



Policy Title:	Clinical Education
Functional Area:	ACADEMIC
COCA Element:	6.9

Status:	FINAL
Effective:	Dec 1, 2020
Approved by:	UIWSOM Leadership Council
Policy Contact:	Associate Dean Clinical Affairs
Responsible Office:	Office of Clinical Affairs
Last Reviewed/Updated:	12/1/2020

Purpose: The purpose of this policy is to delineate how learners will obtain all clinical education through at UIWSOM.

Policy Statement

1) Description

The goal of the UIWSOM clinical curriculum is to provide rigorous clinical experience and training grounded in the mission of service. The clinical curriculum is longitudinal, beginning in Phase I (years 1 and 2) and continuing to graduation.

2) Primary goals

- a) **Osteopathic Principles & Practice (OPP) and Osteopathic Manipulative Treatment (OMT):** Candidates must be able to demonstrate knowledge of osteopathic principles and practice, and to demonstrate and apply knowledge of somatic dysfunction diagnosis and Osteopathic Manipulative Treatment in the clinical setting.
- b) **Osteopathic Patient Care:** Provide patient-centered care that is culturally responsive, compassionate, and appropriate for the effective treatment of illness and promotion of health across the lifespan.
- c) **Medical Knowledge for Osteopathic Medical Practice:** Demonstrate an understanding and application of the evolving osteopathic, biomedical, clinical, epidemiological, biomechanical, and cognate (e.g. epidemiological and social-behavioral) sciences to optimize patient care.
- d) **Practice-Based Learning and Improvement in Osteopathic Medicine:** Demonstrate the ability to continuously evaluate patient care practices, scientific evidence and personal beliefs and biases as they relate to improving the care of patients and optimizing patient outcomes.
- e) **Interpersonal and Communication Skills in the Practice of Osteopathic Medicine:** Demonstrate the ability to consistently interact respectfully, empathetically, and professionally with patients, families, allied health care providers, staff, and colleagues, to optimize patient outcomes.

f) **Professionalism in the Practice of Osteopathic Medicine:** Demonstrate a commitment to the highest standards of professional responsibilities, adherence to ethical principles and cultural responsiveness to diverse beliefs and customs.

g) **Science of Health Care Delivery and Systems-Based Practice in Osteopathic Medicine:** Demonstrate an awareness of and responsibility to the larger context and system of health care, and effectively utilize its available resources to provide optimal health care and value to the individual patient and local and global communities.

h) **Social Accountability in the Practice of Osteopathic Medicine:** Prioritize and address community health outcomes through civic engagement, ethical leadership and global social responsibility while delivering equitable and sustainable healthcare based on the tenets of social accountability.

i) **Wellness and Mental Health in the Practice of Osteopathic Medicine:** Partner with healthcare consumers, family members, and behavioral health and primary care providers to integrate the experience and expertise of the team into the provision of mental health and wellness services across the lifespan.

3) Secondary goal

a) Increase awareness of UIWSOM and the osteopathic profession through learners' educational activities in the community

4) Methods

a) Clinical Integration within Phase I and II Curriculum

i) Emergency Medical Technician (EMT) Course

The first unit of the learners' training at UIWSOM introduces them to the fundamentals of becoming an osteopathic physician by integrating a robust Emergency Medical Technician- Basic (EMT-B) curriculum with the essentials of biomedical sciences, clinical applications, and professional identity formation.

Crisis Intervention Training (CIT) provides learners stress management strategies and coping skills. Learners participate in ambulance runs and have the ability to become a certified EMT at completion of Phase I.

ii) Case-based learning

Using case-based learning, topics including anatomy, physiology, pharmacology, clinical analysis, metabolism, immunology and osteopathic manipulative medicine are explored in the context of acute and emergent health conditions. Learners develop life-long learning habits by engaging in self-exploration and self-assessment activities. The spiritual, psychosocial economic and technical dimensions of patient care, health care teams, and health care delivery are addressed.

b) Early Clinical Experiences (ECX)

This is a longitudinal clinical experience that begins the first week of medical school and continues through Phase II. Learners are assigned a community preceptor and are required to participate in a clinic or health-related setting each week for 1/2 day.

Outcomes include: advanced knowledge of osteopathic principles of patient care, applying classroom knowledge to clinical care, direct participation in health care delivery and increased awareness and understanding of systems-based practice.

Beginning in the second unit of Phase I, learners begin rotating through different interprofessional activities one afternoon twice a month. Later in Phase I, learners are also assigned to primary care physicians in the community. These experiences provide early exposure to clinical medicine in addition to the ancillary and public health services that make up the US healthcare system. Early clinical immersion augments integration of skills and knowledge in preparation for clinical practice. Early Clinical Experiences (ECX) helps prepare learners for patient contact and enhance interpersonal communication skills. ECX activities include (but are not limited to):

- (1) Primary Care Physicians
- (2) Optometry Clinics
- (3) School Nursing
- (4) Senior Centers (physical fitness, nutrition classes, insurance navigation)
- (5) Centers assisting those experiencing homelessness (case management, behavioral health, interview training)
- (6) Medically underserved primary care clinics
- (7) Hospice (home visits and/or hospice centers)
- (8) Physical Therapy
- (9) Pharmacy (inpatient and/or retail)
- (10) Health Departments (city and/or state)
- (11) Dialysis Centers

c) Community Engagement (CE)

All graduates of the UIWSOM are required to participate in community service learning across all four years of medical school. Engagement with the community serves as the foundation for the application of social justice and social accountability principles that culminate in the development of a longitudinal scholarly project based on community needs.

Beginning in the second unit of Phase I, learners begin community engagement projects, one afternoon twice a month (alternating weeks with ECX). Community engagement (CE) is the collaboration between UIWSOM and its local community for the mutually beneficial exchange of knowledge and resources in a context of partnership and reciprocity. Using service-learning and preceptorship, learners and their faculty help to prepare educated, engaged residents, strengthen democratic values and civic responsibility, address critical societal issues, and contribute to the public good. For example, some learners are assigned to families within nearby school districts and housing projects, which are in a federally designated medically underserved area. Learners identify ways to help address endemic health issues, such as obesity and diabetes, and in a joint partnership with their families, develop action plans and monitor results. Learners are then required to present their findings and suggest subsequent action plans.

d) Clinical Clerkships

Clinical clerkships build upon not only the knowledge, skills, and attitudes gained through case-based learning, but also the experiential learning gained from early clinical and community experiences throughout Phase I of the curriculum.

UIWSOM students use this foundation of knowledge to communicate with, diagnose and manage patients with both acute and chronic medical conditions. Equally important, students learn to appreciate the human side of medicine, to understand patients' rights and accept differences. They also learn how to coordinate healthcare delivery, be an advocate for their patients, and work efficiently in inter-professional teams. Lastly, clerkships reinforce students' value of continuous self-improvement and life-long learning as physicians. These clerkships, built on the foundation of Phase I, allow learners to meet the Fundamental Osteopathic Medical Competency Domains in addition to additional UIWSOM Competencies. There are eight required core clerkships in Year 3, each six weeks in length (an Emergency Medicine core rotation four weeks in length occurs in Year 4):

- Family Medicine
- General Internal Medicine (ambulatory)
- General Surgery
- Women's Health (OB/GYN)
- Pediatrics
- Psychiatry (Behavioral Health)
- Hospital Medicine
- Medically Underserved

Each clerkship has specific learning objectives, required diagnoses and suggested procedures, listed in each clerkship's syllabus. The Office for Clinical Affairs is charged with recruiting, training, and managing the adjunct clinical faculty roster. To ensure adequacy of faculty for core clerkship rotations, it is assumed that the average preceptor will precept one student per six-week core rotation, for 36 weeks a year (or for 6 of 8 rotations per year). All adjunct clinical faculty have or will receive faculty development on how to facilitate active learning through use of the Socratic Method of questioning.

e) Didactic Education

In addition to time spent in the clinical setting, students on all core rotations are required to participate in didactic educational sessions. Through reading assignments, web-based content, and in-person sessions such as Grand Rounds and Interesting Case Conferences, students become familiar with the core diagnoses associated with each clerkship, and their management. Each core site is responsible for conducting site-specific in-person educational sessions based on content requirements issued by the UIWSOM. Additionally, core sites are expected to contribute to the development of learning materials and assignments that may be used throughout all the clerkship sites.

Core sites are integrated into the UIWSOM community, and thus have a shared responsibility for the success of all students. The UIWSOM provides continuing support to the core sites in these efforts, and additionally distributes a core curriculum of didactic

material for each clerkship. Participation in all didactic activities on core clerkships, including web-based content, is required. The UIWSOM engages in continuous monitoring of the didactic curriculum to ensure all students are receiving uniform instruction on all core content.

5) Description of Core Clerkships

a) Family Medicine

This six-week experience is designed to provide experiential learning in primary care, either in a preceptor's office, freestanding clinic, or an affiliated hospital's ambulatory care center. Continuity of care to patients and their families is emphasized. Students are given the opportunity to screen, diagnose and manage common problems of diverse populations in outpatient settings. Preventive health and promotion of wellness through behavioral and lifestyle changes are incorporated. Emphasis is placed on the acquisition of skills in osteopathic structural evaluation, osteopathic manipulative medicine, medical interviewing, cultural sensitivity, note writing and case presentation. Students also learn to identify and address the impact of patients' socioeconomic, and biopsychosocial issues to their health.

b) General Surgery

This six-week experience is designed to provide students the opportunity to acquire skills, cognitive structure and knowledge necessary to properly evaluate and manage surgical patients. This rotation primarily occurs in the inpatient setting. This rotation provides an overview of the surgical practice of. Students learn preoperative evaluation, surgical assistance, and post-operative management and care. Indications for surgical procedures, sterile techniques and operating room protocols, and surgical complications are emphasized. Students gain experience in both general surgery and surgical subspecialties.

c) General Internal Medicine

This six-week experience is designed to provide experiential learning in ambulatory internal medicine. The outpatient setting provides unique opportunities for students to interact with adult patients who have a variety of both acute and chronic conditions. Internal medicine provides a platform for students to integrate history-taking and physical examination, with real-time monitoring, detection and treatment of diseases. Students gain experience with diverse patient populations manifesting pathologies in the following major organ systems: cardiovascular, gastrointestinal, pulmonary, endocrine, hematology/oncology, infectious diseases, rheumatology/immunology, neurological and renal. This rotation may fulfill the student's requirement to work on a teaching service.

d) Pediatrics

This six-week experience is designed to provide experiential learning in the field of pediatric medicine. Through a combination of ambulatory and inpatient experiences, this clerkship provides a broad exposure to the care of well and sick children. Students will learn routine examination and screenings and management of illnesses and acute and

chronic conditions. Special emphasis is placed on anticipatory guidance, vaccinations, and accident prevention. This rotation may fulfill the student's requirement to work on a teaching service.

e) Psychiatry/Behavioral Medicine

This six-week clerkship, in both inpatient and ambulatory settings, provides a broad exposure to child, adolescent, adult, and geriatric mental illnesses with an emphasis on the role of psychiatry in primary care. Students gain experience in the indications for major psychopharmacological agents, psychological interventions, DSM-5 classifications and management of substance use disorders. Students learn how to care for individuals with mental illness from assessment to treatment with appropriate sensitivity to this vulnerable and often marginalized patient population. This rotation may fulfill the student's teaching service requirement.

f) Obstetrics & Gynecology (Women's Health)

This six-week clerkship provides a broad exposure to the spectrum of women's health, childbirth and disease. Students learn how to conduct gynecological exams, manage normal and high-risk pregnancies, participate in labor and delivery procedures, and provide postpartum care. Because obstetrics and gynecology is part of both primary and specialty care, students should begin to discriminate which elements of care are delegated to the primary care or specialty care physicians. Gynecologic surgery, outpatient management of sexually transmitted diseases, and the legal aspects of OB/GYN are also covered. This rotation may fulfill the teaching service requirement.

g) Medically Underserved

This six-week experience is designed to provide experiential learning in primary care of the medically underserved. Exposure to the needs of communities served by urban and rural underserved clinical practices helps students better understand the needs of marginalized populations. Through understanding the population, students can better identify the social, economic, cultural, linguistic aspects related to health, disease, disease prevention and health care. This rotation requirement may be met by a rural or urban underserved, correctional medicine, military or VA medicine rotation.

h) Hospital Medicine

This six-week rotation is designed to provide students with immersion in in-patient critical care and/or hospitalist care. Osteopathic medical students are an integral part of the healthcare team and are involved in the decision-making process of the patient care and given responsibility commensurate with their ability. Osteopathic medical students are supervised and taught by attending physician faculty. At some sites, students may also work with interns and residents. Learning in this rotation occurs during sign-in, morning report, bedside teaching and management rounds, didactic lectures, bedside clinical rounds and interactive didactics. Learners will gain clinical experience in the diagnosis and management of acute medical disorders.

i) Osteopathic Longitudinal Integrated Clerkship

The Osteopathic Longitudinal Integrated Clerkship (OLIC) is longitudinal and spans Year 3 and the Emergency Medicine Clerkship in Year 4. The goal of the OLIC is to reinforce and provide students with a clinical environment to apply osteopathic skills and critical thinking learned in Phase I. Both didactic and OMT skills performance are required, with didactics focused on each of the core medical specialty rotations in Year 3, and the Emergency Medicine Clerkship in Year 4. In addition, students take the NBOME COMAT Osteopathic Principles and Practice exam at the end of the OLIC.

j) Reflection, Integration and Assessment

Every 12 weeks after completing two, six-week (6) clinical rotations, learners return to the UIWSOM main campus for a week of reflection, integration, and assessment. The inter-clerkship week will allow the SOM faculty to provide uniform educational opportunities and evaluate all the students. In addition, this inter-clerkship week serves to remind the learners of their integration into the much larger UIWSOM community. Activities during the week will relate to 4 key areas:

- Integration of Osteopathic Principles and Practice
- Professional Identity Formation and Humanities Reflection
- Observed Standardized Clinical Examinations (OSCE)
- High Fidelity Simulation Experiences

k) Year 4 consists of 9 rotations (4-weeks each), continued board preparation, successful completion of COMLEX Level 2 CE and PE, and a Readiness for Residency unit.

l) Emergency Medicine

This four-week (4) core rotation is designed to provide experiential learning in emergency medicine. Emergency medicine clerkships provide broad exposure to a wide variety of patient care skills, cognitive structures and knowledge because of the scope of care provided. Because emergency medicine is a crucial component of the infrastructure of the US health care delivery system, exposure to it is a vital part of the training of an osteopathic physician. The Osteopathic Longitudinal Integrated Clerkship is also a component of this experience. This rotation may fulfill the teaching service requirement.

m) Selectives and Electives

Students are required to take two rotations (4-weeks each) in a medical specialty, and one rotation (4-weeks) in a surgical specialty for a total of three selectives. These can include sub-internships and residency audition rotations. Selective rotations must be scheduled at an affiliated clinical site, and students must notify the Office of Clinical Affairs of all arrangements.

Five electives (4-weeks each) are also required. These can include sub-internships and residency auditions, as well as one or more of the following rotations: research/scholarly activity, healthcare administration, health policy, public health, global health, anatomy,

and OPP/OMT. As noted above, electives may be done (with prior approval by the Office of Clinical Affairs) at/with:

- any hospital site which has an accredited residency program in the elective specialty
- an Adjunct Clinical Faculty member of UIWSOM (preceptorship, research, etc.)
- other outpatient site (public health, research, etc.) as approved by the Office of Clinical Affairs

A list of selective/elective rotations can be found in the UIWSOM Student Handbook.

n) Readiness for Residency

This two-week session, occurring just prior to graduation, is designed to assess and ensure learner readiness for residency. All graduates will be required to demonstrate individual and team competence through structured cognitive and performance assessments that are based on the AACOM document *Osteopathic Consideration for Core Entrustable Professional Activities (EPAs) for Entering Residency*. An osteopathic principles and practices component will prepare learners to incorporate OPP/OMT into a GME environment and offer review of previously learned content and osteopathic skills development.