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PHILOSOPHY OF OSTEOPATHIC MEDICINE

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

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

OSTEOPATHIC PLEDGE OF COMMITMENT

I pledge to:

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

OSTEOPATHIC PHYSICIAN’S OATH

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

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

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

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

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

Mission

ACOM is dedicated to providing students with the highest quality clinical educational opportunities. Each student is assigned to a core site, which is managed by a director and coordinator, and connected to a regional coordinator for that geographical region. Clerkship rotation schedules are coordinated by these personnel and are based on multiple factors, including availability of preceptors.

ACOM provides students with a well-integrated didactic and experiential curriculum that expands students’ medical knowledge and clinical skill sets within common clinical care settings. ACOM Clinical Sciences Faculty serve as clerkship chairs and as facilitators for main campus-driven clerkship rotation didactics. ACOM preceptors assess student abilities at the point of care and within other educational, patient-care venues.

There are two ACOM divisions that manage the OMS-III and OMS-IV curriculum. Clinical Resources manages core site infrastructure, including directors and coordinators. Clinical Sciences manages curriculum delivery and assessment of students, as well as student credentialing of all Out of Network

Hours of Operations

Regular business hours for the ACOM main campus are 8:00 a.m. to 4:30 p.m. Central Time, excluding days when the ACOM campus is closed. It is recommended, because of varying schedules, that communications are made primarily via email.

Faculty / Staff Contact Information

ACOM faculty and staff guide and assist students with clerkship rotation schedules, curriculum delivery, and assessments.

| DIVISION LEADERS |
|------------------|-----------------|-----------------|------------------|
| NAME             | POSITION         | PHONE           | EMAIL            |
| Wil Baker, PhD   | Associate Dean of Clinical Resources | 334-944-4051 251-947-6288 | baker@amecdo.org |
| Heath Parker, DO | Associate Dean of Clinical Sciences | 334-944-4049 | hparker@acom.edu |
| Richard R. Thacker, DO, FACOI | Assistant Dean of Clinical Sciences & Clinical Resources | 850-528-8791 | rthacker@acom.edu |
## REGIONAL LEADERS

<table>
<thead>
<tr>
<th>NAME</th>
<th>POSITION</th>
<th>PHONE</th>
<th>EMAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brenda Coxwell</td>
<td>Regional Coordinator – Southeast</td>
<td>334-305-1014</td>
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<tr>
<td>Becky Jordan, RN</td>
<td>Regional Coordinator – South</td>
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<tr>
<td>Leigh Kincer</td>
<td>Regional Coordinator – Central</td>
<td>334-944-4075</td>
<td><a href="mailto:lkincer@acom.edu">lkincer@acom.edu</a></td>
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<tr>
<td>Lisa Pitman, RN</td>
<td>Regional Coordinator – North</td>
<td>334-944-4074</td>
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</tr>
</tbody>
</table>

## STAFF

<table>
<thead>
<tr>
<th>NAME</th>
<th>POSITION</th>
<th>PHONE</th>
<th>EMAIL</th>
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</thead>
<tbody>
<tr>
<td>Katelyn Abraham</td>
<td>Primary Clinical Skills &amp; Curriculum Coordinator</td>
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<tr>
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</tr>
<tr>
<td>CLERKSHIP ROTATION</td>
<td>CHAIR</td>
<td>PHONE</td>
<td>EMAIL</td>
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<tr>
<td>Behavioral Medicine</td>
<td>Bascom Bradshaw, DO, MPH, MAS</td>
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</tr>
<tr>
<td>ACOM Rural Health Clinic</td>
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<td>Clinical Reasoning Elective</td>
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General Information and Guidelines for Participation in Clerkship Rotations

Clerkship Rotation Management Software

ACOM uses E*Value to schedule clerkship rotations, record student evaluations, and manage the clinical experiences of students. Students receive instructions and login information from the Clerkship Systems Analyst to access their clerkship rotation schedule, maintain their personal records (to include their vaccination and titer documentation, relevant certifications, etc.), maintain their competency portfolio, review preceptor evaluations of them, and complete evaluations of their preceptors and clerkship rotation sites.

Professional Demeanor and Titles

All students are held to the highest professional standards regarding truthfulness in word and deed in all academic and clinical matters, as articulated in this manual, the clerkship rotation syllabi, and the Student Handbook. Any deviation from these standards as assessed by the clinical site personnel, working in conjunction with ACOM Clerkship Chairs, may result in a failure of that clerkship rotation and/or immediate removal from site. Such violations of professionalism will result in referral to the Student Progress Committee.

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

Clerkship Rotation Policies (details found in the Student Handbook)

- **Participation in Direct Patient Care Activities.** Student participation in all direct patient care activities within clinical settings is governed by the Scope of Participation guidelines (see Appendix C). Students may only participate in activities within clinical settings under the express approval of ACOM. All such direct patient care activities are scheduled as formal clerkship rotations. Students may not be involved in direct patient care activities without approval from ACOM. Liability insurance only covers students participating in approved clinical activities.

- **Appearance.** School officials, hospital administration, and preceptors are the final arbiters of appropriate student appearance. If a student’s appearance is not appropriate, students may be immediately removed from clinical duties and asked to correct the problem before continuing with clinic duties. Specific rules that apply at all times while the student is participate in activities within clinical settings can be found in the Appearance section of the Student Handbook.

- **Change of Address.** It is important for students to notify their Regional Coordinator and the Registrar’s office of any changes in contact information. Failure to promptly report a change in mailing address, telephone number, or other contact information can result in failure to receive important information required to successfully complete clerkship rotations. It is the responsibility of the student to provide current and timely contact information.

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

- **Personal Insurance.** Students are required to have personal health insurance while on clerkship rotations. Students may be asked to show evidence to the clinical training site that health insurance is in place.

- **Counseling, Physical, and Behavioral Health Care Support Services.** The Alabama College of Osteopathic Medicine is committed to providing an environment supportive of its mission with regards to student osteopathic education and wellness, and because of this commitment provides many resources to equip our students for success. Details about these services can be found in the Counseling, Physical, and Behavioral Health Care Support Services section of the Student Handbook.

- **Tobacco, Drug, and Alcohol Use.** Unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance by any student of the Alabama College of Osteopathic Medicine while he or she is on College property, involved in College activities, or at any clerkship site, is prohibited. Students are also required to adhere to the Tobacco, Drug, and Alcohol policy of their clerkship rotation site while in training at that site, and it will supersede ACOM’s policy only if it's more restrictive. See ACOM’s Student Handbook on the Consumer Information page for more information. Any disciplinary actions to be taken and the disciplinary procedures to be applied for the fair adjudication of the alleged violations will be in accordance with policies and procedures published in the Student Handbook.

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

- **Property of Others.** Students will not take temporary or permanent possession of hospital or preceptor property (books, journals, food, scrubs, etc.) without the owner’s expressed permission. Such items should be returned at the completion of the clerkship rotation.

- **Needle-Stick and Blood-Borne Pathogen Exposure.** If a student experiences a needle stick, puncture wound, accident, or sharp injury, or is otherwise exposed to bodily fluids of a patient while on a clerkship rotation, the student should follow the steps listed in the Student Handbook and in each clerkship rotation syllabus.

- **Eligibility for Clerkship Rotations.** Students should refer to the Eligibility for Clerkship Rotations section of the Student Handbook for detailed requirements in order to begin participating in clerkship rotations.

- **Additional Background Check Information.** As an integral part of our clinical training in OMS years I-IV, our Registrar is required to conduct monthly professional background screening on students. For further details, please refer to the Student Handbook.

- **Core Site Assignments.** Details about how students are assigned to core sites can be found in the Student Handbook.

- **Registering for Clerkship Rotations.** Students will receive training on how to register for clerkship rotations near the end of spring semester of their OMS-II year. For details on the registration process, please refer to the Student Handbook.

- **Hours of Duty.** Each clinical training site sets its own schedule. Night call, weekend coverage, and holiday assignments are at the discretion of the training site. Additional details may be found in the Student Handbook.

- **Attendance.** One hundred percent attendance is expected at all clinical clerkship rotations. Any absence during scheduled clerkship rotation work hours, for any reason, must be arranged with and excused by the preceptor and reported to the regional coordinator in advance. If on a core clerkship rotation, the student must also notify the site coordinator. Further details regarding attendance policies while on clerkship rotations may be found in the Student Handbook.

- **Clinical Experiences Beyond Patient Care.** It is important for students to observe and participate in clinical experiences such as tumor board, journal club, or hospital committees in order to understand and appreciate the full spectrum of activities in which physicians are involved.
Students are expected to participate in as many clinical experiences as are approved by the preceptor.

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

**Student Responsibilities during Clerkship Rotations**

- The student is clinically responsible to the person to whom he/she is assigned at that time.
- Students will comply with all rules and regulations at the core site and any institution to which they are assigned.
- Students will conduct themselves during the clerkship rotation as though they were guests in someone else's home. Conduct otherwise may result in disciplinary action by the hospital and/or ACOM including dismissal from the clerkship rotation and/or referral to the Student Progress Committee.
- Students will return any borrowed property before the end of the clerkship rotation, including surgical garb, library materials, textbooks, pagers or other items.
- Shadowing as an OMS-III or OMS-IV student is not permitted unless prior written approval is acquired from the Associate Dean of Student Services and the Associate Dean of Clinical Sciences. Shadowing is defined as following and observing a preceptor without participating in patient care duties.

**Clerkship Rotation Sites**

The Alabama Medical Education Consortium (AMEC) established a core site network in Alabama in 2005. This network was managed by core site directors (physicians) and coordinators, which enriched and expanded clinical network opportunities in Alabama for several medical schools. ACOM has continued to develop this network in Alabama and has expanded it into Florida and Mississippi.

Each site is centered on a carefully selected hospital, with sufficient resources within a 50-mile radius for all required OMS-III clerkship rotations. Formal clinical affiliation agreements are in place with these training sites. Students are expected to comply with the policies, procedures, and general rules of the training facility at which any clerkship rotation is completed. Each institution is responsible for determining the degree of student involvement at that institution, including access to the facility and areas within the facility, clinical access to patients, access and contribution to patients’ medical records, as well as observation and participation in procedures. Each student should have access to the hospital library or learning resources center in the same capacity as physicians and house staff at that institution. Additionally, each institution defines what benefits the students have while at that institution (e.g. discounted or free meals, lodging, etc.) and under what circumstances the students will have access to those benefits.

At each core site, there is a Medical Education Director (formerly known as Core Site Director) and Core Site Coordinator. The Medical Education Director manages the core site and its operation, as well as directing interaction with the College regarding student performance. The Core Site Coordinator manages the day-to-day activities of students, such as preceptor assignment, evaluations, lectures, and COMAT exams.

Each site is located within a specified geographic region – North, Central, South, and Southeast. A Regional Coordinator is assigned to each region. She coordinates core site development and assists core site staff in managing students’ educational experiences.
Students at each site are assigned to work with local preceptors who provide excellent learning opportunities in clinical settings and deliver quality assessments of students throughout their clinical training. These educational exposures occur in a practical, clinical environment designed to help students develop expertise in patient diagnosis, management, and professional etiquette within healthcare teams. In addition to outpatient experiences at hospital-based clinics, free-standing clinics, and physicians’ offices, students will be provided with inpatient clinical experiences at hospitals and medical centers. As part of these educational experiences, students may be required to work with a variety of instructors at various levels, including interns, residents, and attending physicians, all under the purview of the Supervising Physician Preceptor.

Curriculum Overview

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

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

Entry into any third year course requires successful completion of the entire course of study of the second year and certification of good standing by the Associate Dean of Student Services and Institutional Effectiveness. The core experience within the site will consist of the following REQUIRED clerkship rotations: one month of Behavioral Medicine, two months of Internal Medicine, one month of General Surgery, one month of Obstetrics/Gynecology, one month of Pediatrics, one month of Family Medicine, one month of Hospice & Palliative Care, and one month in the ACOM Rural Health Clinic. One of these core clerkship rotations must be done at an FQHC or FQHC lookalike, which will include additional FQHC-related didactic assignments. Additionally, one third year clerkship rotation must be imbedded within a residency program. The remainder of the year is designated for electives. During the entire third year and concurrent with required core and elective clerkship rotations, students will complete a Pathway to Residency course. The Core Site Coordinator will contact the student before core clerkship rotations begin regarding student expectations, housing, orientation activities, and other pertinent information.

The fourth year curriculum is intended to build on the foundational experience provided in the third year. The only required clerkship rotation is Emergency Medicine. Fourth year experiences are in settings where more demands for independence can be expected of the senior medical student. Electives will allow students to travel to locations other than their core site for clerkship rotations in their chosen specialty in preparation for application to residency programs. One OMS-IV elective must be a General Internal Medicine rotation.
Classification of Clerkship Rotations

Clerkship Rotations are classified as core, required, or elective:

a. **Core Clerkship Rotations**: Core clerkship rotations must be completed at the assigned core site and are assigned by ACOM – they cannot be changed by the student.

b. **Required Clerkship Rotations**: Required clerkship rotations do not have to be completed at a core site, but are required to be taken in the appropriate OMS year.

c. **Elective Clerkship Rotations**: Students have the opportunity to complete many elective clerkship rotations in the third and fourth years. Electives can be in any specialty and at any medical facility. Preceptors for elective clerkship rotations may be any licensed, practicing physician approved by ACOM; they are not required to be a member of the ACOM Clinical Faculty. Students are encouraged to schedule elective clerkship rotations in a variety of clinical practice areas for broad-based clinical exposure. Students may not complete more than two elective clerkship rotations with the same supervising physician over the combination of the third and fourth year.

OMS-III Clerkship Rotations

a. Core Clerkship Rotations: Completed at assigned core site during the OMS-III year. In the unusual situation that a student’s core site is unable to provide a scheduled core clerkship rotation, then that student may be assigned by the appropriate Regional Coordinator to the nearest available core site, with approval by the Associate Dean of Clinical Sciences.

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

c. Students must complete core clerkship rotations in Periods 1 and 2 of their OMS-III year.

d. Students must complete an elective clerkship rotation in Period 12 of their OMS-III year.

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Name</th>
<th>Credit Hours</th>
</tr>
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<tbody>
<tr>
<td>DO CLIN 801</td>
<td>Core: Behavioral Medicine</td>
<td>4</td>
</tr>
<tr>
<td>DO CLIN 802</td>
<td>Core: Internal Medicine I</td>
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<tr>
<td>DO CLIN 803</td>
<td>Core: Internal Medicine II</td>
<td>4</td>
</tr>
<tr>
<td>DO CLIN 804</td>
<td>Core: Obstetrics/Gynecology</td>
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<tr>
<td>DO CLIN 805</td>
<td>Core: General Surgery</td>
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<tr>
<td>DO CLIN 806</td>
<td>Core: Pediatrics</td>
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<td>DO CLIN 807</td>
<td>Core: Family Medicine</td>
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</tr>
<tr>
<td>DO CLIN 808</td>
<td>Core: Hospice &amp; Palliative Care</td>
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</tr>
<tr>
<td>DO CLIN 833</td>
<td>Core: ACOM Rural Health Clinic</td>
<td>4</td>
</tr>
<tr>
<td>DO CLIN 892c</td>
<td>Pathway to Residency I</td>
<td>1</td>
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<tr>
<td>DO CLIN 892d</td>
<td>Pathway to Residency II</td>
<td>1</td>
</tr>
<tr>
<td>DO CLIN 840-899</td>
<td>*Electives</td>
<td>12</td>
</tr>
</tbody>
</table>

**Total Credit Hours**: 50
**Elective Choices: (Course numbers DO CLIN 840-899 will be assigned)**

** Throughout years 3 and 4, the student will not be permitted to complete more than five elective clerkship rotations (equal to a total of 20 credits) in the same specialty. Students may not precept with the same physician for more than two rotation periods for the combination of the 3rd and 4th years.

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Course Number</th>
<th>Elective Clerkship</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Internal Medicine</td>
<td>DO CLIN 840</td>
<td>Oncology Surgery</td>
<td>DO CLIN 871</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>DO CLIN 841</td>
<td>Plastic Surgery</td>
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<tr>
<td>Cardiology</td>
<td>DO CLIN 842</td>
<td>Radiology</td>
<td>DO CLIN 873</td>
</tr>
<tr>
<td>Nephrology</td>
<td>DO CLIN 843</td>
<td>Dermatology</td>
<td>DO CLIN 874</td>
</tr>
<tr>
<td>Pulmonology</td>
<td>DO CLIN 844</td>
<td>Women's Health</td>
<td>DO CLIN 875</td>
</tr>
<tr>
<td>Hematology/Oncology</td>
<td>DO CLIN 845</td>
<td>Behavioral Health</td>
<td>DO CLIN 876</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>DO CLIN 846</td>
<td>Family Medicine</td>
<td>DO CLIN 877</td>
</tr>
<tr>
<td>Neurology</td>
<td>DO CLIN 847</td>
<td>OPP Elective</td>
<td>DO CLIN 878</td>
</tr>
<tr>
<td>Allergy/Immunology</td>
<td>DO CLIN 848</td>
<td>Geriatrics</td>
<td>DO CLIN 879</td>
</tr>
<tr>
<td>Critical Care Medicine</td>
<td>DO CLIN 849</td>
<td>PM&amp;R</td>
<td>DO CLIN 880</td>
</tr>
<tr>
<td>Infectious Diseases</td>
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<td>Occupational Medicine</td>
<td>DO CLIN 881</td>
</tr>
<tr>
<td>Adolescent Medicine</td>
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<td>International Medicine</td>
<td>DO CLIN 882</td>
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<tr>
<td>Emergency Medicine</td>
<td>DO CLIN 852</td>
<td>Addiction Medicine</td>
<td>DO CLIN 883</td>
</tr>
<tr>
<td>Endocrinology</td>
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<td>Pathology</td>
<td>DO CLIN 884</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>DO CLIN 854</td>
<td>Adv. Acad. &amp; Prof. Skills</td>
<td>DO CLIN 856</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>DO CLIN 855</td>
<td>Radiation Oncology</td>
<td>DO CLIN 887</td>
</tr>
<tr>
<td>Sports Medicine</td>
<td>DO CLIN 857</td>
<td>Preventive Medicine</td>
<td>DO CLIN 888</td>
</tr>
<tr>
<td>Neonatology</td>
<td>DO CLIN 858</td>
<td>Colorectal Surgery</td>
<td>DO CLIN 889</td>
</tr>
<tr>
<td>General Surgery</td>
<td>DO CLIN 861</td>
<td>Cardiothoracic Surgery</td>
<td>DO CLIN 890</td>
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<tr>
<td>Neurosurgery</td>
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<td>Gynecological Surgery</td>
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</tr>
<tr>
<td>Otolaryngology</td>
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<td>Clinical Integration</td>
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</tr>
<tr>
<td>Anesthesiology</td>
<td>DO CLIN 864</td>
<td>Adv. Clinical Skills Training</td>
<td>DO CLIN 894</td>
</tr>
<tr>
<td>Vascular Surgery</td>
<td>DO CLIN 865</td>
<td>Hospice &amp; Palliative Care</td>
<td>DO CLIN 895</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>DO CLIN 866</td>
<td>Research</td>
<td>DO CLIN 896</td>
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<tr>
<td>Ophthalmology</td>
<td>DO CLIN 868</td>
<td>OPP Elective II</td>
<td>DO CLIN 897</td>
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<tr>
<td>Urology</td>
<td>DO CLIN 869</td>
<td>Clinical Reasoning</td>
<td>DO CLIN 898</td>
</tr>
<tr>
<td>Urogynecology</td>
<td>DO CLIN 870</td>
<td>Clinical Skills Ed. I Elective</td>
<td>DO CLIN 886</td>
</tr>
</tbody>
</table>

**OMS-IV Clerkship Rotations**

a. Requirements: OMS-IV students will complete a four-week Emergency Medicine clerkship rotation at their core site or other approved site. Students must also take a General Internal Medicine elective during the OMS-IV year.

<table>
<thead>
<tr>
<th>Course #</th>
<th>Name</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>DO CLIN 903</td>
<td>Required: Emergency Medicine</td>
<td>4</td>
</tr>
<tr>
<td>DO CLIN 940</td>
<td>Elective: General Internal Medicine</td>
<td>4</td>
</tr>
<tr>
<td>DO CLIN 940-999</td>
<td>*Electives</td>
<td>28</td>
</tr>
<tr>
<td><strong>Total Credit Hours</strong></td>
<td></td>
<td>36</td>
</tr>
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</table>
Elective Choices: (Course numbers DO CLIN 940-999 will be assigned)

** Through years 3 and 4, the student will not be permitted to complete more than five elective clerkship rotations (equal to a total of 20 credits) in the same specialty. Students may not precept with the same physician for more than two rotation periods for the combination of the 3rd and 4th years.

<table>
<thead>
<tr>
<th>Program</th>
<th>Course Code</th>
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</thead>
<tbody>
<tr>
<td>OPP Elective III</td>
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<tr>
<td>General Internal Medicine</td>
<td>DO CLIN 940</td>
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<tr>
<td>Gastroenterology</td>
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</tr>
<tr>
<td>Cardiology</td>
<td>DO CLIN 942</td>
</tr>
<tr>
<td>Nephrology</td>
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<tr>
<td>Pulmonology</td>
<td>DO CLIN 944</td>
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<tr>
<td>Hematology/Oncology</td>
<td>DO CLIN 945</td>
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<tr>
<td>Rheumatology</td>
<td>DO CLIN 946</td>
</tr>
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<td>Neurology</td>
<td>DO CLIN 947</td>
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<td>Allergy/Immunology</td>
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<tr>
<td>Critical Care Medicine</td>
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<tr>
<td>Adolescent Medicine</td>
<td>DO CLIN 951</td>
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<tr>
<td>Emergency Medicine</td>
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</tr>
<tr>
<td>Endocrinology</td>
<td>DO CLIN 953</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>DO CLIN 954</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>DO CLIN 955</td>
</tr>
<tr>
<td>Sports Medicine</td>
<td>DO CLIN 956</td>
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<tr>
<td>Neonatology</td>
<td>DO CLIN 957</td>
</tr>
<tr>
<td>Pre-Internship: Medicine</td>
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<tr>
<td>Pre-Internship: Surgery</td>
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<tr>
<td>General Surgery</td>
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<tr>
<td>Neurosurgery</td>
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<tr>
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<td>Anesthesiology</td>
<td>DO CLIN 963</td>
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<td>Vascular Surgery</td>
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<td>Orthopedics</td>
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<td>Ophthalmology</td>
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<td>PM&amp;R</td>
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<td>Colorectal Surgery</td>
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<td>Cardiothoracic Surgery</td>
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<td>Gynecological Surgery</td>
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<td>Research</td>
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<td>Adv. Clinical Skills Training</td>
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<td>Adv. Acad. &amp; Prof. Skills</td>
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</tr>
<tr>
<td>Clinical Skills Ed. II Elective</td>
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</table>

Number of Clerkship Rotations

Students will complete a total of 86 credit hours in the third and fourth year, all of which are represented as courses on the student’s transcript.
Third Year Clinical Clerkship Rotation Descriptions:

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

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

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

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

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

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

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

DO CLIN 808) Hospice & Palliative Care:
Four weeks of training designed to provide students with a comprehensive experience in both “End-of-Life” Care and the most current modalities of symptom control / management. Students will experience being a part of a treatment team caring for individual patients and families anticipating and managing a spectrum of issues in anticipation of life’s end. This will include experience in dealing with social, psychological, and spiritual distress in terminally ill patients. The palliative care components will include: management of pain, anxiety, insomnia, nausea & vomiting, anorexia, constipation, pruritus, cough, dyspnea, and delirium. Students are also invited and encouraged to reflect upon end-of-life issues for themselves and their families and achieve increasing comfort in their discourse.

DO CLIN 833) ACOM Rural Health Clinic
Four weeks of training providing a unique combination of OPP training in both a standardized and clinical setting as well as training in a family rural health clinic. Concurrent with this training, students will also serve in a near- peer teacher role to first- and second-year students in OPP lectures, OPP labs, and the clinic. Students are expected to learn and refine skills necessary to integrate OMT into daily clinical
practice. They will also begin their role as both mentor and lifelong learner/teacher essential for lifelong success as a physician.

**DO CLIN 892) Pathway to Residency**

This course is designed to help students navigate the complex process of choosing a specialty and prepare for the next phase of their medical education. During the course, students will have several opportunities to interact with each clerkship chair to discuss specialty choices as they prepare to participate in the match process. Regular assignments are designed to assist student in their preparation for completing residency applications and refine their interviewing skills. This course will help students maintain a competitive advantage to increase match success.

**DO CLIN 840-899) Electives**

Electives may be completed in any discipline, with any licensed practicing physician approved by the Division of Clinical Sciences and are not required to be completed with a member of the ACOM clinical faculty. For more information about electives with specialized didactics, please refer to the “Additional Options for Elective Clerkship Rotations” section.

**Required FQHC Designation**

Training in a Federally Qualified Health Center (FQHC) provides an opportunity for students to rotate one-on-one with a physician that provides care at nonprofit, community-owned and operated centers that are governed by volunteer consumer boards (comprised of at least 51% users of the health center). These boards serve as the voice of the community and assure that the needs of their community are being met by their health center. As such, an FQHC is frequently the sole option of care to patients that are working poor, uninsured, low-income elderly, and other medically underserved due to geographic, cultural, and other barriers to accessing health care and preventive services. Students at the end of this rotation will be better equipped to treat patients challenged by difficult socioeconomic circumstances, possess a better understanding of their role in various health care settings, and recognize the value of ancillary health care professionals to help meet patient care needs.

**Required Residency Designation**

Training that is imbedded within a residency program’s hospital service allows students to observe how the healthcare system responds to patient needs within an academic residency training environment, which will lead to a foundational understanding of medical training within a residency program. This experience is designed to improve the student’s competitiveness for residency placement.

**Fourth Year Clinical Clerkship Rotation Descriptions**

**DO CLIN 903) Emergency Medicine:**

Four weeks of training with a prerequisite of successful completion of the entire third year of training prior to entry. Students will be educated in the initial evaluation and stabilization of the acutely ill or traumatized patient. Education of the triage process at the entry into the Emergency Department is included in the experience.

**DO CLIN 940-999) Electives**

Electives may be completed in any discipline, with any licensed practicing physician approved by the Division of Clinical Sciences and are not required to be completed with a member of the ACOM clinical faculty. For more information about electives with specialized didactics, please refer to the “Additional Options for Elective Clerkship Rotations” section.

**Locating Elective Clerkship Rotations**

- **In Network.** If the student finds an elective clerkship rotation that (s)he would like to do **within the ACOM network,** (s)he should contact her/his assigned Core Site Coordinator by email to request the clerkship rotation. The assigned Core Site Coordinator will work with the appropriate
Core Site and Regional Coordinators to fulfill the request. The majority of ACOM preceptors are clinicians with busy practices, so they may not always be available at the time for which the clerkship rotation is requested.

b. **Out of Network.** If a student is interested in completing a clerkship rotation at another medical school or graduate medical education program, the student should follow the Out of Network Request process, listed in the following pages.

   a. These clerkship rotations are often used to "audition" for residency programs. It is strongly recommended that each student perform audition rotations in at least three (3) residency programs in which they are interested. The usual audition rotation season opens in June of the OMS-III year and concludes in February of the OMS-IV year.

   b. Students may find the following websites helpful in locating clerkship rotations at graduate medical education programs:

   - **AOA Online Opportunities** database has information about osteopathic residency programs. Most programs accept visiting students for clerkship rotations. Information can be found at the following address: [http://www.opportunities.osteopathic.org/](http://www.opportunities.osteopathic.org/)

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

   - **AAMC-Member Program** [http://www.aamc.org/students/medstudents/electives](http://www.aamc.org/students/medstudents/electives)

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

   - Students may also contact programs directly or review their website(s).

### Applying for Out of Network Clerkship Rotations

Students may apply for clerkship rotations at other training sites, including medical schools and graduate medical education programs. Each training site will have its own application guidelines and processes, which typically can be found on the institution's or program's website and/or through the Visiting Student Application Service (VSAS). Please note that the application process will vary with different programs and can be very time-consuming. Students must complete their portion of the application and forward it to the Student Credentialing Coordinator ([studentcredentialing@acom.edu](mailto:studentcredentialing@acom.edu)) and CC the appropriate Regional Coordinator, along with a checklist of all items that the host program requires for a completed student packet. If the application is completed online, the application checklist must be forwarded to the Student Credentialing Coordinator and CC'ed to the appropriate Regional Coordinator. If there is an application fee, the student must include payment with the application. The Student Credentialing Coordinator will forward the completed application packet, along with the supporting documents, such as immunization records and certificate of liability insurance, to the host program. Students are responsible for securing housing and for all costs associated with these clerkship rotations. Clerkship rotations at medical education programs should be requested at least 90 days in advance to allow time to complete the necessary processes. Applications received less than sixty days prior to the start date of the clerkship rotation may not be approved. In that situation, the student may be placed at an alternative clerkship rotation site at the discretion of the Division of Clinical Sciences. **All out-of-network clerkship rotations must be set and confirmed 6 weeks prior to the start of the clerkship rotation. If the clerkship rotation has not been confirmed by the rotation site by this date, the student may be assigned to a clerkship rotation by the Regional Coordinator.**

(Note: Active Duty Military clerkship rotations will follow these procedures as well.)
Process for Out-of-Network Electives Non-VSAS

1. Student finds preceptor/residency program for rotation and gets a tentative approval at least 8 weeks prior to start of rotation.

2. Student finds Out of Network (OON) Request on E*Value homepage and clicks link to complete. Click Save to submit.

3. OON request goes to the Division of Clinical Science for approval or request for more information.

4. Once the request is approved, an automated email notification will be sent to student, Regional Coordinator (RC), Credentialing Coordinator (CC), and Affiliation Agreement Coordinator.

5. Student uploads updated Schedule Tracker form from E*Value link after OON approval.

6. CC contacts program on the student’s behalf to verify necessary documentation and agreements.

7. Student sends the following documents, if needed, directly to program and copies CC. Refer to the Documents and Additional Materials Needed form (see page 19) for items not listed below:
   - Immunizations
   - Drug Screen
   - Background Check
   - Photo
   - Certificate of Insurance
   - Affiliation Agreement
   - Letter of Good Standing

8. ACOM sends the following documents, if needed, directly to program:

9. Student requests official transcript be sent from Registrar to program.

10. CC notifies RC and Clerkship Systems Analyst (CSA) preceptor name & email for E*Value. CC enters schedule in E*Value.

11. CSA inputs any OON programs/preceptors in E*Value as needed.

12. CSA verifies student schedule against curriculum to ensure requirements are met.

13. CSA sends initial enrollment spreadsheet to Registrar two weeks prior to the beginning of each rotation period*

14. CSA sends follow-up enrollment spreadsheet to Registrar one week prior to the beginning of each rotation period

15. Changes during the week lead-up to start of rotation must have prior approval.

16. Student reports to program with blank paper copies of Learning Agreement (LA) and Preceptor Eval of Student form. Students must provide copy of appropriate syllabus.

17. Registrar notified student not at site after LA not submitted. Referred to Dean of Students.

18. Registrar notified after receiving LA that student is progressing. Registrar submits attendance to Federal Government.

** All details must be finalized by the student to complete this rotation no later than 6 weeks prior to the first day of the rotation. Student not receiving approval within 6 weeks of start date may not receive approval of rotation due to inability to meet program credentialing requirements.

If you do not have a rotation on your tracker and registered through E*Value by 4 weeks prior to the start of a rotation, the student will be assigned to a rotation by your Regional Coordinator and/or Core Site Coordinator.
Below is a list of documents that may be requested of you by a program or host institution. **It is your responsibility to ensure all necessary documents are obtained and submitted.** This list is to help you know where to find necessary information and who to request help from if needed. **Please note, all documents in this list may not be required for every program.**

<table>
<thead>
<tr>
<th>Document / Information</th>
<th>Process for Obtaining Document / Information</th>
</tr>
</thead>
</table>
| ACLS/BLS training/certification | Your cards were sent via email and you should have uploaded them to E*Value. If you did not, below is the contact information to get another copy. Current documentation must be uploaded to E*Value for verification.  
Randy Boone, CEO, | 877-242-2527 | randy@carepointresources.com |
| Affiliation Agreement | The Affiliation Agreement Coordinator handles this process. **Students have no responsibility for affiliation agreements and are not get involved in this legal matter.** To find out the status of an AA, contact Kathy Whitehead at kwhitehead@acom.edu. |
| Class Rank | Contact Sai Sote for this information |
| COMLEX Score | Can be pulled by you from your NBOME account |
| Course Syllabi | Can be downloaded by you from E*Value homepage |
| Criminal Background | Can be pulled by you from E*Value. If a program requires a more current one, you must obtain at your own expense per the appropriate state’s requirements. Contact Yasmine Hill for instructions. |
| CV / Personal Statement | You must provide this information. |
| 10 Panel Chain of Custody Drug Screen | Can be pulled by you from E*Value. If a program requires a more current one, you must obtain at your own expense per the appropriate state’s requirements. Contact Yasmine Hill for instructions. |
| Flu shot documentation | Current documentation must be uploaded to E*Value for verification. |
| GPA | Can be viewed through Self-Service on unofficial transcript |
| HIPAA training/certification | Done prior to starting OMS-III via CITI Program. Can also be obtained at core site hospital. Current documentation must be uploaded to E*Value for verification. |
| Immunization / Immunity Records | Records can be pulled by you from E*Value. If a signature of a healthcare provider or school official is required, you have two options: (1) have it signed by a healthcare provider at your core site, or (2) send a completed, scanned copy to studentcredentialing@acom.edu. The Credentialing Coordinator will obtain the necessary signature for you and return to the student via email. |
| Infection Control training/certification | Done prior to starting OMS-III via CITI Program. Can also be obtained at core site hospital. Current documentation must be uploaded to E*Value for verification. |
| Learning Agreement form - blank | Can be downloaded by you from E*Value homepage |
| Letter of Good Standing | If a program requires, please send a request to studentcredentialing@acom.edu. Program name, city, state, discipline, dates of rotation, and program contact must be provided with the request. |
| Liability Insurance Verification form (not applicable to all programs) | Send request to studentcredentialing@acom.edu. Appropriate signature will be obtained and sent back to the student via email. |
| Malpractice Certificate of Insurance | The Credentialing Coordinator will send this to programs who are non-VSAS participants. If applying through VSAS, please let Melanie Elmore know so she can upload it on your behalf. **You are not authorized to release this under any circumstances.** |
| Mask Fit test (yearly) | Done prior to starting OMS-III. Can also be obtained at core site hospital. Current documentation must be uploaded to E*Value for verification. |
| Out of Network Request form | Must be completed electronically through SharePoint |
| OSHA training/certification | Done prior to starting OMS-III via CITI Program. Can also be obtained at core site hospital. Current documentation must be uploaded to E*Value for verification. |
| Personal Health Insurance | Current documentation must be uploaded to E*Value for verification. |
| Physical Exam within 12 months of rotation date | You must go to your healthcare provider to obtain this information. |
| 2-step PPD test for tuberculosis documentation (yearly) | Current documentation must be uploaded to E*Value for verification. |
| Preceptor Evaluation form - blank | Can be downloaded by you from E*Value homepage |
| TDaP immunization (current <10 years) | Current documentation must be uploaded to E*Value for verification. |
| Transcript - Official | All requests are made through PowerCampus Self Service. For a VSAS program, your official transcript will be uploaded on your behalf. For non-VSAS programs, your official transcript will be sent for you on your behalf. |
Process for Out-of-Network Electives VSAS

Student receives authorizations from VSAS, registers, and creates a profile.
Student finds host institution for a rotation at least 8 weeks prior to start of rotation.
Student gathers required personal documents and attaches them to the application.
Student completes a request to the Registrar’s office to issue official transcript; it will then be uploaded to VSAS on your behalf.
ACOM uploads to VSAS the following information (as needed):
- Certificate of Insurance
- Letter of Good Standing
Student finds Out of Network (OON) request on E*Value homepage and clicks links to complete.
Click Save and submit.

OON request goes to the Division of Clinical Science for approval or request more information.
Once the request is approved, an automated email notification is sent to student, Regional Coordinator (RC), Credentialing Coordinator (CC), and Affiliation Agreement Coordinator.
Student uploads updated Schedule Tracker form from E*Value link after OON approval.
Student sends email to Coordinator of VSAS requesting application be released to the program.
CC contacts program on the student’s behalf to verify necessary documentation and agreements.

Student sends the following documents, if needed, directly to program and copies CC. Refer to the Documents and Additional Materials Needed form (see page 19) for items not listed below.
- Immunizations
- Background Check
- Drug Screen
- Photo

Student notifies CC after receiving final confirmation of dates from program.
CC notifies RC and Clerkship Systems Analyst (CSA) preceptor name & email for E*Value. CC enters schedule in E*Value.
CSA inputs any OON programs/ preceptors in E*Value as needed.
CSA verifies student schedule against curriculum to ensure requirements are met.
CSA sends initial enrollment spread-sheet to Registrar two weeks prior to the beginning of each rotation period. **
CSA sends follow-up enrollment spread-sheet to Registrar one week prior to the beginning of each rotation period.
Changes during the week lead-up to start of a rotation must have prior approval.

Registrar notified student not at site after LA not submitted. Referred to Dean of Students.
Not Met
Student reports to program with blank paper copies of Learning Agreement (LA) and Preceptor Eval of Student form. Students must provide copy of appropriate syllabus.
Met
Registrar notified after receiving LA that student is progressing. Registrar submits attendance to Federal Government.

** All details must be finalized by the student to complete this rotation no later than 6 weeks prior to the first day of the rotation. Student not receiving approval within 6 weeks of start date may not receive approval of rotation due to inability to meet program credentialing requirements.
If you do not have a rotation on your tracker and registered through E*Value by 4 weeks prior to the start of a rotation, the student will be assigned to a rotation by your Regional Coordinator and/or Core Site Coordinator.
Clerkship Rotation Information for Military Students

Military Rotations
- HPSP students are required to complete at least 2 rotations with military programs. Students should think of these as audition rotations.
  - It is recommend that students begin looking into scheduling audition rotations at the beginning of spring semester of OMS-III year.
  - 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.
- **Students are strongly encouraged complete officer training prior to arranging to rotate at a military facility.**
- **If officer training has already been completed, students should make sure to review military customs and courtesies and be prepared to represent themselves and their school as an officer.**

Matching to a Residency
- HPSP students are required to apply to both the military and civilian match.
- If a student matches with a military residency, he/she must withdraw from the civilian match.
  - Match results are released in December each year – earlier than civilian match.
- If a student matches to a civilian residency and is approved by the appropriate branch, the student will usually go on reserve status until the completion of that residency.
- 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 and reapply the following year.
- **Please refer to the appropriate branch’s portal for instructions, requirements, and deadlines specific to that service branch.**

Participating in Out-of-Network Clerkship Rotations

a. Student Responsibilities
- Student identifies preceptor or residency program and gets tentative approval for clerkship rotation from preceptor/program.
- Student completes electronic Out-of-Network Request form (links and instructions in E*Value). Once the Out-of-Network form is saved, it will be automatically sent to the Division of Clinical Sciences for approval.
- Student should forward the email received from the preceptor/program indicating approval for the clerkship rotation to the Student Credentialing Coordinator.
- Student will work with the Student Credentialing Coordinator to ensure all necessary documents are sent to the program (see previous pages).
- Student will register for the clerkship rotation in E*Value once all documents required by the student have been sent to the program. Schedule must be entered no later than 28 days prior to the rotation starting.
- Once all requirements for a clerkship rotation have been met and the host program has confirmed dates with the Student Credentialing Coordinator, the student’s schedule will be certified in E*Value.
b. Division of Clinical Sciences
   • Approves or denies the Out-of-Network request, and an automated notification is sent to the student, Student Credentialing Coordinator, and Affiliation Agreement Coordinator.
   • Student Credentialing Coordinator uses information from the Out of Network Request form to make initial contact with the preceptor/program. Additional information can be accessed at http://opportunities.osteopathic.org/search/search.cfm or http://www.ama-assn.org/ama/pub/education-careers/graduate-medical-education/freida-online.page
   • Student Credentialing Coordinator confirms and provides the information as required by the preceptor/program/institution. The establishment of communication with the host institution/agency will start the clock for exchange, review, and approval of the clerkship rotation activity. If approval from both ACOM and the host institution is not secured by 45 days from the start date, the probability of completing the necessary requirements in time to start the clerkship rotation is significantly decreased.
   • If an affiliation agreement is required, the student DOES NOT negotiate it.

c. Division of Clinical Resources
   • If an affiliation agreement is required, the student DOES NOT negotiate it.
   • Once all requirements for a clerkship rotation have been met and the host program has confirmed dates with the Credentialing Coordinator, the student’s schedule will be approved in E*Value.

d. Key Assumptions to Guide and Direct Out-of-Network Activities
   • In order to obtain a timely approval of an Out-of-Network request, students must follow the process outlined in the previous pages.
   • Request for approval of Out-of-Network clerkship rotations must be received at ACOM 90 days prior to requested clerkship rotation.
   • Participation in an Out-of-Network clerkship rotation will be at the final discretion of the ACOM and the host institution.
   • Students must pay any application and/or registrations fees and meet any additional requirements of host agency/institution as noted in Visiting Student Application Service or presented by the program.
   • All applications and supplemental materials must be completed 45 days prior to the start of a clerkship rotation.
   • A completed submission to ACOM or the host institution does not guarantee approval or acceptance.

Additional Options for Elective Clerkship Rotations

Students may also consider the following options when planning elective clerkship rotations:

a. International Medicine: Students who are in good standing and have completed all OMS-III core clerkship rotations may complete up to two international medicine electives involving direct patient care. The primary site supervisor for international clerkship rotations must be a licensed physician qualified to practice within the host country. Students will be responsible for obtaining the appropriate visa and immunizations or other prophylaxis requirements. International medicine electives must be approved at least 60 days in advance by the Division of Clinical Sciences. The guidelines/application for international clerkship rotation can be obtained from the Clerkship Chair.

b. Research Elective: Students who are in good standing and have completed all OMS-III core clerkship rotations may complete up to two research electives with prior approval by the Research Elective Clerkship Chair and the Division of Clinical Sciences. The AOA recognizes that the advancement of scientific research plays a critical role in the mission to improve American healthcare through promoting osteopathic medicine. The Research Elective is an immersion
experience in ongoing human or animal based research, which may involve, but is not limited to, the following: clinical investigation, policy studies, or health services research and may be laboratory-based, practice-based, or both. The preceptor will be the Principal Investigator (PI) for the project and will be required to adhere to all regulations and procedures (IRB, IACUC, etc. as appropriate) and be approved by the Research Elective Clerkship Chair. The student will be required to take appropriate on-line training in research through the ACOM Research Division before beginning the Research Elective. Research electives must be approved at least 60 days in advance by the Clerkship Chair and the Associate Dean of Clinical Sciences. Guidelines/Applications for the research elective can be found on E*Value.

c. **Wilderness Medicine:** Wilderness Medicine is the practice of medicine in an austere environment. Improvisation of accepted medical therapies are required when standard medical facilities and equipment are unavailable. The practitioner must possess adequate outdoor skills to be completely self-sufficient in wilderness settings. Wilderness Medicine training prepares health care personnel to be useful in disaster and humanitarian settings. The goal of this wilderness medicine elective is to prepare participants to function as health care providers anywhere in the world, under any circumstances, with or without access to hospitals.

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

**Limits on Clerkship Rotations**

a. Throughout years 3 and 4, the student will not be permitted to complete more than five elective clerkship rotations (equal to a total of 20 credits) in the same specialty.

b. Students may not complete more than two elective clerkship rotations with the same preceptor.

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

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

**Confirmation of Clerkship Rotation Assignments**

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

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

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

Medical Records/Charting

Policies regarding documentation by medical students in medical records will vary among hospitals and clinics. These notes should be approved and signed by the supervising physician in accordance with that clinical entity’s bylaws governing chart documentation. Students are responsible for proactively obtaining charting/documentation instructions from the preceptor or site coordinator at each clerkship rotation 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.

Competency Portfolio

Students must record clinical thinking and procedural skills witnessed by their preceptors in the Competency Portfolio in the Case Logs section of E*Value. Each skill will be listed as "performed," "assisted," or "observed." Students should access the portfolio daily while on each clerkship rotation in order to record each clinical skill. Skills are self-reported by students and verified randomly by ACOM staff. Students must make sure they are accurately recording their experiences with each symptom/problem and clinical skill during their OMS-III year. Doing so is important because ACOM will use this information to populate the Medical Student Performance Evaluation (MSPE; formally called Dean’s Letter). This MSPE is a vital part of each student’s residency application. The more complete the portfolio is, the better a program director will understand the depth of the student’s training. It is, therefore, in the student’s best interest to populate the portfolio as accurately and completely as possible. If the competency portfolio is incomplete, potential Residency Program Directors will not be able to see a true picture of the student’s abilities.

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.

Students must log at least one “Case Log” into their Competency Portfolio in E*Value by Thursday each week of a rotation period in order to demonstrate attendance on the clerkship rotation for that week. Failure to consistently document on a weekly basis may result in a change of enrollment status.

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 clerkship rotations. As such, this portfolio will become an important asset to the student when applying for residency. In addition, the portfolio will serve as a tool to assist ACOM to evaluate the clinical experiences received by students at various training sites.
Clinical Competency Committee

The goal of the Clinical Competency Committee (CCC) is to help students reach their highest level of competitiveness as they prepare for residency placement and performance. A necessary component to achieve this goal is helping students ensure their preparedness for passing COMLEX 2-CE and PE on their first try, as well as help them obtain as many residency auditions and interviews as needed in order to match into the desired residency.

In order to reach these goals, the CCC has identified some criteria listed below which are key Opportunities for Improvement that may apply to several students. These opportunities are listed below.

- Fail COMLEX 1
- Fail 2 or more COMATs
- Remediate didactics in one or more clerkship rotations
- Recommendation from Clerkship Chair
- Receive feedback from Medical Education Director, Core Site Coordinator, or Regional Coordinator regarding concerning behavior

It is the CCC’s sincere wish that as they reach out to students to offer time management strategies, study skills, test-taking tips, or anything else they think will assist students as they progress through the clinical curriculum, students will utilize the help offered and work with the CCC to achieve their goals. The entire ACOM family wants students to achieve their dream of matching into their desired residency.

Grading Guidelines for Clerkship Rotations

Assignment of Grades

A grade for each clerkship rotation will be assigned by the appropriate Clerkship Chair. Details can be found in the syllabus for each clerkship rotation. For additional information regarding grading guidelines, including the topics mentioned below, refer to the Student Handbook.

- **Assignment of Grades.** Students must score 70% or higher on each grading element to pass the clerkship rotation.
- **Grading Scale.** Clerkship chairs report a numeric grade to the Registrar, who then assigns a letter grade based on the scale found in the Student Handbook.
- **Incomplete Clerkship Rotations.** A grade of Incomplete (I) may be assigned if the student's didactic work in a clerkship rotation is incomplete or if the student will be required to take a remediation exam.
- **Assignment of the Final Grade.** The final grade for each student will be assigned by the Clerkship Chair. The Clerkship Chairs reserve the right to use their discretion to modify a student’s grade based upon stated criteria and/or circumstances in addition to those referenced in this document. Students must score 70% or greater for each required grading element.
- **Failure of a Clerkship Rotation.** A student who fails a clerkship rotation will be required to repeat and pass that clerkship rotation prior to graduation. This may result in the student not being able to graduate as scheduled. Any student who fails a clerkship rotation will be referred to the Student Progress Committee.
- **Grade Appeals.** Questions regarding a clerkship rotation grade are to be directed to the Clerkship Chair only. Students are never to contact the supervising physician who evaluated them.
Student Evaluations

Competency Based Evaluation

A Student Evaluation will be completed by the supervising physician at the completion of each clerkship rotation. The evaluation will be based on the student’s behaviors, knowledge, and skills observed by the preceptor and other members of the healthcare team in each of the following core competencies:

- **OSTEOPATHIC PHILOSOPHY AND OSTEO PATHIC MANIPULATIVE MEDICINE**
  - **OMM Knowledge:** Articulates and demonstrates an understanding of the osteopathic approach to patient care.
  - **OMM Treatment:** Demonstrates an ability to formulate an OMM treatment plan.

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

- **PATIENT CARE**
  - **History Taking:** Obtains relevant information and performs a complete and accurate history.
  - **Physical Exam and Documentation:** Performs a complete and accurate physical examination and provides accurate and meaningful documentation.
  - **Diagnosis:** Synthesizes clinical findings and/or laboratory data to formulate an appropriate differential diagnosis.
  - **Treatment Plan:** Writes an appropriate treatment plan.
  - **Skills and Procedures:** Uses instruments and performs simple procedures correctly.

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

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

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

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

At ACOM these competencies are defined within the following standards statements, as articulated in the table on the next page(s).
<table>
<thead>
<tr>
<th>EPA</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>EPA 1</td>
<td>Gather a history and perform a physical examination</td>
</tr>
<tr>
<td>EPA 2</td>
<td>Develop a prioritized differential diagnosis and select a working diagnosis following a patient encounter</td>
</tr>
<tr>
<td>EPA 3</td>
<td>Recommend and interpret common diagnostic and screening tests</td>
</tr>
<tr>
<td>EPA 4</td>
<td>Enter and discuss patient orders/prescriptions</td>
</tr>
<tr>
<td>EPA 5</td>
<td>Provide documentation of a clinical encounter in written or electronic format</td>
</tr>
<tr>
<td>EPA 6</td>
<td>Provide an oral presentation/summary of a patient encounter</td>
</tr>
<tr>
<td>EPA 7</td>
<td>Form clinical questions and retrieve evidence to advance patient care</td>
</tr>
<tr>
<td>EPA 8</td>
<td>Give or receive a patient handover to transition care responsibility to another health care prover or team</td>
</tr>
<tr>
<td>EPA 9</td>
<td>Participate as a contributing and integrated member of an interprofessional team</td>
</tr>
<tr>
<td>EPA 10</td>
<td>Recognize a patient requiring urgent or emergent care, initiate evaluation and treatment, and seek help</td>
</tr>
<tr>
<td>EPA 11</td>
<td>Obtain informed consent for tests and/or procedures</td>
</tr>
<tr>
<td>EPA 12</td>
<td>Perform general procedures of a physician</td>
</tr>
<tr>
<td>EPA 13</td>
<td>Identify system failures and contribute to a culture of safety and improvement</td>
</tr>
</tbody>
</table>

The Preceptor Evaluation of the Student is a list of observable behaviors directly referencing these Core Entrustable Professional Activities for Entering Residency.

**Student Responsibility for Preceptor’s Evaluations**

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

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

**Preceptors for Core Clerkship Rotations:** The coordinator at each core site will ensure ACOM has current preceptor information. The preceptor listed for a core clerkship rotation may not be the primary preceptor, but the supervising physician who oversees the core clerkship rotation. The student should address any concerns regarding the preceptor listed for core clerkship rotations with his/her Site Coordinator by the second week of the clerkship rotation.

**Individual Preceptors:** The student should also make certain that ACOM has a correct email address for the preceptor, or the person who should receive the email notice that an evaluation is due (such as a practice manager). *This information should be received by the student’s Regional Coordinator by the second week of the clerkship rotation.*
Preceptors at Medical Education Programs: When on a clerkship rotation at another medical school or GME program, the student should consult with the medical education coordinator at that program regarding their procedures for preceptor's evaluations. Evaluation procedures may vary at each site. In some cases, one preceptor may complete the evaluation online. In other cases, students may work with multiple preceptors who contribute to the evaluation. In this case, the coordinator or supervising physician at the host site will combine the input received from all evaluators and submit one overall evaluation to ACOM.

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

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

Evaluation Process

a. The evaluation process should begin during the first week of the clerkship rotation. Students should meet their preceptor at the beginning of the clerkship rotation to discuss expectations for clinical and academic performance and complete a Learning Agreement (See Appendix A). This provides the student with the opportunity to become familiar with and meet preceptor expectations and avoid being surprised by the evaluation at the end of the clerkship rotation. Students should not hesitate to request clarification of anything that is not made clear by the preceptor. The student should provide the preceptor with a copy of the Mid-Rotation Evaluation Form. If the preceptor does not have a copy of the clerkship rotation syllabus, the student should provide a copy at the beginning of the clerkship rotation.

b. Two weeks into the clerkship rotation, the student should ask for an informal mid-rotation evaluation. The student should review the Mid-Rotation Evaluation Form with the preceptor, discuss areas of competency that will be evaluated at the conclusion of the clerkship rotation, and ask for their input on his or her performance to date and specific recommendations for improvement. This is not intended to be a formal evaluation and the student is not required to submit the mid-rotation evaluation form to ACOM. The student is encouraged to make notes and to keep the form for his or her records.

c. It is the responsibility of the student to ensure that evaluation forms are completed and submitted online or turned into the core site coordinator or other appropriate ACOM staff member at the completion of the clerkship rotation. Students should inform ACOM of any difficulty in obtaining an evaluation by the preceptor at the end of that clerkship rotation.

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

Student Evaluation of the Preceptor / Site

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

**For Core and Required Clerkship Rotations:**

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

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

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

**For Elective Clerkship Rotations:**

1. *Evaluation of Clerkship Rotation:* Provides feedback that can be used to assess and improve elective clerkship rotations.

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**COMAT Exams**

**OMS-III COMAT Exams**

OMS-III students completing core clerkship rotations in Behavioral Medicine, Internal Medicine II, OB/GYN, General Surgery, Pediatrics and Family Medicine will take the COMAT (Comprehensive Osteopathic Medical Achievement Tests) subject examination provided by the National Board of Osteopathic Examiners (NBOME). There are no COMAT exams for IM I or elective clerkship rotations. Before beginning clerkship rotations, students will receive instructions from the appropriate ACOM staff member on how to download the NBOME browser and run a systems check on their computers in order to access COMAT exams.

A mandatory OPP COMAT will be administered by the end of the 3rd year. Students have the option to take the Emergency Medicine COMAT any time prior to taking the COMLEX 2 CE exam by following the instructions below.

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

All required COMATs must be passed, including OPP, before students take their COMLEX Level 2-CE.

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

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

**OMS-IV COMAT Exams**

There are no COMAT exams for required Emergency Medicine or elective clerkship rotations.
COMLEX Exams

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

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

COMLEX Level 1

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

COMLEX Level 2-CE and Level 2-PE

Passage of Step 2 Cognitive Evaluation (CE) and Step 2 Performance Evaluation (PE) is required for graduation. Passing scores must be documented no later than March 1 of the year graduating. Students may not take COMLEX 2 CE before completing all core rotations and passing all required COMATs.

*Note, students must have passed all required COMATs, including OPP, before they can take their COMLEX Level 2-CE.

Graduation Requirements

A medical student who has fulfilled all the academic requirements may be granted the degree Doctor of Osteopathic Medicine provided the medical student has fulfilled all graduation requirements listed in the Student Handbook.
**Additional Guidelines**

- Contact the appropriate clerkship rotation site or ACOM staff when you have questions.
- Read all policies/procedures and course syllabi and make sure you understand all clerkship rotation requirements **before** beginning a clerkship rotation.
- Be proactive – you are responsible for your schedule; you should know what is expected of you, complete all forms, evaluations, etc. on time and respond promptly to phone calls, e-mails, and any other correspondence.
- Adhere to time frames, especially for schedule changes, absences, etc.
- Seek permission in advance to be absent from your clerkship rotation for any reason.
- Clerkship rotations in medical school are a full-time commitment. Non-clerkship rotation activities must not supersede or conflict with your clinical duties and academic assignments.
- Failure of the student to follow all specified policies may result in approaching a graduation date with requirements unfulfilled, which would impact the ability to participate in commencement, on-time graduation, and/or date of beginning post-graduate training.
- For issues arising at a core site regarding in-house matters, work with local staff using appropriate procedures to resolve the issue locally.
- If advice is needed regarding curricular or other requirements, seek that from appropriate staff or faculty; we do **not** recommend seeking clarity from classmates or non-ACOM affiliated core site, hospital, or other personnel. Remain fully aware that no allowances can be made for receiving incorrect advice from inappropriate sources.
- During clerkship rotations, students are considered to be part of the patient care team at the applicable training site; as such, the student is a professional-in-training, has duties, responsibilities, and a level of expectation regarding performance that is significantly different, often higher, than during the first two years of medical school. Student behavior is to be above reproach at all times.
- Sexual harassment of any kind will not be tolerated. If a student feels that he or she is being subjected to sexual harassment by any training site personnel such as preceptor, hospital staff member, or any other person associated with the clerkship rotation, he/she should immediately contact the Title IX Coordinator. All reports and allegations of sexual harassment will be taken very seriously. By the same token, students must never engage in activity that could be considered by others to constitute sexual harassment. Students should refrain from developing relationships with preceptors or other training site personnel that go beyond what would be considered a typical professional relationship.

  Ashley Nelson  
  Title IX Coordinator  
  (334) 305-1009  
  anelson@acom.edu OR titleIXcoordinator@acom.edu

- Students are directly accountable to their assigned clinical preceptor(s) for carrying out all patient care and academic assignments in a timely, professional, and high quality manner. The student is also accountable to the Medical Education Director or Site Supervisor for being aware of and complying with general and site-specific policies/procedures, in addition to those of ACOM in general and this manual.
- Students who are ill or experience an emergency situation that renders them unable to fulfill clerkship rotation requirements and which necessitates absence must personally (not by email) contact the clinical supervisors/preceptor and core site coordinator and their ACOM Regional Coordinator.
Tips on Making the Most of Each Clerkship Rotation
(taken in part from the American Academy of Family Physicians Division of Medical Resources)

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

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

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

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

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

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

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

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

During down time, resist the urge to engage in excessive non-clerkship rotation tasks, such as texting, web surfing, or personal phone calls. Your preceptor may interpret this as boredom, distraction or disinterest. Instead, check out online resources, complete clerkship rotation assignments, read about your patients, or prepare for other didactics or the COMAT examination.
## Clerkship Rotation Core Site List
*(current as of April, 2019)*

<table>
<thead>
<tr>
<th>SOUTHERN REGION</th>
<th>Core Site Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Baldwin Infirmary</td>
<td>Bay Minette, AL</td>
</tr>
<tr>
<td>DW McMillan</td>
<td>Brewton, AL</td>
</tr>
<tr>
<td>Thomas Hospital</td>
<td>Fairhope, AL</td>
</tr>
<tr>
<td>South Baldwin Hospital</td>
<td>Foley, AL</td>
</tr>
<tr>
<td>Memorial Hospital at Gulfport</td>
<td>Gulfport, MS</td>
</tr>
<tr>
<td>AltaPointe Health Systems</td>
<td>Mobile, AL</td>
</tr>
<tr>
<td>Springhill Medical</td>
<td>Mobile, AL</td>
</tr>
<tr>
<td>Mobile Infirmary</td>
<td>Mobile, AL</td>
</tr>
<tr>
<td>Franklin Clinic</td>
<td>Mobile, AL</td>
</tr>
<tr>
<td>Baptist &amp; West Florida</td>
<td>Pensacola, FL</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>SOUTHEASTERN REGION</th>
<th>Core Site Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lake City Medical Center</td>
<td>Lake City, FL</td>
</tr>
<tr>
<td>Leesburg Regional Medical Center</td>
<td>Leesburg, FL</td>
</tr>
<tr>
<td>Gulf Coast Hospital</td>
<td>Panama City, FL</td>
</tr>
<tr>
<td>Capital Regional Medical Center</td>
<td>Tallahassee, FL</td>
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</tbody>
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<table>
<thead>
<tr>
<th>CENTRAL REGION</th>
<th>Core Site Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northeast Alabama Regional</td>
<td>Anniston, AL</td>
</tr>
<tr>
<td>Cahaba Medical Care</td>
<td>Centreville, AL</td>
</tr>
<tr>
<td>Southeast Alabama Medical Center</td>
<td>Dothan, AL</td>
</tr>
<tr>
<td>Jackson Hospital</td>
<td>Montgomery, AL</td>
</tr>
<tr>
<td>Rural Health Medical Program</td>
<td>Selma, AL</td>
</tr>
<tr>
<td>Coosa Valley Medical Center</td>
<td>Sylacauga, AL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NORTHERN REGION</th>
<th>Core Site Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marshall Medical Centers – North</td>
<td>Boaz, AL</td>
</tr>
<tr>
<td>Cullman Regional Medical Center</td>
<td>Cullman, AL</td>
</tr>
<tr>
<td>Decatur Morgan Hospital</td>
<td>Decatur, AL</td>
</tr>
<tr>
<td>St. Vincent’s East</td>
<td>Birmingham, AL</td>
</tr>
<tr>
<td>Eliza Coffee Memorial</td>
<td>Florence, AL</td>
</tr>
<tr>
<td>Gadsden Regional Medical Center</td>
<td>Gadsden, AL</td>
</tr>
<tr>
<td>Marshall Medical Centers - South</td>
<td>Guntersville, AL</td>
</tr>
<tr>
<td>Crestwood</td>
<td>Huntsville, AL</td>
</tr>
<tr>
<td>Helen Keller Hospital</td>
<td>Sheffield, AL</td>
</tr>
</tbody>
</table>
POLICY AND STATEMENT OF NON-DISCRIMINATION

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

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

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

Complaints and inquiries regarding sex discrimination should be directed to Title IX coordinator appointed by Dean of the Alabama College of Osteopathic Medicine. The Title IX coordinator may be contacted as follows:

Ashley Nelson  
Title IX Coordinator  
445 Health Sciences Blvd.  
Dothan, AL 36303  
Tel: (334) 305-1009  
Email: anelson@acom.edu OR titleIXcoordinator@acom.edu

Further information regarding ACOM Title IX policies, how to file a complaint, and other resources can be found on ACOM’s Title IX webpage: www.acom.edu/TitleIX

Complaints and inquiries regarding compliance with the sex discrimination provisions of Title IX may also be directed to the Assistant Secretary for Civil Rights, Department of Education, Washington, D.C.

Evidence of practices inconsistent with other elements of this policy should be reported to the Associate Dean of Student Services, who is the designated coordinator of ACOM’s non-discrimination program.
ACOM Learning Agreement for Clerkship Rotations

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

Student: _____________________________   Preceptor: _____________________________
Rotation Discipline: _____________________   Site: _____________________________

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

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

III. Based on the two sets of goals above, what specific learning objectives* do the student and preceptor agree should be accomplished in this clerkship rotation? (Please list at least three)
1. ____________________________________________________________________________
2. ____________________________________________________________________________
3. ____________________________________________________________________________
*Please note that learning objectives need to describe what the student will be able to do on completing the clerkship rotation. Please use objectives within this clerkship rotation syllabus.

IV. What activities will most help the student accomplish the above learning objectives?
(rounds, pre-rounds, day start, day end, grand rounds, expected readings, journal clubs, etc.)
1. ____________________________________________________________________________
2. ____________________________________________________________________________
3. ____________________________________________________________________________

SIGNATURES

Student: ________________________________________________________________
Preceptor: ______________________________________________________________
Date: ___________________________________________________________________

Students are required to submit this document electronically on the appropriate software platform and strongly encouraged to keep the signed learning agreement for their records.
APPENDIX B: CORE PROBLEMS NECESSARY FOR GRADUATION

CORE PROBLEMS NECESSARY FOR GRADUATION

Core Problems/Diagnoses: Students should diagnose, treat, and record the following health concerns in their E*Value portfolios.

1. Abdominal Distension
   1.1. Bowel Distention
   1.2. Ascites
   1.3. Other Causes
2. Abdominal Pain/Mass
   2.1. Acute – Diffuse
   2.2. Acute – Localized
   2.3. Acute -- Pediatric
   2.4. Chronic – Constant
   2.5. Chronic – Crampy/Fleeting
   2.6. Chronic – Post-Prandial
3. Abnormal ECG
4. Abnormal Genital Bleeding
5. Abnormal Serum Lipid Profile
   5.1. Combined and Decreased HDL
   5.2. Increased LDL and Increased Triglycerides
6. Abnormal Serum TSH
7. Acid Base Disorders
8. Apparent Life Threatening Event (Pediatric)
   8.1. Acute Illness
   8.2. Witnessed Choking Spell
   8.3. Injury
   8.4. Apnea
9. Adrenal Mass
   9.1. Benign
   9.2. Malignant
10. Allergic Reactions
11. Altered Level of Consciousness
   11.1. Overall Approach to Altered Level of Consciousness
   11.2. GCS ≤ 7
12. Anemia/Pallor
   12.1. Overall Approach to Anemia
   12.2. Anemia with Elevated MCV
   12.3. Anemia with Normal MCV
   12.4. Anemia with Low MCV
13. Anorectal Pain
14. Autoimmune Diseases
   14.1. Infectious
   14.2. Congenital
15. Back Pain
16. Benign Prostatic Hypertrophy

17. Bleeding/Brusing
   17.1. Coagulation Proteins
   17.2. Platelets and Vascular System
18. Bone Lesion
19. Breast Discharge
20. Breast Disorders
   20.1. Infection
   20.2. Mass
   20.3. Gynecomastia
   20.3.1. Increased Estrogen and Increased HCG
   20.3.2. Increased LH and Decreased Testosterone
21. Burns
22. Chest Discomfort
   22.1. Cardiovascular (Angina Pectoris)
   22.2. Pulmonary/Mediastinal
   22.2.1. Pulmonary Embolus
   22.2.2. Pulmonary Hypertension
   22.2.3. Fleural Effusion
   22.3. Other
23. Chest Trauma
24. Cognitive Impairment
   24.1. Dementias
25. Congenital Abnormalities/Deformities/Limps
26. Cough
   26.1. Chronic (Adult)
   26.2. Dyspnea and Fever
   26.3. Acute (Pediatric)
   26.4. Chronic (Pediatric)
27. Deep Vein Thrombosis
28. Dialysis
29. Diarrhea/Constipation
   29.1. Acute Diarrhea (Adult)
   29.2. Chronic Diarrhea (Adult): Small Bowel
   29.3. Chronic Diarrhea (Adult): Steatorrhea and Large Bowel
   29.4. Diarrhea (Pediatric)
   29.5. Constipation (Adult): Altered Bowel Function and Idiopathic
   29.6. Constipation (Adult): Secondary Causes
29.7. Constipation (Pediatric)
29.8. Stool Incontinence
30. Difficulty Swallowing (Deglutition Disorders)
31. Dizziness/Vertigo
32. Domestic Violence
33. Dypsnea/Breathlessness
   33.1. Acute
   33.2. Chronic – Cardiac
   33.3. Chronic – Pulmonary/Other
   33.4. Pediatric
34. Ear Pain, Hearing Loss, Deafness
   34.1. Hearing Loss
      34.1.1. Conductive
      34.1.2. Sensorineural
   34.2. Otalgia
   34.3. Tinnitus
      34.3.1. Objective
      34.3.2. Subjective
35. Electrolyte Disorders
   35.1. Hypercalcemia
      35.1.1. Low PTH
      35.1.2. Normal/High PTH
   35.2. Hypocalcemia
      35.2.1. High Phosphate
      35.2.2. Low Phosphate
      35.2.3. High/Low PTH
   35.3. Hyperkalemia
      35.3.1. Intracellular Shift
      35.3.2. Reduced Excretion
   35.4. Hypokalemia
   35.5. Hypernatremia
   35.6. Hyponatremia
   35.7. Hyperphosphatemia
   35.8. Hypophosphatemia
36. Elevated Liver Enzymes
37. End-of-Life/Palliative Care
38. Excessive Daytime Sleepiness
39. Eyes/Vision
   39.1. Acute Vision Loss
      39.1.1. Bilateral
      39.1.2. Unilateral
   39.2. Chronic Vision Loss
      39.2.1. Anatomic
   39.3. Amblyopia
   39.4. Diplopia
   39.5. Pupillary Abnormalities
      39.5.1. Isocoria
   39.5.2. Anisocoria
   39.6. Red Eye
      39.6.1. Atraumatic
      39.6.2. Traumatic
   39.7. Strabismus
      39.7.1. Ocular Misalignment
      39.8.1. Visual Field Defects
40. Falls in the Elderly
41. Fatigue
42. Fever/Chills
   42.1. Acute Fever
   42.2. Fever of Unknown Origin/Chronic Fever
43. Fractures
   43.1. Pathologic/Fragility Fractures
   43.2. Fracture Healing
   43.3. Pediatric Fractures
      43.3.1. Salter Harris Physeal Injury Classification System
44. Gait Disturbance
45. Gastrointestinal Bleeding
   45.1. Upper Gastrointestinal Bleed (Hematemesis/Melena)
   45.2. Lower Gastrointestinal Bleed
46. Genetic Disorders
47. Genital Lesion
48. Hair Loss (Alopecia)
   48.1. Diffuse
   48.2. Localized (focal)
49. Headache
   49.1. Primary
   49.2. Secondary with Red Flag Symptoms
   49.3. Secondary without Red Flag Symptoms
50. Heart Failure
   50.1. Left-Sided
   50.2. Right-Sided
51. Hematuria
52. Hemiplegia
   52.1. Upper Motor Neuron Weakness
53. Hemoptyysis
54. Hepatomegaly
55. Hirsutism
   55.1. Hirsutism and Virilization
      55.1.1. Androgen Excess
      55.1.2. Hypertrichosis
56. Hyperglycemia/Diabetes Mellitus
57. Hypertension
   57.1. Pulmonary
   57.2. In Pregnancy
58. Hyperthyroidism
59. Hypoglycemia
60. Hypothyroidism
61. Hypoxemia
62. Immunocompromised/Immunodeficiency
   62.1. Fever in the Immunocompromised Host
63. Infertility and Contraception
   63.1. Female
   63.2. Male
64. Jaundice
   64.1. Adult
   64.2. Infant and Neonatal
65. Joint Pain
   65.1. Acute Joint Pain – Vitamin CD
   65.2. Chronic/Degenerative Change
   65.3. Infectious Joint Pain
   65.4. Inflammatory Joint Pain
   65.5. Vascular Joint Pain
66. Kidney Disease/Injury
   66.1. Chronic
   66.2. Acute
67. Leukocytosis/Leukopenia
68. Liver Mass
69. Lung Nodule
70. Lymphadenopathy
   70.1. Diffuse
   70.2. Localized
71. Mechanisms of Pain
72. Mediastinal Mass
73. Menorrhea
   73.1. Amenorrhea
      73.1.1. Primary
      73.1.2. Secondary
   73.2. Dysmenorrhea
   73.3. Altered Menses
   73.4. Abnormal Vaginal Bleeding
74. Metabolic Acidosis
   74.1. Elevated Anion Gap
   74.2. Normal Anion Gap
75. Metabolic Alkalosis
76. Mood/Neurobehavioral
   Disorders/Anxiety/Depression
   76.1. Anxiety Disorders
      76.1.1. Associated with Panic
   76.1.2. Recurrent Anxious Thoughts
   76.2. Trauma- and Stressor-Related Disorders
   76.3. Obsessive-Compulsive and Related Disorders
   76.4. Personality Disorders
   76.5. Elevated Mood
   76.6. Depressed Mood
   76.7. Psychotic Disorders
   76.8. Somatoform Disorders
   76.9. Pediatric Mood and Anxiety Disorders
      (ADHD, autism, learning disorders)
77. Mouth Disorders
   77.1. Adult and Elderly
   77.2. Mucous Membrane Disorder (Oral Cavity)
   77.3. Pediatric
78. Movement Disorders
   78.1. Hyperkinetic
   78.2. Tremor
   78.3. Bradykinetic
79. Murmur/Abnormal Heart Sounds
   79.1. Abnormal Rhythm
      79.1.1. Abnormal Rhythm 1 (Types of Arrhythmia)
      79.1.2. Abnormal Rhythm 2 (Causes of Arrhythmia)
   79.2. Diastolic Murmur
   79.3. Systolic Murmur
      79.3.1. Benign and Stenotic
      79.3.2. Valvular and Other
80. Nail Disorders
   80.1. Primary Dermatologic Disease
   80.2. Systemic Disease
      80.2.1. Clubbing
81. Nausea and Vomiting
   81.1. Gastrointestinal Disease (Adult and Pediatric)
   81.2. Other Systemic Disease (Adult and Pediatric)
82. Neck Mass
83. Nephrolithiasis
84. Neutrophilia
85. Neutropenia
   85.1. Decreased Neutrophils Only
   85.2. Bicytopenia and Pancytopenia
86. Numbness/Tingling/Paresthesia/Painful Limb
87. Osteoporosis
88. Ovarian Mass
89. Pap Abnormality
90. Pelvic Mass/Pain
  90.1. Acute
  90.2. Chronic
91. Pelvic Organ Prolapse
92. Peripheral Weakness
  92.1. Weakness
  92.2. Sensory Changes
    92.2.1. Objective Lower Motor Neuron Weakness
93. Pigmentation Disorders
  93.1. Hyperpigmentation
  93.2. Hypopigmentation
94. Pleural Effusion
95. Polycythemia
96. Pregnancy/Delivery/Newborns
  96.1. Antenatal Care
  96.2. Bleeding in Pregnancy
    96.2.1. < 20 weeks
    96.2.2. 2nd and 3rd Trimesters
  96.3. Growth Discrepancy
    96.3.1. Small for Gestational Age/Intrauterine Growth Restriction
    96.3.2. Large for Gestational Age
  96.4. Intrapartum Factors that may affect Fetal Oxygenation
  96.5. Intrapartum Abnormal Fetal Heart Rate Tracing
    96.5.1. Variability and Decelerations
    96.5.2. Baseline
  96.6. Postpartum Hemorrhage
  96.7. Recurrent Pregnancy Loss
  96.8. Dermatoses in Pregnancy
    96.8.1. Physiologic Changes
    96.8.2. Specific Skin Conditions
  96.9. Preterm Infant Complications
  96.10. Failure to Thrive
    96.10.1. Adequate Calorie Consumption
    96.10.2. Inadequate Calorie Consumption
  96.11. Hypotonic Infant (Floppy Newborn)
  96.12. Depressed/Lethargic Newborn
  96.13. Cyanosis in the Newborn
    96.13.1. Respiratory
    96.13.2. Non-Respiratory
  96.14. Respiratory Distress in the Newborn

96.15. Sudden Unexpected Death in Infancy (SUDI)
97. Preventive Health Care
  97.1. Vaccinations
  97.2. Cancer Screening
  97.3. STI Screening
98. Prolonged PT (INR)
  98.1. Prolonged PTT
  98.2. Normal PTT
99. Prolonged PTT, Normal PT (INR)
  99.1. Bleeding Tendency
  99.2. No Bleeding Tendency
100. Proteinuria
101. Pruritus
    101.1. Primary Skin Lesion
    101.2. No Primary Skin Lesion
102. Pulmonary Disorders
  102.1. Spirometry
103. Pulmonary Embolus
104. Pulse Abnormalities
105. Renal Cancer
106. Renal Failure
    106.1. Acute
    106.2. Chronic
107. Renal Mass
    107.1. Solid
    107.2. Cystic
108. Respiratory Sounds
    108.1. Noisy Breathing
      108.1.1. Wheezing (Pediatric)
      108.1.2. Stridor (Pediatric)
109. Scrotal Mass/Pain
110. Seizures/Spells
    110.1. Epileptic Seizure
    110.2. Secondary Organic Seizure
    110.3. Other
    110.4. Pediatric Seizure
      110.4.1. Unprovoked
      110.4.2. Provoked
      110.4.3. Spells
111. Sellar/Pituitary Mass
112. Sexual Dysfunction
    112.1. Erectile Dysfunction
113. Shock/Hypotension
114. Skin Lesions
    114.1. Primary Skin Lesion
    114.2. Secondary Skin Lesion
115. Skin Rash
   115.1. Eczematous
   115.2. Papulosquamous
   115.3. Pustular
   115.4. Reactive
   115.5. Vesiculobullous

116. Skin Ulcer by Etiology
   116.1. Physical
   116.2. Vascular
   116.3. Hematologic
   116.4. Neoplastic
   116.5. Neurological
   116.6. Infectious
   116.7. Metabolic
   116.8. Drugs

117. Skin Ulcer by Location
   117.1. Genitals
   117.2. Head and Neck
   117.3. Lower Legs/Feet
   117.4. Oral Ulcers
   117.5. Trunk/Sacral Region

118. Smell Dysfunction

119. Soft Tissue
   119.1. Septic
   119.2. Aseptic

120. Sore Throat/Rhinorrhea/Sinus and Nasal Congestion

121. Speech/Language Abnormalities
   121.1. Dysarthria

121.2. Aphasia
   121.2.1. Fluent
   121.2.2. Non-Fluent
   121.3. Hoarseness
   121.3.1. Acute
   121.3.2. Non-Acute

122. Stature
   122.1. Short
   122.2. Tall

123. Stroke
   123.1. Intracerebral Hemorrhage
   123.2. Ischemia
   123.3. Subarachnoid Hemorrhage

124. Substance Abuse/Drug Addiction/Withdrawal

125. Syncope

126. Thrombocytopenia

127. Thrombocytosis

128. Tumor
   128.1. Metastatic
   128.2. Primary

129. Urinary
   129.1. Urinary Incontinence
   129.2. Increased Urinary Frequency
   129.3. Dysuria
   129.4. Urinary Tract Obstruction
   129.5. Enuresis (Pediatric)

130. Vaginal Discharge

131. Vascular Lesions

132. Weight Gain/Loss

---

The Portfolio Process: Each of the health concerns listed above has several core entrustable professional activities (EPAs) that students must self-check. The more problems/diagnoses logged using EPAs, the better a student’s MSPE will be.

1. Gather a history and perform a physical examination
2. Develop a prioritized differential diagnosis and select a working diagnosis following a patient encounter
3. Recommend and interpret common diagnostic and screening tests
4. Enter and discuss patient orders/prescriptions
5. Provide documentation of a clinical encounter in written or electronic format
6. Provide an oral presentation/summary of a patient encounter
7. Form clinical questions and retrieve evidence to advance patient care
8. Give or receive a patient handover to transition care responsibility to another health care provider or team
9. Participate as a contributing and integrated member of an interprofessional team
10. Recognize a patient requiring urgent or emergent care, initiate evaluation and treatment, and seek help
11. Obtain informed consent for tests and/or procedures
12. Perform general procedures of a physician
13. Identify system failures and contribute to a culture of safety and improvement
Procedures: Students should record procedures into their E*Value portfolios.

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

ACOM GUIDELINES FOR STUDENT PARTICIPATION IN THE CLINICAL SETTING

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

Medical Student Patient Care Duties permitted and prohibited

I. Definitions:

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

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

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

II. Scope of Duties Permitted:

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

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

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

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

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

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

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

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

- The following procedures must always be performed by the student under personal physician supervision:
  - Airway Management (i.e. nasotracheal, oropharyngeal, etc.)
  - APGAR and Dubowitz/Ballard Assessment
  - Arterial puncture – for blood gases (ABG)
  - Arthrocentesis
  - Breast Exam
  - Cardiac ultrasound and Doppler studies
  - Casting/Splinting, Elbow
  - Casting/Splinting, Knee/Ankle
  - Casting/Splinting, Lower Extremity
  - Casting/Splinting, Other
  - Casting/Splinting, Shoulder
  - Casting/Splinting, Thumb Spica
  - Casting/Splinting, Upper Extremity
  - Casting/Splinting, Wrist/Hand
  - Colposcopy
  - Ear, Evaluation and Treatment – Cerumen Removal
  - Ear, Evaluation and Treatment, EAC foreign body removal/wick insertion
  - Echocardiography
  - EKG Interpretation
  - Electroencephalogram
  - Episiotomy and repair
  - Eye, Evaluation and Treatment – Evaluation of Corneal Abrasion
  - Eye, Evaluation and Treatment – Evaluation of foreign body with lid eversion
  - Eye, Evaluation and Treatment – Tonometry
  - Eye, Evaluation and Treatment of conjunctival foreign body
  - Intravascular Access, Peripheral
  - Intravascular Access, Central
  - Lumbar Puncture
  - Mouth/Dental Evaluation and Treatment – Treatment of Aphthous Ulcers
  - Nasogastric Tube Placement
  - Newborn Management, Uncomplicated Delivery
  - Newborn Management – Newborn Resuscitation
  - Nose, Evaluation and Treatment – foreign body removal
  - Nose, Evaluation and Treatment, Epistaxis Control
  - Osteopathic Manipulation Treatment (OMT)
  - Provide Health Promotion / Disease Prevention
  - Psychiatric Assessment
  - Pulmonary Function Tests
  - Remove sutures or staples
  - Resuscitation Team Member (specify role i.e. Leader, Compressor, etc.)
  - Skin Lesion Excision
  - Surgical Assist
  - Suturing, extremities (indicate type of anesthesia)
  - Suturing, Face (indicate type of anesthesia)
Suturing, Hand/digits (indicate type of anesthesia)
Ultrasound, bedside – FAST (Focused Assessment with Sonography for Trauma)
Ultrasound, Other than FAST
Urinalysis by Dipstick
Urinary Catheter Insertion
Vaginal Delivery, Spontaneous
Well Child Development Exam
X-Ray Studies (i.e. chest, abdominal series, etc.)

The above notwithstanding, duties and activities of students must not conflict with hospital policies.

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

- Give verbal or telephone orders.
- Write orders regarding end-of-life, such as DNR
APPENDIX D: COMAT SCORE RELEASE PROCESS

COMAT SCORE RELEASE PROCESS

Students may share their scores with whomever they wish, but ACOM cannot because FERPA doesn’t allow it. We will share deidentified data regarding COMAT performance with each site on an annual basis.

Failures
- If a student fails the COMAT, the student will receive an Incomplete for the course. Once the student has retaken and passed the COMAT, the final course grade will be reported to the Registrar.
- All COMATs, including OPP, must be passed before a student qualifies to take the COMLEX 2-CE.
- Please note: it is the student’s responsibility to contact his/her core site coordinator to schedule a retake and then let Amanda Gant know the date of the retake at least one (1) week in advance. (See next slide)
APPENDIX E: WHAT TO BRING WITH YOU ON AUDITION ROTATIONS

WHAT TO BRING WITH YOU ON AUDITION ROTATIONS

Process for **Out-of-Network** Selectives/Electives

**VSAS and Non-VSAS**

It is the sole responsibility of the student to obtain and submit their completed **Learning Agreement** from the preceptor on the first day of the rotation.

Students must also bring the appropriate elective **syllabus** with them to their out of network rotation.

It is also the student’s responsibility to obtain and submit to Priscilla Mixon the completed **Preceptor Evaluation** from their preceptor before they leave that rotation.
APPENDIX F: SCHEDULING AUDITION ROTATIONS & APPLYING FOR RESIDENCY

SCHEDULING AUDITION ROTATIONS & APPLYING FOR RESIDENCY:
OMS-III DETAILED TIMELINE

June-July
- Take COMLEX Level 1

July
- Begin CORE Rotations

August
- Research residency programs and request information and/or application material. Become familiar with residency and audition rotation application dates

October - March
- Continue working on your Curriculum Vitae (CV)
- Evaluate your competitiveness – compare board scores to discipline minimums, look at program requirements, etc.

December - April
- Begin requesting Letters of Recommendation (LoRs) and inform authors of the LoR process for ERAS
- Write your Personal Statement(s)
- Visit the ERAS Website to familiarize yourself with the timeline, homepage, and other important information

December 31
- Deadline* for students to ensure sure all evaluations from Fall Semester have been submitted

January
- Begin contacting programs (Non-VSAS) regarding audition rotation availability and important dates
- MyERAS tokens are issued with access to the Letters of Recommendation function ONLY

February
- VSAS authorizations issued

March – December
- Season opens for COMLEX Level 2-PE

March
- Begin applying for VSAS away audition rotations (if applicable)

April-June
- Put final touches on your CV and Personal Statement

June
- All ERAS functions become available. Students may begin working on their applications

June/July
- Take COMLEX Level 2-CE

July
- Deadline to complete MSPE Noteworthy Characteristics Form
- Audition Rotation season begins

July 31
- Deadline** for students to ensure sure all evaluations from Spring and Summer Semesters have been submitted

*Failure to meet deadline may prevent you from receiving your tokens for VSAS participation.
**Failure to meet deadline may delay the release of your MSPE.
SCHEDULING AUDITION ROTATIONS & APPLYING FOR RESIDENCY: OMS-III VISUAL TIMELINE

3rd Year

OMS III Rotations

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

Request strong letters, write personal statements, register for MyERAS, use the LOR function

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

Continue working on your CV

Audition Rotations

Narrow down 1-2 specialties

MyERAS opens to begin working on applications

MyERAS tokens distributed through email

Submit VSAS applications

Begin applying for audition rotations (non-

December 31: DEADLINE* for students to ensure evaluations from Fall semester have been submitted

July 31: DEADLINE** for students to ensure evaluations from Spring semester have been submitted

* Failure to meet deadline may prevent you from receiving your

** Failure to meet deadline may delay the release of your NSPL
SCHEDULING AUDITION ROTATIONS & APPLYING FOR RESIDENCY:
OMS-IV DETAILED TIMELINE

September 6 • Applicants can start applying to residency programs in ERAS
September 15 • Residency programs start receiving applications
Late September • Students may make an appointment to view their Medical Student Performance Evaluation (MSPE) on campus
October 1 • MSPEs are released to programs through ERAS
Late November • NRMP Match Applicant Registration Deadline – after this date you will have to pay a $50 late registration fee
Mid-December • Military Match results released
December 31 • Deadline* for students to ensure sure all evaluations from Fall Semester have been submitted
  • Deadline** for students to have patient centered interviewing evaluations complete and submitted

Mid-January • NRMP Match Rank Order List entry opens at 12:00 p.m. ET
Late February • NRMP Match Late Registration Deadline
  • Rank Order List Deadline
March 1 • Deadline* for students to ensure evaluations from first 2 rotations from Spring Semester have been submitted
Mid-March • Match Week
  • Applicants learn whether or not they matched via email
  • Supplemental Offer and Acceptance Program (SOAP) begins
  • Match Day – results of the Match are released to all participants
Late March • Scramble – Final Opportunity for students who have not matched/placed into a residency program may apply and seek placement into any open position
April 1 • Deadline** for students to ensure evaluation from 3rd rotation of Spring Semester has been submitted
May 1 • Deadline** for students to ensure all remaining evaluations from Spring Semester have been submitted
Late May / Early June • Graduation

*Failure to meet deadline may disqualify you from participating in the residency match.
**Failure to meet deadline may prevent you from participating in graduation activities.
SCHEDULING AUDITION ROTATIONS & APPLYING FOR RESIDENCY: OMS-IV VISUAL TIMELINE

4th Year

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

- Continue applying to Residency Programs
- Continue Audition Rotations

Residency Interview Held

Applications for residency programs may be submitted

Submit Rank Order Lists for Match

May register for NRMP Match (Deadline Nov 30)

OMS-IV Visual Timeline:

- May review MSPE on campus by appointment
- MSPEs are released to programs on October 1

December 31: **DEADLINE** for students to have patient centered interviewing evaluations complete and

December 31: **DEADLINE** for students to ensure examinations from Fall semester have been

March 1: **DEADLINE** for students to ensure evaluations from first 2 rotations in Spring Semester have been

April 1: **DEADLINE** for students to ensure examinations from 3rd rotation in Spring Semester has been

Scramble takes place for unmatched applicants

NRMP Match Week (including SOAP process)

*Failure to meet deadline may disqualify you from participating in

**Failure to meet deadline may prevent you from participating in

Graduation
APPENDIX G: MILESTONES CHECKLIST

MILESTONES CHECKLIST
CLASS OF 2021

☐ Successfully complete OMS-I and OMS-II coursework
☐ Take and Pass COMLEX Level 1
☐ Ensure all immunizations and immunity records are up to date and meet ACOM’s requirements
☐ Complete all Leaving the Nest modules
  ☐ Answer all post-module questions successfully
  ☐ Download and review Clerkship Rotation Manual
  ☐ Complete required CITI Training modules
☐ Attend all required hospital orientations and ensure your student credentialing documents are provided to the appropriate person(s) in a timely manner
☐ Ensure all evaluations from OMS-III Fall semester are submitted (12/31 deadline)
  ☐ Failure to meet deadline may prevent you from receiving your tokens for VSAS participation
☐ Ensure all evaluations from OMS-III Spring semester are submitted (7/31 deadline)
  ☐ Failure to meet deadline may delay the release of your MSPE
☐ Complete MSPE Noteworthy Characteristics form
☐ Take and Pass all core COMATs (Psychiatry, Internal Medicine, OB/GYN, Surgery, Pediatrics, Family Medicine, OPP)
☐ Take and Pass COMLEX Level 2-CE
☐ Take and Pass COMLEX Level 2-PE
☐ Ensure all required competencies have been entered in E*Value competency log (preferably be the end of OMS-III year because this information goes into the MSPE)
  ☐ Continuing to populate the portfolio during the 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.
☐ Register for MyERAS
☐ Apply to residency programs in ERAS
☐ Emergency Medicine applicants only: complete the Standardized Video Interview if required by programs of interest
☐ Register for NRMP Match
☐ Ensure all evaluations from OMS-IV Fall semester are submitted (12/31 deadline)
  ☐ Failure to meet this deadline may disqualify you from participating in the residency match
☐ Ensure all 5 required Patient-Centered Interviewing Evaluation forms are completed and submitted (12/31 deadline)
  ☐ Failure to meet this deadline may prevent you from participating in graduation activities
☐ Submit Rank Order List for residency match
☐ Ensure all evaluations from the first 2 OMS-IV rotations in Spring semester are submitted (3/1 deadline)
  ☐ Failure to meet this deadline may disqualify you from participating in the residency match
☐ Match to a residency program
☐ Ensure evaluation for 3rd OMS-IV rotation in Spring Semester is submitted (4/1 deadline)
  ☐ Failure to meet this deadline may prevent you from participating in graduation activities
☐ Ensure evaluation for all remaining OMS-IV rotations in Spring Semester are submitted (5/1 deadline)
  ☐ Failure to meet this deadline may prevent you from participating in graduation activities
☐ Ensure any other requirements are met for GRADUATION

**Note: You should be researching residency programs, updating and revising your CV and Personal Statement, contacting programs for auditions, and applying for auditions continuously during your OMS-III year. Please see the OMS-III and OMS-IV Timeline for more detailed information.
## APPENDIX H: TERMS TO KNOW

### TERMS TO KNOW

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AA</strong></td>
<td>An Affiliation Agreement is between an institution and another entity for purposes of providing an educational opportunity for students generally in a supervisory situation.</td>
</tr>
<tr>
<td><strong>AACOM</strong></td>
<td>The American Association of Colleges of Osteopathic Medicine is a non-profit organization that supports the United States' colleges of osteopathic medicine and serves as a unifying voice for osteopathic medical resources. <a href="http://www.aacom.org/">http://www.aacom.org/</a></td>
</tr>
<tr>
<td><strong>AAFP</strong></td>
<td>The American Academy of Family Physicians is the national association of family doctors. <a href="http://www.aafp.org">http://www.aafp.org</a></td>
</tr>
<tr>
<td><strong>AAMC</strong></td>
<td>The Association of American Medical Colleges is a non-profit organization based in Washington, DC and established in 1876. It administers the Medical College Admission Test. The AAMC operates the American Medical College Application Service and the Electronic Residency Application Service which facilitate students applying to medical schools and residency programs, respectively. <a href="https://www.aamc.org/">https://www.aamc.org/</a></td>
</tr>
<tr>
<td><strong>ACGME</strong></td>
<td>The Accreditation Council for Graduate Medical Education is responsible for the accreditation of post-MD medical training (residency) programs within the United States. <a href="http://www.acgme.org/acgmeweb/">http://www.acgme.org/acgmeweb/</a></td>
</tr>
<tr>
<td><strong>ACLS</strong></td>
<td>Advanced Cardiac Life Support</td>
</tr>
<tr>
<td><strong>ACOM</strong></td>
<td>Alabama College of Osteopathic Medicine</td>
</tr>
<tr>
<td><strong>AHEC</strong></td>
<td>Alabama Health Education Centers</td>
</tr>
<tr>
<td><strong>Allopathic Medicine</strong></td>
<td>The system of medical practice which treats disease by the use of remedies which produce effects different from those produced by the disease under treatment. MDs practice allopathic medicine.</td>
</tr>
<tr>
<td><strong>ALOMA</strong></td>
<td>The Alabama Osteopathic Medical Association is a non-profit professional organization comprised of osteopathic physicians, residents, interns, and medical students. <a href="http://aloma.org/">http://aloma.org/</a></td>
</tr>
<tr>
<td><strong>AMA</strong></td>
<td>American Medical Association <a href="http://www.ama-assn.org">http://www.ama-assn.org</a></td>
</tr>
<tr>
<td><strong>AMEC</strong></td>
<td>Alabama Medical Education Consortium <a href="http://www.amecdco.com">http://www.amecdco.com</a></td>
</tr>
<tr>
<td><strong>AOA</strong></td>
<td>The American Osteopathic Association is the main representative organization for osteopathic physicians in the United States. <a href="http://www.osteopathic.org/">http://www.osteopathic.org/</a></td>
</tr>
<tr>
<td><strong>Archival List</strong></td>
<td>List of preceptors kept by the ACOM Clinical Resources department which tracks the status of all preceptors, whether active, inactive or other.</td>
</tr>
<tr>
<td><strong>Audition Rotation</strong></td>
<td>Elective clerkship rotations during the 3rd and 4th years at sites with residency programs in which a student is interested.</td>
</tr>
<tr>
<td><strong>BLS</strong></td>
<td>Basic Life Support</td>
</tr>
<tr>
<td><strong>Clerkship Rotation</strong></td>
<td>A 2- or 4-week period of training in clinical setting.</td>
</tr>
<tr>
<td><strong>CME</strong></td>
<td>Continuing Medical Education</td>
</tr>
<tr>
<td><strong>COCA</strong></td>
<td>The AOA Commission on Osteopathic College Accreditation serves the public by establishing, maintaining, and applying accreditation standards and procedures to ensure that academic quality and continuous quality improvement delivered by the colleges of osteopathic medicine (COMs) reflect the evolving practice of osteopathic medicine. The scope of the COCA encompasses the accreditation of COMs. <a href="http://www.osteopathic.org/inside-aoa/accreditation/predoctoral%20accreditation/Pages/default.aspx">http://www.osteopathic.org/inside-aoa/accreditation/predoctoral%20accreditation/Pages/default.aspx</a></td>
</tr>
<tr>
<td><strong>COI</strong></td>
<td>Certificate of Insurance. Refers to professional liability insurance for healthcare professionals, including medical students.</td>
</tr>
<tr>
<td><strong>COMAT</strong></td>
<td>Comprehensive Osteopathic Medical Achievement Test. A series of examinations designed to assess osteopathic medical students’ core knowledge and elements of osteopathic principles and practice essential for pre-doctoral training. This is equivalent to shelf exams provided in MD programs.</td>
</tr>
<tr>
<td><strong>COMLEX-USA</strong></td>
<td>Comprehensive Osteopathic Medical Licensing Examination of the United States is a three-level, national standardized licensure examination designed to assess osteopathic medical knowledge, knowledge fluency, clinical skills, and other competencies essential for practice as an osteopathic generalist physician. <a href="http://www.nbome.org/exams-assessments/comlex-usa/">http://www.nbome.org/exams-assessments/comlex-usa/</a></td>
</tr>
<tr>
<td><strong>COMSAE</strong></td>
<td>Osteopathic students and residents use the Comprehensive Osteopathic Medical Self-Assessment Examination to assess readiness for the COMLEX-USA cognitive examination. ACOM administers these exams several times before students take COMLEX Level 1.</td>
</tr>
<tr>
<td><strong>Core Clerkship Rotations</strong></td>
<td>4 weeks of clinical training in specified disciplines, which must be completed at a Core Site.</td>
</tr>
<tr>
<td><strong>Core Site</strong></td>
<td>A medical facility committed to providing sufficient resources to meet curriculum requirements for the third and fourth year students.</td>
</tr>
<tr>
<td><strong>Core Site Connections</strong></td>
<td>Refers to initial meetings between MEDs, CSCs, and students assigned to their core sites.</td>
</tr>
<tr>
<td><strong>CRNA</strong></td>
<td>Certified Registered Nurse Anesthetist</td>
</tr>
<tr>
<td><strong>CRNP</strong></td>
<td>Certified Registered Nurse Practitioner</td>
</tr>
<tr>
<td><strong>CSC</strong></td>
<td>Core Site Coordinator, who manages the day-to-day activities of students, such as preceptor assignment, evaluations, lectures and COMAT exams.</td>
</tr>
<tr>
<td><strong>CV</strong></td>
<td>Similar to a resume, but also includes detailed and comprehensive description of academic and professional history.</td>
</tr>
<tr>
<td><strong>Dean's Letter</strong></td>
<td>See MSPE</td>
</tr>
<tr>
<td><strong>Didactics</strong></td>
<td>Systematic instruction. Examples include lectures, readings, assignments, discussion boards, video conferences, grand rounds, and journal clubs.</td>
</tr>
<tr>
<td><strong>Differential Diagnosis</strong></td>
<td>The process of weighing the probability of one condition versus that of others, possibly accounting for a patient’s situation. For example, the differential diagnosis of rhinitis (a runny nose) includes allergic rhinitis (hay fever), the abuse of nasal decongestants, and the common cold.</td>
</tr>
<tr>
<td><strong>Abbreviation</strong></td>
<td><strong>Full Form</strong></td>
</tr>
<tr>
<td>------------------</td>
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</tr>
<tr>
<td>DIO</td>
<td>Designated Institutional Officer</td>
</tr>
<tr>
<td>DO</td>
<td>Doctor of Osteopathic Medicine</td>
</tr>
<tr>
<td><strong>Elective Clerkship Rotations</strong></td>
<td></td>
</tr>
<tr>
<td>EMR (EHR)</td>
<td>Electronic Medical Records or Electronic Health Records</td>
</tr>
<tr>
<td>ERAS</td>
<td>The Electronic Residency Application Service</td>
</tr>
<tr>
<td>E*Value</td>
<td>Software used to manage 3rd and 4th year clerkship rotations.</td>
</tr>
<tr>
<td>FREIDA</td>
<td>Fellow and Residency Electronic Interactive Database. FREIDA Online is a database with more than 7,800 graduate medical education programs accredited by ACGME as well as more than 200 combined specialty programs. <a href="http://www.ama-assn.org/ama/pub/education-careers/graduate-medical-education/freida-online.page">http://www.ama-assn.org/ama/pub/education-careers/graduate-medical-education/freida-online.page</a></td>
</tr>
<tr>
<td>ECHCA</td>
<td>Fellow and Residency Electronic Interactive Database</td>
</tr>
<tr>
<td>FQHC</td>
<td>Federally Qualified Health Centers are community-based health center that provides primary and preventative care services in underserved areas regardless of ability to pay or health insurance status.</td>
</tr>
<tr>
<td>GME</td>
<td>Graduate Medical Education. Formal medical education that includes internship, residency, subspecialty and fellowship programs accredited by ACGME.</td>
</tr>
<tr>
<td>Grand Rounds</td>
<td>A formal meeting at which physicians discuss the clinical case of one or more patients. Grand rounds originated as part of residency training wherein new information was taught and clinical reasoning skills were enhanced. Grand rounds today are an integral component of medical education. They present clinical problems in medicine by focusing on current or interesting cases. They are also sometimes utilized for dissemination of new research information.</td>
</tr>
<tr>
<td>H&amp;P</td>
<td>Shorthand for history and physical, the initial clinical evaluation and examination of the patient.</td>
</tr>
<tr>
<td>HCHCA</td>
<td>The Houston County Health Care Authority</td>
</tr>
<tr>
<td>HIPAA</td>
<td>The Health Insurance Portability and Accountability Act of 1996 which defines the privacy rights of patients and health care information.</td>
</tr>
<tr>
<td>ICD-10</td>
<td>ICD-10 is the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD), a medical classification list by the World Health Organization (WHO). It contains codes for diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or diseases.</td>
</tr>
<tr>
<td>IRB</td>
<td>An institutional review board, also known as an independent ethics committee (IEC), ethical review board (ERB) or research ethics board (REB), is a committee that has been formally designated to approve, monitor, and review biomedical and behavioral research involving humans.</td>
</tr>
<tr>
<td>IT (IS)</td>
<td>Information Technology (Information Systems)</td>
</tr>
<tr>
<td>Journal Club</td>
<td>A form of education in which a group of physicians discuss, analyze, and review a limited number of articles from medical journals, often on a weekly or monthly basis.</td>
</tr>
<tr>
<td><strong>Learning Agreement</strong></td>
<td>A document that the student and preceptor create together at the beginning of a clerkship rotation to define learning goals.</td>
</tr>
<tr>
<td>------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Letter of Good Standing</strong></td>
<td>Official document from the school that states that a student is in good academic standing and has no issues preventing the student from starting clerkship rotations.</td>
</tr>
<tr>
<td><strong>LoR</strong></td>
<td>Letter of Recommendation</td>
</tr>
<tr>
<td><strong>LRC</strong></td>
<td>Learning Resource Center</td>
</tr>
<tr>
<td><strong>The Match</strong></td>
<td>The Match process is a uniform system by which residency candidates and residency programs simultaneously “match” to fill first-year and second-year post-graduate training positions accredited by ACGME. NRMP instituted and maintains The Match system.</td>
</tr>
<tr>
<td><strong>Match Day</strong></td>
<td>The date when students find out if they have matched to a residency program.</td>
</tr>
<tr>
<td><strong>MD</strong></td>
<td>Doctor of Medicine</td>
</tr>
<tr>
<td><strong>MED</strong></td>
<td>Medical Education Director (formerly known as core site director). Manages a Core Site and its operation, as well as directing interaction with the college regarding the student performance. The MED required minimum qualifications are: MD/DO</td>
</tr>
<tr>
<td><strong>MOA (MOU)</strong></td>
<td>A Memorandum of Agreement (Memorandum of Understanding) is an agreement between two or more parties outlining the terms and details of an understanding, including each parties’ requirements and responsibilities.</td>
</tr>
<tr>
<td><strong>MSPE</strong></td>
<td>The Medical Student Performance Evaluation (formerly known as the Dean’s Letter) is a comprehensive assessment of medical school performance generally through 3rd year of medical school. Includes grade comparison graphs, class rank for top quartile students for years 1-2 and preceptor comments from clerkship rotations.</td>
</tr>
<tr>
<td><strong>NBME</strong></td>
<td>The National Board of Medical Examiners is an independent, not-for-profit organization that serves the public through its high-quality assessments of healthcare professionals. <a href="http://www.nbme.org/">http://www.nbme.org/</a></td>
</tr>
<tr>
<td><strong>NBOME</strong></td>
<td>The National Board of Osteopathic Medical Examiners is the leading assessment organization for the osteopathic medical profession. Its mission is to protect the public by providing the means to assess competencies for osteopathic medicine and related health care professions. The NBOME COMLEX-USA examination series provides the pathway to licensure for osteopathic physicians in the United States. <a href="http://www.nbome.org">http://www.nbome.org</a></td>
</tr>
<tr>
<td><strong>NRMP</strong></td>
<td>The National Resident Matching Program which is a national process to match medical students and other applicants with programs 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 programs are informed of the results of the match. <a href="http://www.nrmp.org">http://www.nrmp.org</a></td>
</tr>
<tr>
<td><strong>OMS</strong></td>
<td>Osteopathic Medical Student (OMS-I, OMS-II, OMS-III, and OMS-IV)</td>
</tr>
<tr>
<td><strong>OMM (OMT)</strong></td>
<td>Osteopathic Manipulative Medicine (OMM), also known as Osteopathic Manipulative Treatment (OMT), is a core set of techniques of osteopathy and osteopathic medicine distinguishing these fields from allopathic medicine.</td>
</tr>
<tr>
<td><strong>OON</strong></td>
<td>Out of Network</td>
</tr>
<tr>
<td><strong>OPP</strong></td>
<td>Osteopathic Principles and Practices is the title of the course where students learn OMM (OMT).</td>
</tr>
<tr>
<td><strong>OPTI</strong></td>
<td>All OGME programs are part of an Osteopathic Postdoctoral Training Institution. Each OPTI is a community-based training consortium comprised of at least one college of osteopathic medicine and one hospital and may include additional hospitals and ambulatory training facilities. <a href="http://www.osteopathic.org/inside-aoa/Education/OGME-development-initiative/Pages/what-is-an-opti.aspx">http://www.osteopathic.org/inside-aoa/Education/OGME-development-initiative/Pages/what-is-an-opti.aspx</a></td>
</tr>
<tr>
<td><strong>OSHA</strong></td>
<td>The <strong>Occupational Safety and Health Administration</strong> is an agency of the United States Department of Labor. OSHA's mission is to &quot;assure safe and healthful working conditions for working men and women by setting and enforcing standards and by providing training, outreach, education and assistance&quot;. <a href="https://www.osha.gov/">https://www.osha.gov/</a></td>
</tr>
<tr>
<td><strong>PA</strong></td>
<td>Physician Assistant</td>
</tr>
<tr>
<td><strong>PALS</strong></td>
<td>Pediatric Advanced Life Support</td>
</tr>
<tr>
<td><strong>Personal Statement</strong></td>
<td>Consists of information about the student's professional background, academic and clinical qualifications, how the decision was made to pursue medicine, chosen specialty, and career goals.</td>
</tr>
<tr>
<td><strong>PGY</strong></td>
<td>Post Graduate Year</td>
</tr>
<tr>
<td><strong>Preliminary Year</strong></td>
<td>One year position in a given field (e.g. Internal Medicine or Surgery) usually preceding training in another specialty.</td>
</tr>
<tr>
<td><strong>Preceptor</strong></td>
<td>A practicing physician who provides excellent learning opportunities in clinical settings and deliver quality assessments of students throughout their clinical training.</td>
</tr>
<tr>
<td><strong>PRN</strong></td>
<td>Abbreviation for <em>pro re nata</em>, a Latin phrase meaning &quot;as needed.&quot;</td>
</tr>
<tr>
<td><strong>Program Director</strong></td>
<td>The individual who oversees graduate medical education in a specified discipline at a specific institution.</td>
</tr>
<tr>
<td><strong>RC</strong></td>
<td>Regional Coordinator coordinates core site development and assists core site staff in managing students’ educational experiences within specified geographic regions.</td>
</tr>
<tr>
<td><strong>Required Clerkship Rotation</strong></td>
<td>4 weeks of clinical training in a specified OMS year that does not have to be completed at a core site.</td>
</tr>
<tr>
<td><strong>ROL</strong></td>
<td>Rank Order List</td>
</tr>
<tr>
<td><strong>SARHA</strong></td>
<td>The <strong>Southeast Alabama Rural Health Associates</strong> is a private, non-profit corporation established in 1983 to ensure the availability of quality medical services to all residents of southeast Alabama. SARHA currently provides primary and preventive health services to the residents of Barbour, Coffee, Crenshaw, Dale, Geneva, Henry, Houston, Pike and surrounding counties. <a href="http://www.sarhaonline.com/">http://www.sarhaonline.com/</a></td>
</tr>
<tr>
<td><strong>SEAMED</strong></td>
<td>Software used by ACOM students to access curricular information.</td>
</tr>
<tr>
<td><strong>Shelf Exam</strong></td>
<td>See COMAT or USMLE</td>
</tr>
<tr>
<td><strong>SOAP</strong></td>
<td>The Supplemental Offer and Acceptance Program is a process for unmatched students in the NRMP match to find residency programs. <a href="http://www.nrmp.org/residency/soap/">http://www.nrmp.org/residency/soap/</a></td>
</tr>
<tr>
<td><strong>SOAP note</strong></td>
<td>The SOAP note (an acronym for subjective, objective, assessment, and plan) is a method of documentation employed by health care providers to record notes in a patient’s chart.</td>
</tr>
<tr>
<td><strong>Transitional Year</strong></td>
<td>One year position with rotations through various disciplines (e.g. Internal Medicine, Surgery, etc.); also precedes training in other specialties.</td>
</tr>
</tbody>
</table>
### USMLE
The **United States Medical Licensing Examination** is a three-step examination for medical licensure in the U.S. The USMLE assesses a physician’s ability to apply knowledge, concepts, and principles, and to demonstrate fundamental patient-centered skills, that are important in health and disease and that constitute the basis of safe and effective patient care. Osteopathic students are encouraged and may be required to take the USMLE if they intend to apply for allopathic programs. [http://www.usmle.org](http://www.usmle.org)

### USMLE Step 2 CK
Clinical Knowledge Exam (MD Equivalent to CE Exam)

### USMLE Step 2 CS
Clinical Skills Exam (MD Equivalent to PE Exam)

### VCU
Video Conferencing Unit refers to the hardware that allows for a conference between two or more participants at different sites.

### VMR
A Virtual Meeting Room is an online location that can be accessed by the VCU or web browser on a computer, tablet, or smartphone for a conference between two or more participants at different sites.

### Visiting Student
A student who is “away” from their home core site while completing clerkship rotations.

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

OMS-II COMPETENCIES

By the end of their second year, ACOM students have been trained to meet all ACOM program requirements in the areas listed below, as demonstrated through coursework, especially within the Primary Clinical Skills and Foundations of Modern Healthcare courses.

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Description</th>
<th>Performed and/or Evaluated in Simulated Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Professionalism &amp; Lifelong Learning</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appearance, attire, and behavior</td>
<td>Demonstrates professional appearance, attire, and behavior during all standardized patient encounters, simulation sessions, and all other workplace environments</td>
<td>Evaluated during a staging process prior to standardized patient encounters and simulation sessions. Assessed in FMHC course as well.</td>
</tr>
<tr>
<td>Medical ethics</td>
<td>Understand and critically analyze medical ethics terms (beneficence, non-maleficence, autonomy, informed consent) and issues</td>
<td>Completed MedScape survey regarding “Top 20 Medical Ethical Dilemmas Physicians Face” and Analyzed important cases in small group environment</td>
</tr>
<tr>
<td>Proper use of social media</td>
<td>Demonstrate proper use of social media</td>
<td>Small group article presentations and discussion</td>
</tr>
<tr>
<td>Self-reflection</td>
<td>Demonstrates the ability to self-reflect in an accurate and meaningful manner</td>
<td>Completed after formative sessions in preparation for summative OSCE’s; Created personal medical oath in FMHC course; worked with advisors to create a 3 year plan at ACOM</td>
</tr>
<tr>
<td>Teamwork</td>
<td>Demonstrates the ability to work as a team with other students</td>
<td>Students participate in an interprofessional workshop and interprofessional simulation experience as part of FMHC course</td>
</tr>
<tr>
<td><strong>Communication Skills</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient-centered communication</td>
<td>Utilizes specific patient-centered skills in every patient encounter</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>Adapting to the pediatric interview</td>
<td>Utilizes specific patient-centered skills that are appropriate to the pediatric patient</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td><strong>The History and Physical Examination</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Focused history and physical exam appropriate for the patient’s chief concern</td>
<td>Performs an accurate and efficient focused history and physical exam including a HPI, PMFSH, and ROS</td>
<td>Performed and evaluated during standardized patient encounters. Students completed an adequate amount of standardized patient encounters performing a focused history and physical exam.</td>
</tr>
<tr>
<td>Comprehensive history and physical exam</td>
<td>Performs a complete and accurate history and physical exam as appropriate for the patient including a HPI, comprehensive PMFSH including a sexual and reproductive history, complete ROS, and head to toe physical exam</td>
<td>Performed and evaluated during standardized patient encounters.</td>
</tr>
<tr>
<td>The adolescent interview</td>
<td>Performs an appropriate adolescent medical interview</td>
<td></td>
</tr>
<tr>
<td>The pediatrics well-child history and physical exam</td>
<td>Utilizes appropriate resources to plot a growth chart, determine a pediatric patient’s immunizations needs, and provide anticipatory guidance</td>
<td>Students completed approximately 3 history and physical exams on pediatric standardized patient encounters including infants, toddlers, and older children.</td>
</tr>
<tr>
<td>The geriatric exam</td>
<td>Performs an appropriate geriatric medical interview and exam including the evaluation of mental status, depression, abuse, and functional status</td>
<td>Students completed approximately 2 history and physical exams on volunteer geriatric patients</td>
</tr>
<tr>
<td>Competencies</td>
<td>Description</td>
<td>Performed and/or Evaluated in Simulated Environment</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
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<td>--------------------------------------------------</td>
</tr>
<tr>
<td><strong>Advanced Medical Interviewing Skills</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Responding to strong emotions</td>
<td>Demonstrates appropriate techniques to managing a patient exhibiting strong emotions including the use of statements demonstrating empathy, respect, support/partnership</td>
<td>Completed DocCom modules</td>
</tr>
<tr>
<td>Communicating with depressed or anxious patients</td>
<td>Demonstrates appropriate techniques when communicating with patients who are depressed or anxious</td>
<td>Completed DocCom modules</td>
</tr>
<tr>
<td>Communicating with patients about tobacco, alcohol, and substance use</td>
<td>Demonstrates appropriate techniques to communicate with patients about tobacco, alcohol, and substance use including the administration and interpretation of validated tools</td>
<td>Completed DocCom modules</td>
</tr>
<tr>
<td>Advance directives</td>
<td>Demonstrates the ability to discuss advanced directives with a patient</td>
<td>Performed skills using role playing</td>
</tr>
<tr>
<td>Giving bad news</td>
<td>Demonstrates appropriate techniques when communicating with patients about bad news</td>
<td>Performed skills using role playing</td>
</tr>
<tr>
<td>End of life care and communication</td>
<td>Demonstrates appropriate techniques when communicating with patients who are near the end of life</td>
<td>Performed skills using role playing. In FMHC, students participate in small group case discussions. They also write a self-reflective essay after watching &quot;Being Mortal&quot; video.</td>
</tr>
<tr>
<td><strong>Physical Exam Skills</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General observation</td>
<td>Demonstrates the ability to make accurate and meaningful observations regarding patients</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>Mental status</td>
<td>Demonstrates the ability to evaluate the mental status of a patient including the administration and interpretation of validated tools</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>Vital signs</td>
<td>Obtains accurate vital signs and interprets the results</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>Skin, Hair, and Nails</td>
<td>Performs an accurate and thorough examination of the skin, hair, and nails</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>HEENT</td>
<td>Performs an accurate and thorough examination of the head, eyes, ears, nose, and throat</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>Neck</td>
<td>Performs an accurate and thorough examination of the neck</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>Lymph nodes</td>
<td>Performs an accurate and thorough examination of the lymph nodes</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>Chest and lungs</td>
<td>Performs an accurate and thorough examination of the chest lungs</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>Cardiovascular and peripheral vascular</td>
<td>Performs an accurate and thorough examination of the cardiovascular and peripheral vascular systems</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>Abdomen</td>
<td>Performs an accurate and thorough examination of the abdomen including an evaluation for peritoneal signs</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>Anus, rectum, and prostate (task trainers* and standardized patients)</td>
<td>Performs an accurate and thorough examination of the anus, rectum, and prostate including fecal occult blood testing when indicated</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>Musculoskeletal including orthopedic maneuvers</td>
<td>Performs an accurate and thorough examination of the musculoskeletal system including the appropriate use of orthopedic maneuvers</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>Breast (task trainers* and standardized patients)</td>
<td>Performs an accurate and thorough examination of the breasts</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>Competencies</td>
<td>Description</td>
<td>Performed and/or Evaluated in Simulated Environment</td>
</tr>
<tr>
<td>-------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Screening neuro exam</td>
<td>Performs an accurate and thorough examination of neurological system including the evaluation of the cranial nerves with a fundoscopic exam, motor and sensory exam, DTR’s, and evaluation of coordination and gait</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>Female genitalia and pelvic including speculum and bimanual (task trainers* and standardized patients)</td>
<td>Performs an accurate and thorough examination of the female genitalia</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>Male genitalia (standardized patients)</td>
<td>Performs an accurate and thorough examination of the male genitalia</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
</tbody>
</table>

**OMM**

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

**Procedural Skills**

<table>
<thead>
<tr>
<th>Basic and advanced airway management</th>
<th>Describes basic and advanced airway management techniques and demonstrates these skills on a task trainer*.</th>
<th>Performed using task trainers*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bladder catheterization (task trainer*)</td>
<td>Demonstrates the appropriate technique for performing a bladder catheterization on a male and female patient</td>
<td>Performed using task trainers*</td>
</tr>
<tr>
<td>Casting and splinting</td>
<td>Demonstrates the appropriate technique for casting and splinting an extremity</td>
<td></td>
</tr>
<tr>
<td>Central line placement using ultrasound</td>
<td>Demonstrate technique in placing subclavical central line using ultrasound guidance</td>
<td>Performed using task trainers*</td>
</tr>
<tr>
<td>Chest x-ray interpretation</td>
<td>Demonstrate ability to accurately read and interpret a chest x-ray.</td>
<td>Assess in the Respiratory System course.</td>
</tr>
<tr>
<td>EKG interpretation</td>
<td>Demonstrate ability to accurately read and interpret EKG results.</td>
<td>Assessed in the Cardiovascular System course.</td>
</tr>
<tr>
<td>Lumbar puncture (task trainers*)</td>
<td>Demonstrates the appropriate technique for performing a lumbar puncture</td>
<td>Performed using task trainers*</td>
</tr>
<tr>
<td>Nasogastric tube insertion</td>
<td>Demonstrates the appropriate technique for performing a nasogastric tube insertion</td>
<td>Performed using task trainers*</td>
</tr>
<tr>
<td>Sterile technique</td>
<td>Demonstrates the appropriate use of sterile technique, including donning a sterile gown and gloves</td>
<td>Students perform technique in group setting.</td>
</tr>
<tr>
<td>Surgical knot tying</td>
<td>Demonstrate ability to do one-handed and two-handed knot tie</td>
<td>Performed using task trainers*</td>
</tr>
<tr>
<td>Suturing</td>
<td>Demonstrates the appropriate technique for suturing a wound and instrument tie</td>
<td>Performed using task trainers*</td>
</tr>
<tr>
<td>Vascular including IV and IA puncture (task trainers*)</td>
<td>Demonstrates the appropriate technique for performing an intravenous and intra-arterial puncture</td>
<td>Performed using task trainers*</td>
</tr>
</tbody>
</table>

**Written & Oral Communication**

<table>
<thead>
<tr>
<th>SOAP notes</th>
<th>Documents the subjective, objective, assessment and plan portions of a patient’s note accurately and concisely</th>
<th>Performed and evaluated during standardized patient encounters. Students completed an adequate number of SOAP notes including formulation of a differential diagnosis.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral case presentation</td>
<td>Provides an accurate and concise oral case presentation</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>Competencies</td>
<td>Description</td>
<td>Performed and/or Evaluated in Simulated Environment</td>
</tr>
<tr>
<td>------------------------------------------</td>
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<td>-----------------------------------------------------</td>
</tr>
<tr>
<td><strong>Clinical Reasoning</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Differential diagnosis</td>
<td>Utilizes electronic resources to create an appropriate differential diagnosis based on a patient's presenting problems</td>
<td>Performed during simulation debrief sessions. Also assessed in FMHC course.</td>
</tr>
<tr>
<td><strong>Information Mastery</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Researching &amp; evaluating available resources</td>
<td>Demonstrates how to access and critically analyze journal articles, PubMed, and other reference sources.</td>
<td>Participated in journal club small group experience</td>
</tr>
<tr>
<td>Point-of-care resources</td>
<td>Demonstrates the appropriate use of point-of-care resources to answer clinical questions including Dynamed, Epocrates, PEPID, and UpToDate</td>
<td>Performed during small group sessions</td>
</tr>
<tr>
<td><strong>Life Support Courses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Life Support (BLS)</td>
<td></td>
<td>Certificate of successful completion through AHA approved program</td>
</tr>
<tr>
<td>Advanced Cardiac Life Support (ACLS)</td>
<td></td>
<td>Certificate of successful completion through AHA approved program</td>
</tr>
<tr>
<td><strong>Guidelines for Healthcare Professionals</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biostatistics and epidemiology</td>
<td></td>
<td>Assessed in Journal Club.</td>
</tr>
<tr>
<td>Infection control</td>
<td>Demonstrates the appropriate use of universal precautions for preventing the transmission of blood borne infections.</td>
<td>Completed OSHA-approved training module and subsequent assessment</td>
</tr>
<tr>
<td>Isolation precautions</td>
<td>Demonstrates the appropriate use of isolation precautions to prevent the transmission of infections such as tuberculosis and MRSA in healthcare settings.</td>
<td>Completed OSHA-approved training module and subsequent assessment</td>
</tr>
<tr>
<td>Child abuse reporting</td>
<td></td>
<td>Certificate verifying understanding of proper child abuse reporting procedures</td>
</tr>
<tr>
<td>Legal jurisprudence</td>
<td>Demonstrate understanding of legal issues in the medical profession</td>
<td>Assessed in FMHC course through small group case presentations</td>
</tr>
<tr>
<td>HIPAA</td>
<td>Demonstrate understanding of laws and guidelines associated with HIPAA</td>
<td>Assessed in FMHC course through classroom discussion and open-book test.</td>
</tr>
</tbody>
</table>

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

ACOM Patient-Centered Interviewing Evaluation

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

Student: ____________________________ Preceptor: ____________________________
Role: ____________________________ Date: ____________________________

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

Exceeds Expectations [ ] Meets Expectations [ ] Does Not Meet Expectations [ ]

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

Exceeds Expectations [ ] Meets Expectations [ ] Does Not Meet Expectations [ ]

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

Exceeds Expectations [ ] Meets Expectations [ ] Does Not Meet Expectations [ ]

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

Exceeds Expectations [ ] Meets Expectations [ ] Does Not Meet Expectations [ ]

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

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

Key Elements:

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

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

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

Exceeds Expectations [ ] Meets Expectations [ ] Does Not Meet Expectations [ ]

Step Five: Transition to the middle of the interview

Key Elements:

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

Exceeds Expectations [ ] Meets Expectations [ ] Does Not Meet Expectations [ ]

Step Six: Physical Examination

Key Elements:

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

Exceeds Expectations [ ] Meets Expectations [ ] Does Not Meet Expectations [ ]

Step Seven: End of the interview

Key Elements:

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

Exceeds Expectations [ ] Meets Expectations [ ] Does Not Meet Expectations [ ]

Professionalism

Key Elements:

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

Exceeds Expectations [ ] Meets Expectations [ ] Does Not Meet Expectations [ ]

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

**Mid-Rotation Evaluation**

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

**Section 1 – Core Competencies:**

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

<table>
<thead>
<tr>
<th>Observable Behavior(s)</th>
<th>Student Could Do Independently (if allowed)</th>
<th>Student Can Do with Indirect Supervision</th>
<th>Student Can Do with Direct Supervision Only</th>
<th>Student Cannot Do</th>
<th>Not Applicable to Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performs an effective history and physical appropriate to the patient’s clinical situation</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>Can present a concise, accurate oral report and prepare a concise, accurate written report (SOAP note)</td>
<td>☐</td>
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</tr>
<tr>
<td>Utilizes lab and imaging appropriately to identify cause(s) of a patient’s problem(s)</td>
<td>☐</td>
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</tr>
<tr>
<td>Creates an appropriate differential diagnosis based on the patient’s problems</td>
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</tr>
<tr>
<td>Uses clinical pathways and algorithms when appropriate</td>
<td>☐</td>
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</tr>
<tr>
<td>Uses osteopathic structural diagnostic techniques when appropriate</td>
<td>☐</td>
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</tr>
<tr>
<td>Demonstrates prioritization of critical findings and lab abnormalities in order to appropriately address a patient’s problems</td>
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<td>Accurately addresses the acuity of illness for an individual patient and crafts an appropriate treatment</td>
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</tr>
<tr>
<td>Can reference, interpret, and apply knowledge in order to address a patient’s clinical problem(s).</td>
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<tr>
<td>Demonstrates appropriate use of available electronic resources while consistently approaching the patient in a personable, compassionate manner.</td>
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<td>Demonstrates high ethical standards with empathy, honesty, and professionalism</td>
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<tr>
<td>Demonstrates ability to self-reflect appropriately</td>
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<td>Demonstrates understanding and compassion of social issues and utilizes this in patient care</td>
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<td>Treats all patients fairly and compassionately regardless of health status, financial standing, cultural background, or belief system</td>
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<td>Conducts all interactions with staff, faculty, etc. with the same level of respect and honesty, as appropriate to student’s role on the healthcare team</td>
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<tr>
<td>Demonstrates a genuine interest in learning about the patient’s clinical and biopsychosocial situation, and then applies healthcare and community resources appropriately</td>
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</tr>
</tbody>
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Section II – Narrative Comments:

If a student exceeded expectations in any of the above observable behaviors, please explain below.

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

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

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

Section IV – Gut Check

What letter grade does your “gut” tell you this student deserves?  A    B    C    F

________________________________________________________       __________________________________
Preceptor Signature                          Date

________________________________________________________                            __________________________________
Student Signature                                    Date

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

Alabama College of Osteopathic Medicine
Preceptor Evaluation of OMS-III Student

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

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

<table>
<thead>
<tr>
<th>Observable Behavior(s)</th>
<th>Student Could Do Independently (if allowed)</th>
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</tr>
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<tbody>
<tr>
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</tr>
<tr>
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</tr>
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<tr>
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<td>☐</td>
</tr>
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<td>☐</td>
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</tr>
<tr>
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<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>Can reference, interpret, and apply knowledge in order to address a patient's clinical problem(s).</td>
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<td>☐</td>
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</tr>
<tr>
<td>Demonstrates appropriate use of available electronic resources while consistently approaching the patient in a personable, compassionate manner.</td>
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</tr>
<tr>
<td>Demonstrates high ethical standards with empathy, honesty, and professionalism</td>
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<td>☐</td>
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<td>☐</td>
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</tr>
<tr>
<td>Demonstrates ability to self-reflect appropriately</td>
<td>☐</td>
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</tr>
<tr>
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<td>☐</td>
<td>☐</td>
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<td>☐</td>
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</tr>
<tr>
<td>Conducts all interactions with staff, faculty, etc. with the same level of respect and honesty, as appropriate to student’s role on the healthcare team</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
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<td>☐</td>
<td>☐</td>
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<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
Section II – Narrative Comments:

If a student exceeded expectations in any of the above observable behaviors, please explain below.

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

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

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

Section IV – Gut Check
(For gut checks of B or less, please be sure to leave comments for students regarding areas that need improvement in Section II above)

What letter grade does your “gut” tell you this student deserves?   A   B   C   F

________________________________________________________       __________________________________
Preceptor Signature                          Date

________________________________________________________                            __________________________________
Student Signature                                    Date

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

Alabama College of Osteopathic Medicine
Preceptor Evaluation of OMS-III Hospice Student

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

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

<table>
<thead>
<tr>
<th>Competency</th>
<th>Observable Behavior(s)</th>
<th>Student Could Do Independently (if allowed)</th>
<th>Student Can Do with Indirect Supervision</th>
<th>Student Can Do with Direct Supervision Only</th>
<th>Student Cannot Do</th>
<th>Not Applicable to Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Skills</td>
<td>Safely performs basic medical procedures and skills with appropriate assistance</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Communication</td>
<td>Effectively and appropriately communicate with patients and other members of the healthcare team</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Teamwork Skills</td>
<td>Makes himself/herself a useful and dependable member of the healthcare team</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Patient Centered Care</td>
<td>Offers patients adequate opportunities to express their needs, feelings, and preferences</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Interpersonal Skills</td>
<td>Interacts with patients and other healthcare team members in ways that enhance patient care</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td></td>
<td>Shows respect, consideration, concern, and empathy for patients</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Ethics</td>
<td>Demonstrates high ethical standards with empathy, honesty, and professionalism</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td></td>
<td>Treats all patients fairly and compassionately regardless of health status, financial standing, cultural background, or belief system</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>Life-Long Learning</td>
<td>Demonstrates ability to self-reflect appropriately</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td></td>
<td>Independently seeks out and utilizes opportunities to expand knowledge and skills</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Professionalism</td>
<td>Conducts all interactions with staff, faculty, etc. with the same level of respect and honesty, as appropriate to student’s role on the healthcare team</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td></td>
<td>Projects a professional attitude, including punctuality, attire, and readiness to complete tasks</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td></td>
<td>Takes responsibility for own decisions and actions</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td></td>
<td>Demonstrates appropriate use of available electronic resources while consistently approaching the patient in a personable, compassionate manner.</td>
<td>☐</td>
<td>☐</td>
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In what areas does the student need to improve? PLEASE list any deficits that the student should address immediately.

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

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

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

________________________________________________________________________  ______________________________
Preceptor Signature                          Date

________________________________________________________________________  ______________________________
Student Signature                                    Date

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

Alabama College of Osteopathic Medicine
Preceptor Evaluation of OMS-IV Student

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

**Section I – Core Competencies:**

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

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<tr>
<th>Observable Behavior(s)</th>
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</thead>
<tbody>
<tr>
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<td>☐</td>
<td>☐</td>
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<tr>
<td>Can present a concise, accurate oral report and prepare a concise, accurate written report (SOAP note)</td>
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<td>Utilizes lab and imaging appropriately to identify cause(s) of a patient’s problem(s)</td>
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<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Creates an appropriate differential diagnosis based on the patient’s problems</td>
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<td>☐</td>
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<td>☐</td>
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<tr>
<td>Uses clinical pathways and algorithms when appropriate</td>
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<td>☐</td>
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<td>☐</td>
</tr>
<tr>
<td>Uses osteopathic structural diagnostic techniques when appropriate</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>Demonstrates prioritization of critical findings and lab abnormalities in order to appropriately address a patient’s problems</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>Accurately addresses the acuity of illness for an individual patient and crafts an appropriate treatment.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
</tr>
<tr>
<td>Can reference, interpret, and apply knowledge in order to address a patient’s clinical problem(s).</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>Demonstrates appropriate use of available electronic resources while consistently approaching the patient in a personable, compassionate manner.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Demonstrates high ethical standards with empathy, honesty, and professionalism</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Demonstrates ability to self-reflect appropriately</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Demonstrates understanding and compassion of social issues and utilizes this in patient care</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Treats all patients fairly and compassionately regardless of health status, financial standing, cultural background, or belief system</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Conducts all interactions with staff, faculty, etc. with the same level of respect and honesty, as appropriate to student's role on the healthcare team</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Demonstrates a genuine interest in learning about the patient’s clinical and biopsychosocial situation, and then applies healthcare and community resources appropriately</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
Section II – Narrative Comments:

If a student exceeded expectations in any of the above observable behaviors, please explain below.

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

Section III – Narrative Comments regarding Honors:

If you think this student should be considered for the Outstanding Student Award in this discipline at graduation, please tell us why below.

Section IV – Gut Check

(For gut checks of B or less, please be sure to leave comments for students regarding areas that need improvement in Section II above)

What letter grade does your “gut” tell you this student deserves?  A  B  C  F

____________________________________________________       ______________________________
Preceptor Signature                          Date

________________________________________________________                            __________________________________
Student Signature                                    Date

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

Alabama College of Osteopathic Medicine
Preceptor Evaluation of **Research** Student

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

**Section 1 – Core Competencies:**

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

<table>
<thead>
<tr>
<th>Observable Behavior(s)</th>
<th>Meets Expectations</th>
<th>Does Not Meet Expectations</th>
<th>Not Applicable to Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participates in research activities</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Outlines rational plan for research investigation</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Demonstrates reasonable depth of knowledge of the research project</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Understands research methods</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Can reference, interpret, and apply knowledge resources in order to address the research problem(s).</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Retrieves, critically appraises and integrates relevant basic science and/or clinical science literature appropriate for the research focus</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Analyzes, interprets and assimilates study findings accurately</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Communicates effectively the findings of the study in verbal and/or written format</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Demonstrates ethical research behavior and compliance with IRB and/or IACUC guidelines</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Organizes time/activities to accomplish goals of the rotation</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
Section II – Narrative Comments:

If a student exceeded expectations in any of the above observable behaviors, please explain below.

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

Section III – Narrative Comments regarding Honors:

If you think this student should be considered for the Outstanding Student Award in this discipline at graduation, please tell us why below.

Section IV – Gut Check

What letter grade does your “gut” tell you this student deserves?    A    B    C    F

________________________________________________________       __________________________________
Preceptor Signature                          Date

________________________________________________________                            __________________________________
Student Signature                                    Date

Thank you for the time and hard work you devote toward the education of ACOM students. Your feedback is highly valuable to the program.
Alabama College of Osteopathic Medicine
End-of-Clerkship Survey

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

Student Evaluation of Site:
1. What are the main strengths at this clerkship rotation site?

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

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

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

5. This clerkship rotation was predominantly completed in which of the following practice locations?
   a) Hospital setting
   b) Office setting
   c) Nursing home
   d) Other (please specify)

Student Evaluation of Preceptor:
6. What were your preceptor's greatest strengths?

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

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

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

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

**Student Evaluation of Clerkship Rotation:**

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

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

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

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

**Student Evaluation of Osteopathic Opportunities:**

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

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

**Student Evaluation of Research Opportunities:**

18. In addition to your core rotation, did you participate in any research activities? Yes  No

19. If yes, please describe your research experience.

20. If yes, did you encounter any obstacles while conducting research?

**Student Evaluation of FQHC Experience (only fill out if you completed this core rotation at an FQHC location):**
21. How did this healthcare environment differ from others you have trained in?

22. What strategies did you see your preceptor employ to address the needs of the underserved patient population?

**Student Evaluation of Residency Planning Process:**

23. Has your desired specialty choice(s) changed as a result of this core rotation experience?  
   Yes  No

24. If yes, please explain why your choice changed and how this affects your residency planning strategy.

25. Do you have any questions about your residency strategy that have not yet been answered? If so, please list them below.

**Student Evaluation of Library Access:**

26. Please rate the ease of use in accessing library resources in the following venues:
   
<table>
<thead>
<tr>
<th>Needs Improvement</th>
<th>Adequate</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) At the bedside</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b) On rounds</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c) With preceptors</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d) After hours</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

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

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

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

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

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

Alabama College of Osteopathic Medicine
Annual Site Survey

Please complete this survey by June 1.

Core Site: __________________________________________________________

<table>
<thead>
<tr>
<th>Please rate the following aspects of your core site facility:</th>
<th>Needs Improvement</th>
<th>Adequate</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How would you rate the teaching at this site?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. How would you rate the lodging at this site?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. How would you rate the areas for rounds at this site?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. How would you rate the areas for individual / group study at this site?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. How would you rate the video conference area at this site?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. How would you rate your access to required technology while at this site?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. How would you rate the support you received from the core site coordinator?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8. How would you rate the support you received from the medical education director (aka medical education director)?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>9. With the benefit of your OMS-III year behind you, please rate the helpfulness of your core site’s orientation.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>10. How would you rate this site overall?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
</tbody>
</table>

Please answer the following questions regarding your core site facility:

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

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

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

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

15. Describe any noteworthy experiences regarding access or technology.
16. What were the overall strengths of this clerkship rotation site?

17. What were the overall challenges of this clerkship rotation site?

18. How would you rate this site overall?

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

19. Please provide any feedback you have regarding preceptors at this site.

20. Please provide any feedback you have regarding your medical education director (aka medical education director) and site coordinator.

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

Please answer the following questions regarding your educational location(s):
(Educational locations are hospitals, clinics, and other places you provided patient care other than your core site hospital.)

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

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

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

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

Thank you for your participation. Your feedback helps us work continuously to improve your educational experience.
The Student Assistance Program (SAP) has a new provider!

For SAP services, contact Andrea Godfrey, LPC at 334-701-3307.

Counseling Services: (3 free visits per calendar year)
- Individual, marital, family, grief, depression, anger management, substance abuse, etc.

Legal Consult: (1 free visit per calendar year)
- Divorce, custody, will preparation, etc.

Financial Consult: (1 free visit per calendar year)
- Financial planning, credit counseling, debt management, etc.

24-hour assistance is available by calling 334-701-3307.

The Student Assistance Program offers confidential services for all students.
APPENDIX M: NEEDLE-STICK AND BLOOD-BORNE PATHOGEN EXPOSURE PROCEDURE

NEEDLE-STICK AND BLOOD-BORNE PATHOGEN EXPOSURE

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

1. **Immediately** wash the area, scrubbing skin with soap and water.
2. For exposures to eyes, mouth, and/or other mucous membranes, rinse with running water, normal saline, or sterile eye wash for at least ten minutes. For eye exposure, hold the eye open for irrigation.
3. **Immediately** report the incident to the attending physician or other appropriate supervising physician. See the charge nurse for assistance obtaining contact information for house supervisors or attending physicians.
4. **Immediately report to the appropriate personnel and follow the post-exposure protocol as designated by the core site. This information can quickly be found in E*Value.**
   a. Prompt evaluation and treatment is essential. Post-exposure prophylaxis and other treatment may be indicated and should be started ideally within an hour of exposure.
   b. You will present yourself to the facility's emergency room as a patient for purposes of consent to treat and billing. Your health insurance will be the primary form of insurance used for any such incident(s).
5. **Contact your Regional Coordinator and the ACOM NeedleStick Coordinator. Fill out the NeedleStick Incident Report within 4 hours of the incident.**

Students should also consult the Needle-Stick Policies & Procedures libguide, which provides helpful information regarding site-specific protocols. Students may also access the CDC guide for Post-Exposure Prophylaxis (PEP) as needed.