



**UNIVERSITY OF THE
INCARNATE WORD.**

SCHOOL *of* OSTEOPATHIC
MEDICINE

CLINICAL CLERKSHIP HANDBOOK 2019-2020

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Table of Contents

Introduction	4
UIWSOM Mission.....	5
UIWSOM Core Competencies and Educational Objectives	5
Philosophy of Osteopathic Medicine.....	5
Osteopathic Pledge of Commitment.....	6
<i>Osteopathic Oath</i>	6
General Information and Guidelines for Clinical Clerkships	7
Academic Calendar.....	7
Attendance and Excused Absences.....	7
Board Examination Preparation.....	8
Change of Address.....	8
Classification of Clinical Clerkships	8
Clerkship Limits	9
Clerkship Management Software.....	9
Competency Portfolio.....	9
Confirmation of Clerkship Assignments	10
Core Curriculum	10
Duty Hours.....	11
Evaluations.....	11
<i>Student Evaluations</i>	<i>11</i>
<i>Competency Based Evaluation.....</i>	<i>11</i>
<i>Osteopathic Principles & Practice and Osteopathic Manipulative Medicine.....</i>	<i>12</i>
<i>Medical Knowledge.....</i>	<i>12</i>
<i>Patient Care</i>	<i>12</i>
<i>Interpersonal and Communication Skills</i>	<i>12</i>
<i>Professionalism</i>	<i>12</i>
<i>Practice-Based Learning and Improvement.....</i>	<i>13</i>
<i>Systems-Based Practice.....</i>	<i>13</i>
<i>Student Evaluation of the Preceptor and Site.....</i>	<i>13</i>
<i>For Required Clerkships:</i>	<i>13</i>
<i>For Selective/Elective Clerkships:</i>	<i>13</i>
COMAT Exams	13
Grading	14
<i>Assignment of Grades.....</i>	<i>14</i>
<i>Incomplete Clerkships.....</i>	<i>15</i>
<i>Assignment of Final Grade.....</i>	<i>15</i>
<i>Failure of a Clerkship.....</i>	<i>15</i>
<i>Grade Appeals.....</i>	<i>15</i>
Liability Insurance	15
Logs	15
<i>Essential Clinical Conditions Log.....</i>	<i>16</i>
<i>Procedures Log</i>	<i>16</i>
Medical Records and Charting	16
Military Rotations.....	16
Osteopathic Principles & Practice Longitudinal Integrated Clerkship.....	17
Patient Care Activities and Supervision	17
Personal Insurance	18

Property of Others.....	18
Student Titles	18
Year 3	18
<i>Clinical Rotation Assignments</i>	19
<i>Course Format for Core Clerkships</i>	19
<i>Didactic Activities</i>	19
<i>Medical Record Documentation</i>	20
<i>Presentation Skills</i>	20
<i>Osteopathic Principles, Practices (OPPI) Longitudinal Integrated Clerkship (LIC)</i>	20
<i>End of Rotation Exam</i>	20
Year 4	20
<i>Board Preparation</i>	21
<i>Scheduling of Year 4 Clerkships</i>	21
<i>Selective and Elective Clerkships</i>	21
<i>Selective and Elective Clerkship Options</i>	21
Readiness for Residency	23
Process for Out-of-Network Selective/Electives	Error! Bookmark not defined.
Appendix A - Documents and Additional Materials Needed	24
Appendix B - Glossary of Terms	25
Appendix C - Clinical Affairs Staff Directory	Error! Bookmark not defined.
Appendix D – Forms	31

Introduction

Clinical clerkships build upon not only the knowledge, skills, and attitudes gained through case-based learning, but also upon the experiential learning gained from early clinical and community experiences during the first two years of the curriculum. UIWSOM learners will apply foundational knowledge to the delivery of preventive care as well as the diagnosis and management of acute and chronic medical conditions. Learners will apply osteopathic principles to the delivery of holistic health care, develop an appreciation for the human side of medicine, understand patient rights, and learn to accept differences. They will learn how to coordinate healthcare delivery, advocate for their patients, and work efficiently in interprofessional teams. Lastly, clerkships reinforce the values of continuous self-improvement and life-long learning as students become physicians.

The UIWSOM Clinical Clerkship Handbook addresses specific issues related to Phase II (years 3 and 4) of the curriculum. It is intended to augment the information found in the UIWSOM Student Handbook. In addition, all learners at the University of the Incarnate Word are bound by the University of the Incarnate Word Student Code of Conduct located at https://my.uiw.edu/studentconduct/docs/uiw_studentconductprocedures.pdf. The UIWSOM Student Handbook and Clinical Clerkship Handbook govern academic policies and professional conduct and standards, while the UIW Student Code of Conduct governs personal conduct. If there is a question of conflict between these documents, the Student Handbook and then the Clinical Clerkship Handbook will take precedence. It is the responsibility of each learner to read, understand, and follow both the UIWSOM Student Handbook and the Clinical Clerkship Handbook, as well as the UIW Student Code of Conduct. While the provisions of this handbook will ordinarily be applied as stated, the school reserves the right to change any provision listed herein including academic requirements for graduation. Every effort will be made to keep learners advised of any such changes; however, it is the responsibility of each student to keep apprised of current graduation requirements.

This handbook may be modified by the University of the Incarnate Word School of Osteopathic Medicine at any time. All modifications will be approved by the Dean of UIWSOM, the Office of Clinical Affairs, and the UIWSOM Doctor of Osteopathic Medicine Curriculum Committee.

Nothing in this handbook shall be construed as a contract between any student and UIWSOM.

UIWSOM Mission

Preamble: The mission of the University of the Incarnate Word School of Osteopathic Medicine flows from the mission of the university and the founding call of the Sisters of Charity of the Incarnate Word to extend the healing ministry of Jesus Christ.

UIWSOM's mission is to empower all members of the medical education community to achieve academic, professional and personal success and develop a commitment to lifelong learning through excellence in learner-centered, patient-focused education, justice-based research and meaningful partnerships of osteopathic clinical service across the spectrum of undergraduate, graduate and continuing medical education. The development and application of osteopathic principles of medicine across four years of physician training will promote culturally, linguistically, and community responsive care for all patients to enhance patient safety and improve patient outcomes.

UIWSOM Core Competencies and Educational Objectives

The Fundamental Osteopathic Medical Competency Domains of the American Osteopathic Association (AOA), the National Board of Osteopathic Medical Examiners, and American Association of Colleges of Osteopathic Medicine (AACOM) have been aligned with UIWSOM's mission to form the foundation of the UIWSOM Core Competencies and programmatic Educational Objectives

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:

1. The body is a unit; the person is a unity of body, mind, and spirit.
2. The body is capable of self-regulation, self-healing, and health maintenance.
3. Structure and function are reciprocally interrelated.
4. 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 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.

General Information and Guidelines for Clinical Clerkships

The Office of Clinical Affairs manages all aspects of Phase II. Clerkship assignments, student and preceptor evaluations, clinical condition and procedure logs, course grades, preceptor credentialing, required training, and required documentation will be managed through this office. The Associate Dean for Clinical Affairs leads and direct this office, with assistance from the Assistant Dean for Clinical Education and the Director of Clinical Rotations.

The Office of Clinical Affairs is represented to the medical community at large by Core Site Directors, Clerkship Directors, and Site Coordinators. For each core clerkship site, there will be an assigned Core Site Director and a Site Coordinator. The Core Site Director manages the core site and its educational operations, and the interaction with the School and site administration regarding student performance. Core Site Directors supervise and coordinate all of the administrative aspects of the clinical clerkships at their assigned sites. The Site Coordinator manages the day-to-day activities of students, evaluations, administrative documentation, group discussions, and end of rotation examinations. The Site Coordinator contacts the student before core clerkships begin regarding learner expectations, housing, orientation activities, and other pertinent information. Clerkship Directors will manage the implementation of the curriculum for all sites for their respective specialties, administer the end of rotation examinations, and manage the preceptor relationships within their respective specialties.

The Clinical Affairs staff make clerkship site and preceptor assignments for Year 3 of the curriculum and provide learners with guidance and assistance in preparing their Year 4 clinical clerkship schedule. All plans for future clerkships during Year 4 must be submitted in writing to the assigned staff member who will approve the final plan.

Regular hours for the Office of Clinical Affairs are 8:00 a.m. to 5:00 p.m. Central Time, Monday through Friday, excluding days when the UIWSOM campus is closed. It is recommended, because of varying schedules, that communication between learners and the UIWSOM office is made primarily via email. Along with email, the UIWSOM 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.

Academic Calendar

The UIWSOM Academic Calendar is available to students, faculty and staff at:
https://osteopathic-medicine.uiw.edu/_docs/current-students/2019_2020_calendar_do2021.pdf

Attendance and Excused Absences

In addition to the attendance policy addressed in the UIWSOM Student Handbook, the following additional policies apply to clinical clerkships:

During Phase II, students are expected to attend and participate in every session of a clinical clerkship. Missed or neglected requirements due to any absence (both excused and unexcused) must be made up to the extent possible at the discretion of the preceptor.

Students are expected to follow the attendance policy of the physician office or hospital where they are assigned. During clinical rotations, students are expected to work a minimum of five days a week and 40 hours per week. Students should note that this may include weekends and holidays. Recurrent tardiness is a sign of poor professionalism and may be considered an unexcused absence by the Clerkship Director.

Excused absences are subject to approval by the Clerkship Director and will be accommodated only to the extent that such absences do not interfere unreasonably with the goals and objectives established for the clerkship. Failure to be present at an assigned rotation without a proper excused absence may result in failure of the rotation. Phase II learners (3rd and 4th year) students must complete the online Phase II Excused Absence Request form (or Phase II Personal Day Request form). Copies of these forms can be found on the UIWSOM Student Life Clinical Affairs web page (<https://osteopathic-medicine.uiw.edu/student-life/clinical-affairs.html>) and should be completed electronically wherever possible. Copies of these forms can also be found in the Clerkship Handbook appendix. Once the Phase II Excused Absence form is approved by the Clerkship Director, the learner will be notified. The absence is not considered excused until it has been approved by the Clerkship Director. Unexcused absences will be considered unprofessional behavior and may result in referral to the Student Progress Committee.

Board Examination Preparation

Throughout Phase II, students will participate in an ongoing board preparation course that entails review and reinforcement of clinical and osteopathic principles germane to COMLEX Level 2 content.

To ensure learners are attaining the clinical skills competencies required to begin Year 4 and to determine their readiness to sit for COMLEX-USA Level 2 PE, UIWSOM requires learners to complete comprehensive testing through a COMLEX Level 2-PE Preparatory OSCE during Year 3. Learners must meet standards on the COMLEX Level 2-PE Preparatory OSCE in order to sit for COMLEX-USA Level 2-PE. The COMLEX Level 2-PE Preparatory OSCE is generally administered in January of Year 3. The timelines for the exams are announced each year.

Learners must pass both COMLEX Level 2 CE and Level 2 PE to graduate.

Change of Address

It is the responsibility of the student to ensure that UIWSOM, the Office of Clinical Affairs and the Site Coordinators have current and timely contact information for each learner. 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.

Classification of Clinical Clerkships

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

- **Required Core Clerkships:** Required core clerkships are assigned by the Office of Clinical Affairs and cannot be changed or selected by the student.

- **Selective Clerkships:** Selective clerkships must be chosen from the selective clerkships list approved by the UIWSOM Office of Clinical Affairs. The preceptor for a selective clerkship should be a member of the UIWSOM Clinical Faculty or Adjunct Clinical Faculty. If a student wishes to complete a selective clerkship with a physician not on the approved faculty list, that physician must first be credentialed through the Office of Clinical Affairs.
- **Elective Clerkships:** Students will complete elective clerkships during Year 4. Electives can be in any specialty and at any medical facility, and preceptors for elective clerkships may be any licensed, practicing physician, but both the preceptor and the facility must be approved by the Office of Clinical Affairs. 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.

Clerkship Limits:

- The student will not be permitted to complete more than three elective/selective clerkships in the same specialty.
- Students may not complete more than two elective/selective clerkships with the same preceptor.
- Students may complete only one clerkship with a preceptor who is a member of the learner's family. A clerkship completed with a family member must be an elective clerkship.
- Students may not shadow or work with any preceptor or physician outside of assigned Clinical Clerkships unless prior approval is obtained from the Office of Clinical Affairs and the UIWSOM medical malpractice carrier or representative. Forms requesting approval can be found in the appendix or at: <https://osteopathic-medicine.uiw.edu/student-life/clinical-affairs.html>

Guidelines on student participation in clinical activities while on clerkships may be found at the UIWSOM Student Life Clinical Affairs web page at <https://osteopathic-medicine.uiw.edu/student-life/clinical-affairs.html>. They are meant to be recommendations for policies concerning student involvement in the clinical setting at all clerkship sites.

Clerkship Management Software

UIWSOM uses eMedley learning management system software to schedule clinical clerkships, record learner evaluations and manage the clinical experiences of learners, including the documentation of case and procedure logs. Learners will receive additional instructions to access their clinical schedule, review and complete evaluations of their preceptors and clerkship sites and maintain logs prior to the start of clinical clerkships.

Competency Portfolio

Students must record clinical reasoning and procedural skills witnessed by their preceptors in the appropriate section of eMedley. Students should access the portfolio daily while on each clinical clerkship in order to record each clinical skill. Skills are self-reported by students and verified

randomly by UIWSOM staff. Students must make sure they are accurately recording their experiences with each symptom/problem and clinical skill during their OMS-III year. This is important because UIWSOM will use this information to populate the Medical Student Performance Evaluation. This MSPE is a vital part of each student's residency application. The more complete the portfolio is, the better a residency program director will be able to evaluate the student's readiness for residency. Continuing to populate the portfolio during their OMS-IV year will lead to a more complete representation of student exposure to the clinical skill sets they will be expected to perform on their first day of residency.

Student grades will not be influenced by the number of clinical skills recorded, but the portfolio will serve as a method for students to track their performance of common skills typically encountered during clinical clerkships. In addition, the portfolio will serve as a tool to assist UIWSOM to evaluate the clinical experiences received by students at various training sites.

Confirmation of Clerkship Assignments

It is the responsibility of the student to contact each site 3-5 days prior to arrival to confirm the clerkship, obtain instructions regarding start time, dress code, parking and to receive any special instructions or assignments for the clerkship. It is suggested that 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 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.

Core Curriculum

UIWSOM 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, reading assignments, individual discussions, and presentations by students, faculty, and others. Specific curricular expectations are outlined in the curriculum syllabus for each of the required clerkships.

Phase II (Years 3 and 4) will consist of clinic, hospital, and office-based training. All faculty are approved by UIWSOM based on interest and dedication to teaching as well as the evaluation of the Curricula Vitae (CV) and background investigations. The clinical curricula reflect the mission of the school.

The fourth-year curriculum is intended to build on the foundational experience provided in the third year. The only required core clerkship is Emergency Medicine. Three 4-week selective clerkships (two in medical specialties, and one in a surgical specialty) are also required and must be chosen from a UIWSOM approved clerkship list. 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.

Duty Hours

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. Students may not take call or remain on service after 12:00 p.m. (noon) on the last Friday of the clerkship.
- A typical workweek is 60 –72 hours per week. The workweek shall be limited to a minimum of 40 hours and a maximum of 80 hours, averaged over the clerkship. Students may not “compress” their clerkship schedule, working extra hours early in the rotation in order to complete the clerkship in less time than scheduled.
- 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 Director.
- If the supervising physician has planned numerous "days off" such as his/her personal vacation, it is the student's responsibility to contact the Core Site Coordinator or Clerkship Director for advice and counsel.
- Every Friday from 1:00-5:00 p.m. all students in the San Antonio area are required to participate in learning opportunities at the UIWSOM campus. Students assigned to other locations (Laredo, Kerrville) will participate visually and orally through an internet connection at an assigned location.

Evaluations

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 Principles & Practice and Osteopathic Manipulative Medicine

- OPP 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

- 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.

Student Evaluation of the Preceptor and Site

Students are required to complete evaluations regarding their clerkship experience. Student feedback received from the evaluations assists in the overall assessment and improvement of clinical clerkships and future faculty development programs. 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:

- Evaluation of Preceptor: Provides feedback that can be used to assess and improve the teaching of up to three preceptors for each clerkship.
- Evaluation of Site: Provides feedback that can be used to assess and improve learning opportunities and the learning environment of specific clerkship sites.
- 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 Director.

For Selective/Elective Clerkships:

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

COMAT Exams

Comprehensive Osteopathic Medical Achievement Test (COMAT) exams are administered at the end of each core clerkship. COMAT exams are available for Emergency Medicine, Family Medicine, Internal Medicine, Obstetrics/Gynecology, Osteopathic Principles and Practice, Pediatrics, Psychiatry, and Surgery. The COMAT subject exam structure, content outlines and practice exams for each subject can be found at <http://www.nbome.org/comat>

Grading

Assignment of Grades

A grade for each clerkship is assigned by the Clerkship Directors and approved by the Phase II Standards Committee. Details can be found in the clinical syllabus for each clerkship. The elements required to meet standards for each core clerkship include receiving a score that meets standards on the COMAT subject exam, a satisfactory evaluation by the supervising physician(s) (preceptor(s)) or Core Site Director, appropriate attendance and participation at grand rounds or other required conferences, clerkship didactics, case studies, and quizzes or oral exams. The Phase II Standards Committee determines standards based on relevant national statistics for each COMAT subject exam. Students who do not meet standards on a COMAT subject exam will be required to repeat the COMAT exam for reassessment (see Student Handbook), and if also deficient in other areas may be required to remediate certain portions of or all of the clerkship. The final grade will be assigned and approved within 45 days of the completion of the clerkship. The following grades will normally be assigned:

- *Pass*
Students who meet the requirements for every assessment component for a clinical clerkship will receive a score of Pass, or “P” for that clerkship.
- *Subject to Remediation*
Students who do not meet the requirements in two or more of the assessment components of the clerkship will receive a score of Subject to Remediation, or “SR”. The following are the assessment components for each clerkship: attendance, COMAT subject exam score, case logs, and Student Evaluation by the Preceptor(s). A student who receives a score of “*Subject to Remediation*” may remediate that clerkship within the guidelines listed in the grading policy. A student who does not meet standards solely on a COMAT exam may re-take that exam for reassessment as scheduled by the Office of Medical and Interprofessional Education (OMIE) and the Office of Clinical Affairs. Any student that does not meet standards on the COMAT exam must consult with the relevant Clerkship Director, Director of Academic Support, and the Phase II Director in order to be allowed to retake the examination. Following a second or third unsuccessful score on the COMAT exam, the student will receive a grade of “*In Progress*” (IP) for the clerkship and shall be required to complete a “boot camp” as outlined in the Student Handbook, and will be required to appear before the Student Progress Committee. Successful reassessment results in a grade change to “P”. If a student does not meet standards for on a Faculty Evaluation, the student will consult with the Clerkship Director and Director of Clinical Rotations, and then may also be required to appear before the Student Progress Committee for further action, up to and including potential dismissal.
- *Honors*
Honors will be designated for the top 15% of students for each Core Discipline during the third-year rotations. The top 15% will be calculated from the student’s performance with weight given to both the preceptor evaluation score and the COMAT score (75% preceptor evaluation, 25% COMAT score). Honors designation will be determined at the end of the third year for all Core disciplines. To qualify for honors, student evaluations and logs must be completed by the deadline in all Core disciplines.

Incomplete Clerkships

A grade of “*In Progress*” (IP) may be assigned if the student’s work in a clerkship is incomplete, or if the student will be required to take a reassessment exam. The Associate Dean for Clinical Affairs will establish a deadline of not more than 90 days for the student’s completion of remaining coursework, and the grade of “*In Progress*” will be replaced with “*Pass*” (P) 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 “*Fail*” (F). The only exceptions are stipulated by the Student Progress Committee.

Assignment of Final Grade

The final grade for each student is assigned by the Clerkship Director, approved by the Phase II Standards Committee, and reported to the University by the Associate Dean for Clinical Affairs.

Failure of a Clerkship

A student who fails a clerkship will be required to remediate and pass that clerkship prior to graduation. Even if the student later successfully passes the rotation, this may still result in a delay in the anticipated date of graduation and may result in the student being “off-cycle” for residency programs. Any student who fails a clerkship will be referred to the Student Progress Committee for further action, up to, and including dismissal.

Grade Appeals

Questions regarding a clerkship grade are to be directed to the Associate Dean for Clinical Affairs. Students are never to contact the supervising physician who evaluated them. Refer to the Student Handbook for procedures on how to appeal a clerkship grade.

Liability Insurance

UIWSOM provides liability insurance coverage for students on approved clinical clerkships while they are directly under the supervision of the assigned preceptor or designee. The university's liability coverage does not apply to supervised or unsupervised student clinical activities, or any extracurricular activity outside of designated clinical rotations or activities that have been approved by the Office of Clinical Affairs.

Logs

Logs are important for tracking student’s learning. There are three logs for students to complete:

- Essential clinical conditions
- Procedures
- OMT (Osteopathic Manipulative Therapy)

Logs are entered into the learning management system. These logs can become part of the student’s portfolio when applying for residencies. The appendices list the essential clinical conditions and recommended procedures for each rotation.

Essential Clinical Conditions Log

These are clinical conditions which students should be familiar with by the end of each rotation. Students should focus on understanding the common signs and symptoms, pathophysiology, differential diagnosis, work-up, treatment, and management of each condition. In the event that an actual patient encounter does not occur, students may fulfill the requirement through reading or completing an online module. Approved online modules will be posted on the learning management system.

Procedures Log

These procedures are those that are commonly performed as part of patient care activities in the clerkship specialty. Performing clinical procedures other than OMT is not mandatory but students should track them. Those that are deemed essential should be performed at some time during training. Log only those procedures observed or participated in.

OMT Log

Student performance of OMT during clinical rotations is mandatory and should be track them. For more information, please consult the OPP LIC (Longitudinal Integrated Curriculum) syllabus.

Medical Records and 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 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 these notes do not become a part of the permanent medical record. These notes should 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.

Military Rotations

1. HPSP students are required to complete at least 2 rotations with military programs. Students should consider these as audition rotations.
 - a. It is recommended that students begin scheduling audition rotations at the beginning of spring semester of OMS-III year.
 - b. Most students will defer their 3rd Active Duty Tour until their OMS-IV year, and complete two Active Duty Tours (ADTs) while rotating in these military programs.
2. Students are strongly encouraged complete officer training prior to arranging a rotation at any military facility.
3. If officer training has already been completed, students should review military customs and courtesies, be prepared to comply with the Uniform Code of Military Justice and demonstrate behavior consistent with their status as a UIWSOM representative and as a military officer.

Matching to a Residency

1. HPSP students are required to apply to both the military and civilian match.
2. If a student matches with a military residency, ~~he/she~~ they must withdraw from the civilian match.
3. Match results are released in December each year – earlier than civilian match.
4. If a student matches to a civilian residency and is approved by the appropriate military branch, the student will usually go on reserve status until the completion of that residency.
5. If a student does not match with the military and is not given permission to continue with a civilian match, the student will typically complete a one-year general internship with the appropriate branch of the military and reapply the following year.
6. *Please refer to the appropriate military branch portal for instructions, requirements, and deadlines specific to that service branch.*

Osteopathic Principles & Practice Longitudinal Integrated Clerkship

During all clerkships, students are expected to incorporate osteopathic structural diagnosis and treatment techniques in all hospital and outpatient areas. Students may provide osteopathic manipulative treatment at the discretion of the preceptor. Students will complete the grading elements of this experience during their core clerkships. This is a curricular requirement throughout the length of the third and fourth years.

In order to demonstrate integration of osteopathic principles and practice into their clerkship experience, students must document 80 patient encounters involving OMT over the course of Year 3 and Year 4. Information regarding diagnosis, treatment (if performed), and the supervising physician should be entered into the learning management system. Completion of this curriculum is required for graduation. For more information, please consult the OPP LIC Clerkship syllabus.

Patient Care Activities and Supervision

Students may only be involved in patient care activities as part of an approved UIWSOM curricular activity, and under the supervision of an assigned clinical faculty member. A medical student is not legally or ethically permitted to practice medicine or assume responsibility for patients. 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 student may be involved in assisting in the care of a patient, but only under the supervision of a licensed physician. The supervising clinical faculty/preceptor is ultimately responsible for the patient care.

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. Patient care activities may include, but are not limited to, early clinical experiences and clinical clerkships. With the approval and general supervision of the clinical faculty/preceptor, students may take histories, perform physical examinations, and enter their findings in the patient chart. Students may not perform any medical treatment or procedures (including OMT) without appropriate supervision.

The faculty member/preceptor generally should be present for any treatment, procedure, or invasive exam.

Students are not to take the place of qualified staff. Students may not write or enter patient care orders independently and all such orders must be reviewed and approved by the clinical faculty member/preceptor.

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.

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~~ written permission. Such items should be returned at the completion of the clinical clerkship.

Student Titles

Students should accurately represent themselves to patients and others on the medical team as an “osteopathic medical student” or “student doctor”. If any entries are made into patient medical records, any student signature should be followed by “OMS III” or “OMS IV” written legibly or entered electronically. Students should never introduce themselves as “Doctor” at any time, regardless of any previous degrees that they may hold, as this is clearly a misrepresentation of the student’s position, knowledge, and authority. Students should never provide care beyond what is appropriate for their level of training, even under supervision. Students must also not provide medical diagnoses or treatment advice unless under the direct supervision of a clinical faculty member/preceptor.

Year 3

In Year 3, students build upon their previous introductory clinical experiences in Year 1 and 2 and take a more active role in the evaluation and management of patients under the supervision of UIWSOM faculty and adjunct clinical faculty physicians. Year 3 of the UIWSOM curriculum is comprised of eight six-week core rotations:

Behavioral Medicine	6 weeks
Family Medicine	6 weeks
General Surgery	6 weeks
Hospital Medicine	6 weeks
Internal Medicine	6 weeks
Pediatrics	6 weeks

Rural/Urban Medically Underserved/Military	6 weeks
Obstetrics and Gynecology	6 weeks
Reflection, Integration, and Assessment (One-week period every 12 weeks)	4 weeks

Clinical Rotation Assignments

Students are required to participate in each core rotation (six weeks/rotation) in hospitals, private offices, and clinics where UIWSOM has established formal affiliation agreements. The majority of student rotations will occur at regional sites, providing a longitudinal experience of all core educational experiences at a single site. These assignments are determined through a lottery system. Assignments outside of the San Antonio area will be made six months prior to the start of the first rotation to provide students the opportunity to move and establish residence. Students may not attend nor receive credit for a rotation that has not been approved by the Associate Dean for Clinical Affairs. The Office of Clinical Affairs will communicate with each clinical site to identify the students who will rotate through each service and the dates that each student will be at the site. This communication includes student names and rotation specific information for the preceptor and his/her staff.

Course Format for Core Clerkships

1. Each rotation begins on Monday of the first week and ends on Friday at noon of the last week of a rotation.
2. The last Friday is reserved for completing evaluations, COMAT subject exams, and logs.
3. Students must submit their completed logs to the Phase Coordinator before midnight of the first Sunday after the end of each rotation in order to receive a passing grade (as well as to be eligible for Honors).
4. During the last week of each core rotation, students will take the associated COMAT subject exam.

Requests for additional travel time beyond the weekend after the end of any rotation must be made via email in advance (no less than three weeks prior) to the Director of Clinical Rotations and are subject to approval. At the end of every two core clerkships (every 12 weeks), students return to UIWSOM for a week of training, assessments, collaborative activities with the school's other health professions students (i.e. nursing, pharmacy, physical therapy, etc.), and other activities.

Medical students will use their personal computer and internet access to complete distance learning assignments, access the electronic medical library, and connect to campus e-mail. Students are expected to comply with the rules and regulations set-forth by the rotation site as well as UIW policies.

Didactic Activities

A variety of learner activities and materials that include face-to-face learning activities and online didactics will be offered. Attendance is required at all face-to-face learning activities.

Medical Record Documentation

Students should:

1. Participate in documentation in the medical record at the discretion of the preceptor and facility policies.
2. Practice writing several progress (or SOAP) notes each day (whether they are part of the medical record or not).
3. Submit progress notes to their preceptors for review and critique. Even if the student's notes are not part of the medical record, they are valuable for presenting a patient to the preceptor. If not part of the permanent record, students' progress notes should be destroyed after use to avoid inappropriate release of personal health information.

Presentation Skills

Students are expected to verbally communicate patient care findings and summaries to preceptors and other members of the health care team. Each preceptor may request a particular style, length, and level of detail. As a general rule, the presentation should follow a SOAP (Subjective, Objective, Assessment, and Plan) note format and include reasoning for differential diagnosis, work-up, and treatment.

Osteopathic Principles, Practices (OPPI) Longitudinal Integrated Clerkship (LIC)

Students are expected to concurrently complete the 3rd year OPPI course module that corresponds to each CORE rotation. This is for enhancement and development of osteopathic skills. Please see the OPPI LIC course syllabus for details and requirements. Completion of the OPPI LIC should not interfere with the daily activities required for this rotation. Students may not request time off from the rotation to complete this coursework.

End of Rotation Exam

At the end of designated clerkships, students will take the respective NBOME COMAT Subject Exam for that clerkship.

Year 4

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

Emergency Medicine (Core clerkship)	4 weeks
Two Medical Selectives	8 weeks (4 weeks each)
One Surgical Selective	4 weeks
Five Electives	20 weeks (4 weeks each)
Readiness for Residency	3 weeks

Vacation	2 weeks
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Board Preparation

Continuing in Year 4, students will participate in ongoing board preparation that entails review and reinforcement of clinical and osteopathic principles applicable to COMLEX Level 2 content. Learners must pass both COMLEX Level 2 CE and PE in order to graduate from UIWSOM.

Scheduling of Year 4 Clerkships

Students are responsible for arranging their Year 4 rotations other than Emergency Medicine. Emergency Medicine, medical and surgical selective rotations must be done at a site affiliated with UIWSOM. Inpatient electives can be completed at sites with an accredited residency program in the related specialty or at outpatient locations (including research and public health), with prior approval by the Director of Clinical Rotations. While students are responsible for scheduling their fourth-year rotations, they must notify the Office of Clinical Affairs of all arrangements, especially schedule changes. Any clerkship not officially scheduled and approved through the Office of Clinical Affairs will not be recognized for official credit toward graduation requirements.

Selective and Elective Clerkships

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. As noted above, selective rotations must be scheduled at an affiliated clinical site, and students must notify the Office of Clinical Affairs of all arrangements.

Selective and Elective Clerkship Options

Emergency Medicine

- Emergency Medicine
- Burn Center
- Trauma
- Toxicology

Family Medicine Subspecialties

- Aerospace Medicine
- Family Medicine (General)
- Functional Medicine
- Geriatrics
- Holistic Medicine
- Hospital Medicine
- Nutrition
- Occupational Medicine
- Office Preceptorship
- Sports Medicine

Internal Medicine Subspecialties

- Aerospace Medicine
- Cardiology
- Critical Care
- Dermatology
- Endocrinology
- Gastroenterology
- Geriatrics
- Hematology/Oncology
- Hospital Medicine
- Infectious Disease
- Internal Medicine (Sub-Internship)
- Nephrology
- Physical Medicine & Rehabilitation
- Pulmonary Medicine
- Radiation Oncology
- Rheumatology

OB/GYN Subspecialties

- General OB/GYN (Sub-Internship)
- Gynecologic Oncology
- Maternal Fetal Medicine
- Perinatology
- Reproductive Endo/Infertility
- Urogynecology

Osteopathic Manipulative Medicine

- Neuromusculoskeletal Medicine (residency-based preceptorship)
- Neuromusculoskeletal Medicine (office-based preceptorship)

Pathology

- Forensic Pathology
- Pathology (General)

Pediatric Subspecialties

- Adolescent Medicine
- Developmental Pediatrics
- Pediatrics (Sub-Internship)
- Pediatric Cardiology
- Pediatric Critical Care
- Pediatric Emergency Medicine
- Pediatric Endocrinology
- Pediatric Gastroenterology
- Pediatric Hem/Oncology
- Pediatric Infectious Diseases
- Neonatology
- Pediatric Nephrology
- Pediatric Neurology
- Pediatric Pulmonary
- Pediatric Rheumatology
- Newborn/Parenting

Psychiatry and Neurology

- Adolescent Psychiatry
- Behavioral Pain Management
- Child Psychiatry
- Detoxification (Addiction Medicine)
- Neurology
- Neuropsychiatry
- Psychiatry (General)
- Psychiatry (Sub-Internship)

- Psychiatric Emergencies

Public Health

- Alternative Medicine
- Community Medicine
- Complementary Medicine
- Managed Care
- Medicine and Law
- Occupational Medicine
- Preventive Medicine
- Quality Assurance
- Rural Health

Radiology**Research****Surgical Subspecialties and Anesthesia**

- Anesthesia
- Cardiothoracic Surgery
- General Surgery (Sub-Internship)
- Neurosurgery
- Ophthalmology
- Orthopedic Surgery
- Otolaryngology (ENT)
- Plastic Surgery
- Surgical ICU
- Urologic Surgery
- Vascular Surgery

For detailed information about all clerkships, see the respective clerkship syllabus.

Readiness for Residency

This is a three-week session occurring just prior to graduation, designed to assess and ensure the learner's 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 Core Entrustable Professional Activities for Entering Residency (cEPAs). An Osteopathic Principles and Practices component will prepare students to incorporate OPP/OMT into a GME environment and offer reflection upon previously learned content and osteopathic skills development.

Appendix A - Documents and Additional Materials Needed

Below is a list of documents that may be requested of the student by a program or host institution. It is the student's responsibility to ensure all necessary documents are obtained and submitted. This lists where to find necessary information and help from if needed. *Please note, all documents in this list may not be required for every program.*

Document/Information	Process for Obtaining Document/Information
ACLS/BLS training/certification	Certification cards received from R C Health. If a replacement is needed, please contact R C Health.
COMLEX Score	Pulled from the student's NBOME account.
Course Syllabi	Download from eMedley.
Criminal Background	Downloaded results from PreCheck website.
CV/Personal Statement	Student provides this information.
Drug Screen	Download from PreCheck website.
Influenza documentation (current)	Upload into PreCheck website.
HIPAA training/certification	Obtain both from CITI training and each hospital.
Immunization/Immunity Records	Download from PreCheck website.
Infection Control training/certification	Obtained from each hospital.
Learning Agreement form – blank	Downloaded from eMedley.
Letter of Good Standing	A generic version can be downloaded from eMedley. If a program requires a unique form/letter, student should send it to Director of Clinical Rotations. He/she will get it completed and signed by the appropriate party, then forward it to the appropriate person at the program.
Liability Insurance Verification form (not applicable to all programs)	If a program requires a unique form/letter, please send it to Director of Clinical Rotations. He/she will get it completed and signed by the appropriate party, then forward it to the appropriate person at the program.
Malpractice Certificate of Insurance	The Site Coordinator will send this to each program that requests it. If applying to a new site, please notify the Director of Clinical Rotations, and he/she will provide a copy to the appropriate person at the program.
Mask Fit Test	Obtained at each hospital.
Out-of-Network Request form	Student downloads and submits from eMedley.
OSHA training/certification	Obtained both from CITI training and each hospital.
Personal Health Insurance	Verification of coverage must be provided to the Office of Student Affairs by the student.
Physical Exam within 12 months of rotation date	If a program requires a specific form to be completed and signed, student must obtain this information from his/her healthcare provider.
PPD/TB skin test documentation	Upload verification to PreCheck.
Preceptor Evaluation form – blank	Download from eMedley.
TDaP immunization (current)	Upload verification to PreCheck.
Transcript – Official	Official transcripts can be ordered through the UIW website, https://my.uiw.edu/registrar/transcript-request.html .

Appendix B - Glossary of Terms

Affiliation Agreement	An agreement between an institution and another entity for purposes of providing an educational opportunity for students generally in a supervised situation.
AACOM	The American Association of Colleges of Osteopathic Medicine. 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/
AAFP	The American Academy of Family Physicians. http://www.aafp.org
AAMC	The Association of American Medical Colleges, 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/
ACGME	The Accreditation Council for Graduate Medical Education. Responsible for the accreditation of residency programs within the United States. http://www.acgme.org/acgmeweb/
ACLS	Advanced Cardiac Life Support
Allopathic Medicine	A system of evidence-based medical practice which uses drugs or surgery to treat or suppress the symptoms or effects of disease. Often called Western medicine or modern medicine. M.D.s practice allopathic medicine.
AMA	American Medical Association http://www.ama-assn.org
AOA	The American Osteopathic Association. The main representative organization for osteopathic physicians in the United States. http://www.osteopathic.org/
ATLS	Advanced Trauma Life Support
Audition Rotation	Elective clerkships (rotations) 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 or 6-week period of training in a medical specialty.
CME	Continuing Medical Education
COCA	The AOA Commission on Osteopathic College Accreditation. Responsible for 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 and serve the public good. The scope of the COCA encompasses the accreditation of COMs.
COI	Certificate of Insurance
COMAT	Comprehensive Osteopathic Medical Achievement Test (shelf exam); nationally standardized examination modules used to assess student knowledge for multiple medical specialties. http://www.nbome.org/comatmain.asp

COMLEX-USA	The COMLEX-USA Comprehensive Osteopathic Medical Licensing Examination. A series of examinations 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
COMLEX Level 1	COMLEX Level 1 is a one-day 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. Level 1 emphasizes the scientific concepts and principles necessary for understanding the mechanisms of health, medical problems and disease processes. The examination consists of two four-hour test sessions, each containing questions related to diverse clinical presentations and principles. Candidates are expected to demonstrate basic science knowledge relevant to medical problems. The exam is administered at a regional testing center. A 3-digit standard score of 400 or a 2-digit standard score of 75 is required to pass the examination. UIWSOM students are required to take the COMLEX Level 1 as soon as possible after completion of their second year and must pass the examination prior to proceeding to COMLEX Level 2.
COMLEX Level 2-CE (Cognitive Examination)	COMLEX Level 2-CE, is a one-day, 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. Level 2-CE emphasizes the medical concepts and principles necessary for making appropriate medical diagnoses through patient history and physical examination findings. Candidates are expected to demonstrate knowledge of clinical concepts and principles involved in all steps of medical problem-solving as defined by Dimension 2. 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. UIWSOM 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. Learners must meet standards on the COMLEX Level 2-PE Preparatory OSCE in order to sit for COMLEX-USA Level 2-PE. The COMLEX Level 2-PE Preparatory OSCE is generally administered in January of Year 3. The timeliness for the exam is announced each year. UIWSOM students are required to pass the COMLEX Level 2 PE for graduation. Passing scores must be documented no later than December 15 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	COMLEX Level 3, is a one-day, problem 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. 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. 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. 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. http://www.nbome.org/comsae.asp
Core Clerkships	The basic clerkships that all learners must complete. In third year, this includes family medicine, behavioral medicine, internal medicine, pediatrics, general surgery, behavioral health, rural/urban underserved/military, and obstetrics/gynecology. In fourth year, the only core clerkship is emergency medicine
CRNA	Certified Registered Nurse Anesthetist
CRNP	Certified Registered Nurse Practitioner
CSD	Core Site Director
CV	A <i>curriculum vita</i> is a written overview of a person's experience and other qualifications. Essentially a medical resumé.
Didactics	Formal instruction on medical topics by lecture, textbook, discussion boards, review of medical journals, or similar forms of education.
Differential Diagnosis	A weighted list of possible diagnoses, ranked in order from the most likely to least likely possible condition, that might account for a patient's clinical situation.
Discharge Summary	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
DO	Doctor of Osteopathic Medicine
Elective Clerkships	Elective clerkships are chosen by the learners based on their interests.
EMR (EHR)	Electronic Medical Records or Electronic Health Records
ERAS	The Electronic Residency Application Service is managed by the AAMC and used to transmit residency applications, letters of recommendation, MSPEs, transcripts, and other supporting documents to residency program directors via the internet. https://www.aamc.org/services/eras/
eMedley	The Learning Management Software used by UIWSOM.
FERPA	The Family Educational Rights and Privacy Act of 1974. Defines the privacy rights of students in academic settings.
FREIDA	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. http://www.amaassn.org/ama/pub/education-careers/graduate-medical-education/freida-online.page?
FQHC	Federally Qualified Health Center
FSMB	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. http://www.fsmb.org/
GME	Graduate Medical Education. An office sponsoring and managing residency and fellowship programs accredited by the ACGME.
Grand Rounds	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
H&P	Shorthand for history and physical, the initial clinical examination and evaluation of the patient.
HCAHPS	The Hospital Consumer Assessment of Healthcare Providers and Systems. A federal initiative with the intent to provide a standardized survey instrument and data collection methodology for measuring patient perspectives on hospital care. Prior to HCAHPS there was no national standard for collecting or publicly reporting patient perspectives of care information that would enable valid comparisons to be made across all hospitals. Also known as the CAHPS® Hospital Survey, or Hospital CAHPS. http://www.hcahpsonline.org/home.aspx
HIPAA	The Health Insurance Portability and Accountability Act of 1996 which defines the privacy rights of patients and health care information.
ICD-10	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.
IRB	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.
Journal Club	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.
Learning Agreement	A document that the student and preceptor create together at the beginning of a clerkship to define learning goals.
Letter of Good Standing	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.
Locum tenens	A physician who works in the place of the regular physician when that physician is absent, or when a hospital/practice is short-staffed.
LRC	Learning Resource Center
The Match	Refers to the ACGME residency match which is administered by the NRMP.
MD	Abbreviation for Doctor of Medicine
MOA (MOU)	A Memorandum of Agreement (Memorandum of Understanding) or cooperative agreement is a document written between parties to cooperate on an agreed upon project or to meet an agreed objective.
NBME	The National Board of Medical Examiners. An independent, not-for-profit organization that serves the public through its high-quality assessments of healthcare professionals. The NBME administers the USMLE examination series, which provides the pathway to licensure for allopathic physicians in the United States. http://www.nbme.org/
NBOME	The National Board of Osteopathic Medical Examiners. The 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. http://www.nbome.org

NRMP	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. http://www.nrmp.org
Off-Cycle Student	A student who has had an interruption in their clerkships.
OGME	Osteopathic Graduate Medical Education
OMM (OMT)	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.
OPP	Osteopathic Principles and Practices. A philosophical and practical approach to patient management and treatment, including osteopathic manipulative treatment (OMT), based on an understanding of body unity, self-healing and self-regulatory mechanisms, and the interrelationship of structure and function.
OSHA	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." https://www.osha.gov/
PA	Physician Assistant
PALS	Pediatric Advanced Life Support
Personal Statement	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.
Preliminary Year	One-year position in a given field (e.g. Internal Medicine or Surgery) usually preceding training in another specialty.
PRN	Abbreviation for <i>pro re nata</i> , a Latin phrase meaning "as needed."
SC	Site Coordinator
Scramble	The period after the Match in which students who are not matched into a program can "scramble" to find an available slot.
Shelf Exam	See COMAT
SOAP	The Supplemental Offer and Acceptance Program is a process for unmatched students in the NRMP match to find residency programs. http://www.nrmp.org/residency/soap/
SOAP note	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.
STAT	Abbreviation for the Latin word <i>statim</i> , meaning "immediately."
Traditional Rotating Internship (TRI)	The TRI programs involve a one-year commitment between the student and the institution for a general, non-specialized, internship-only program.
USMLE	The United States Medical Licensing Examination is a three-step examination series designed to 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. The United States Medical Licensing Examination 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. Allopathic medical students are required to take this exam.

	Osteopathic students may be recommended to take the USMLE if they intend to apply for certain highly competitive GME programs. http://www.usmle.org Current minimum passing scores are: Step 1: 192 Step 2 CK: 209 Step 3: 190
USMLE Step 2 CK	Clinical Knowledge Exam (MD Equivalent to COMLEX 2-CE Exam)
USMLE Step 2 CS	Clinical Skills Exam (MD Equivalent to COMLEX 2-PE Exam)
Visiting Student	A student who is “away” from their home program while taking elective clerkships.
VLSO	The Visiting Student Learning Opportunities (formerly VSAS®) is an AAMC application service 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 AACOM member colleges, with rising fourth year classes, are VLSO home schools. Students in accredited schools may use VLSO to submit applications. http://www.aamc.org/students/medstudents/vsas/

Appendix D – Forms

Mid-Rotation Evaluation. To be completed by the middle of the rotation (only if the student is not performing up to expectations).



Mid-Rotation Evaluation

Student Name		Date Submitted	Click or tap to enter a date.		
Rotation	<input type="checkbox"/> Family Medicine <input type="checkbox"/> Hospital <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Pediatrics <input type="checkbox"/> Psychiatry <input type="checkbox"/> Rural/Underserved/Military <input type="checkbox"/> Surgery <input type="checkbox"/> Women's Health				
Preceptor Full Name:		Rotation Location:			
Core Competency	Not Applicable To Setting	Student Cannot Perform	Student Can Perform With Direct Supervision	Student Can Perform With Indirect Supervision	Student Can Perform Independently
1. Performs an effective history and physical appropriate to the patient's clinical situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Can present a concise, accurate oral report and prepare a concise, accurate written report (SOAP note).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Creates an appropriate differential diagnosis based on the patient's problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Uses clinical pathways and algorithms when appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Uses osteopathic structural diagnostic techniques when appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Demonstrates prioritization of critical findings and lab abnormalities in order to appropriately address a patient's problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Accurately addresses the acuity of illness for an individual patient and crafts an appropriate treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Can reference, interpret, and apply knowledge in order to address a patient's clinical problem(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Demonstrates appropriate use of available electronic resources while consistently approaching the patient in a personable, compassionate manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Demonstrates high ethical standards with empathy, honesty, and professionalism.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Mid-Rotation Evaluation

Core Competency	Not Applicable To Setting	Student Cannot Perform	Student Can Perform With Direct Supervision	Student Can Perform With Indirect Supervision	Student Can Perform Independently
1. Demonstrates ability to self-reflect appropriately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Demonstrates understanding and compassion of social issues and utilizes this in patient care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Treats all patients fairly and compassionately regardless of health status, financial standing, cultural background, or belief system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Demonstrates a genuine interest in learning about the patient's clinical and biopsychosocial situation, and then applies healthcare and community resources appropriately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Comments:					
Preceptor's Signature			Date: Click or tap to enter a date.		
Site Coordinator:			Date: Click or tap to enter a date.		
Core Site Director:			Date: Click or tap to enter a date.		

End of Rotation Evaluation



End of Rotation Evaluation

At the end of the rotation, you should meet with your preceptor to formally discuss your performance and complete this form. Email a copy to the Core Site Director no later than the Friday of your last rotation week.

Student Name						Date Submitted	Click or tap to enter a date.				
Rotation	<input type="checkbox"/> Family Medicine <input type="checkbox"/> Hospital <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Pediatrics <input type="checkbox"/> Psychiatry <input type="checkbox"/> Rural/Underserved/Military <input type="checkbox"/> Surgery <input type="checkbox"/> Women's Health										
Preceptor Full Name:					Rotation Location:						
Core Competency					Strong Agree (5)	Agree (4)	Neutral (3)	Disagree (2)	Strongly Disagree (1)		
1. Performs an effective history and physical appropriate to the patient's clinical situation.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2. Can present a concise, accurate oral report and prepare a concise, accurate written report (SOAP note).					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. Creates an appropriate differential diagnosis based on the patient's problems.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. Uses clinical pathways and algorithms when appropriate.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. Uses osteopathic structural diagnostic techniques when appropriate.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6. Demonstrates prioritization of critical findings and lab abnormalities in order to appropriately address a patient's problems.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7. Accurately addresses the acuity of illness for an individual patient and crafts an appropriate treatment.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8. Can reference, interpret, and apply knowledge in order to address a patient's clinical problem(s).					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9. Demonstrates appropriate use of available electronic resources while consistently approaching the patient in a personable, compassionate manner.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10. Demonstrates high ethical standards with empathy, honesty, and professionalism.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



End of Rotation Evaluation

Core Competency	Strongly Agree (5)	Agree (4)	Neutral (3)	Disagree (2)	Strongly Disagree (1)
11. Demonstrates ability to self-reflect appropriately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Demonstrates understanding and compassion of social issues and utilizes this in patient care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Treats all patients fairly and compassionately regardless of health status, financial standing, cultural background, or belief system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Demonstrates a genuine interest in learning about the patient's clinical and biopsychosocial situation, and then applies healthcare and community resources appropriately.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rotation Honors (Top 15%)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Additional Comments:					
Preceptor's Signature			Date: Click or tap to enter a date.		
Site Coordinator:			Date: Click or tap to enter a date.		
Core Site Director:			Date: Click or tap to enter a date.		

Phase II Excused Absence Request Form

1. Last Name _____
2. First Name _____
3. Email _____
4. Cell Phone _____
5. Class of _____
6. Rotation _____
7. Preceptor Name _____
8. Rotation Location (name and address of clinic, hospital, practice in which the rotation is taking place) _____
9. First Date of Absence _____
10. Last Date of Absence _____
11. Reason for Absence. Please note: weddings, vacations, birthdays, and other non-emergency situations are examples of events that will not be considered for excused absence requests.
12. Please provide a detailed explanation of the reason for the absence (e.g., details of conference being attended). Note: requests will not be approved without sufficient detail being provided.
 - Illness (personal or immediate family)
 - Routine medical/dental/health-related appointments
 - Conference/Professional Meeting
 - Military obligation
 - Civic obligation
 - Bereavement
 - Religious observance
 - Emergency/Exceptional circumstances (e.g., traffic accident)
 - Other

13. Please outline the documentation you will be emailing to the Office of Clinical Affairs to support your request for an excused absence (e.g., doctor's note, conference webpage, military orders). Note: requests will not be approved without documentation.

14. Have you received permission form your preceptor for this absence and made arrangements to make up the time lost due to the absence? Yes No

15. Will you miss any assessments during the absence? Yes No

16. Will you miss any didactic activities at UIWSOM during the absence? Yes No

Phase II Personal Day Form

1. Last Name _____
2. First Name _____
3. Email _____
4. Cell Phone _____
5. Class of _____
6. Rotation _____
7. Preceptor _____
8. Have you notified your preceptor about this absence and made arrangements to make up the time lost due to the absence? Yes No
9. Rotation Location (name and address of clinic, hospital, practice in which the rotation is taking place) _____
10. Date of Personal Day _____

Request for Participation in Clinical Activities Outside of UIWSOM Specified Curriculum

Name: _____

Date: _____

Current Status: OMS I OMS II OMS III OMS IV

For OMS III and IV: Clinical Rotation or Clerkship:

Type of Activity Requested (select one or more as applicable):

Observation Only (Shadowing)

Participation in Clinic Activities Only

Participation in Procedures

Participation in Mission Trips or Activities

Participation in Hospital Activities (including Operating Room, Labor and Delivery, or
Emergency Department)

Dates requested: _____

Reason for Request: _____

Brief Explanation of Activities to be Performed:

Approval Signatures:

Current Preceptor _____

Preceptor for Activity _____

Hospital UME/GME Coordinator (if applicable) _____

Clerkship Director (if applicable) _____

Director of Clinical Rotations _____

Associate Dean for Clinical Affairs (if applicable) _____

Accident / Incident Report

Name of Injured Person: _____ Date of Accident/Incident: _____

Best contact phone number: _____ Status: Student / Employee / Other: _____

Name of Person Filing Report: _____ Date of Report: _____

Best contact phone number: _____

Details of Accident/Incident:

Did the injury require a physician/ER visit? Yes/No

If applicable, name of physician/facility: _____

Signature of injured individual

Signature of Person Filing Report

Printed Name

Printed Name

Date

Note: Please also attach a copy of any facility incident reports that you filed.

Return this form Core Site Director and the report will be kept in the Incident Report File with a copy in the student's record.

Associate Dean of Student Affairs, School of Osteopathic Medicine

Date