerkships, the physician may be credentialed as a member of the ACOM Clinical Faculty.
- Affiliation Agreements: A student who requests a clerkship with a physician who is not a credentialed ACOM preceptor must determine if the clinic or hospital where the preceptor practices will require an affiliation agreement and what supporting documents (immunizations, certificate of insurance, etc.) should be provided. This information, along with contact information (name, address, telephone number, and email address) for the clinic or hospital must be provided to the student’s Regional Coordinator at least 120 days in advance of the clerkship start date.
Applying for Clerkships at Medical Education Programs
A physician who holds a faculty appointment with another school of medicine is not required to become a member of the ACOM Clinical Faculty.

Students may apply for clerkships at other medical schools and graduate medical education programs. These clerkships are often used to "audition" for GME programs. Each training site will have its own application guidelines and processes, which typically can be found on the institution's or program's website. Please note that the application process will vary with different programs and can be time-consuming. Some programs will allow students to apply for a clerkship rotation online, while others will require the signature of the Associate Dean of Clinical Sciences before processing the request. Students must complete their portion of the application and forward it to his or her Regional Coordinator, along with a checklist of all items that the host program requires for a completed student packet. If the application is completed online, the application checklist must be forwarded to the Regional Coordinator. If there is an application fee, a check should be included with the application. The Regional Coordinator will forward the completed application packet, along with the supporting documents, such as immunization records and certificate of liability insurance, to the host program. Students are responsible for securing housing and for all costs associated with these clerkships. Clerkships at medical education programs should be requested at least 120 days in advance to allow time to complete the necessary processes. Applications received less than sixty days prior to the start date of the clerkship may not be approved. In that situation, the student may be placed at an alternative clerkship site at the discretion of the Division of Clinical Sciences.

(Note: Active Duty Military clerkships will follow these procedures as well.)

Locating Clerkships at Medical Education Programs:
Students will be provided a list of potential residency sites by May 1 of each year for the purpose of scheduling audition rotations. Students will find it extremely useful to perform audition rotations at residency programs to which they are interested in applying for residency. It is strongly recommended that each student perform audition rotations in at least three (3), if not four (4), residency programs in which they are interested. The usual audition rotation season opens in June of the OMS-III year and concludes in late November of the OMS-IV year.

Students may find the following websites helpful in locating clerkships at medical education programs:

AOA Online Opportunities database has information about osteopathic residency programs. Most programs accept visiting students for clerkships. Information can be found at the following address: http://www.opportunities.osteopathic.org/

FRIEDA Online is an online database maintained by the ACGME of accredited GME programs. http://www.ama-assn.org/ama/pub/education-careers/graduate-medical-education/freida-online.page

AAMC-Member Program http://www.aamc.org/students/medstudents/electives

Visiting Student Application Service (VSAS) Some programs require students to apply through VSAS. Details can be found at https://services.aamc.org/20/vsas/

Students may also contact programs directly or review their website(s).
Participating in Out-of-Network Selectives /Electives

a. Student Responsibilities
   • Student identifies preceptor or residency program and gets tentative approval for clerkship from preceptor/program.
   • Student requests approval via e-mail from the Associate Dean of Clinical Sciences. Approval request should include the completed Out of Network Request form, which lists the following information: preceptor’s name and CV; practice name and contact information, including telephone and e-mail address; plus forward the e-mail the student received from preceptor/program indicating approval for clerkship.

b. Division of Clinical Sciences
   • The Associate Dean of Clinical Sciences sends approval via e-mail to student and copies Regional Coordinator

c. Division of Clinical Resources
   • Regional Coordinator uses information from the Out of Network Request form to make initial contact with the preceptor/program. Additional information can be accessed at http://opportunities.osteopathic.org/search/search.cfm or http://www.ama-assn.org/ama/pub/education-careers/graduate-medical-education/freida-online.page
   • Regional Coordinator confirms and provides the information as required by the preceptor/program/institution. The establishment of communication with the host institution/agency will start the clock for exchange, review and approval of the clerkship activity. If approval from both ACOM and the host institution is not secured by 60 days from the start date, the probability of completing the necessary requirements in time to start the clerkship is significantly decreased.
   • If an affiliation agreement is required, the student **DOES NOT** negotiate it – the Regional Coordinator does.

d. Key Assumptions to Guide and Direct Out-of-Network Activities
   • Request for approval for elective clerkships must be received at ACOM 120 days prior to requested clerkship.
   • Participation in an elective clerkship will be at the final discretion of the ACOM and the host institution.
   • Students must pay any application and/or registrations fees and meet any additional requirements of host agency/institution as noted in Visiting Student Application Service or presented by the program.
   • All applications and supplemental materials must be completed 90 days prior to the start of a clerkship.
   • A completed submission to ACOM or the host institution does not guarantee approval or acceptance.

Additional Options for Elective Clerkship Rotations

Students may consider the following options when planning elective clerkships:

a. **International Studies**: OMS-IV students who are in good standing may complete up to two international clerkships involving the clinical care of patients. The primary site supervisor for international clerkships must be a licensed physician qualified to practice within the host country. Students will be responsible for obtaining the appropriate visa and immunizations or other prophylaxis requirements. International clerkships must be approved at least 60 days in advance.
by the Division of Clinical Sciences. The guidelines/application for international clerkship can be obtained from the Dean of Students.

b. **Research Elective:** Students who are in good standing may complete up to two research electives with prior approval by the Division of Clinical Sciences and with sponsorship by an ACOM on-campus faculty member or an ACOM adjunct clinical faculty member. A research elective may involve, but is not limited to, the following: clinical investigation, policy studies, or health services research and may be laboratory-based, practice-based, or both. Research electives must be approved at least 60 days in advance by the Division of Clinical Sciences. Guidelines/Applications for the research elective can be obtained from the Division of Clinical Resources.

d. **Off-Cycle Clerkships:** If an OMS-IV student is accepted for an elective clerkship at a training site that has a clerkship schedule different from ACOM, the student must first ask if that site will accept the ACOM clerkship schedule. Sites will often accommodate varying student schedules in order to recruit applicants for their residency programs. If the training site will not accommodate the ACOM clerkship schedule, the Division of Clinical Sciences will review the student's request for alternate scheduling on a case-by-case basis.

**Limits on Clerkships**

a. Throughout years 3 and 4, the student will not be permitted to complete more than five elective/selective clerkships in the same specialty. For example, a student who is interested in cardiology could use a medical selective in cardiology and then up to four elective clerkships in cardiology.

b. Students may not complete more than two elective/selective clerkships with the same preceptor.

c. Students may complete only one clerkship with a preceptor who is a member of the student’s family. A clerkship completed with a family member must be an elective clerkship.

d. Guidelines on student participation in clinical activities while on clerkship rotations are included in this document as Appendix C. They are meant to be recommendations for policies concerning student involvement in the clinical setting at all clerkship rotation venues.

**Confirmation of Clerkship Assignments**

It is the responsibility of the student to contact each site 7 days prior to arrival to confirm the clerkship, obtain instructions regarding start time, dress code, housing arrangements and to receive any special instructions or assignments for the clerkship. It is recommended that these contacts be made at least 2 weeks in advance. The student should send a letter of introduction and/or a CV, and a photograph before starting the clerkship as a way of introducing themselves (some sites will require these items). For any clerkship occurring at a core site, it is very important to work with the Site Coordinator to confirm the clerkship and coordinate clerkship details. Some core sites ask that students not contact preceptors directly, but to arrange clerkships through the Site Coordinator. The student should confer with the Coordinator at their core site to determine the best method to confirm clerkships at that site.
Patient Care Activities

The clinical site will define the degree of student involvement in patient care activities at that facility. Students must comply with all of the general and specific rules and medical ethics established by the hospital, clinic, or facility at which they are being trained.

A medical student is not legally or ethically permitted to practice medicine or assume responsibility for patient care. A student may be involved in assisting in the care of a patient, but only under the supervision of a licensed physician. The attending physician is responsible for the medical care of the patient. A student may not administer therapy or perform procedures, except under the supervision of a licensed physician to whom the student has been formally assigned.

Medical Records/Charting

Policies regarding documentation by medical students in medical records will vary among hospitals and clinics. Some sites allow students to write full notes and orders directly into the patient’s chart. In this case, the supervising physician must also document the history of present illness, any relevant physical exam information, as well as an assessment and plan. Student notes are never to serve as the attending physician’s notes. Some sites have separate pages in the chart, often brightly colored, set aside for student documentation. This allows the student to practice their documentation skills, but will not become a part of the permanent medical record. These notes should also be reviewed and signed by the supervising physician. If dictation or computerized entry by students is allowed, those notes must also be reviewed and signed by the attending physician. Students are responsible for proactively obtaining charting/documentation instructions from the preceptor or site coordinator at each clerkship site. The student must always sign and date all entries into the medical record by name and educational status, such as John Smith, OMS-III.

Portfolio/Milestone Competencies Log

Students must record clinical thinking and procedural skills witnessed by their preceptors in the Portfolio/Milestones Competencies Log in the PxDx section of E*Value. Each skill will be listed as "performed," "assisted," or "observed." Students should access the log daily while on each clinical clerkship in order to record and verify each clinical skill. Students must make sure they are accurately logging their experiences with each symptom/problem and clinical skill during their OMS-III year. Doing so is important because ACOM will generate a letter on the student's behalf for audition rotations and residency applications that speaks to the student's competency in these areas. If the portfolio is incomplete, then this competency log is incomplete, and potential Residency Program Directors will not be able to see a true picture of the student's abilities.

Student grades will not be influenced by the number of clinical skills recorded, but the log will serve as a method for students to track their performance of common skills typically encountered during clinical clerkships. As such, this log will become an important asset to the student when applying for residency. In addition, the log will serve as a tool to assist ACOM to evaluate the clinical experiences received by students at various training sites.
Grading Guidelines for Clinical Clerkships

Assignment of Grades

A grade for each clerkship will be assigned by the Clerkship Chairs. Details can be found in the clinical syllabus for each clerkship. The elements required for each core clerkship include a post-clerkship COMAT examination, evaluation by the Supervising Physician or Core Site Director, attendance and participation at grand rounds or other conferences, clerkship rotation didactics, case studies, and quizzes or oral exams. Students who do not receive a passing score will be required to remediate certain portions of the clerkship. The final grade will be assigned and approved within 14 days of the completion of the clerkship. A letter grade is assigned for each clerkship. **Students must score 70% or higher on each grading element to pass the clerkship.**

Grading Scale

The academic status or grading of medical student performance is determined at the end of each semester. Grades are determined through averaging scores collected through assignment(s) scores, quiz(s), practical results, evaluations, and COMAT exams. Each clerkship has a syllabus which will explain in detail how the grades are calculated. Grades shall be assigned to individual students on the basis of the Clerkship Chair's judgment of the student's scholastic achievement using the grading system below:

<table>
<thead>
<tr>
<th>Quality of Performance</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>A</td>
</tr>
<tr>
<td>Good</td>
<td>B</td>
</tr>
<tr>
<td>Satisfactory</td>
<td>C</td>
</tr>
<tr>
<td>Failure</td>
<td>F</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Grading Symbols</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incomplete</td>
<td>I</td>
</tr>
<tr>
<td>Administrative Withdrawal</td>
<td>AW</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>W</td>
</tr>
</tbody>
</table>

Clerkship Chairs will report a numeric grade to the registrar. A letter grade of A, B, C, or F will be assigned to the score for the course by registrar based on the following scale:

\[
A = 90-100\% \quad B = 80-89\% \quad C = 70-79\% \quad F = < 70\%
\]

The minimum satisfactory grade for each element of a core clerkship is C. Grades of A, B, C, and F will be factored into the GPA calculation. Grades of I, AW, and W will not affect GPA.

Incomplete Clerkships

"A grade of Incomplete (I) may be assigned if the student's didactic work in a clerkship rotation is incomplete or if the student will be required to take a remediation exam. The Associate Dean of Clinical Sciences will establish a deadline of not more than 90 days for the student's completion and/or remediation of remaining coursework, and the grade of Incomplete will be replaced once the student has completed all assigned coursework or remediation. A student who fails to complete all coursework by the deadline will be assigned a grade of F."

Assignment of the Final Grade

The final grade for each student will be assigned by the Clerkship Chair. The Clerkship Chairs reserve the right to use their discretion to modify a student’s grade based upon stated criteria and/or circumstances in addition to those referenced in this document. Students must score 70% or greater for each required grading element.
Failure of a Clerkship

A student who fails a clerkship will be required to repeat and pass that clerkship prior to graduation. This may result in the student not being able to graduate as scheduled. Any student who fails a clerkship rotation will be referred to the Student Progress Committee.

Grade Appeals

Questions regarding a clerkship rotation grade are to be directed to the Clerkship Chair only. Students are never to contact the supervising physician who evaluated them. Refer to the Student Handbook for procedures on how to appeal a clerkship rotation grade.

COMLEX Exams

The COMLEX-USA series, administered by the National Board of Osteopathic Medical Examiners (NBOME), is an examination sequence with three Levels. While all examination levels have the same two-dimensional content structure, the depth and emphasis of each level parallels the educational experiences of the candidate. This progressive nature of the COMLEX-USA examinations ensures the consistency and continuity of the measurement objectives of the osteopathic medical licensing examinations (www.nbome.org).

Students must take and pass COMLEX USA Level 1, COMLEX USA Level 2-CE and COMLEX USA Level 2-PE to meet graduation requirements. Students who fail COMLEX Level 1 or 2 may be placed on administrative leave of absence and required to participate in exam preparation courses or programs. Examination dates will be provided to the students. A student who fails a COMLEX exam will remain in good standing with the college until deemed otherwise by recommendation of the Student Progress Committee to the Dean. Multiple attempts on each exam are allowed; however, please note that many state licensure boards may have limits on the number of exams taken in issuing medical licenses.

COMLEX Level 1

Students are required to take COMLEX USA Level 1 as soon as possible following completion of the second year and they must take it no later than June 30th. Students are not allowed to start clerkships until they have achieved a passing score on COMLEX Level 1 exam.

COMLEX Level 2-CE and Level 2-PE

Passage of Step 2 Cognitive Evaluation (CE) and Step 2 Performance Evaluation (PE) is required for graduation. Passing scores must be documented no later than March 1 of the year graduating. Initial attempts at Step 2 exams must be scheduled by July 1 of the year preceding graduation.

Student Evaluations

Competency Based Evaluation

A Student Evaluation will be completed by the supervising physician at the completion of each clerkship. The evaluation will be based on the student’s behaviors, knowledge, and skills observed by the preceptor and other members of the healthcare team in each of the following core competencies:
• **OSTEOPATHIC PHILOSOPHY AND OSTEOPATHIC MANIPULATIVE MEDICINE**
  **OMM Knowledge:** Articulates and demonstrates an understanding of the osteopathic approach to patient care.
  **OMM Treatment:** Demonstrates an ability to formulate an OMM treatment plan.

• **MEDICAL KNOWLEDGE**
  **Professional Knowledge:** Demonstrates effective use of medical knowledge necessary for patient care and accesses information through consultations and/or literature searches.

• **PATIENT CARE**
  **History Taking:** Obtains relevant information and performs a complete and accurate history.
  **Physical Exam and Documentation:** Performs a complete and accurate physical examination and provides accurate and meaningful documentation.
  **Diagnosis:** Synthesizes clinical findings and/or laboratory data to formulate an appropriate differential diagnosis.

  **Treatment Plan:** Writes an appropriate treatment plan.
  **Skills and Procedures:** Uses instruments and performs simple procedures correctly.

• **INTERPERSONAL AND COMMUNICATION SKILLS**
  **Interpersonal Communication and Interaction:** Demonstrates effective listening, questioning, and narrative skills to communicate with patients, families, and other healthcare professionals, being sensitive to cultural, religious, and language issues.
  **Presentation Skills:** Organizes and reports case presentation information in a logical and meaningful format.

• **PROFESSIONALISM**
  **Motivation and Professionalism:** Demonstrates willingness to learn and accept instruction; maintains professional, respectful, and cooperative relationships with others (preceptors, staff, patients, and families).

• **PRACTICE-BASED LEARNING AND IMPROVEMENT**
  **Diagnostic and Therapeutic Effectiveness:** Uses reliable and current information in diagnosis and treatment; demonstrates the ability to extract and apply evidence; makes self-improvements as needed.

• **SYSTEMS-BASED PRACTICE**
  **Knowledge of Healthcare Delivery Systems:** Understands the basic business applications in a medical practice; shows operational knowledge of healthcare organizations; understands the role of the student as a member of the healthcare team; attends and participates in local meetings.
  **Local Healthcare Advocacy:** Understands local healthcare needs and challenges; makes appropriate use of local medical resources on behalf of patients.

At ACOM these competencies are defined within the following standards statements, as articulated in the table on the next page(s).
### ACOM Program Educational Outcomes

<table>
<thead>
<tr>
<th>Graduate Characteristics</th>
<th>ACOM Program Educational Outcomes</th>
<th>AOA Comp</th>
<th>EPA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Knowledge: Medical Expert</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>To integrate information about normal structure and function of living systems with an emphasis on humans.</td>
<td>OPP MK</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>To relate to the normal state the variations in structure and function that lead to disease.</td>
<td>OPP MK</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>To comprehend biochemical and physiological analytic methods, including techniques, application, pitfalls, and interpretation.</td>
<td>MK</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>To categorize, describe, and use various therapeutic methods including osteopathic manipulative medicine in their application to human illness.</td>
<td>OPP PC</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>To possess a clinically useful understanding of the elements of diagnostic reasoning.</td>
<td>OPP PC</td>
<td>2</td>
</tr>
<tr>
<td>6</td>
<td>To identify those urgent, life-threatening, or painful human conditions that require immediate and specific interventions, including the initiation of appropriate initial therapy for those with life-threatening vascular, pulmonary, or neurologic conditions; the recognition and outline of initial management for patients requiring critical care; and/or the plan for and initiation of management strategies to relieve pain and ameliorate the suffering of patients.</td>
<td>OPP; PC MK</td>
<td>4, 110</td>
</tr>
<tr>
<td>7</td>
<td>To interpret and apply the scientific method in the acquisition of new knowledge, the interpretation of published knowledge, and the application to problem solving in the laboratory and clinical settings.</td>
<td>OPP PBLI</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>To employ mathematical and epidemiological principles in the application of fundamental methods of data reduction and analysis to clinical problems.</td>
<td>PBLI</td>
<td>7</td>
</tr>
<tr>
<td>9</td>
<td>To know the cardinal ethical principles and their application in medicine.</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>To describe the elements of social structure and to use this information in the understanding and management of human behavior and illness.</td>
<td>OPP PC</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>To describe the basic elements of State and national health care system, its funding, and the effects of these factors on individual and community health.</td>
<td>SBP</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>To demonstrate awareness of the financial, political, and other situations that pose potential and real conflicts of interest to the practice of medicine and to strive to avoid such entanglements.</td>
<td>SBP</td>
<td></td>
</tr>
<tr>
<td><strong>Skills: Culturally Aware Communicator</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>To collect and record in a concise, reliable, and cohesive fashion the key elements of a clinical history including elements of mind, body and spirit.</td>
<td>OPP ICP PC</td>
<td>1</td>
</tr>
<tr>
<td>14</td>
<td>To perform and record accurately the findings observed in a physical assessment.</td>
<td>OPP ICP</td>
<td>1</td>
</tr>
<tr>
<td>15</td>
<td>To collect, perform, and/or interpret essential laboratory assessments and diagnostic procedures.</td>
<td>OPP PC</td>
<td>3</td>
</tr>
<tr>
<td>16</td>
<td>To use electronic resources for self-education, the education of others including patients and their families, and for direct patient care.</td>
<td>OPP PBLI</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>To formulate a comprehensive list of diagnostic considerations based upon integration of historical, physical, laboratory findings and diagnostic modalities including imaging ability to formulate an appropriate therapeutic response to it.</td>
<td>OPP PBLI PC</td>
<td>2</td>
</tr>
<tr>
<td>18</td>
<td>To demonstrate a step-wise process of diagnostic refinement through the application of clinical reasoning.</td>
<td>OPP ; P</td>
<td>2</td>
</tr>
<tr>
<td>19</td>
<td>To communicate, by oral and written means, knowledge, knowledge interpretation, and recommendations to a wide range of audiences, including patients, patients' families, peers, instructors, and other health care professionals, being responsive to and mindful of the needs and cultural background of the audience.</td>
<td>OPP; ICP</td>
<td>5,6,9</td>
</tr>
<tr>
<td>20</td>
<td>To demonstrate self-education through the use of a comprehensive range of educational modalities.</td>
<td>OPP; P</td>
<td></td>
</tr>
</tbody>
</table>
### Behaviors: Dutiful Scholar, Manager, and Collaborator

| 21 | To provide a precise, timely, and comprehensive approach to patient care and its documentation. | OPP SBP 1, 2, 3, 4 |
| 22 | To exhibit compassion in dealings with patients without regard to ethnicity, gender, financial situation, social condition, or incapacity. | OPP; PC: P |
| 23 | To conduct all interpersonal communications and activities, including those with colleagues, staff members, patients, families, and teachers, with dignity, appropriateness, and cultural awareness. | OPP; PC 9 |
| 24 | To use the highest ethical principles in interpersonal relationships and in professional activities, including direct patient care and research. To employ the cardinal ethical principles and their application in medicine. | MK |
| 25 | To use the principles of self-initiated learning in approaching new challenges. | OPP; P |

### Attitudes: Professional Health Advocate

| 26 | To be respectful of others and of their beliefs, opinions, and privacy. | OPP; P |
| 27 | To be scrupulously honest in all matters of professional life. | P |
| 28 | To provide compassion in matters that deal with the life, health, suffering, and dying of individuals under his/her care. | OPP; PC; P:SBC:IPC |
| 29 | To assume responsibility when appropriate with one’s position, training, and experience and to defer responsibility to those with higher qualifications when necessary or other members of the healthcare team appropriate. | P; IPC |
| 30 | To maintain curiosity that will promote full inquiry and problem resolution in all professional matters contributing to the whole interprofessional team of patient care. | P; IPC |
| 31 | To work with patients and their families in a respectful and confidential manner that is appropriate to their educational level and preserves their dignity. | P |
| 32 | To demonstrate advocacy for the interests and needs of the patient and place those interests and needs above one’s immediate needs. | OPP SBP |

### AOA (American Osteopathic Association) Competency Legend:

- OPP: Osteopathic Principles and Practices
- MK: Medical Knowledge
- PC: Patient Care
- ICP: Interpersonal and Communication Skills
- P: Professionalism
- PBL: Practice Based Learning and Improvement
- SBP: System Based Practice

### AAMC (Association of American Medical Colleges) EPA (Core Entrustable Professional Activities for Entering Residency) Legend:

- EPA 1: Gather a history and perform a physical examination
- EPA 2: Develop a prioritized differential diagnosis and select a working diagnosis following a patient encounter
- EPA 3: Recommend and interpret common diagnostic and screening tests
- EPA 4: Enter and discuss patient orders/prescriptions
- EPA 5: Provide documentation of a clinical encounter in written or electronic format
- EPA 6: Provide an oral presentation/summary of a patient 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 to another health care provider or team
- EPA 9: Participate as a contributing and integrated member of an interprofessional team
- EPA 10: Recognize a patient requiring urgent or emergent care, initiate evaluation and treatment, and seek help

The Preceptor Evaluation of the Student is a list of observable behaviors directly referencing these Program Educational Outcomes.
Student Responsibility for Preceptor's Evaluations

It is the responsibility of the student to ensure that preceptors’ evaluations are submitted to the Division of Clinical Resources at the completion of each clerkship. The Clinical Resources staff will assist with obtaining the evaluation if a preceptor is neglectful in completing the evaluation form, but the responsibility rests with the student. If a student has difficulty in getting an evaluation submitted, he or she should inform his or her core site coordinator at the end of the clerkship. The more time that passes after a clerkship is completed, the more difficult it becomes to receive an accurate evaluation. The student’s transcript will not be complete until all evaluations have been posted. Application for Graduate Medical Education (GME) programs cannot be submitted nor diplomas issued without a complete transcript.

Preceptors may complete an online evaluation through the E*Value. In instances when a paper evaluation is requested by the preceptor, one will be sent to the training site. Students may also give a copy of the evaluation to the preceptor. The evaluation can be faxed, mailed, or sent by email to the Division of Clinical Resources. Please note that evaluations received directly from students will not be accepted by the Division of Clinical Resources. The evaluation must be received from the preceptor or training site.

Preceptors for Core Clerkships: The coordinator at each core site will work with the Division of Clinical Resources to update preceptor information. The preceptor listed for a core clerkship may not be the primary preceptor, but the supervising physician who oversees the core clerkship. The student should address any concerns regarding the preceptor listed for core clerkships with his/her Site Coordinator by the second week of the clerkship.

Individual Preceptors: The student should also make certain that the Division of Clinical Resources has a correct email address for the preceptor, or the person who should receive the email notice that an evaluation is due (such as a practice manager). This information should be received by the student’s Regional Coordinator by the second week of the clerkship.

Preceptors at Medical Education Programs: When on a clerkship at another medical school or GME program, the student should consult with the medical education coordinator at that program regarding their procedures for preceptor’s evaluations. Evaluation procedures may vary at each site. In some cases, one preceptor may complete the evaluation online. In other cases, students may work with multiple preceptors who contribute to the evaluation. In this case, the coordinator or supervising physician at the host site will combine the input received from all evaluators and submit one overall evaluation to the Division of Clinical Resources.

Please note: a resident physician may not qualify as a preceptor; therefore, a resident may not submit a Preceptor Evaluation of Student form to ACOM.

It is the responsibility of the student to determine the evaluation process at the host site and provide that information, along with the name and contact information of the preceptor of record, to the Division of Clinical Resources. This information should be received by the student’s Regional Coordinator at ACOM by the second week of the clerkship.

Evaluation Process

a. The evaluation process should begin during the first week of the clerkship. Students should meet their preceptor at the beginning of the clerkship to discuss expectations for clinical and academic performance and complete a Learning Agreement (See Appendix A). This provides the student with the opportunity to become familiar with and meet preceptor expectations and avoid being surprised by the evaluation at the end of the clerkship. Students should not hesitate to request clarification of anything that is not made clear by the preceptor. The student should provide the preceptor with a copy of the Mid-Clerkship Evaluation Form. If the preceptor does not have a copy of the clerkship syllabus, the student should provide a copy at the beginning of the clerkship.
b. Two weeks into the clerkship, the student should ask for an informal mid-clerkship evaluation. The student should review the Mid-Clerkship Evaluation Form with the preceptor, discuss areas of competency that will be evaluated at the conclusion of the clerkship rotation, and ask for their input on his or her performance to date and specific recommendations for improvement. This is not intended to be a formal evaluation and the student is not required to submit the mid-clerkship evaluation form to ACOM. The student is encouraged to make notes and to keep the form for his or her records.

c. It is the responsibility of the student to ensure that evaluation forms are completed and submitted online or turned into the Site Coordinator or the Office of Clinical Sciences at the completion of the clerkship rotation. Students should inform the Office of Clinical Resources of any difficulty in obtaining an evaluation by the preceptor at the end of that clerkship rotation.

d. The comments section of the evaluation form is designed to identify the student’s strengths and areas for improvement. Comments may also be used as content for the Medical Student Performance Evaluation for the residency match program. Students are encouraged to inform the preceptor about the importance of making specific comments about their clinical performance.

**Student Evaluation of the Preceptor / Site**

Students are required to complete evaluations regarding their clerkship experience. Student feedback received from the evaluations will assist in the overall assessment and improvement of clinical clerkships and future faculty development programs. In order to assist core sites to improve student experiences, a summary of student comments will be reported anonymously, in redacted form, to those training sites and preceptors on an annual basis. The following evaluations are to be completed within seven business days following the completion for the clerkship.

**For Required Clerkships:**

1. *Evaluation of Preceptor:* Provides feedback that can be used to assess and improve the teaching of up to three preceptors for each clerkship.

2. *Evaluation of Site:* Provides feedback that can be used to assess and improve learning opportunities and the learning environment of specific clerkship sites.

3. *Academic Survey (Core Clerkships only):* Provides feedback that can be used to assess and improve the clerkship syllabus, learning materials, assignments, activities, and the instructional/support efforts of the clerkship chair.

**For Selective/Elective Clerkships:**

1. *Evaluation of Clerkship:* Provides feedback that can be used to assess and improve selective and elective clerkships.

**Post-Clerkship Exams**

**OMS-III COMAT Exams**

OMS-III students completing core clerkship rotations in Behavioral Medicine, Internal Medicine II, OB/GYN, General Surgery, Pediatrics and Family Medicine will take the COMAT (Comprehensive Osteopathic Medical Achievement Tests) subject examination provided by the National Board of Osteopathic Examiners (NBOME). There are no post-clerkship exams for IM I, selective or elective clerkships. Before beginning
clerkships, students will receive instructions from the Division of Clinical Resources on how to download the NBOME browser and run a systems check on their computers in order to access COMAT exams. A mandatory OPP COMAT will be administered by the end of the 3rd year. Students have the option to take the Emergency Medicine COMAT any time prior to taking the COMLEX 2 CE exam by following the instructions below.

COMAT exams are administered online on the last day of the clerkship in accordance with NBOME guidelines. The exams are proctored by the Clinical Site Coordinator or their designee at each core site. Students will receive instructions from the Site Coordinator regarding the time and place to report for the exam. COMAT exams must be taken on the day that they are scheduled. Please note: students must inform both their Site Coordinator and the Clinical Sciences Coordinator regarding when they would like to take the OPP exam and the Emergency Medicine exam at least two (2) weeks prior to the anticipated exam date.

COMAT examination structure, content outlines and practice exams for each subject can be found at http://www.nbome.org/comat.

COMBANK 2 has been purchased for your use in preparing for each COMAT. It is strongly recommended that you mine COMBANK by discipline for practice questions, which will greatly help you prepare for each COMAT.

**OMS-IV Post-Clerkship Exams**

There are no post-clerkship exams for core Emergency Medicine, selective, or elective clerkships.

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**Graduation Requirements**

A medical student who has fulfilled all the academic requirements may be granted the degree Doctor of Osteopathic Medicine provided the medical student:

1. Has complied with all the curricular, legal, and financial requirements of ACOM;
2. Has successfully completed all coursework requirements in no more than six years;
3. Attends, in person, the ceremony at which time the degree is conferred;
4. Has taken and passed COMLEX Level 1, Level 2-CE, and Level 2-PE administered by the National Board of Osteopathic Medical Examiners (NBOME); and
5. Has demonstrated the ethical, personal, and professional qualities deemed necessary for the successful and continued study and practice of osteopathic medicine.

Students whose graduation date is delayed will be allowed to walk across the stage with their incoming class as long as they will be able to finish their clerkships before December 31 of the graduation year. To walk across the stage they must have passed COMLEX Level 1 and both parts of COMLEX Level 2.

The Division of Student Services will keep a progressing checklist to confirm academic milestones and approve promotion from one year to the next for each student. The Registrar will confirm and date each milestone to document the student's progress from matriculation to graduation. The Associate Dean of Students will confirm each student's checklist and, upon completion, will present qualifying students to the ACOM faculty for a vote to recommend each student to the Board of Directors for graduation. The degree of Doctor of Osteopathic Medicine will be conferred by the Board of Directors upon those students who have fulfilled all academic requirements of ACOM.
Additional Policies and Guidelines

- Contact the appropriate clerkship site or ACOM Clinical Resources staff when you have questions.
- Read all policies/procedures and course/clerkship syllabi and make sure you understand all clerkship requirements **before** beginning a clerkship.
- Be proactive – you are responsible for your schedule; you should know what is expected of you, complete all forms, evaluations, etc. on time and respond promptly to phone calls, e-mails, and any other correspondence.
- Adhere to time frames, especially for schedule changes, absences, etc.
- Seek permission in advance to be absent from your clerkship for any reason.
- Clinical clerkships in medical school are a full-time commitment. Non-clerkship activities must not supersede or conflict with your clinical duties and academic assignments.
- Failure of the student to follow all specified policies may result in approaching a graduation date with requirements unfulfilled, which would impact the ability to participate in commencement, on-time graduation, and/or date of beginning post-graduate training.
- For issues arising at a core site regarding in-house matters, work with local staff using appropriate procedures to resolve the issue locally.
- If advice is needed regarding clerkship or other requirements, seek that from appropriate staff or faculty; **we do not** recommend seeking clarity from classmates or non-ACOM affiliated core site, hospital, or other personnel. Remain fully aware that no allowances can be made for receiving incorrect advice from inappropriate sources.
- During clinical clerkships, students are considered to be part of the patient care team at the applicable training site; as such, the student is a professional-in-training, has duties, responsibilities, and a level of expectation regarding performance that is significantly different, often higher, than during the first two years of medical school. Student behavior is to be above reproach at all times.
- Sexual harassment of any kind will not be tolerated. If a student feels that he or she is being subjected to sexual harassment by any training site personnel such as preceptor, hospital staff member, or any other person associated with the clerkship, he/she should immediately contact their regional coordinator. All reports and allegations of sexual harassment will be taken very seriously. By the same token, students must never engage in activity that could be considered by others to constitute sexual harassment. Students should refrain from developing relationships with preceptors or other training site personnel that go beyond what would be considered a typical professional relationship.
- Students are immediately accountable to their assigned clinical preceptor(s) for carrying out all patient care and academic assignments in a timely, professional, and high quality manner. The student is also accountable to the Director of Medical Education or Site Supervisor for being aware of and complying with general and site-specific policies/procedures, in addition to those of ACOM in general and this manual.
- Students who are ill or experience an emergency situation that renders them unable to fulfill clerkship requirements and which necessitates absence must personally (not by email) contact the clinical supervisors/preceptor **and** core site coordinator **and** their ACOM Regional Coordinator.
Tips on Making the Most of Each Clinical Clerkship
(taken in part from the American Academy of Family Physicians Division of Medical Resources)

Be familiar with and able to apply the core content of the clerkship specialty. Before your clerkship begins, take time to review one or two relevant textbooks and other primary resources and go over any notes you may have. Be sure to draw on this body of knowledge as you demonstrate your diagnostic skills.

Read as much as you can about the illnesses of the patients you are seeing. Monitor your patients' charts daily. Research patient problems using journals, reference manuals, and internet sources, such as UpToDate. Ask your preceptor to recommend resources to enhance your understanding.

Be a team player. Get to know your patient care team – who they are, what they do, and how your role interacts with theirs. True standouts evenly share responsibility, are well-liked, and communicate effectively with other team members.

Dress professionally, be on time, and be enthusiastic. Attitude and appearance count. Take extra care on your clerkships to look your best. Unless you know that scrubs are acceptable attire, do not wear them. Make sure your style of dress is appropriate for the setting. Showing up early or staying late can also score you points – as long as you are being productive and learning in the process (not just "hanging out"). Finally, in everything you do, show enthusiasm.

Establish a learning agreement with your preceptor at the beginning of each clinical clerkship. This exercise affords you and the supervising physician a touchstone for you to learn the clinical decision-making and procedural skills you want from the clerkship. Agreeing on goals and understanding how information will be taught ensures that your clinical experience is valuable.

Keep your milestones in PxDx up to date for each clerkship. Record such things as the number of patients you see every day, the types of illnesses your patients have, any of your medical "firsts" (i.e., the first physical you perform, the first baby you deliver, etc.), and any expectations you have for the clerkship before you begin. This will help you remember your experiences and process your feelings. When it is time to choose a specialty, PxDx will help you reconcile your experiences with your expectations and goals.

Learn to ask enough questions to satisfy your hunger for knowledge without monopolizing precious time. Although you don't want to stifle an important question, it is necessary to make the most of limited time with preceptors. Pay attention to other health professionals, as well as other students, and learn from all of them.

Maximize time spent waiting during clerkships. Since you never know when you will have extra time, don't go anywhere without something to read. Keeping journal articles or reference materials with you will afford you the opportunity to study, read up on a patient, or prepare for your next set of rounds.

During down time, resist the urge to engage in excessive non-clerkship tasks, such as texting, web surfing, or personal phone calls. Your preceptor may interpret this as boredom, distraction or disinterest. Instead, check out online resources, complete clerkship assignments, read about your patients, or prepare for other didactics or the post-clerkship examination.
Clinical Clerkship Core Site List
(current as of December, 2015)

<table>
<thead>
<tr>
<th>HOSPITAL</th>
<th>CORE SITE LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SOUTHERN REGION</strong></td>
<td></td>
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<tr>
<td>DW McMillan</td>
<td>Brewton, AL</td>
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<tr>
<td>Southeast Alabama Medical Center</td>
<td>Dothan, AL</td>
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<tr>
<td>South Baldwin Hospital</td>
<td>Foley, AL</td>
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<tr>
<td>AltaPointe Health Systems</td>
<td>Mobile, AL</td>
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<td>Springhill Medical</td>
<td>Mobile, AL</td>
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<tr>
<td>Mobile Infirmary</td>
<td>Mobile, AL</td>
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<tr>
<td>Franklin Clinic*</td>
<td>Mobile, AL</td>
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<tr>
<td>Gulf Coast Hospital</td>
<td>Panama City, FL</td>
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<tr>
<td>Baptist &amp; West Florida</td>
<td>Pensacola, FL</td>
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<tr>
<td>Capital Regional Medical Center</td>
<td>Tallahassee, FL</td>
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<tr>
<td>Troy Regional</td>
<td>Troy, AL</td>
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<tr>
<td><strong>CENTRAL REGION</strong></td>
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<tr>
<td>Northeast Alabama Regional</td>
<td>Anniston, AL</td>
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<tr>
<td>St. Vincent’s East</td>
<td>Birmingham, AL</td>
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<tr>
<td>Samford/Brookwood</td>
<td>Birmingham, AL</td>
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<tr>
<td>Cahaba Medical Care*</td>
<td>Centreville, AL</td>
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<tr>
<td>Jackson Hospital</td>
<td>Montgomery, AL</td>
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<tr>
<td>Coosa Valley Medical Center</td>
<td>Sylacauga, AL</td>
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<tr>
<td><strong>NORTHERN REGION</strong></td>
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<td>Decatur Morgan Hospital</td>
<td>Decatur, AL</td>
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<td>Eliza Coffee Memorial</td>
<td>Florence, AL</td>
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<td>Gadsden Regional Medical Center</td>
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<td>Marshall Medical Center</td>
<td>Guntersville, AL</td>
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<tr>
<td>Crestwood</td>
<td>Huntsville, AL</td>
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<tr>
<td>Helen Keller Hospital</td>
<td>Sheffield, AL</td>
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</tbody>
</table>

* Federally Qualified Health Center (FQHC) site
Clinical Clerkship Core Site Map
(current as of December, 2015)
POLICY AND STATEMENT OF NON-DISCRIMINATION

The Alabama College of Osteopathic Medicine does not discriminate on the basis of age, race, color, sex, gender, sexual orientation, religion or creed, national or ethnic origin, or disability in its programs, activities, hiring, or the admission of students.

This policy applies in recruitment and admission of students, employment of faculty and staff, and scholarship and loan programs. This policy is also followed in the operation of all other programs, activities and services of the College.

(The revised statement above was approved by the Board of Directors, Alabama College of Osteopathic Medicine, May 13, 2014)

ACOM subscribes to the principles and adheres to the requirements of state and federal law pertaining to civil rights and equal opportunity, in accordance with the requirements of Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; Section 504 of the Rehabilitation Act of 1973, as amended; and the Age Discrimination Act of 1975, as amended.

Evidence of practices inconsistent with this policy should be reported to the Director of Human Resources, who is the designated coordinator of ACOM’s non-discrimination program. Inquiries regarding compliance with the sex discrimination provisions of Title IX may also be directed to the Assistant Secretary for Civil Rights, Department of Education, Washington, D.C.
ACOM Learning Agreement for Clerkship Rotations

To develop a set of mutually-agreed-upon learning objectives, students and preceptors should discuss the questions below on the first or second day of the clerkship rotation.

Student: ________________________________  Preceptor: ________________________________

Rotation Discipline: _____________________  Site: ________________________________

I. What skills or knowledge does the student hope to learn in this clerkship rotation?
(This section may be completed prior to meeting.)

1. __________________________________________
2. __________________________________________
3. __________________________________________

II. What skills or knowledge does the preceptor think the student most needs to learn in this clerkship rotation?

1. __________________________________________
2. __________________________________________
3. __________________________________________

III. Based on the two sets of goals above, what specific learning objectives* do the student and preceptor agree should be accomplished in this clerkship rotation? (Please list at least three)

1. __________________________________________
2. __________________________________________
3. __________________________________________

*Please note that learning objectives need to describe what the student will be able to do on completing the clerkship rotation. Please use objectives within this clerkship rotation syllabus.

IV. What activities will most help the student accomplish the above learning objectives?

1. __________________________________________
2. __________________________________________
3. __________________________________________

SIGNATURES

Student: __________________________________
Preceptor: ________________________________
Date: ________________________________

Students are required to submit this document electronically on the appropriate software platform and strongly encouraged to keep the signed learning agreement for their records.
APPENDIX B: CLINICAL MILESTONES LIST

CLINICAL MILESTONES NECESSARY FOR GRADUATION

I. **Required Symptoms/Problems:** Students must complete the following milestones in their E*Value portfolios in order to graduate.

- Abdominal Mass Or Pain
- Abnormal ECG
- Abnormal Serum Lipids
- Acid Base Disorders
- Acute Illness In An Infant/Child
- Allergic Reactions
- Anemia/Pallor
- Back Pain
- Breast Disorders
- Chest Discomfort/Angina Pectoris
- Women’s Health, Contraception
- Diarrhea/Constipation
- Dizziness/Vertigo
- Difficulty Swallowing
- Domestic Violence
- Dyspnea/Breathlessness
- Ear Pain, Hearing Loss/Deafness
- Electrolyte Disorders
- Eye Redness/Pain
- Falls
- Fatigue
- Fever/Chills
- Fractures/Dislocations/Joint Injuries
- Gait Disturbances
- Gastrointestinal Bleeding
- Genetic Disorders
- Headache
- Hemoptysis
- Hyperglycemia/Diabetes Mellitus
- Hypertension
- Immunocompromise/Immunodeficiency
- Impaired Consciousness, Memory Disturbances, Dementias
- Jaundice (Adult & Infant)
- Joint Pain, Non-Traumatic
- Leukocytosis/Leukopenia
- Lymphadenopathy
- Mood Disorders, Anxiety/Depression
- Murmur/Abnormal Heart Sounds
- Numbness/Tingling/Paresthesias, Painful Limb
- Pap Abnormality
- Pelvic Mass, Pain/Dysmenorrhea, Altered Menses, Vaginal Bleeding-Abnormal
- Periodic Health Examination/Growth & Development
- Pregnancy/Delivery
- Preventive Health Care/Cancer Screening/STI Screening
- Psychotic Patient/Disordered Thought
- Renal Failure: Acute Or Chronic
II. The Portfolio Process: Each of the health concerns listed in Part I above has five categories of competency that students must self-check.

- The five categories students must self-check are as follows:
  - Perform an accurate focused or complete medical history and physical exam based on the presenting complaint and appropriate to the clinical setting.
  - Formulate a differential diagnosis appropriate to the patient and clinical setting.
  - Order and accurately interpret tests and procedures in order to narrow the differential diagnosis to a working diagnosis.
  - Accurately describe or perform procedures to diagnose and treat the patient's problem.
  - Craft a treatment plan appropriate to the patient's problem and situation.

III. Recommended Symptoms/Problems: Students should be able to diagnose and treat the health concerns listed below, but they are not required to log these into their E*Value portfolios.

- Abnormal Liver Function Tests
- Abnormalities Of White Blood Cells
- Attention Deficit/Learning Disorder/School Failure
- Behavior Disorder
- Bleeding Tendency/Brusing
- Burns
- Cardiac Arrest/Respiratory Arrest
- Cyanosis/Hypoxia
- Depressed Newborn
- Development Disorder/Development Delay
- Diplopia
- Eating Disorders
o Edema/Anasarca/Ascites
o Failure To Thrive
o Fetal Distress/Non-Reassuring Fetal Status
o Hair and Nail Disorders
o Head Injuries/Brain Death/Transplant Donation
o Hematemesis
o Hematuria
o Hirsutism and Virilization
o Infertility
o Involuntary Movement Disorders/Tic Disorders
o Issues Of Dying Patients/Delivering Bad News
o Limp/Pain in Lower Extremity in Children
o Menopause
o Mouth/Oral Disorders
o Neck Mass/Goiter
o Personality Disorders
o Poisoning
o Polycythemia/Elevated Hemoglobin
o Pregnancy Loss
o Prematurity
o Pelvic Relaxation/Pelvic Organ Prolapse
o Proteinuria
o Pruritus
o Pupil Abnormalities
o Sexual Maturation
o Sexually Concerned Patient, Gender Identity Disorder
o Sudden Infant Death Syndrome
o Spinal Injuries
o Splenomegaly
o Strabismus and/or Amblyopia
o Tall Stature, Short Stature
o Tinnitus
o Torticollis

IV. Procedures: Students are required to log procedures into their E*Value portfolios.

o Airway Management (specify type in notes section, i.e. nasotracheal, oropharyngeal, etc.)
o APGAR and Dubowitz/Ballard Assessment
o Arterial puncture – for blood gases (ABG)
o Arthrocentesis
o Breast Exam
o Caesarean Section
o Calculate medication dosage by weight and write a prescription; signed by physician
o Cardiac ultrasound and Doppler studies
o Casting/Splinting, Elbow
o Casting/Splinting, Knee/Ankle
o Casting/Splinting, Lower Extremity
o Casting/Splinting, Other (Specify in Notes Section)
- Casting/Splinting, Shoulder
- Casting/Splinting, Thumb Spica
- Casting/Splinting, Upper Extremity
- Casting/Splinting, Wrist/Hand
- Colposcopy
- Digital Rectal Exam
- Ear, Evaluation and Treatment – Cerumen Removal
- Ear, Evaluation and Treatment, EAC foreign body removal/wick insertion
- Echocardiography
- EKG Interpretation
- Electroencephalogram
- Endoscopy (specify type in notes section)
- Episiotomy and repair
- Eye, Evaluation and Treatment – Evaluation of Corneal Abrasion
- Eye, Evaluation and Treatment – Evaluation of foreign body with lid eversion
- Eye, Evaluation and Treatment – slip lamp use
- Eye, Evaluation and Treatment – Tonometry
- Eye, Evaluation and Treatment of conjunctival foreign body
- Eye, Evaluation and Treatment of corneal foreign body
- Female Pelvic Exam, Bimanual Exam (enter specific pathology found in notes section)
- Female Pelvic Exam, PAP Smear (enter specific pathology found in notes section)
- H&P Prevention / Health Maintenance
- Hernia examination
- History and Physical – Complete/Comprehensive
- Injection – Sub-Q/Intradermal, IM (specify in notes section)
- Intravascular Access, Central Line (specify location in notes section)
- Intravascular Access, Central Line/Subclavian
- Intravascular Access, Intraosseous
- Intravascular Access, Peripheral
- Lumbar Puncture
- Male Genital Exam
- Mental Status Exam
- Mouth/Dental Evaluation and Treatment – regional Dental Block
- Mouth/Dental Evaluation and Treatment – Treatment of Aphthous Ulcers
- Mouth/Dental Evaluation and Treatment – treatment of Dry Socket S/P Extraction
- Nasogastric Tube Placement
- Newborn Management, Uncomplicated Delivery
- Newborn Management – Newborn Resuscitation
- Nose, Evaluation and Treatment – foreign body removal
- Nose, Evaluation and Treatment, Epistaxis Control (specify method used in notes section)
- Office Encounter, Chronic Complex Care
- Office Encounter, Routine Acute Problem
- Osteopathic Manipulation Treatment (OMT)
- Osteopathic Structural Exam
- Other Procedures (specify in notes section)
- Paracentesis
- Perform OPP autonomies
- Perform OPP lymphatics
- Peritoneal Lavage, Diagnostic
- Pre-Natal Care
- Provide Health Promotion / Disease Prevention
- Psychiatric Assessment (describe in notes section)
- Pulmonary Function Tests
- Remove sutures or staples
- Resuscitation Team Member (specify role in notes section, i.e. Leader, Compressor, etc.)
- Skin Lesion Excision
- Stress Testing
- Surgical Assist (specify type in notes section)
- Suturing, extremities (indicate type of anesthesia in notes section)
- Suturing, Face (indicate type of anesthesia in notes section)
- Suturing, Hand/digits (specify type of anesthesia in notes section)
- Thoracentesis
- Thoracostomy, Tube or Needle (specify in notes section)
- Ultrasound, bedside – FAST (Focused Assessment with Sonography for Trauma)
- Ultrasound, Other than FAST (specify in comments section)
- Urinalysis by Dipstick
- Urinary Catheter Insertion
- Vaginal Delivery – Spontaneous / Induced / Vacuum Extraction / Forceps (specify in notes section)
- Vaginal Delivery, Spontaneous
- Venipuncture
- Vision Screening
- Well Child Development Exam
- X-Ray Studies (specify type in notes section, i.e. chest, abdominal series, etc.)
ACOM GUIDELINES FOR STUDENT PARTICIPATION IN THE CLINICAL SETTING

These Medical Student Patient Care Duties represent a minimum mandatory regulations to be considered by a policy making body at your health care organization given the local standard of care and applicable state and federal rules, regulations, and laws to the extent such are applicable. If your hospital policy is more restrictive, then ACOM students must adhere to your policy as you direct. To the extent the recommendations that follow are not applicable to or appropriate for your health care organization given the local standard of care and/or because applicable state and federal rules, regulations, and laws are more restrictive, it is advisable to document the analysis and final conclusions and modify these recommended guidelines accordingly.

Medical Student Patient Care Duties permitted and prohibited

I. Definitions:

Direct Physician Supervision: The physician must be present in their office suite or on hospital grounds and immediately available to furnish assistance and direction throughout the performance of the function/procedure. It does not mean that the physician must be present in the room when the function/procedure is performed.

Personal Physician Supervision: The physician must be in attendance in the room from beginning to end, without interruption, during the performance of the function/procedure.

Limited Physical Exam: This includes such components as the head/neck, skin, chest, cardiac, abdominal, neurologic and musculoskeletal exams; this specifically excludes genitourinary, breast and rectal exams.

II. Scope of Duties Permitted:

Medical Students will be supervised by ACOM credentialed attending physicians while on ACOM clerkship rotations. Each student’s essential learning task while on clerkship rotations is to improve the ability to do the following:

- Perform an accurate medical history and physical exam based on the presenting complaint and appropriate to the clinical setting.
- Formulate a differential diagnosis appropriate to the patient and the clinical setting.
- Order and accurately interpret tests and procedures in order to narrow the differential diagnosis to a working diagnosis.
- Accurately describe or perform procedures to diagnose and treat the patient's problem.
- Craft a treatment plan appropriate to the patient’s problems and situation.
- Work with patients and members of the healthcare team ethically and professionally.

By student year, the scope of duties medical students may perform in order to complete the above learning tasks are:
**First Year Students:**
First Year Students are permitted to perform the following functions only:

- Observation and follow only
- History taking under Personal Physician Supervision

**Second Year Students:**
Second year Students are permitted to perform the following functions only:

- All functions permitted for First Year Students, as stated above
- History taking under direct physician supervision
- Limited Physical Examination under personal physician supervision until physician determines competency, after which student may perform Limited Physical Examination under direct physician supervision;

**Third and Fourth year Students:**
Third and Fourth Year students are permitted to perform the following functions only:

- All functions permitted for First and Second year Students, as stated above
- Under direct physician supervision, may ‘round’ on patients, to include
  - Gathering lab, radiology, nursing and other information/results
  - Obtaining history
  - Performing Limited Physical Exam
  - Developing interim assessments and recommendations
- For genitourinary, breast or rectal exam, student may perform exam under personal physician supervision, if the supervising physician determines the student’s readiness and a gender-appropriate chaperone is present, as indicated.
- Under direct physician supervision, may write student notes regarding E/M services or procedures:
  - If such student notes are to be placed in the patient chart, they must be clearly labeled as student notes and co-signed by the supervising physician within 48 hours; these student notes are just that – student notes. They are not the progress note for the patient and never stand alone as such.
  - If such notes are strictly for the educational experience of the student and will not be placed in the chart, they must not use patient identifiers and should be shredded as consistent with hospital HIPAA policies.
- May write orders on the chart which must be immediately reviewed and countersigned by supervising physician before any action is taken based on those orders.
- The following procedures may be performed by 3rd or 4th year medical students only if (a) the supervising physician determines the student’s readiness to start to perform the procedure under personal supervision, and (b) the supervising physician has the appropriate privileges, competency and teaching proficiency to perform and educate medical students in their performance, and (c) upon obtaining appropriate patient consent.
  - The following procedures must be performed under the personal supervision of the physician until the physician determines the student is competent to perform the procedure under direct physician supervision:
- Perform insertion of IVs or draw blood – stick attempts limited to two (2) per patient
- Ocular Exam with Slit-Lamp
- Wart treatment
- Insertion of Foley catheter

- The following procedures must always be performed by the student under personal physician supervision:
  - Airway Management (i.e. nasotracheal, oropharyngeal, etc.)
  - APGAR and Dubowitz/Ballard Assessment
  - Arterial puncture – for blood gases (ABG)
  - Arthrocentesis
  - Breast Exam
  - Cardiac ultrasound and Doppler studies
  - Casting/Splinting, Elbow
  - Casting/Splinting, Knee/Ankle
  - Casting/Splinting, Lower Extremity
  - Casting/Splinting, Other
  - Casting/Splinting, Shoulder
  - Casting/Splinting, Thumb Spica
  - Casting/Splinting, Upper Extremity
  - Casting/Splinting, Wrist/Hand
  - Colposcopy
  - Ear, Evaluation and Treatment – Cerumen Removal
  - Ear, Evaluation and Treatment, EAC foreign body removal/wick insertion
  - Echocardiography
  - EKG Interpretation
  - Electroencephalogram
  - Episiotomy and repair
  - Eye, Evaluation and Treatment – Evaluation of Corneal Abrasion
  - Eye, Evaluation and Treatment – Evaluation of foreign body with lid eversion
  - Eye, Evaluation and Treatment – Tonometry
  - Eye, Evaluation and Treatment of conjunctival foreign body
  - Intravascular Access, Peripheral
  - Intravascular Access, Central
  - Lumbar Puncture
  - Mouth/Dental Evaluation and Treatment – Treatment of Aphthous Ulcers
  - Nasogastric Tube Placement
  - Newborn Management, Uncomplicated Delivery
  - Newborn Management – Newborn Resuscitation
  - Nose, Evaluation and Treatment – foreign body removal
  - Nose, Evaluation and Treatment, Epistaxis Control
  - Osteopathic Manipulation Treatment (OMT)
  - Provide Health Promotion / Disease Prevention
  - Psychiatric Assessment
  - Pulmonary Function Tests
  - Remove sutures or staples
  - Resuscitation Team Member (specify role i.e. Leader, Compressor, etc.)
  - Skin Lesion Excision
  - Surgical Assist
  - Suturing, extremities (indicate type of anesthesia)
  - Suturing, Face (indicate type of anesthesia)
The above notwithstanding, duties and activities of students must not conflict with hospital policies.

III. Scope of Duties Prohibited

Medical Students are strictly prohibited from performing any and all functions that are not specifically permitted. Additionally, medical students are specifically prohibited from performing the following:

- Give verbal or telephone orders.
- Write orders regarding end-of-life, such as DNR
Students may share their scores with whomever they wish, but ACOM cannot because FERPA doesn’t allow it. We will share deidentified data regarding COMAT performance with each site on an annual basis.

**Failures**
If a student fails a COMAT, it is the student’s responsibility to contact his/her core site coordinator to schedule a retake and then let Amanda Gant know the date of the retake at least one (1) week in advance.
APPENDIX E: PROCESS FOR PARTICIPATING IN SELECTIVES / ELECTIVES

PROCESS FOR PARTICIPATING IN SELECTIVES / ELECTIVES

Process for In-Network Selectives/Electives

Student requests a rotation with a preceptor in the network → RC works with appropriate CSC to get scheduled

The Alabama College of Osteopathic Medicine

Process for Out-of-Network Selectives/Electives

Student finds preceptor or residency program for a rotation → Student sends completed Out of Network Request form to Dr. Miller via email for approval * → Dr. Miller approves, signs the Out of Network Request form, and sends email to student and copies RC → Student works with RC to gather all required documents as listed on approval form to send out to site * → After the preceptor and program dates are confirmed, RC notifies Priscilla about preceptor’s name to put in E*Value

* All details must be finalized for the student to complete this rotation no later than 60 days prior to the first day of the rotation.

The Alabama College of Osteopathic Medicine
SCHEDULING AUDITION ROTATIONS & APPLYING FOR RESIDENCY:
OMS-III DETAILED TIMELINE

<table>
<thead>
<tr>
<th>Month</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>June</td>
<td>• Take COMLEX Level 1</td>
</tr>
<tr>
<td>July</td>
<td>• Begin CORE Rotations</td>
</tr>
<tr>
<td>October – March</td>
<td>• Continue working on your Curriculum Vitae (CV)</td>
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<tr>
<td></td>
<td>• Evaluation your competitiveness – compare board scores to discipline minimums, look at program requirements, etc.</td>
</tr>
<tr>
<td>December – April</td>
<td>• Begin requesting Letters of Recommendation (LoRs) and inform authors of the new LoR process for ERAS</td>
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<tr>
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<td>• Research residency programs and request information and/or application material (AOA Opportunities, AMA's FREIDA, PCOM MedNet)</td>
</tr>
<tr>
<td></td>
<td>• Write your Personal Statement(s)</td>
</tr>
<tr>
<td></td>
<td>• Visit the ERAS Website to familiarize yourself with the timeline, homepage, and other important information</td>
</tr>
<tr>
<td>January</td>
<td>• Begin contacting programs (Non-VSAS) regarding audition rotation availability and important dates</td>
</tr>
<tr>
<td>Early February</td>
<td>• VSAS authorizations will be issued</td>
</tr>
<tr>
<td>March – December</td>
<td>• Season opens for COMLEX Level 2-PE</td>
</tr>
<tr>
<td>March</td>
<td>• Begin applying for VSAS away audition rotations (if applicable)</td>
</tr>
<tr>
<td>April – June</td>
<td>• Put final touches on your CV and Personal Statement</td>
</tr>
<tr>
<td></td>
<td>• Complete your Residency Selection Fact Sheet; meet with preceptors and chosen advisors to discuss your options</td>
</tr>
<tr>
<td>May</td>
<td>• ERAS tokens are distributed through email</td>
</tr>
<tr>
<td></td>
<td>• MyERAS site opens to applicants to register and begin working on their applications</td>
</tr>
<tr>
<td>June/July</td>
<td>• Take COMLEX Level 2-CE</td>
</tr>
<tr>
<td>July</td>
<td>• Audition Rotation season begins</td>
</tr>
<tr>
<td></td>
<td>• Deadline to submit MSPE Questionnaire</td>
</tr>
</tbody>
</table>
SCHEDULING AUDITION ROTATIONS & APPLYING FOR RESIDENCY: OMS-III VISUAL TIMELINE

3rd Year

OMS III Rotations

August  September  October  November  December  January  February  March  April  May  June  July

Request LoPs, Write Personal Statements, Visit the ERAS website

Research programs and become familiar with residency and audition rotation application deadlines

Continue working on your CV

Audition Rotations

Narrow down 1-2 specialties

Submit VSAS applications

JULY 1:
- VSAS Authorization issued
- Log in to VSAS

Begin applying for audition rotations (non-

MylRA applications distributed through email

ERSA Site opens to begin working on applications

July 15:
- NdS/ADA Match Registration begins (Deadline is Nov 1)
## Scheduling Audition Rotations & Applying for Residency:
### OMS-IV Detailed Timeline

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>July – December</td>
<td>Audition Rotation season continues</td>
</tr>
<tr>
<td>July 15</td>
<td>NMS/AOA Match Registration Opens</td>
</tr>
<tr>
<td></td>
<td>ERAS PostOffice opens</td>
</tr>
<tr>
<td></td>
<td>May begin applying to AOA-accredited residency programs only</td>
</tr>
<tr>
<td>Early September</td>
<td>May schedule an appointment to review MSPE on campus</td>
</tr>
<tr>
<td>September 15</td>
<td>NRMP opens for registration for the allopathic match</td>
</tr>
<tr>
<td></td>
<td>Applicants can begin to apply/transmit their ERAS applications to ACGME residency programs</td>
</tr>
<tr>
<td>September – January</td>
<td>Residency program interviews</td>
</tr>
<tr>
<td>October 1</td>
<td>Medical Student Performance Evaluation (MSPEs) are released to programs</td>
</tr>
<tr>
<td>November 1</td>
<td>Recommended date by which students should be registered for the AOA Match</td>
</tr>
<tr>
<td>Late November</td>
<td>Instructions for submitting rank order lists and obtaining match results are provided to NMS registered students and programs</td>
</tr>
<tr>
<td></td>
<td>NRMP (allopathic) Applicant Registration Deadline – after this date you will have to pay a $50 late registration fee</td>
</tr>
<tr>
<td>January</td>
<td>Urology match results are available</td>
</tr>
<tr>
<td>Mid-January</td>
<td>Final date for submission of student and program Rank Order List to AOA Match. No AOA Rank Order Lists or registration for the Match will be accepted after this date.</td>
</tr>
<tr>
<td>February</td>
<td>NMS Osteopathic Match Results released to all participants</td>
</tr>
<tr>
<td></td>
<td>DO Scramble – beginning at 12:00 ET on this date, students who did not match to a position and programs with positions available may contact each other in order to fill available positions</td>
</tr>
<tr>
<td>Late February</td>
<td>NRMP Late Registration Deadline</td>
</tr>
<tr>
<td>Mid-March</td>
<td>NRMP Rank Order List Deadline</td>
</tr>
<tr>
<td></td>
<td>NRMP Match Results released</td>
</tr>
<tr>
<td></td>
<td><strong>Supplemental Offer and Acceptance Program (SOAP)</strong> begins</td>
</tr>
<tr>
<td>March – April</td>
<td>Send Residency/State Licensing Forms that need to be signed by ACOM and requests for graduation verification letters to the Department of Student Services</td>
</tr>
<tr>
<td></td>
<td>Send thank you letters to your preceptor advisors and LoR authors letting them know where you matched and how much you appreciate their support</td>
</tr>
<tr>
<td>Mid-May</td>
<td>Graduation</td>
</tr>
<tr>
<td>June/July</td>
<td>Residency Orientation (Program Dependent); Begin Residency</td>
</tr>
</tbody>
</table>
SCHEDULING AUDITION ROTATIONS & APPLYING FOR RESIDENCY: OMS-IV VISUAL TIMELINE
### TERMS TO KNOW

| **AA** | An Affiliation Agreement is between an institution and another entity for purposes of providing an educational opportunity for students generally in a supervisory situation. |
| **AACOM** | The American Association of Colleges of Osteopathic Medicine is a non-profit organization that supports the United States' colleges of osteopathic medicine and serves as a unifying voice for osteopathic medical resources. [http://www.aacom.org/](http://www.aacom.org/) |
| **AAFP** | The American Academy of Family Physicians is the national association of family doctors. [http://www.aafp.org](http://www.aafp.org) |
| **AAMC** | The Association of American Medical Colleges is a non-profit organization based in Washington, DC and established in 1876. It administers the Medical College Admission Test. The AAMC operates the American Medical College Application Service and the Electronic Residency Application Service which facilitate students applying to medical schools and residency programs, respectively. [https://www.aamc.org/](https://www.aamc.org/) |
| **ACGME** | The Accreditation Council for Graduate Medical Education is responsible for the Accreditation of post-MD medical training (residency) programs within the United States. [http://www.acgme.org/acgmeweb/](http://www.acgme.org/acgmeweb/) |
| **ACLS** | Advanced Cardiac Life Support |
| **ACOM** | Alabama College of Osteopathic Medicine |
| **AHEC** | Alabama Health Education Centers |
| **Allopathic Medicine** | The system of medical practice which treats disease by the use of remedies which produce effects different from those produced by the disease under treatment. M.D.s practice allopathic medicine. |
| **ALOMA** | The Alabama Osteopathic Medical Association is a non-profit professional organization comprised of osteopathic physicians, residents, interns, and medical students. [http://aloma.org/](http://aloma.org/) |
| **AMA** | American Medical Association [http://www.ama-assn.org](http://www.ama-assn.org) |
| **AMEC** | Alabama Medical Education Consortium [http://www.amecdo.com](http://www.amecdo.com) |
| **AOA** | The American Osteopathic Association is the main representative organization for osteopathic physicians in the United States. [http://www.osteopathic.org/](http://www.osteopathic.org/) |
| **AOA Opportunities Database** | A website dedicated to osteopathic medical internships and residencies. The Program Search feature is used by osteopathic medical students, interns or residents, hospitals or other agencies/organizations looking for program information in preparation for the Osteopathic Match which is scheduled yearly in early February. [http://www.opportunities.osteopathic.org/index.htm](http://www.opportunities.osteopathic.org/index.htm) |
| **Archival List** | List of preceptors kept by the ACOM Clinical Resources department which tracks the status of all preceptors, whether active, inactive or other. |
| **ATLS** | Advanced Trauma Life Support |
**Audition Rotation**  
Elective clerkships (rotations) during the 3rd and 4th years at sites with residency programs in which a student is interested.

| **BLS** | Basic Life Support |
| **CAF** | Refers to the Common Application Form that is completed as part of the ERAS application process. |
| **Chart Rounds** | Review of a hospitalized patient’s current records by a group of health care professionals. Chart rounds can be undertaken for a variety of reasons such as assessment of patient progress, planning of interventions, or education of staff. |
| **Clerkship** | A 4-week period of training in a medical core or specialty. |
| **CME** | Continuing Medical Education |
| **COCA** | The AOA Commission on Osteopathic College Accreditation serves the public by establishing, maintaining, and applying accreditation standards and procedures to ensure that academic quality and continuous quality improvement delivered by the colleges of osteopathic medicine (COMs) reflect the evolving practice of osteopathic medicine. The scope of the COCA encompasses the accreditation of COMs. [http://www.osteopathic.org/inside-aoa/accreditation/predoctoral%20accreditation/Pages/default.aspx](http://www.osteopathic.org/inside-aoa/accreditation/predoctoral%20accreditation/Pages/default.aspx) |
| **COI** | Certificate of Insurance |
| **COMAT** | Comprehensive Osteopathic Medical Achievement Test (shelf exam); nationally standardized examination modules used to assess students, including for the purposes of evaluating resources equivalency across clinical clerkship sites. Exam will be administered at the completion of core clerkships, generally on the last day, in a proctored setting. [http://www.nbome.org/comatmain.asp](http://www.nbome.org/comatmain.asp) |
| **COMLEX-USA** | The COMLEX-USA Comprehensive Osteopathic Medical Licensing Examination series is designed to assess the osteopathic medical knowledge and clinical skills considered essential for osteopathic generalist physicians to practice medicine without supervision. [http://www.nbome.org/comlex-cbt.asp?m=can](http://www.nbome.org/comlex-cbt.asp?m=can) |
| **COMLEX Level 1** | Candidates are expected to demonstrate basic science knowledge relevant to medical problems. Level 1 emphasizes the scientific concepts and principles necessary for understanding the mechanisms of health, medical problems and disease processes. Level 1, taken in one-day, is a problem- and symptom-based assessment integrating the basic medical sciences of anatomy, behavioral science, biochemistry, microbiology, osteopathic principles, pathology, pharmacology, physiology and other areas of medical knowledge as they are relevant to solving medical problems. The examination consists of two four-hour test sessions, each containing questions related to diverse clinical presentations and principles. The exam is administered at a regional testing center. ~ ACOM students are required to take the COMLEX Level 1 as soon as possible after completion of their second year. It must be taken prior to June 30. Students are not allowed to start clerkships until they have achieved a passing score on the COMLEX Level 1. A 3-digit standard score of 400 or a 2-digit standard score of 75 is required to pass the examination. |
### COMLEX Level 2-CE (Cognitive Examination)

Candidates are expected to demonstrate knowledge of clinical concepts and principles involved in all steps of medical problem-solving as defined by Dimension 2. Level 2-CE emphasizes the medical concepts and principles necessary for making appropriate medical diagnoses through patient history and physical examination findings. Level 2-CE, taken in one-day, is a problem-based and symptom-based assessment integrating the clinical disciplines of emergency medicine, family medicine, internal medicine, obstetrics/gynecology, osteopathic principles, pediatrics, psychiatry, surgery, and other areas necessary to solve medical problems as defined by the Level 2-CE blueprint. A similar problem-symptom based approach is used in Level 2 and in Level 1. The examination consists of two four-hour test sessions, each containing questions related to diverse clinical presentations and principles. The exam is administered at a regional testing center.

*~ ACOM students are required to pass the COMLEX Level 2 CE for graduation. Passing scores must be documented no later than March 1 of the graduation year. Students are allowed one day excused absence for COMLEX Level 2 CE. A 3-digit standard score of 400 or a 2-digit standard score of 75 is required to pass the examination.*

### COMLEX Level 2-PE (Performance Evaluation)

The Level 2-PE is a one-day examination of clinical skills where each candidate will encounter twelve standardized patients over the course of a seven-hour examination day. The examination takes place at NBOME’s National Center for Clinical Skills Testing in Conshohocken, Pennsylvania (bordering Philadelphia, Pennsylvania).

*~ ACOM students are required to pass the COMLEX Level 2 PE for graduation. Passing scores must be documented no later than March 1 of the graduation year. Students are allowed one day excused absence to take the COMLEX Level 2 PE. Travel days must be made up.*

### COMLEX Level 3

Candidates are expected to demonstrate knowledge of clinical concepts and principles necessary for solving medical problems as independently practicing osteopathic generalist physicians. Level 3 emphasizes the medical concepts and principles required to make appropriate patient management decisions. Level 3, taken in one-day, is a problem-based and symptom-based assessment integrating the clinical disciplines of emergency medicine, family medicine, internal medicine, obstetrics/gynecology, osteopathic principles, pediatrics, psychiatry, surgery, and other areas necessary to solve medical problems. Level 3, like Level 2-CE and Level 1, is problem-based and symptom-based in presentation. The examination consists of two four-hour test sessions, each containing questions related to diverse clinical presentations and principles. The test is generally taken in the first year of residency.

*A 3-digit standard score of 350 or a 2-digit standard score of 75 is required to pass the examination.*

### COMSAE

Comprehensive Osteopathic Medical Self-Assessment Examination is a self-assessment examination for osteopathic students and residents to gauge the base of their knowledge and ability as they prepare to take a COMLEX-USA cognitive examination. This pre-test is administered to ACOM students four times prior to the actual COMLEX Level 1 test.


### Core Clerkships

The basic clerkships that all students must complete. In third year, this includes family medicine, behavioral medicine, internal medicine, pediatrics, general surgery, and obstetrics/gynecology. In fourth year, the only core clerkship is emergency medicine.

### Core Site Connections

Refers to initial meetings between Core Site Coordinators (CSC) and students assigned to their sites.

### CRNA

Certified Registered Nurse Anesthetist

### CRNP

Certified Registered Nurse Practitioner

### CSC

Core Site Coordinator
<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSD</td>
<td>Core Site Director</td>
</tr>
<tr>
<td>CV</td>
<td>A curriculum vitae is a written overview of a person's experience and other qualifications.</td>
</tr>
<tr>
<td>Dean's Letter</td>
<td>See MSPE</td>
</tr>
<tr>
<td>Didactics</td>
<td>Instruction by lecture, textbook, discussion boards, and journal clubs.</td>
</tr>
<tr>
<td>Differential Diagnosis</td>
<td>The process of weighing the probability of one condition versus that of others, possibly accounting for a patient's situation. The differential diagnosis of rhinitis (a runny nose) includes allergic rhinitis (hay fever), the abuse of nasal decongestants and the common cold.</td>
</tr>
<tr>
<td>Discharge Summary</td>
<td>A document prepared by the attending physician of a hospitalized patient that summarizes the admitting diagnosis, diagnostic procedures performed, therapy received while hospitalized, clinical course during hospitalization, prognosis, and plan of action upon the patient's discharge with stated time to follow up.</td>
</tr>
<tr>
<td>DO</td>
<td>Doctor of Osteopathic Medicine</td>
</tr>
<tr>
<td>Elective Clerkships</td>
<td>Elective clerkships are chosen by the students based on their interests.</td>
</tr>
<tr>
<td>EMR (EHR)</td>
<td>Electronic Medical Records or Electronic Health Records</td>
</tr>
<tr>
<td>ERAS</td>
<td>The Electronic Residency Application Service is produced by AAMC to transmit residency applications, letters of recommendation, Dean’s Letters, transcripts, and other supporting documents to residency program directors via the Internet. <a href="https://www.aamc.org/services/eras/">https://www.aamc.org/services/eras/</a></td>
</tr>
<tr>
<td>E*Value</td>
<td>Software used to manage 3rd and 4th year clerkships.</td>
</tr>
<tr>
<td>EVOS</td>
<td>E*Value Optimization Scheduling Tool</td>
</tr>
<tr>
<td>FREIDA</td>
<td>Fellow and Residency Electronic Interactive Database. FREIDA Online is a database with more than 7,800 graduate medical education programs accredited by ACGME as well as more than 200 combined specialty programs. <a href="http://www.ama-assn.org/ama/pub/education-careers/graduate-medical-education/freida-online.page?">http://www.ama-assn.org/ama/pub/education-careers/graduate-medical-education/freida-online.page?</a></td>
</tr>
<tr>
<td>FQHC</td>
<td>Federally Qualified Health Centers</td>
</tr>
<tr>
<td>FSMB</td>
<td>The Federation of State Medical Boards is a national non-profit organization representing the 70 medical and osteopathic boards of the United States and its territories. <a href="http://www.fsmb.org/">http://www.fsmb.org/</a></td>
</tr>
<tr>
<td>GME</td>
<td>Graduate Medical Education. An office sponsoring and managing residency and fellowship programs accredited by the ACGME.</td>
</tr>
<tr>
<td>Grand Rounds</td>
<td>A formal meeting at which physicians discuss the clinical case of one or more patients. Grand rounds originated as part of residency training wherein new information was taught and clinical reasoning skills were enhanced. Grand rounds today are an integral component of medical education. They present clinical problems in medicine by focusing on current or interesting cases. They are also sometimes utilized for dissemination of new research information.</td>
</tr>
<tr>
<td>H&amp;P</td>
<td>Shorthand for history and physical, the initial clinical evaluation and examination of the patient.</td>
</tr>
<tr>
<td><strong>HCAHPS</strong></td>
<td>The intent of the Hospital Consumer Assessment of Healthcare Providers and Systems initiative is to provide a standardized survey instrument and data collection methodology for measuring patients' perspectives on hospital care. Prior to HCAHPS there was no national standard for collecting or publicly reporting patients' perspectives of care information that would enable valid comparisons to be made across all hospitals to make &quot;apples to apples&quot; comparisons. Also known as the CAHPS® Hospital Survey, or Hospital CAHPS. <a href="http://www.hcahpsonline.org/home.aspx">http://www.hcahpsonline.org/home.aspx</a></td>
</tr>
<tr>
<td><strong>HCHCA</strong></td>
<td>The Houston County Health Care Authority is the umbrella organization which owns ACOM and SAMC.</td>
</tr>
<tr>
<td><strong>HIPPA</strong></td>
<td>The Health Insurance Portability and Accountability Act of 1996 which defines the privacy rights of patients and health care information.</td>
</tr>
<tr>
<td><strong>ICD-10</strong></td>
<td>ICD-10 is the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD), a medical classification list by the World Health Organization (WHO). It contains codes for diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or diseases.</td>
</tr>
<tr>
<td><strong>IRB</strong></td>
<td>An institutional review board, also known as an independent ethics committee (IEC), ethical review board (ERB) or research ethics board (REB), is a committee that has been formally designated to approve, monitor, and review biomedical and behavioral research involving humans.&quot;</td>
</tr>
<tr>
<td><strong>IT (IS)</strong></td>
<td>Information Technology (Information Systems)</td>
</tr>
<tr>
<td><strong>Journal Club</strong></td>
<td>A form of education in which a group of physicians discuss, analyze, and review a limited number of articles from medical journals, often on a weekly or monthly basis.</td>
</tr>
<tr>
<td><strong>Learning Agreement</strong></td>
<td>A document that the student and preceptor create together at the beginning of a clerkship to define learning goals.</td>
</tr>
<tr>
<td><strong>Letter of Good Standing</strong></td>
<td>Official document from the school that states that a student is in good academic standing and has no issues preventing the student from starting clerkships.</td>
</tr>
<tr>
<td><strong>Locum tenens</strong></td>
<td>A locum physician is a physician who works in the place of the regular physician when that physician is absent, or when a hospital/practice is short-staffed.</td>
</tr>
<tr>
<td><strong>LoR</strong></td>
<td>Letter of Recommendation</td>
</tr>
<tr>
<td><strong>LRC</strong></td>
<td>Learning Resource Center</td>
</tr>
<tr>
<td><strong>The Match</strong></td>
<td>Dually refers to the AOA match which is administered by the NMS and the ACGME match which is administered by the NRMP. Osteopathic students may register for both match processes, but if a student is matched in the AOA match (in February), they are dropped from the subsequent NRMP so that there is no possibility of matching in two programs.</td>
</tr>
<tr>
<td><strong>Match Day</strong></td>
<td>The date when students find out if they have matched to a residency program.</td>
</tr>
<tr>
<td><strong>MD</strong></td>
<td>Abbreviation for Doctor of Medicine</td>
</tr>
<tr>
<td><strong>MOA (MOU)</strong></td>
<td>A Memorandum of Agreement (Memorandum of Understanding) or cooperative agreement is a document written between parties to cooperate on an agreed upon project or meet an agreed objective.</td>
</tr>
<tr>
<td><strong>MSPE</strong></td>
<td>The Medical Student Performance Evaluation (formerly known as the Dean's Letter) is a comprehensive assessment of medical school performance generally through 3rd year of medical school. Includes grade comparison graphs, class rank for top quartile students for years 1-2 and preceptor comments from clerkships.</td>
</tr>
<tr>
<td><strong>NALS</strong></td>
<td>Neonatal Advance Life Support</td>
</tr>
<tr>
<td><strong>NATMATCH</strong></td>
<td>The National Matching Services Inc. specializes in the development and administration of Matching Programs. NATMATCH is the service used in the osteopathic match. <a href="https://natmatch.com/">https://natmatch.com/</a></td>
</tr>
<tr>
<td><strong>NBME</strong></td>
<td>The National Board of Medical Examiners is an independent, not-for-profit organization that serves the public through its high-quality assessments of healthcare professionals. <a href="http://www.nbme.org/">http://www.nbme.org/</a></td>
</tr>
<tr>
<td><strong>NBOME</strong></td>
<td>The National Board of Osteopathic Medical Examiners is the leading assessment organization for the osteopathic medical profession. Its mission is to protect the public by providing the means to assess competencies for osteopathic medicine and related health care professions. The NBOME COMLEX-USA examination series provides the pathway to licensure for osteopathic physicians in the United States. <a href="http://www.nbome.org">http://www.nbome.org</a></td>
</tr>
<tr>
<td><strong>NMS</strong></td>
<td>The National Matching Services specializes in the development and administration of Matching Programs. NMS administers the AOA Match. <a href="https://www.natmatch.com/">https://www.natmatch.com/</a></td>
</tr>
<tr>
<td><strong>NRMP</strong></td>
<td>The National Resident Matching Program which is a national process to match medical students and other applicants with hospitals to obtain internships and residencies. Applicants submit a confidential list to the NRMP ranking their desired place of residency. Participating hospitals also enter a confidential list of those most desired applicants. On a uniform date (mid-March), all of the applicants and hospitals are informed of the results of the match. <a href="http://www.nrmp.org">http://www.nrmp.org</a></td>
</tr>
<tr>
<td><strong>Off-Cycle Student</strong></td>
<td>A student who has had an interruption in their clerkships.</td>
</tr>
<tr>
<td><strong>OGME</strong></td>
<td>Osteopathic Graduate Medical Education</td>
</tr>
<tr>
<td><strong>OMM (OMT)</strong></td>
<td>Osteopathic Manipulative Medicine (OMM), also known as Osteopathic Manipulative Treatment (OMT), is a core set of techniques of osteopathy and osteopathic medicine distinguishing these fields from allopathic medicine.</td>
</tr>
<tr>
<td><strong>OPP</strong></td>
<td>Osteopathic Principles and Practices is the title of the class where students learn OMM (OMT).</td>
</tr>
<tr>
<td><strong>OPTI</strong></td>
<td>All OGME programs are part of an Osteopathic Postdoctoral Training Institution. Each OPTI is a community-based training consortium comprised of at least one college of osteopathic medicine and one hospital and may include additional hospitals and ambulatory training facilities. <a href="http://www.osteopathic.org/inside-aoa/Education/OGME-development-initiative/Pages/what-is-an-opti.aspx">http://www.osteopathic.org/inside-aoa/Education/OGME-development-initiative/Pages/what-is-an-opti.aspx</a></td>
</tr>
<tr>
<td><strong>OSHA</strong></td>
<td>The Occupational Safety and Health Administration is an agency of the United States Department of Labor. OSHA’s mission is to “assure safe and healthful working conditions for working men and women by setting and enforcing standards and by providing training, outreach, education and assistance”. <a href="https://www.osha.gov/">https://www.osha.gov/</a></td>
</tr>
<tr>
<td><strong>PA</strong></td>
<td>Physician Assistant</td>
</tr>
<tr>
<td><strong>PALS</strong></td>
<td>Pediatric Advanced Life Support</td>
</tr>
<tr>
<td><strong>PE</strong></td>
<td>Performance Evaluation. See COMLEX Level-2 PE</td>
</tr>
<tr>
<td><strong>Personal Statement</strong></td>
<td>Consists of information about the student’s professional background, academic and clinical qualifications, how the decision was made to pursue medicine, chosen specialty, and career goals.</td>
</tr>
<tr>
<td><strong>PGY</strong></td>
<td>Post Graduate Year</td>
</tr>
<tr>
<td><strong>Preliminary Year</strong></td>
<td>One year position in a given field (e.g. Internal Medicine or Surgery) usually preceding training in another specialty.</td>
</tr>
<tr>
<td><strong>PRN</strong></td>
<td>Abbreviation for pro re nata, a Latin phrase meaning &quot;as needed.&quot;</td>
</tr>
<tr>
<td><strong>RC</strong></td>
<td>Regional Coordinator</td>
</tr>
<tr>
<td><strong>ROL</strong></td>
<td>Rank Order List</td>
</tr>
<tr>
<td><strong>SAMC</strong></td>
<td><strong>Southeast Alabama Medical Center</strong> <a href="http://www.samc.org/">http://www.samc.org/</a></td>
</tr>
<tr>
<td><strong>SARHA</strong></td>
<td>The <strong>Southeast Alabama Rural Health Associates</strong> is a private, non-profit corporation established in 1983 to ensure the availability of quality medical services to all residents of southeast Alabama. SARHA currently provides primary and preventive health services to the residents of Barbour, Coffee, Crenshaw, Dale, Geneva, Henry, Houston, Pike and surrounding counties. <a href="http://www.sarhaonline.com/">http://www.sarhaonline.com/</a></td>
</tr>
<tr>
<td><strong>Scramble</strong></td>
<td>The period after the AOA Match in which students who are not matched into a program can “scramble” to find an available slot.</td>
</tr>
<tr>
<td><strong>SEAMED</strong></td>
<td>Software used by ACOM students to access curricular information.</td>
</tr>
<tr>
<td><strong>Selective Clerkships</strong></td>
<td>Students in the third year are required to take one Medicine Selective and one Surgical Selective. There are chosen from a defined list of courses.</td>
</tr>
<tr>
<td><strong>Shelf Exam</strong></td>
<td>See COMAT or USMLE</td>
</tr>
<tr>
<td><strong>SOAP</strong></td>
<td>The Supplemental Offer and Acceptance Program is a process for unmatched students in the NRMP match to find residency programs. <a href="http://www.nrmp.org/residency/soap/">http://www.nrmp.org/residency/soap/</a></td>
</tr>
<tr>
<td><strong>SOAP note</strong></td>
<td>The SOAP note (an acronym for subjective, objective, assessment, and plan) is a method of documentation employed by health care providers to record notes in a patient’s chart.</td>
</tr>
<tr>
<td><strong>STAT</strong></td>
<td>Abbreviation for the Latin word statim, &quot;immediately.&quot;</td>
</tr>
<tr>
<td><strong>Transitional Year</strong></td>
<td>One year position with rotations through various disciplines (e.g. Internal Medicine, Surgery, etc.); also precedes training in other specialties.</td>
</tr>
<tr>
<td><strong>Traditional Rotating Internship (TRI)</strong></td>
<td>The TRI programs involve a one-year commitment between the student and the institution for an OGME-1 internship program only.</td>
</tr>
<tr>
<td><strong>USMLE</strong></td>
<td>The <strong>United States Medical Licensing Examination</strong> is sponsored by FSMB and NBME, results of USMLE are reported to medical licensing authorities in the United States and its territories for use in granting the initial license to practice medicine. USMLE's three steps assess a physician's ability to apply knowledge, concepts, and principles that are important in health and disease and that constitute the basis of safe and effective patient care. Allopathic medical students are required to take this exam. Osteopathic students are encouraged and may be required to take the USMLE if they intend to apply for allopathic programs. <a href="http://www.usmle.org">http://www.usmle.org</a> Current minimum passing scores are: Step 1: 192 Step 2 CK: 209 Step 3: 190</td>
</tr>
<tr>
<td><strong>USMLE Step 2 CK</strong></td>
<td>Clinical Knowledge Exam (MD Equivalent to CE Exam)</td>
</tr>
<tr>
<td>---------------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td><strong>USMLE Step 2 CS</strong></td>
<td>Clinical Skills Exam (MD Equivalent to PE Exam)</td>
</tr>
<tr>
<td><strong>VCU</strong></td>
<td>Video Conferencing Unit</td>
</tr>
<tr>
<td><strong>VMR</strong></td>
<td>Virtual Meeting Room</td>
</tr>
<tr>
<td><strong>Visiting Student</strong></td>
<td>A student who is “away” from their home program while taking elective clerkships.</td>
</tr>
</tbody>
</table>

**VSAS**

The Visiting Student Application Service (VSAS®) is an AAMC application designed to streamline the application process for senior “away” electives. This service requires students to submit just one application for all institutions, effectively reducing paperwork, miscommunication, and time. All COCA accredited ACOM member colleges, with rising fourth year classes, are VSAS home schools. Students in accredited schools may use VSAS to submit applications. ~ ACOM Students will have access to VSAS beginning in March of third year. [http://www.aamc.org/students/medstudents/vsas/](http://www.aamc.org/students/medstudents/vsas/)
**OMS-II COMPETENCIES**

By the end of their second year, ACOM students are fully competent in the areas listed below, as demonstrated through coursework, especially within the Primary Clinical Skills and Foundations of Modern Healthcare courses.

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Description</th>
<th>Performed and/or Evaluated in Simulated Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Professionalism &amp; Lifelong Learning</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appearance, attire, and behavior</td>
<td>Demonstrates professional appearance, attire, and behavior during all standardized patient encounters, simulation sessions, and all other workplace environments</td>
<td>Evaluated during a staging process prior to standardized patient encounters and simulation sessions. Assessed in FMHC course as well.</td>
</tr>
<tr>
<td>Medical ethics</td>
<td>Understand and critically analyze medical ethics terms (beneficence, non-maleficence, autonomy, informed consent) and issues</td>
<td>Completed MedScope survey regarding “Top 20 Medical Ethical Dilemmas Physicians Face” and Analyzed important cases in small group environment.</td>
</tr>
<tr>
<td>Proper use of social media</td>
<td>Demonstrate proper use of social media</td>
<td>Small group article presentations and discussion</td>
</tr>
<tr>
<td>Self-reflection</td>
<td>Demonstrates the ability to self-reflect in an accurate and meaningful manner</td>
<td>Completed after formative sessions in preparation for OSCE's; Created personal medical oath in FMHC course</td>
</tr>
<tr>
<td>Teamwork</td>
<td>Demonstrates the ability to work as a team with other students</td>
<td>Simulation sessions</td>
</tr>
<tr>
<td><strong>Communication Skills</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient-centered communication</td>
<td>Utilizes specific patient-centered skills in every patient encounter</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>Adapting to the pediatric interview</td>
<td>Utilizes specific patient-centered skills that are appropriate to the pediatric patient</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td><strong>The History and Physical Examination</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Focused history and physical exam appropriate for the patient’s chief concern</td>
<td>Performs an accurate and efficient focused history and physical exam including a HPI, PMFSH, and ROS</td>
<td>Performed and evaluated during standardized patient encounters. Students completed approximately 26 standardized patient encounters performing a focused history and physical exam.</td>
</tr>
<tr>
<td>Comprehensive history and physical exam</td>
<td>Performs a complete and accurate history and physical exam as appropriate for the patient including a HPI, comprehensive PMFSH including a sexual and reproductive history, complete ROS, and head to toe physical exam</td>
<td>Performed and evaluated during standardized patient encounters. Students completed 3 comprehensive history and physical exam on a standardized patient.</td>
</tr>
<tr>
<td>The adolescent interview</td>
<td>Performs an appropriate adolescent medical interview</td>
<td></td>
</tr>
<tr>
<td>The pediatrics well-child history and physical exam</td>
<td>Utilizes appropriate resources to plot a growth chart, determine a pediatric patient’s immunizations needs, and provide anticipatory guidance</td>
<td>Students completed approximately 3 history and physical exams on pediatric standardized patient encounters including infants, toddlers, and older children.</td>
</tr>
<tr>
<td>Preparticipation physical evaluation</td>
<td>Performs a preparticipation physical evaluation under supervision</td>
<td>Performed on local athletes at event held at ACOM</td>
</tr>
<tr>
<td><strong>Advanced Medical Interviewing Skills</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Responding to strong emotions</td>
<td>Demonstrates appropriate techniques to managing a patient exhibiting strong emotions including the use of statements demonstrating empathy, respect, support/partnership</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>Communicating with depressed or anxious patients</td>
<td>Demonstrates appropriate techniques when communicating with patients who are depressed or anxious</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>Competencies</td>
<td>Description</td>
<td>Performed and/or Evaluated in Simulated Environment</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Communicating with patients about tobacco, alcohol, and substance use</td>
<td>Demonstrates appropriate techniques to communicate with patients about tobacco, alcohol, and substance use including the administration and interpretation of validated tools</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>Advance directives</td>
<td>Demonstrates the ability to discuss advanced directives with a patient</td>
<td>Performed skills using role playing</td>
</tr>
<tr>
<td>Giving bad news</td>
<td>Demonstrates appropriate techniques when communicating with patients about bad news</td>
<td>Performed skills using role playing</td>
</tr>
<tr>
<td>Communicating near the end of life</td>
<td>Demonstrates appropriate techniques when communicating with patients who are near the end of life</td>
<td>Performed skills using role playing</td>
</tr>
<tr>
<td><strong>Physical Exam Skills</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General observation</td>
<td>Demonstrates the ability to make accurate and meaningful observations regarding patients</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>Mental status</td>
<td>Demonstrates the ability to evaluate the mental status of a patient including the administration and interpretation of validated tools</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>Vital signs</td>
<td>Obtains accurate vital signs and interprets the results</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>Skin, Hair, and Nails</td>
<td>Performs an accurate and thorough examination of the skin, hair, and nails</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>HEENT</td>
<td>Performs an accurate and thorough examination of the head, eyes, ears, nose, and throat</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>Neck</td>
<td>Performs an accurate and thorough examination of the neck</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>Lymph nodes</td>
<td>Performs an accurate and thorough examination of the lymph nodes</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>Chest and lungs</td>
<td>Performs an accurate and thorough examination of the chest lungs</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>Cardiovascular and peripheral vascular systems</td>
<td>Performs an accurate and thorough examination of the cardiovascular and peripheral vascular systems</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>Abdomen</td>
<td>Performs an accurate and thorough examination of the abdomen including an evaluation for peritoneal signs</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>Anus, rectum, and prostate (task trainers* and standardized patients)</td>
<td>Performs an accurate and thorough examination of the anus, rectum, and prostate including fecal occult blood testing when indicated</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>Musculoskeletal including orthopedic maneuvers</td>
<td>Performs an accurate and thorough examination of the musculoskeletal system including the appropriate use of orthopedic maneuvers</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>Breast (task trainers* and standardized patients)</td>
<td>Performs an accurate and thorough examination of the breasts</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>Screening neuro exam</td>
<td>Performs an accurate and thorough examination of neurological system including the evaluation of the cranial nerves with a fundoscopic exam, motor and sensory exam, DTR’s, and evaluation of coordination and gait</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>Female genitalia and pelvic including speculum and bimanual (task trainers* and standardized patients)</td>
<td>Performs an accurate and thorough examination of the female genitalia</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
</tbody>
</table>
### Competencies

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Description</th>
<th>Performed and/or Evaluated in Simulated Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male genitalia (standardized patients)</td>
<td>Performs an accurate and thorough examination of the male genitalia</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>Structural screening exam</td>
<td>Incorporates and osteopathic structural screening exam efficiently into the physical exam</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>Treatment</td>
<td>Provides safe and effective osteopathic manipulative treatment in the appropriate patient</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
</tbody>
</table>

#### OMM

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Description</th>
<th>Performed and/or Evaluated in Simulated Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Structural screening exam</td>
<td>Incorporates and osteopathic structural screening exam efficiently into the physical exam</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>Treatment</td>
<td>Provides safe and effective osteopathic manipulative treatment in the appropriate patient</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
</tbody>
</table>

#### Procedural Skills

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Description</th>
<th>Performed and/or Evaluated in Simulated Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic and advanced airway management</td>
<td>Describes basic and advanced airway management techniques and demonstrates these skills on a task trainer*</td>
<td>Performed using task trainers*</td>
</tr>
<tr>
<td>Bladder catheterization (task trainer*)</td>
<td>Demonstrates the appropriate technique for performing a bladder catheterization on a male and female patient</td>
<td>Performed using task trainers*</td>
</tr>
<tr>
<td>Casting and splinting</td>
<td>Demonstrates the appropriate technique for casting and splinting an extremity</td>
<td></td>
</tr>
<tr>
<td>Lumbar puncture (task trainers*)</td>
<td>Demonstrates the appropriate technique for performing a lumbar puncture</td>
<td>Performed using task trainers*</td>
</tr>
<tr>
<td>Nasogastric tube insertion</td>
<td>Demonstrates the appropriate technique for performing a nasogastric tube insertion</td>
<td>Performed using task trainers*</td>
</tr>
<tr>
<td>Sterile technique</td>
<td>Demonstrates the appropriate use of sterile technique</td>
<td></td>
</tr>
<tr>
<td>Suturing</td>
<td>Demonstrates the appropriate technique for suturing a wound</td>
<td>Performed using task trainers*</td>
</tr>
<tr>
<td>Vascular including IV and IA puncture (task trainers*)</td>
<td>Demonstrates the appropriate technique for performing an intravenous and intra-arterial puncture</td>
<td>Performed using task trainers*</td>
</tr>
<tr>
<td>EKG interpretation</td>
<td>Demonstrate ability to accurately read and interpret EKG results.</td>
<td>Assessed in the Cardiovascular System course.</td>
</tr>
<tr>
<td>Chest x-ray interpretation</td>
<td>Demonstrate ability to accurately read and interpret a chest x-ray.</td>
<td>Assess in the Respiratory System course.</td>
</tr>
</tbody>
</table>

#### Written & Oral Communication

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Description</th>
<th>Performed and/or Evaluated in Simulated Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOAP notes</td>
<td>Documents the subjective, objective, assessment and plan portions of a patient’s note accurately and concisely</td>
<td>Performed and evaluated during standardized patient encounters. Students completed approximately 26 SOAP notes including formulation of a differential diagnosis.</td>
</tr>
<tr>
<td>Oral case presentation</td>
<td>Provides an accurate and concise oral case presentation</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
</tbody>
</table>

#### Clinical Reasoning

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Description</th>
<th>Performed and/or Evaluated in Simulated Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Differential diagnosis</td>
<td>Utilizes electronic resources to create an appropriate differential diagnosis based on a patient’s presenting problems</td>
<td>Performed during simulation debrief sessions. Also assessed in FMHC course.</td>
</tr>
</tbody>
</table>

#### Information Mastery

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Description</th>
<th>Performed and/or Evaluated in Simulated Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Researching &amp; evaluating available resources</td>
<td>Demonstrates how to access and critically analyze journal articles, PubMed, and other reference sources.</td>
<td>Participated in journal club small group experience</td>
</tr>
<tr>
<td>Point-of-care resources</td>
<td>Demonstrates the appropriate use of point-of-care resources to answer clinical questions including Dynamed, Epocrates, PEPID, and UpToDate</td>
<td>Performed during small group sessions</td>
</tr>
<tr>
<td>Competencies</td>
<td>Description</td>
<td>Performed and/or Evaluated in Simulated Environment</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Life Support Courses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Life Support (BLS)</td>
<td></td>
<td>Certificate of successful completion through AHA approved program</td>
</tr>
<tr>
<td>Advanced Cardiac Life Support (ACLS)</td>
<td></td>
<td>Certificate of successful completion through AHA approved program</td>
</tr>
<tr>
<td><strong>Guidelines for Healthcare Professionals</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infection control</td>
<td>Demonstrates the appropriate use of universal precautions for preventing the transmission of blood borne infections.</td>
<td>Completed OSHA-approved training module and subsequent assessment</td>
</tr>
<tr>
<td>Isolation precautions</td>
<td>Demonstrates the appropriate use of isolation precautions to prevent the transmission of infections such as tuberculosis and MRSA in healthcare settings.</td>
<td>Completed OSHA-approved training module and subsequent assessment</td>
</tr>
<tr>
<td>Child abuse reporting</td>
<td></td>
<td>Certificate verifying understanding of proper child abuse reporting procedures</td>
</tr>
<tr>
<td>Legal jurisprudence</td>
<td>Demonstrate understanding of legal issues in the medical profession</td>
<td>Assessed in FMHC course through small group case presentations</td>
</tr>
<tr>
<td>HIPAA</td>
<td>Demonstrate understanding of laws and guidelines associated with HIPAA</td>
<td>Assessed in FMHC course through small group case presentations</td>
</tr>
</tbody>
</table>

*Most task trainers are lifelike models of body parts, such as an arm or pelvis. All task trainers have the ability to break down a specific skill into its individual steps as new skills are taught and learned.*
APPENDIX I: ACOM PATIENT-CENTERED INTERVIEWING EVALUATION

ACOM Patient-Centered Interviewing Evaluation

To the student: Please ask a core preceptor or that preceptor’s resident to observe your performance of a history and physical and give you feedback using this rubric as a guide.

Student: ________________________________ Preceptor: ________________________________
Role: ________________________________ Date: ________________________________

Step One: Sets the Stage for the Interview
Key Elements:
• Washes hands on entering room
• Welcomes the patient (demonstrates genuine interest in patient as a person)
• Uses the patient’s name and asks for preferred way of being addressed
• Introduces self and identifies role (first and last name, medical student/student physician)

Meets Expectations ☐ Does Not Meet Expectations ☐

Step Two: Elicits chief concern and sets the agenda
Key Elements:
• Indicates the time available
• Obtains a list of all issues the patient wants to discuss (“What brings you in today?”, “Is there anything else you would like to discuss?”)

Meets Expectations ☐ Does Not Meet Expectations ☐

Step Three: Begins the interview with an open-ended question or request
Key Element:
• Starts with open-ended request / question (“Tell me about…”, “Tell me more…”)

Meets Expectations ☐ Does Not Meet Expectations ☐

Step Three cont’d: Uses nonverbal encouragement
Key Elements:
• Smile
• Open body
• Forward lean
• Touch (refers to the use of touch when responding to feelings and emotions; handshakes and physical examination do not meet the intent of this item)
• Eye contact
• Nod

Meets Expectations ☐ Does Not Meet Expectations ☐

Step Four: Elicits the personal and/or emotional context
Key Elements:
• Elicits personal context (psychological and social context of the symptom)
• Elicits emotional context (“How are you doing with this?”, “How has this affected you emotionally?”)

Meets Expectations ☐ Does Not Meet Expectations ☐
Step Four cont’d: Responds to feelings and emotions

Key Elements:

- **Statements that demonstrate empathy:** "I can certainly understand why you would be upset under the circumstances." "Anyone would find this difficult." "Your reactions are perfectly normal." "This would be anxiety-provoking for anyone." "I can understand why you are so angry." "I can see that this is upsetting for you." "This is hard to talk about."

- **Statements that demonstrate respect:** "I’m impressed by how well you’re coping." "I admire your resilience." "I respect the fact that you have continued working in spite of your pain."

- **Statements that demonstrate support/partnership:** "I want to help you in any way that I can." "No matter what happens, I will do whatever I can to assist you." "Let’s work together." "Together, we can work out some solutions that may help."

  Meets Expectations [ ]  
  Does Not Meet Expectations [ ]

Step Five: Transition to the middle of the interview

Key Elements:

- Ensures patient’s readiness to transition ("If it is okay with you...")
- Indicates that both the content and style of the interview will change ("I would like to switch gears and ask you some more specific questions.")
- Briefly summarizes the patient-centered portion of the interview

  Meets Expectations [ ]  
  Does Not Meet Expectations [ ]

Step Six: Physical Examination

Key Elements:

- Performs osteopathic structural examination in conjunction with accurate physical examination appropriate to patient’s clinical situation
- Offers specific osteopathic manipulative treatment as part of a rational treatment plan

  Meets Expectations [ ]  
  Does Not Meet Expectations [ ]

Step Seven: End of the interview

Key Elements:

- Orients the patient to the end of the interview
- Summarizes the information obtained during the visit
- Acknowledges relationship with patient and offers support before saying goodbye ("It was nice meeting you and I look forward to working together...")
- Washes hands before leaving the room

  Meets Expectations [ ]  
  Does Not Meet Expectations [ ]

Professionalism

Key Elements:

- Appearance and attire (grooming, clothing, white coat, etc.)
- Interaction with patient (attitude, demeanor, behavior in the exam room)
- Inappropriate behavior or conduct as reported by staff i.e. showing up late to staging, attempting to bypass staging, not following instructions, etc.

  Meets Expectations [ ]  
  Does Not Meet Expectations [ ]

*Students are required to submit this document electronically on the appropriate software platform and strongly encouraged to keep a copy for their records.*
**APPENDIX J: CLERKSHIP ROTATION EVALUATIONS**

Alabama College of Osteopathic Medicine

**Mid-Rotation Evaluation**

Please complete this evaluation at the midpoint of the clerkship rotation. Your cooperation is most appreciated.

**Section I – Core Competencies:**

Please provide feedback regarding the performance of this medical student. Your responses will help the student improve by identifying his/her strengths and weaknesses.

*Please note: It is extremely rare for a student to have more than 2 or 3 “Exceeds Expectations.” For each of these selected, please include comments in the following Narrative Comments sections explaining how the student Exceeds Expectations in that category.*

<table>
<thead>
<tr>
<th>Graduate Characteristic</th>
<th>Goal(s)</th>
<th>Observable Behavior(s)</th>
<th>Exceeds Expectations of an OMS-III student</th>
<th>Meets Expectations of an OMS-III student</th>
<th>Does Not Meet Expectations of an OMS-III student</th>
<th>Not Relative to Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge, Clinical Skills, Behaviors, &amp; Attitudes</td>
<td>1, 13, 14, 17, 19, 21</td>
<td>Performs an effective history and physical appropriate to the patient’s clinical situation</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Knowledge, Clinical Skills, Behaviors, &amp; Attitudes</td>
<td>3, 5, 8, 15, 21</td>
<td>Utilizes lab and imaging appropriately to identify cause of a patient’s problem(s)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Knowledge, Clinical Skills, Behaviors, &amp; Attitudes</td>
<td>3, 4, 5, 7, 15, 17, 18, 21, 30</td>
<td>Creates an appropriate differential diagnosis based on the patient’s problems</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Knowledge, Clinical Skills, Behaviors, &amp; Attitudes</td>
<td>1-6, 8, 15, 17</td>
<td>Uses clinical pathways and algorithms when appropriate</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Knowledge &amp; Clinical Skills</td>
<td>4, 6, 7, 8, 20, 25</td>
<td>Can reference, interpret, and apply knowledge resources in order to address a patient's clinical problem(s).</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Knowledge, Clinical Skills, Behaviors, &amp; Attitudes</td>
<td>9, 24, 25, 27</td>
<td>Demonstrates high ethical standards with empathy, honesty, and professionalism</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Knowledge &amp; Clinical Skills</td>
<td>10, 11</td>
<td>Demonstrates understanding and compassion of social issues and utilizes this in patient care</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Knowledge, Clinical Skills, Behaviors, &amp; Attitudes</td>
<td>11, 12, 22, 24, 26, 28</td>
<td>Treats all patients fairly and compassionately regardless of health status, financial standing, cultural background, or belief system</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Knowledge &amp; Clinical Skills</td>
<td>7, 16, 22, 28</td>
<td>Demonstrates appropriate use of available electronic resources while consistently approaching the patient in a personable, compassionate manner.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Behaviors &amp; Attitudes</td>
<td>23, 27, 29</td>
<td>Conducts all interactions with staff, faculty, etc. with the same level of respect and honesty, as appropriate to student's role on the healthcare team</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Knowledge, Clinical Skills, Behaviors, &amp; Attitudes</td>
<td>11, 31, 32</td>
<td>Demonstrates a genuine interest in learning about the patient's clinical and biopsychosocial situation, and then applies healthcare and community resources appropriately</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
Section II – Narrative Comments:

What are the student’s particular strengths?

In what areas does the student need to improve? PLEASE list any deficits that the student should address immediately.

Section III – Narrative Comments for the Student’s Medical Student Performance Evaluation (MSPE)
Formerly known as the Dean’s Letter of Evaluation

What comments would you like to include in the student’s MSPE (Dean’s Letter of Evaluation)?

Section IV – Gut Check
At this point, what letter grade does your “gut” tell you this student deserves? A B C F

________________________________________________________

Preceptor Signature                                      Date

________________________________________________________

Student Signature                                         Date

Thank you for the time and hard work you devote toward the education of ACOM students.
Your feedback is highly valuable to the program.
APPENDIX G: CLERKSHIP ROTATION EVALUATIONS

Alabama College of Osteopathic Medicine

Preceptor Evaluation of Student

Please complete this evaluation within 3 days of the student’s last day with you. The student may need this evaluation completed in order to be eligible for certain elective rotations. Your cooperation is most appreciated.

Section 1 – Core Competencies:

Please provide feedback regarding the performance of this medical student. Your responses will help the student improve by identifying his/her strengths and weaknesses.

*Please note: It is extremely rare for a student to have more than 2 or 3 “Exceeds Expectations.” For each of these selected, please include comments in the following Narrative Comments sections explaining how the student Exceeds Expectations in that category.*

<table>
<thead>
<tr>
<th>Graduate Characteristic</th>
<th>Goal(s)</th>
<th>Observable Behavior(s)</th>
<th>Exceeds Expectations of an OMS-III student</th>
<th>Meets Expectations of an OMS-III student</th>
<th>Does Not Meet Expectations of an OMS-III student</th>
<th>Not Relative to Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge, Clinical Skills, Behaviors, &amp; Attitudes</td>
<td>1, 13, 14, 17, 19, 21</td>
<td>Performs an effective history and physical appropriate to the patient’s clinical situation</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Knowledge, Clinical Skills, Behaviors, &amp; Attitudes</td>
<td>3, 5, 8, 15, 21</td>
<td>Utilizes lab and imaging appropriately to identify cause of a patient’s problem(s)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Knowledge, Clinical Skills, Behaviors, &amp; Attitudes</td>
<td>3, 4, 5, 7, 15, 17, 18, 21, 30</td>
<td>Creates an appropriate differential diagnosis based on the patient's problems</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Knowledge, Clinical Skills, Behaviors, &amp; Attitudes</td>
<td>3, 4, 5, 7, 15, 17, 18, 21, 30</td>
<td>Uses clinical pathways and algorithms when appropriate</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Knowledge, Clinical Skills, Behaviors, &amp; Attitudes</td>
<td>3, 4, 5, 7, 15, 17, 18, 21, 30</td>
<td>Uses structural diagnostic techniques when appropriate</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Knowledge &amp; Clinical Skills</td>
<td>1-6, 8, 15, 17</td>
<td>Demonstrates prioritization of critical findings and lab abnormalities in order to appropriately address a patient’s problems</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Knowledge &amp; Clinical Skills</td>
<td>1-6, 8, 15, 17</td>
<td>Accurately addresses the acuity of illness for an individual patient and crafts an appropriate treatment.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Knowledge, Clinical Skills, Behaviors, &amp; Attitudes</td>
<td>4, 6, 7, 8, 20, 25</td>
<td>Can reference, interpret, and apply knowledge resources in order to address a patient's clinical problem(s).</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Knowledge, Clinical Skills, Behaviors, &amp; Attitudes</td>
<td>9, 24, 25, 27</td>
<td>Demonstrates high ethical standards with empathy, honesty, and professionalism</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Knowledge, Clinical Skills, Behaviors, &amp; Attitudes</td>
<td>9, 24, 25, 27</td>
<td>Demonstrates ability to self-reflect appropriately</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Knowledge &amp; Clinical Skills</td>
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**What are the student’s particular strengths?**

**In what areas does the student need to improve? PLEASE list any deficits that the student should address immediately.**

### Section III – Narrative Comments for the Student's Medical Student Performance Evaluation (MSPE)
Formerly known as the Dean’s Letter of Evaluation

**What comments would you like to include in the student’s MSPE (Dean’s Letter of Evaluation)?**

### Section IV – Gut Check

What letter grade does your “gut” tell you this student deserves?  

A  B  C  F

<table>
<thead>
<tr>
<th>Preceptor Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX G: CLERKSHIP ROTATION EVALUATIONS

Alabama College of Osteopathic Medicine
End-of-Clerkship Survey

Please complete this survey by 3pm on the last day of each core rotation.

**Student Evaluation of Site:**

1. What are the main strengths at this clerkship rotation site?

2. What are the greatest challenges at this clerkship rotation site?

3. What else would you like to see at this clerkship rotation site?

4. What comments can you offer about your working and/or living experiences at this clerkship rotation site?

**Student Evaluation of Preceptor:**

5. What were your preceptor’s greatest strengths?

6. What were the challenges you and your preceptor faced regarding your learning needs?

7. Describe the quality of the orientation provided by your preceptor. What was discussed?

8. What was the volume of patients for which you cared?

9. Was the scope of patient problems adequate to meet the goals and objectives of the clerkship rotation?
10. Were your opportunities to perform patient care / procedures / documentation at the level you needed in order to learn? Explain.

**Student Evaluation of Clerkship Rotation:**

11. Were you able to meet the educational objectives that you and your preceptor agreed to in your Learning Agreement?

12. What did you like most about this clerkship rotation? Explain.

13. What were the greatest challenges you faced during this clerkship rotation?

14. Do you have any other comments about the design / implementation of this clerkship rotation?

**Student Evaluation of Osteopathic Opportunities:**

15. Did you incorporate components of the osteopathic structural exam into the diagnoses of your patients this rotation? Explain.

16. Did you perform OMT on any of your patients this rotation? Explain.

**Student Evaluation of Library Access:**

17. Please rate the ease of use in accessing library resources in the following venues:  

<table>
<thead>
<tr>
<th>Needs Improvement</th>
<th>Adequate</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>At the bedside</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>On rounds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>With preceptors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After hours</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
18. Please rate the usefulness of accessed information in meeting clerkship / patient care objectives in the following venues:

<table>
<thead>
<tr>
<th>Needs Improvement</th>
<th>Adequate</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) At the bedside</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b) On rounds</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c) With preceptors</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d) After hours</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

19. Please tell us which device you use most frequently to access relevant clinical information in the following venues:

<table>
<thead>
<tr>
<th>Other (please specify)</th>
<th>Computer</th>
<th>Mobile phone</th>
<th>iPad mini</th>
</tr>
</thead>
<tbody>
<tr>
<td>e) At the bedside</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>f) On rounds</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>g) With preceptors</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>h) After hours</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

20. What are the most frequent barriers to accessing clinical information?

21. What are some suggestions for improving access to library information needed during clerkships?

Thank you for your participation. Your feedback helps us work continuously to improve your educational experience.
APPENDIX G: CLERKSHIP ROTATION EVALUATIONS

Alabama College of Osteopathic Medicine

Annual Site Survey

Please complete this survey by June 1.

Core Site: ____________________________________________________________

Please rate the following aspects of your core site facility:

<table>
<thead>
<tr>
<th></th>
<th>Needs Improvement</th>
<th>Adequate</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How would you rate the teaching at this site?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. How would you rate the lodging at this site?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. How would you rate the areas for rounds at this site?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. How would you rate the areas for individual / group study at this site?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. How would you rate the video conference area at this site?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. How would you rate your access to required technology while at this site?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. How would you rate the support you received from the core site coordinator?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8. How would you rate this site overall?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Please answer the following questions regarding your core site facility:

9. What strengths did you notice regarding the core site administration?

10. What challenges did you face when working with the core site administration?

11. What strengths did you notice regarding the work areas for rounds / meetings / study?

12. What challenges did you face regarding the work areas for rounds / meetings / study?

13. Describe any noteworthy experiences regarding access or technology.

14. What were the overall strengths of this clerkship rotation site?
15. What were the overall challenges of this clerkship rotation site?

16. How would you rate this site overall?

Please answer the following questions regarding your overall education experience at this site:

17. Please provide any feedback you have regarding preceptors at this site, site director, and/or site coordinator.

18. Please describe the opportunities you had for learning at this site (journal club, tumor board, grand rounds, etc.).

Please answer the following questions regarding your educational location(s):

19. Did you spend any of your core rotations in an educational location? If so, list them below.

20. What strengths did you notice regarding the educational location(s)?

21. What challenges did you face when working at the educational location(s)?

22. How would you rate the educational location(s) overall?

Thank you for your participation. Your feedback helps us work continuously to improve your educational experience.