



WILLIAM CAREY UNIVERSITY
College of Osteopathic Medicine
Office of Clinical Rotations

Clinical Education Manual

2024-2025

Clinical Education Manual

Document Information

Information contained herein shall not constitute a legally binding contract upon William Carey University College of Osteopathic Medicine (WCUCOM). The WCUCOM Student Handbook, Catalog, and WCU Student Handbook supersede this document.

Policies, requirements, and information in this handbook may be updated as needed by WCUCOM at its sole discretion. Changes will be distributed to students and become effective immediately unless otherwise specified.

Changes occurring in the Clinical Education Manual will be posted quarterly as addendums. Notifications to the respective stakeholders will be made via email. At the end of each academic year, all changes cited as addendums throughout a given academic year will be incorporated into the parent document for the subsequent academic year.

All inquiries regarding the WCUCOM Clinical Education Manual, including recommendations for additions, deletions, or changes, should be directed to the Associate Dean, Clinical Sciences. This manual is submitted annually to the WCUCOM Curriculum Committee for approval.

An electronic copy of this publication is available on Canvas and the WCUCOM Website.

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Section I

The Four Principles of Osteopathic Medicine

The WCUCOM curriculum places heavy emphasis on A.T. Still's Four Principles of Osteopathic Medicine. They are:

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

Code of Ethics of the American Osteopathic Association

The American Osteopathic Association has formulated this Code to guide its member physicians in their professional lives. The standards presented are designed to address the osteopathic physician's ethical and professional responsibilities to patients, to society, to the AOA, to others involved in healthcare and to self. Further, the American Osteopathic Association has adopted the position that physicians should play a major role in the development and instruction of medical ethics.

Section 1: The physician shall keep in confidence whatever she/he may learn about a patient in the discharge of professional duties. Information shall be divulged by the physician when required by law or when authorized by the patient.

Section 2: The physician shall give a candid account of the patient's condition to the patient or to those responsible for the patient's care.

Section 3: A physician-patient relationship must be founded on mutual trust, cooperation, and respect. The patient, therefore, must have complete freedom to choose her/his physician. The physician must have complete freedom to choose patients whom she/he will serve. However, the physician should not refuse to accept patients for reasons of discrimination, including, but not limited to, the patient's race, creed, color, sex, national origin, sexual orientation, gender identity, or disability. In emergencies, a physician should make her/his services available.

Section 4: A physician is never justified in abandoning a patient. The physician shall give due notice to a patient or to those responsible for the patient's care when she/he withdraws from the case so that another physician may be engaged.

Section 5: A physician should make a reasonable effort to partner with patients to promote their health and shall practice in accordance with the body of systematized and scientific knowledge related to the healing arts. A physician shall maintain competence in such systematized and scientific knowledge through study and clinical applications.

Section 6: The osteopathic medical profession has an obligation to society to maintain its high standards and, therefore, to continuously regulate itself. A substantial part of such regulation is due to the efforts and influence of the recognized local, state and national associations representing the osteopathic medical profession. A physician should maintain membership in and actively support such associations and abide by their rules and regulations.

Section 7: Under the law a physician may advertise, but no physician shall advertise or solicit patients directly or indirectly through the use of matters or activities which are false or misleading.

Section 8: A physician shall not hold forth or indicate possession of any degree recognized as the basis for licensure to practice the healing arts unless he is actually licensed on the basis of that degree in the state or other jurisdiction in which she/he practices. A physician shall designate her/his professional degree in all professional uses of her/his name. Indications of specialty practice, membership in professional societies, and related matters shall be governed by rules promulgated by the American Osteopathic Association.

Section 9: A physician should not hesitate to seek consultation whenever she/he believes it is in the best interest of the patient.

Section 10: In any dispute between or among physicians involving ethical or organizational matters, the matter in controversy should first be referred to the appropriate arbitrating bodies of the profession.

Section 11: In any dispute between or among physicians regarding the diagnosis and treatment of a patient, the attending physician has the responsibility for final decisions, consistent with any applicable hospital rules or regulations.

Section 12: Any fee charged by a physician shall compensate the physician for services actually rendered. There shall be no division of professional fees for referrals of patients.

Section 13: A physician shall respect the law. When necessary a physician shall attempt to help to formulate the law by all proper means in order to improve patient care and public health.

Section 14: In addition to adhering to the foregoing ethical standards, a physician shall recognize a responsibility to participate in community activities and services.

Section 15: It is considered sexual misconduct for a physician to have sexual contact with any patient with whom a physician-patient relationship currently exists.

Section 16: Sexual harassment by a physician is considered unethical. Sexual harassment is defined as physical or verbal intimation of a sexual nature involving a colleague or subordinate in the workplace or academic setting, when such conduct creates an unreasonable, intimidating, hostile or offensive workplace or academic setting.

Section 17: From time to time, industry may provide some AOA members with gifts as an inducement to use their products or services. Members who use these products and services as a result of these gifts, rather than simply for the betterment of their patients and the improvement of the care rendered in their practices, shall be considered to have acted in an unethical manner.

Section 18: A physician shall not intentionally misrepresent himself/herself or his/her research work in any way.

Section 19: When participating in research, a physician shall follow the current laws, regulations and standards of the United States or, if the research is conducted outside the United States, the laws, regulations and standards applicable to research in the nation where the research is conducted. This standard shall apply for physician involvement in research at any level and degree of responsibility, including, but not limited to, research, design, funding, and participation either as examining and/or treating provider, supervision of other staff in their research, analysis of data and publication of results in any form for any purpose.

(American Osteopathic Association, updated 2016)

The Osteopathic Oath

I do hereby affirm my loyalty to the profession I am about to enter. I will be mindful always of my great responsibility to preserve the health and 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 in the general welfare of the community, sustaining its laws and institutions, not engaging in those practices which 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 may 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 imputation 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.

Core Competencies

Precedence exists for framing a medical student curriculum in the context of the General Competencies, namely the Family Medicine Curriculum Resource (FMCR) released by the Society of Teachers of Family Medicine in 2004 and funded by the Health Resources and Services Administration. Competency based education has continued to evolve and in August 2012, the American Association of Colleges of Osteopathic Medicine (AACOM) and the American Osteopathic Association (AOA) published a document entitled "*The Osteopathic Core Competencies for Medical Students*". Clinical rotations at WCUCOM are structured upon this framework. In addition, preceptor assessment is intended to gauge student progress toward attaining competence, as measured by meeting or exceeding benchmarks described in the preceptor evaluation of student performance. (Appendix A). Below is a summary of the Osteopathic Core Competencies as they apply to clinical rotations.

Medical Knowledge (MK): Preceptors are expected to evaluate medical knowledge, understanding of disease process, and the student's ability to apply knowledge of the basic sciences to clinical situations.

Osteopathic Philosophy and Osteopathic Manipulative Medicine (OPP): All preceptors, both allopathic and osteopathic, are expected to encourage and verify application of osteopathic principles as discussed on page 4, The Four Principles of Osteopathic Medicine. Osteopathic preceptors are expected to encourage and evaluate the student's ability to perform and document an osteopathic structural examination and their appropriate use of osteopathic manipulative treatment (OMT).

Patient Care (PC): Preceptors are expected to evaluate the student's ability to consistently demonstrate competence in patient care, including the ability to competently take a history, perform a physical examination, generate a differential diagnosis, assist with medical procedures, and provide appropriate follow-up care.

Interpersonal and Communication Skills (ICS): Preceptors are expected to evaluate the student's ability to communicate with patients and their families in an effective manner. Written documentation should also be assessed for accuracy and completeness. In addition, the student's ability to effectively communicate with other health care professionals and their skills in verbally presenting patient information should be assessed.

Professionalism (P): Preceptors are expected to evaluate professionalism, including demonstrated ethical, personal, and professional qualities deemed necessary for the continued successful study and practice of Osteopathic Medicine. These qualities include the ability to maintain professional relationships with patients and staff, responsibility, dependability, and reliability. Dress and general hygiene, promptness in completion of assignments, punctuality and reliability are to be considered within this competency.

Practice Based Learning & Improvement (PBLI): Preceptors are expected to evaluate the student's ability to integrate evidence-based medicine into patient care, as well as the extent to which the student shows an understanding of research methods and an ability to interpret the medical literature.

System Based Practice (SBP): Preceptors are expected to evaluate the student's ability to understand his/her role as a member of the health care team as well as the student's ability to assist their patient in accessing local community medical resources.

Section II

Student Policies and Procedures

Title

All hospital personnel are expected to treat students as professionals at all times. Students will extend similar and appropriate courtesy to all hospital personnel at all times. Medical students may not be identified by the title of “Doctor” on their identification tag while in training. Students are to be referred to as “Student Doctor (last name).” This title will be used whenever a student is referred to by WCUCOM/WCU faculty, WCUCOM/WCU staff, and hospital personnel and must be used by the student whenever introducing themselves.

Communication

The primary mechanism of communication between WCUCOM and students during their OMS 3 and OMS 4 rotations will be via e-mail. All email communication should be through the student’s WCUCOM email address. The student’s first line of communication is their assigned hubsite counselor, followed by the Director of Clinical Education, then the Assistant Dean of Clinical Operations, and finally the Associate Dean of Clinical Sciences. It is imperative that students check their email at this address on a daily basis and respond to all emails in a timely fashion. If students have problems with their email account, it is their duty to report the issue to the Office of Clinical Rotations and submit a ticket to resolve the issue to the WCU IT HelpDesk (help@wmcarey.edu).

The Office of Clinical Rotations can be reached at any time by calling 601-318-6094.

Student Supervision and Chain of Command

WCUCOM credentials the preceptors who will be assigned as student supervisors while on core clerkship rotations. Under no circumstances should a student see patients under the supervision of a physician who has not been approved to supervise students. If you are uncertain about the status of a particular potential preceptor, contact the Office of Clinical Rotations for clarification prior to participating in patient care activities with that physician.

The student will, at times, be guided by non-physician members of the health care team and administration. Students are expected to treat all members of the health care team, administration and employees with respect and in a professional manner. In addition, all students will be expected to comply with the general rules established by the hospital, clinic, or office at which they are being trained. The supervising physician will be aware of his/her duties as it relates to timely review of student performance and documentation and sign off any actions carried out by trainees. Preceptors are not allowed to evaluate students academically if they are currently seeing the student as a patient and a doctor-patient relationship has been established.

Immunizations

Students are required to submit his/her immunization records. Students are required to provide evidence of successful immunizations against certain diseases, negative x-ray results and other information meant to certify that the student is immune to or not carrying a potentially debilitating infectious disease. Questions regarding immunizations should be directed to the Office of Clinical Rotations.

Required Immunizations for Clinical Rotations

- Primary DPT series (minimum 3) and Tdap or T/D injection within last 10 years.
- Documentation of childhood polio vaccine (minimum 3) or titer indicating immunity with lab values.
- Documented dates of at least 2 MMR injections or titer indicating immunity with lab values.
- Documented dates for Hepatitis B injections (series of 3) or titer indicating immunity with lab values.
- Documented dates for Varicella injections (series of 2) or titer indicating immunity with lab values.
- Documentation for COVID Vaccine / Booster.
- Annual Vaccines / Tests Required:
 - TB Skin Test/PPD/QFT
 - Influenza

Background Check Policy

WCUCOM's background check policy can be found in the WCUCOM Student Handbook.

Insurance

Liability Insurance

A student is covered under the WCUCOM student liability policy only if the student's participation in the rotation has been officially approved by the WCUCOM Office of Clinical Rotations. This applies to required, selective, and elective rotations in the continental USA, Hawaii, and Alaska. No student liability coverage is provided outside of these designated areas, or while a student is on an international rotation. A copy of the Certificate of Insurance can be found in Canvas.

Personal Insurance

Students are required to have personal hospitalization/health insurance while on clinical rotations. WCUCOM students have the option to obtain insurance through WCUCOM or they can choose to opt out of the group insurance coverage if they meet the approved exemptions as

outlined in the WCUCOM Student Handbook. Students must provide verification of health insurance coverage to the Office of Clinical Rotations. The WCUCOM Office of Clinical Rotations provides proof of student health insurance to all sites where the student rotates.

In the event of an injury or illness, students should receive immediate care at an appropriate local health care facility. The student is responsible for all expenses related to an incident where injury or illness occur, even while on clinical rotations. This policy does not obligate WCU or WCUCOM to any financial responsibility.

If an injury, including needle-stick or other exposure, occurs in the course of fulfilling duties as an OMS 3 or OMS 4 student, the injury should be immediately addressed as indicated from a medical standpoint. Once this has occurred, the student who experiences an injury must report the incident to the supervising physician and the Office of the Clinical Rotations. Additionally, an incident occurrence report must be filed with the rotation site. Students will incur the cost of treatment by filing a health insurance claim on their personal health insurance. Any balance that remains after the insurance has paid, will be the responsibility of the student.

Attendance Policy

Students will report to their rotation site on time and on the first day of the rotation block, unless otherwise instructed by their preceptor or assigned clinical rotations counselor. It is the responsibility of the student to contact their supervising physician at least one week in advance of a new rotation to clarify time and location to meet for the first day of duty. Students are expected to be punctual and to attend all office hours, rounds, deliveries, conferences, didactic opportunities, and any other duties assigned by their preceptor throughout the duration of their rotation.

A maximum of three (3) days for absence is permitted on any rotation for illness, emergency, or reason otherwise approved by the preceptor. The student must request leave for any necessary absences from their preceptor. Absence in excess of the 3-day standard may result in an “incomplete” for the rotation until such time as the activity requirements are satisfied. Please note that these days are not to be used as vacation for the student, but rather be reserved for emergencies, illness, or to take national board exams. Study time should be incorporated into each block during the student’s time away from the rotation. Absences for study are not permitted. There is no “vacation” time on any clinical rotation.

Absence of the attending physician, or the student, from the practice for a period greater than three days requires the student to notify the Office of Clinical Rotations of the extended interruption of activity. At the discretion of the Associate Dean, Clinical Sciences, either a reading assignment or alternate duty assignment will be made.

Persistent tardiness or unexcused absences may constitute a failure on a rotation and will be reflected in the student’s evaluation under professionalism, and further reported to the WCUCOM Office of Student Affairs for review.

Students are required to remain at their rotation until the time designated by the Office of Clinical Rotations and the supervising physician. The student will not leave the current rotation site prior to the last scheduled day of the rotation without the consent of the on-site Director of

Medical Education and/or supervising physician. WCUCOM clinical administration in the Office of Clinical Rotations must also approve any early departures from an assigned rotation. Any unapproved early departure may result in a failing grade for the rotation.

Students must attend all aspects of a rotation and maintain accountability to rotations sites including:

- a. Arrive at the clinical site in time to pre-round and be ready for preceptor arrival;
- b. Engage in empathetic patient care under the supervision of an approved WCUCOM preceptor;
- c. Communicate with patients, nurses, and associated staff in a courteous and professional manner;
- d. Present patient case to preceptor in a responsible manner including labs;
- e. Participate in on-call opportunities and respond in a timely manner;
- f. Participate in all didactic opportunities offered at rotation site;
- g. Attend all patient encounters under the supervision of an approved WCUCOM preceptor in order to attain the needed reinforcement and repetition to develop appropriate skills;
- h. Be respectful in all interactions;
- i. Complete all required assessment in a professional and timely manner.

Unexcused Absence

An absence from any rotation without approval will be regarded as an unexcused absence. In the event of an unexcused absence, a written explanation from the student must be sent to the Office of Clinical Rotations. The consequences of such an absence will be considered on a case by case basis.

Temporary Absence or Illness

Any absence from a clinical rotation should be communicated with the student's assigned WCUCOM clinical rotations counselor.

A temporary absence is defined as a brief period of time spent away from rotation activities that is not due to illness, such as a scheduled doctor's appointment or family funeral. In order to be approved for a temporary absence, permission must be obtained from the supervising preceptor IN ADVANCE of the date the student is absent. It is intended that the student and supervising physician alike employ reason pertaining to this matter, and the preceptor may deny the request if the absence will interrupt crucial clinical exposure for the student.

Should a student experience an illness during the course of a clinical rotation, he/she should immediately notify the appropriate supervising physician of the intended absence. If the illness necessitates absence of more than 3 days, the student must be seen by a physician for documentation and clearance to return to rotations. This documentation must be received before

the student can return to duties. If the Office of Clinical Rotations does not receive such documentation, the student may not receive credit for the rotation. Please note that some clinical facilities require a physician's clearance for any illness, regardless of the length of time missed on rotations. If a clinical facilities requirement is more restrictive than the aforementioned WCUCOM 3-day policy, the student will be required to follow the facilities requirements. This may mean that a doctor's excuse must be provided for even one day of illness. A student should not for any reason hesitate to report illness. The welfare of both the student and his/her contacts is of major consideration.

Leave of Absence

Leave of Absence is defined as extended periods (more than 3 days) away from clinical rotation activities that may become necessary due to prolonged illness or personal matters of significant gravity. The supervising physician, the Office of Clinical Rotations, and the Office of Student Affairs must be informed immediately of the need for an extended absence. The procedure for requesting a leave of absence is outlined in the WCUCOM Student Handbook. The Office of Clinical Rotations will assist the student in designing a plan to make up time missed from a rotation.

Attendance Policy for Professional Conferences

WCUCOM is committed to providing quality medical education for our students. This experience includes excellence in academic and clinical medicine, research, and community service. In order to maximize this process, it is felt that participation in professional meetings can greatly enhance a student's professional and personal growth.

Attendance at AOA-sponsored national meetings, osteopathic divisional society meetings, and AOA/osteopathic specialty meetings will be provisionally approved. All other meetings must have an individual request and be approved by the Associate Dean, Clinical Sciences. Only one professional conference will be allowed per student per year of clinical rotations. Any deviation from this policy must be approved by the Associate Dean, Clinical Sciences, on an individual basis.

Students on clinical rotations wishing to attend a provisionally approved professional meeting will submit a student travel request to the Associate Dean, Clinical Sciences, at least 30 days prior to the meeting, indicating the name and location of the professional meeting, sponsoring agency, and dates of prospective absence. Students must obtain permission from the Associate Dean, Clinical Sciences, and the Preceptor for the rotation on which they will be absent. A student travel request will be denied if the student is on probation, has un-remediated failures, has a failing grade at the time of the request, or at the discretion of the Associate Dean, Clinical Sciences or the Dean.

Meeting attendance must be documented and documentation will be forwarded to the Associate Dean, Clinical Sciences, within one week of return. Participation in professional meetings outside of normal WCUCOM curriculum is a privilege.

Hours of Duty

Daily student working hours are to parallel the hours of the preceptor. Deviation from these hours is at the discretion of the supervising preceptor or designee. A student should not be routinely required to work more than twelve (12) consecutive hours, unless night duty or “call” is assigned. The maximum continuous duration of hours that a student may be considered to be “on duty” is 24 hours and must be followed by a minimum of 12 hours off duty. Assignment of night and/or weekend duty must adhere to the following guidelines:

- A minimum number of hours per week has not been defined but in typical circumstances, patient care duty hours should be between 40 and 60 hours per week. Usual and customary practice will prevail. The student and supervising physician shall exercise reason in this matter.
- A work or duty week should be limited to a maximum of seventy-two (72) hours. Additional hours should be on a voluntary basis and reported on the student’s daily log.
- A standard formula for hours worked per month is as follows = 8 hours per day x 5 days per week x 4 weeks per month = 160 hours per rotation – each student should complete a minimum of 160 duty hours per rotation.
- If a student is not expected to meet the minimum duty hours per rotation, the Office of Clinical Rotations should be notified immediately. Failure to report falling below the minimum number of duty hours could result in a loss of credit for the experience.

Catastrophic Event Plan

In the event of closure or cancellations due to natural disaster or other emergency causes, general information will be forwarded to local media, posted on the WCU website, and sent to the student’s WCU student e-mail address. Specific information regarding the continuation of coursework will be posted in Canvas, when relevant. For up-to-the-minute alerts regarding emergency situations, students should sign up to receive notifications through *SaderWatch*, the WCU emergency message service. This can be found on the university’s website.

If student doctors are assigned to a hubsite that is affected by a catastrophic event, safety is the top priority for that student. Students should not report to their clinical rotation if their safety is questionable. Students should contact a WCUCOM representative if they are in a potentially catastrophic situation. If a catastrophic event occurs in a WCUCOM Hubsite, the Office of Clinical Rotations will expect students to follow the established procedure for checking-in post-event to ensure all students are safe. This procedure can be found in Canvas. Students can report back to Hattiesburg to seek refuge during a catastrophic event, if needed. If Hattiesburg is part of the potential event, WCUCOM administration will communicate an alternate venue with students who wish to relocate from their hubsite.

If a student is unable to complete clinical rotations in their assigned hubsite due to a catastrophic event, WCUCOM may assign emergency positions in unaffected hubsites. If there are not enough available hubsite positions to accommodate students seeking refuge from affected

hubsites, student rotations can be split between two or more existing hubsites to meet curricular requirements.

If catastrophic events require time away from rotations, students have approximately 10 weeks of time built-in to the clinical curriculum that can be used to makeup missed rotations and still graduate on time. If students are involved in potential catastrophic events, they should communicate as much as possible with the Office of Clinical Rotations so that we can ensure they are safe and their needs are met. A WCUCOM representative is available at any time by calling 601-318-6094.

International Rotations

Should a student wish to rotate in an international setting, it will be considered on a case by case basis. In order to be approved for an international rotation, the student must follow all policies and procedures for international rotations as set forth in the WCUCOM Student Handbook.

Cell Phone Use and Social Media

Students should restrict the use of their personal cell phone, including texting, to times when they are off-duty. Use of cell phones can inadvertently cause a breach of patient confidentiality when used in public areas. The student must be aware of these issues.

Students are prohibited from posting any content that contains personal health information including patient images on any social media site (ex: Facebook, Twitter, etc.). They are also prohibited from using a social media site to provide medical advice, medical commentary, or making referrals to physicians.

Student/Patient Relationship

The relationship between an osteopathic medical student and a patient shall always be kept on a professional basis. A chaperone shall be present when indicated. A student shall not date or become intimately involved with a patient due to ethical and legal considerations.

Student Involvement on Clinical Rotations

A student of the William Carey University College of Osteopathic Medicine is not a licensed physician. Therefore, he/she is not legally or ethically permitted to practice medicine. A student may assist in the care of a patient, but only under the direction and supervision of a licensed healthcare professional. The licensed healthcare professional is responsible for medical care of the patient and for approving and countersigning all orders, progress notes, etc., written by the student.

A student will not administer therapy or medication until a licensed healthcare professional has seen the patient and has confirmed the diagnosis. Before treatment is administered, the student's orders must be countersigned.

Supervision of the student in the clinical setting is the direct responsibility of their preceptor. Any educational activity involving patients can only be done when the supervising preceptor is

immediately available on the premises to assist and direct the student's activities. Any violation of this policy must be immediately reported by the student to the WCUCOM Office of Clinical Rotations.

A student faced with a life-threatening emergency in the absence of their supervising physician should use his/her best judgment in rendering care until a licensed physician or other qualified health care professional arrives.

With the exception of a life-threatening emergency, if a supervising preceptor or other authorized licensed healthcare provider is not available, the student shall cease patient care activities. If this is a recurrent situation during a rotation, the student must notify WCUCOM Office of Clinical Rotations.

If a student finds themselves in a situation where they feel uncomfortable or are concerned for patient safety, they should immediately contact the WCUCOM Office of Clinical Rotations.

A WCUCOM representative is available at any time by calling 601-318-6094.

Tools and Equipment

Students will provide their own equipment for their rotations including (but not limited to) adult size stethoscope, otoscope/ophthalmoscope and a neurologic hammer. If a student is expected to provide their own Personal Protective Equipment (PPE) for a rotation experience, please notify the Office of Clinical Rotations.

Dress Code

At all times, WCUCOM students shall consider themselves to be a representative of the school and the osteopathic profession. They will be attentive to personal hygiene and cleanliness. Clothing should be clean, professionally styled and in good repair. Women should wear skirts of medium length or longer or tailored slacks. Men should wear tailored slacks and a dress shirt. Shoes must be comfortable, clean, and in good repair. Shoes should be worn with socks or hose. Shoes should have closed toes. Fingernails should be clean, and of short to medium length. Muted tones of nail polish are appropriate for women. Artificial nails are not permitted in clinical areas. Keep jewelry to a minimum to limit the potential for cross-infection of patients. The following are permitted: a watch, up to four rings, small earrings, academic pins, badges, or insignias, modest bracelets and necklace chains. An appropriate holiday pin during the specific holiday is suitable.

Short white lab coats with WCUCOM identification are to be worn unless specifically instructed not to do so by the hospital or preceptor. Scrub suits are to be worn in specific patient care areas only, i.e., ED, OR, ICU, or as required by the hospital or preceptor. If they are property of the hospital they are not to be defaced, altered, or removed from the hospital premises. If a scrub suit must be worn outside of clinical areas, it must be clean and then covered with a clean, white lab coat. Shoe covers, masks, and hair covers must be removed before leaving the clinical area. Stained or soiled scrub suits must be changed as soon as possible.

At all times, the student must be clearly identified as a WCUCOM student. Appropriate means of identification include a lab coat with your name and the name of the college on it, a clearly

visible name tag with the above information, or a hospital assigned identification badge with your name, proper training status, and college affiliation. All identification must be clearly visible and worn above the waist. Failure to display proper identification may result in termination of the clinical rotation.

While in lectures or other activities that do not involve patient care, students should wear neat, clean, and professional attire as described above. Avoid dress or attire that could be potentially offensive to the public, your peers, patients, faculty, or co-workers. ID badges must be worn at all times while on assignment. Denim jeans, flip-flops, or shorts are not appropriate attire.

Proper personal hygiene is to be maintained at all times. This includes regular bathing, use of deodorants/antiperspirants, and regular dental hygiene. Avoid perfumes or colognes as they may precipitate allergies or sensitivities.

Hair should be neat, clean, and of a natural human color. Hair should be styled off the face and out of the eyes. Hair of shoulder length or longer must be secured to avoid interference with patients and work. Avoid scarves or ribbons (unless culturally appropriate).

THESE ITEMS ARE SPECIFICALLY PROHIBITED in any hospital or clinical facility/location:

- Blue jeans (regardless of color), or pants of a blue jean style
- Shorts
- Open-toed, high-heeled, canvas shoes, or flip-flops. Midriff tops, tee shirts, halters, translucent or transparent tops, shirts or tops with plunging necklines, tank tops, or sweatshirts
- Buttons or large pins that could interfere with work function, transmit disease, or be grabbed by a patient
- Visible body tattoos or body piercing other than small earrings, unless exemptions are given for religious reason

It is WCUCOM policy that the preceptor, clinical faculty, program director, or hospital administration may at any time prohibit a student from participating at any location based on inappropriate and unprofessional dress. Such instances must be reported immediately to the Office of Clinical Rotations by the student. Students may be required to remediate time missed from educational activities.

Housing

Students are responsible for securing their own housing in their assigned hubsite for the OMS 3 and OMS 4 years. If the WCUCOM Office of Clinical Rotations assigns an OMS 3 student a core rotation outside of their assigned hubsite (unless the student has requested the experience), WCUCOM will either provide an option for housing in the area at no cost to the student or provide a stipend for student housing for that block.

For audition/away elective rotations, some sites provide housing arrangements for students who are rotating there. Housing is NOT provided at every site. When provided, this housing is for students only. Students may have members of their families who accompany them on their rotations, however, the student must assume all responsibility and cost associated with family travel and housing. Housing for the family must be found and paid for by the student at no expense or inconvenience to the rotation site or WCUCOM. Students are responsible for locating such housing on their own time before the rotation starts.

Meals

Meals are the responsibility of the student. A hospital or rotation site may elect to provide meals for free or at a discount for rotating students. Students are required to abide by the hospital or rotation site's rules regarding provided meals and any other food available in locations such as staff or doctor's lounges.

Lectures and Meetings

It is the responsibility of the student to be familiar with the hospital's didactic lecture schedule and to document attendance within the student log. Didactic programs include, but are not limited to: Morning Report, Journal Club, Morbidity/Mortality Conference, Tumor Conference, Grand Rounds and Noon Conference. Students are expected to attend didactic opportunities at the hospital, unless specifically instructed by their supervising preceptor to miss. All didactic lectures should be documented in student logs.

History and Physical Examination (H&P) Policy

We believe in the importance of an educationally sound, realistic policy pertaining to medical students performing histories and physical examinations in affiliated hospitals. The complete H&P is a vital part of patient evaluation as is the development of a differential diagnosis. Osteopathic Principles and Procedures (OPP) must be documented in each H&P. Osteopathic Manipulative Treatment should be performed when appropriate.

Whenever possible, students should complete a minimum of twelve (12) H&Ps per week (2 per day). These should be performed within the student's assigned service and should be critiqued by the student's preceptor. Student workload should be such that there is time and opportunity for the student to follow the course of their patient. The student should consult with their attending as to whether or not their written or EMR version of the H&P should be placed in the patient's hospital chart as this may vary between site and among preceptors.

In clinic and office-based rotations, the number of patients seen will be dependent upon patient volume; however, the workflow should allow time for the following on the part of the student:

- Performance of diagnostic and therapeutic procedures that are supervised by the preceptor with feedback provided to the student;
- Opportunity for patient follow-up;
- Opportunity for independent study.

Formal Case Presentations

In addition to presenting patients to their preceptors on a daily basis, students may be requested to present a patient in a more formal setting, such as morning report or a clinical case conference. The following may be helpful when preparing for this type of activity:

- Present the case in an organized fashion: Chief complaint, including sex and age of patient, HPI, past medical and surgical history, pertinent ROS, physical examination, differential diagnosis and plan for further evaluation and management.
- Determine the reason that you are presenting the case in order to tailor your further discussion: Are you presenting a case that is unusual and will be discussing the disease process or treatment? Is this a morbidity/mortality conference where the emphasis is on potential physician or system error?
- Arrange in advance for any audiovisual equipment or materials you may need: PowerPoint, handouts, overheads/Elmo flipchart and markers, smartboard, radiographs/other images, or pathology slides.

General WCUCOM Policies

NBOME – COMLEX Levels I and II

WCUCOM requires that all students pass the COMLEX Level I and COMLEX Level II CE. Please refer to the WCUCOM Student Handbook for details of school policy regarding these examinations.

Lawsuits, Litigation or Potential Legal Action

The Office of Clinical Rotations must be notified immediately if a student becomes aware of a potential situation of litigation in which they may be involved. The student must keep this office informed in writing of any progression of legal action as it occurs.

Americans with Disabilities Act

Student with disabilities who are protected by the Americans with Disabilities Act of 1990 and require special accommodations should contact the WCUCOM Office of Student Affairs. Please refer to the WCUCOM Student Handbook for details of school policy regarding accommodation. Students with a disability are encouraged to discuss the physical demands of the rotation and possible accommodations with their preceptor.

Sexual Harassment Policy

Any incidence of suspected sexual harassment should be reported immediately in writing to the supervising physician (or appropriate site representative) and the Office of Clinical Rotations. See the WCUCOM Student Handbook for further details regarding the sexual harassment policy.

Any student who engages in sexually harassing behavior will be addressed as outlined in the WCUCOM Student Handbook.

Sexual Misconduct Policy

Please refer to the WCUCOM Student Handbook information on the sexual misconduct policy.

Section III

OMS 3 and OMS 4 Curriculum

The clinical clerkship curriculum leading to the Doctor of Osteopathic Medicine (DO) degree is a 20-month program designed to educate and equip osteopathic physicians with skills necessary to enable them to enter graduate medical education programs. The curriculum is designed to support the WCUCOM mission and emphasizes primary care. In the OMS 3 and OMS 4 years of the curriculum, students learn patient care, develop clinical technical skills, and serve as members of a medical team. Students spend time with clinical faculty at regional hub sites, primarily throughout the Gulf South. A “hubsite” must have at least one accredited full-service hospital and may contain critical access hospitals, public and private clinics, and individual practitioners. With rare exception, maximum travel distance between facilities within a hubsite is limited to approximately 60 miles to minimize the amount that travel time encroaches on student study time or contributes to student fatigue. Students are responsible for transportation to and from assigned rotation locations without the assistance of WCUCOM. The majority of WCUCOM hubsites are located in rural areas with limited or no public transportation, so it is highly recommended that students have a driver’s license and reliable vehicle.

An OMS 3 Student is defined as a student that has successfully completed all WCUCOM OMS 1 and OMS 2 curricular requirements, including score a 450+ on the school-administered COMSAE and must sit for an initial attempt at COMLEX-USA Level 1 within 60-days after completion of OMS 2 course requirements.

The OMS 3 curriculum begins with an introductory course (Introduction to Clinical Clerkship – OMS 7300), which serves as an orientation period leading into clinical rotations and the associated courses of the OMS 3 year.

Thirty-two weeks of the OMS 3 year is divided into 8 core rotations. These 8 core rotations will occur at a single hub site whenever possible. Basic procedures are demonstrated and practiced

by students in each area of study. Students learn about the standard operating procedures of the hospital and office practice. Clerkship rotations provide increased continuity in training and offer students experience working with various allied health professionals. An additional 8 weeks of rotations must be completed during the OMS 3 year. Four of these weeks will be completed as a primary care selective experience, where students may choose to complete an additional rotation in either family medicine, internal medicine, OB/GYN, pediatrics, or mental health. The remaining 4 weeks will be completed as an elective experience, where students may elect to complete rotations in either medical or surgical specialties or participate in non-clinical experiences such as research, medical education, or medical Spanish.

The OMS 4 curriculum begins with an introductory course (Advanced Clinical Integration—OMS 8000), which prepares students for the increased responsibilities and expectations that they will encounter in their OMS 4 year. This experience incorporates on-campus, hands-on OMT review, clinical simulation, and professional development sessions, as well as study and review for the COMLEX-USA Level 2-CE.

In the OMS 4 year, the primary purpose of instruction is to help students apply the didactic background and preliminary clinical training received in core rotations to more intensive clinical experiences. Students are given greater patient-care responsibilities than in the OMS 3 year but remain under the direct supervision of a resident or attending physician. There are 36 weeks of clinical rotations during the OMS 4 year, including two additional core rotations. OMS 4 core rotation experiences are 4-weeks in length and completed in the settings of Emergency Medicine and Rural Medicine. Core rotations must be completed within a WCUCOM hubsite. The remaining 28 weeks comprise elective rotations, where students can select some of their own curriculum. This allows students to foster interests that have developed regarding a given specialty or to shore up areas of their knowledge that they would like to strengthen. A minimum of 12 weeks of elective rotations must be completed in medical specialties, such as cardiology, endocrinology, gastroenterology, general internal medicine, geriatrics, hematology/oncology, infectious diseases, nephrology, neurology, pulmonology, and medical critical care. In addition, a minimum of 12 weeks of rotations must be completed in surgical specialties, such as orthopedics, ophthalmology, neurological surgery, urology, and trauma surgery. Finally, 4-weeks of rotations must be completed in additional medical or surgical specialties or may be non-clinical experiences such as research, medical education, or medical Spanish. Students may elect to perform these rotations in any area of the country, pending the completion of required paperwork. As this curriculum remains unique to each individual student, course descriptions of the OMS 4 electives are not provided in the WCUCOM Catalog. All other course descriptions can be found at William Carey University - Acalog ACMS™ (wmcarey.edu).

Location

OMS 3 rotation schedules will be distributed prior to the onset of rotations. This information will include the rotation specialty, name of the hospital/clinic where the rotation will be based, and the name of the assigned preceptor. Students should contact their assigned preceptor at least 1 (one) week before the rotation begins to verify the time, place, and dress that to meet on for the first day of the rotation. OMS 3 counselors can assist students in finding contact information for the preceptor if they cannot locate the office phone number for the physician.

In the OMS 4 year, students primarily request rotations to fulfill elective rotation requirements. OMS 4 core rotations are scheduled, when possible, around a student's requested elective schedule. Students should still contact their preceptor or other designated contact at least 1 (one) week before the rotation begins to verify the time, place, and dress that to meet on for the first day of the rotation during the OMS 4 year.

Rotation Scheduling

OMS 3 Rotations

All core rotations are scheduled directly by the students assigned clinical rotations counselor. Rotation preferences will be noted and taken into consideration, but the final schedule will be determined by the availability of preceptors for each student across all required rotations. The Office of Clinical Rotations reserves the right to make adjustments in any clinical rotation schedule at any time.

OMS 4 Rotations

The WCUCOM curriculum has been designed to allow every student the opportunity to participate in audition/away rotations and to explore areas of interest as they deem appropriate. Elective rotations may be scheduled in 2- or 4-week increments. Of the 28 weeks of required electives, 12 weeks must be scheduled in medical specialties, 12 weeks in surgical specialties, and 4 weeks may be in additional medicine, surgery, or be an approved non-clinical experience. A non-clinical experience would include Virtual Rotations without any patient interaction.

To foster a broad knowledge base and well-rounded clinical experience, students may only rotate for 8 weeks within any specialty. A student may choose to do 12 weeks in a single specialty if they wish to allocate their 4-weeks of additional clerkship experience in the one specialty. Therefore, students would not be allowed to participate in a non-clinical experience in a virtual rotation without patient interaction, research, or medical Spanish if they chose to rotate for 12 weeks in a single specialty. Additional rotations in subspecialties within a field of interest will be considered for approval by clinical administration, when requested. A rotation with family or close acquaintance will be limited to 4 weeks.

At least one rotation (minimum of 2 weeks in duration) during the OMS 4 year must be with a DO physician supervisor or preceptor. All rotations must be scheduled through the students assigned clinical rotations counselor. The scheduling procedure is as follows:

1. A Rotation Request Form should be completed and submitted to the appropriate clinical rotation counselor.
2. The rotation request will be approved by clinical administration in the Office of Clinical Rotations.
3. The counselor will help the student obtain appropriate documentation, letters of agreement, etc. to allow for the rotation.
4. The student must notify the appropriate rotations counselor as soon as they receive verification from the rotation site that they have been accepted to rotate.

Rotation request forms must be received at least 30 days before the first day of the requested rotation for rotations within a WCUCOM hubsite and 60 days before the first day for rotations outside of the WCUCOM hubsite network. The student is responsible for deciding on a rotation schedule for their OMS 4 year. **However, should a student have difficulty with scheduling or are unable to schedule a particular rotation before the deadline, they will be assigned to a rotation by the Clinical Rotations Office.** Examples of such difficulty might include cancelation of a rotation by a hospital or preceptor after the deadline for rotation requests has passed.

The Clinical Rotations Office will, at the request of the students, assist them in finding rotations for their OMS 4 year. The student should provide the appropriate rotations counselor with the desired rotation dates and the specialty they wish to study during that timeframe. The counselor will give the student a listing of preceptors within that specialty available during the requested time frame. It will be the student's responsibility to contact that preceptor and ask if they would be willing to precept them for the requested rotation. All paperwork will need to be completed as noted above.

OMS 4 CORE rotations are scheduled around student's requested elective rotations, when possible. The Office of Clinical Rotations reserves the right to make adjustments in any clinical rotation schedule at any time.

Schedule Changes

To change a scheduled core rotation in the OMS 3 or OMS 4 year, students must complete a change of rotation request form available on Canvas and email it directly to the student's assigned clinical rotations counselor. Once a change request is submitted, it will be reviewed by the Office of Clinical Rotations. Students will be notified if the change is approved or denied.

If a student wishes to change an elective rotation that has previously been scheduled/approved, they must submit a new rotation request form and follow the procedure outlined for elective rotation requests. This new request must be submitted within the appropriate timeline outlined before the rotation start date, unless approved by clinical administration.

If a student changes a rotation without following proper procedure, they will not receive credit for the rotation, and will be referred to the Student Affairs Committee for unprofessional behavior.

Vacation

OMS 3 Year

Students are granted one four-week block of vacation during the OMS 3 year. Students must submit a request for the vacation block to their counselor a minimum of 4-weeks prior to the start of the vacation block. The WCUCOM Office of Clinical Rotations reserves the right to make adjustments to vacation block requests as necessary to accommodate overall schedules and preceptor availability.

OMS 4 Year

Any time off between scheduled OMS 4 rotations is considered vacation time. Fourth year medical students may take time off/vacation time between core/elective rotations, keeping in mind the necessity to complete a total of 36 weeks of clinical rotations before being eligible for graduation. There are approximately five (5) weeks of leave/vacation time available in the schedule for OMS 4 students to utilize without being off-cycle for graduation. Vacation time during a rotation is not permitted.

Grading

Reading Assignments

Each core rotation syllabus has a recommended textbook list, as well as other recommended reading materials. Utilization of these sources are meant to enhance the student's medical knowledge and to prepare them for the COMAT or Supplemental Assignment. It is also expected that each preceptor may assign additional reading. It is imperative for students to read relevant literature while on rotations to enhance existing and foster new knowledge. Students should incorporate regular time into their schedule to read about interesting cases seen throughout the rotation and it is essential for students to pre-read on surgeries and procedures in which they are assigned to participate.

Patient and Procedure Logs

Logs that record the patient being evaluated, primary diagnoses and procedures performed on every patient is required. Such logs enable the student to keep track of the variety of patient encounters and procedures that he/she has performed. It also provides a record to WCUCOM administration, which allows for comparison of rotations and rotation sites as to the scope and variety of patients that are being encountered. All logs are to be completed using the E-value system. Many students have found it helpful to request a printout of the office's daily appointment schedule to assist them with their record keeping.

In addition to logs submitted via the E-value system, students are also required to submit logs documenting the Osteopathic Manipulative Treatments (OMT) performed during their clinical rotations. Please refer to the syllabi for the Advanced OPP courses regarding the requirements, format, and submission procedures for OMT logs. When the log is completed, it should be presented for verification and signature to the preceptor. The preceptor should indicate the date they signed the logs.

Students on nonclinical electives are expected to complete a log that lists educational activities, readings and didactics in which they participated while on the rotation.

Signed logs must be turned in via electronic upload to the appropriate dropbox within 7 calendar days of the end of every rotation. It is the responsibility of the student to verify the files were successfully uploaded and are located in the appropriate section of Canvas.

COMAT Examinations

At the end of each core rotation, with the exception of Clinical Selective (OMS 3) and Rural Medicine (OMS 4), students will be expected to successfully pass a COMAT examination. COMAT is a specialty specific examination that is written by the NBOME and is delivered via computer in a proctored environment. Details for the testing blueprint can be found in the syllabus for each specific rotation. COMAT examinations will be administered during the final week of the rotation, unless otherwise scheduled due to WCUCOM closure for holidays or limited proctor availability. Students will be reminded of the date and time for these examinations by email by the start of the 3rd week of the rotation. Students are expected to report to the COMAT date and time as scheduled. Absences for COMAT exams are not permitted and result in a zero for the attempt on the exam. In the event of illness, students must communicate with the COMAT proctor and WCUCOM Office of Clinical Rotations. A doctor's excuse will be required to reschedule the exam. Repeated absences from COMAT exams will result in a review from the WCUCOM Student Affairs Committee.

Failure of a COMAT examination will require that the student take a second COMAT covering the specialty. Due to the proctored nature of this examination, repeat COMATs will be given as a block. The schedule for retesting is as follows:

- Failure of a COMAT in Block 2, 3, 4 — Retest COMAT during Block 6
- Failure of a COMAT in Block 5, 6, 7 — Retest COMAT during Block 9
- Failure of a COMAT in Block 8, 9, 10 — Retest COMAT during Block 12
- Failure of a COMAT in Block 11, 12 — Retest COMAT during the month of June

All OMS 3 COMAT retesting must occur prior to the start of OMS 4 rotations. Students are excused from their assigned clinical rotation on the day of the COMAT exam. They are not permitted to miss time prior to the exam to study and are expected to return to their rotation experience following the exam unless the test day coincides with the final clinical day of the block.

Student Evaluation (Grading) for CORE Rotations and Primary Care Selective

A significant component of the rotation grade is the WCUCOM preceptor evaluation of student performance which is completed by the supervising physician. It is recommended that a preceptor use this form as a guide to provide feedback to the student midway through his rotation. The form should be discussed with the student again prior to submission at the end of the rotation.

The preceptor is required to verify logs submitted by the student. Upon receipt and review of all assignments, logs and evaluations, a grade will be computed using the following guidelines:

55% WCUCOM Preceptor Evaluation of Student Performance – Evaluation must be received before a student can be assigned a final grade for the rotation. This evaluation is

available online for student review as soon as it is completed by the preceptor. If the student disagrees with an evaluation they may mark “disagree” on the evaluation. The Office of Clinical Rotations will receive the disagreement via email and clinical administration will assess the grade and discuss with the preceptor as appropriate.

25% COMAT Examination or Supplemental assignment – COMAT scores are reported by the NBOME as standardized scores based on national norms where the national mean is 100 (50th Percentile) and the standard deviation is 10. Typical scores fall within the range of 80 to 120 (+/- 2 SD, approx. 95% of scores). For rotation grade calculations, a raw score of 80 points will be required to pass the examination. Percentage grades will be calculated to scale using 80 points as equivalent to 70%. Scores will be capped at 100.

- If there is no COMAT examination for the rotation, 25% of the student’s grade will be based upon the score on the supplemental assignments.
- Supplemental assignments are posted in Canvas under the appropriate rotation and must be completed within 7 days of completion of the rotation unless otherwise approved.
- The “Internal Medicine” COMAT score will be used in the calculation for both the Hospital Medicine and Internal Medicine rotations. Students should sit for the COMAT exam following the later of the two rotations.

10% Completion of Integrated Board Prep Material: In order to gain the full 10% allotted to this portion of the grade a student must:

- Complete all COMAT quiz questions assigned in TrueLearn for that specialty that aligns with the students completed rotation (i.e.: If a student is on their Pediatrics rotation, the student should complete the Pediatrics Quiz in TrueLearn system). Questions must be completed with a MINIMUM of 60% correct to earn full credit. Points will be deducted for students who achieve below 60% on the assigned quizzes.
- All assigned questions must be complete by 11:59 PM CST on the last day of the rotation block. Points will be deducted after this deadline for completing the quiz late at the rate of 2 points (20%) per week. Quizzes that are incomplete or completed after 5 weeks following the last day of the rotation will receive a score of zero.

10% Completion of clinical patient logs/procedure logs and evaluation forms - All logs are due at the end of each rotation. Logs must be entered electronically through E*Value. A hard copy, signed and dated by your preceptor to verify the content of your logs, must be submitted within 7 days of completion of the rotation. It is required that Logs be scanned and uploaded as the assignment entitled “Logs” in Canvas. All evaluations of preceptor/rotation will be released by E*Value 10-days prior to the final day of the rotation and should be completed online. All logs and evaluations must be submitted within 7 calendar days of completion of the rotation. Failure to comply with this deadline will result in a reduction of 2 points (20%) of this portion of the overall grade for each week of delay. (i.e.: submitted >7 days but <14 days after completion will receive a maximum of 8 points, >14 days but <21 days, 6 points etc.) Logs and/or evaluations received after 35 days will result in zero (0) points. Signed logs must be submitted, even after the 35-day deadline for credit. Failure to submit logs and/or evaluations will result in failure of the rotation.

The overall grade for each 4-week rotation will be calculated as follows:

Preceptor Evaluation of Student Performance x 55
+ % Grade for COMAT/EBM assignment x 25
+ % Completion of Integrated Questions x 10
+ % Completion of logs and evaluations x 10
= 100 maximum points

Student Evaluation (Grading) for Elective Rotations

70% WCUCOM Preceptor Evaluation of Student Performance – Evaluation must be received before a student can be assigned a final grade for the rotation. This evaluation is available online for student review as soon as it is completed by the preceptor. If the student disagrees with an evaluation they may mark “disagree” on the evaluation. The Office of Clinical Rotations will receive the disagreement via email and clinical administration will assess the grade and discuss with the preceptor as appropriate.

20% Completion of clinical patient logs/procedure logs- All logs are due at the end of each rotation. Logs must be entered electronically through E*Value. A hard copy, signed and dated by your preceptor to verify the content of your logs, must be submitted within 7 days of completion of the rotation. It is required that Logs be scanned and uploaded as the assignment entitled “Logs” in Canvas. Signed logs must be submitted within 7 calendar days of completion of the rotation. Failure to comply with this deadline will result in a reduction of 2 points (20%) of this portion of the overall grade for each week of delay. (i.e.: submitted >7 days but <14 days after completion will receive a maximum of 8 points, >14 days but <21 days, 6 points etc.) Logs and/or evaluations received after 35 days will result in zero (0) points. Signed logs must be submitted, even after the 35-day deadline for credit. Failure to submit logs will result in failure of the rotation.

10% Completion of student evaluation - All evaluations of preceptor/rotation will be released by E*Value 10-days prior to the final day of the rotation and should be completed online. All logs and evaluations must be submitted within 7 calendar days of completion of the rotation. Failure to comply with this deadline will result in a reduction of 2 points (20%) of this portion of the overall grade for each week of delay. (i.e.: submitted >7 days but <14 days after completion will receive a maximum of 8 points, >14 days but <21 days, 6 points etc.) Logs and/or evaluations received after 35 days will result in zero (0) points.

The overall grade for the 4-week rotation will be calculated as follows:

Preceptor Evaluation of Student Performance x 70 + % Completion of Logs x 20 + % Completion of Student Evaluations x 10 = 100 maximum points

Final Grade Assignment

Grades cannot be computed until all of the grade components have been submitted to the WCUCOM Clinical Rotations Office. Student grades will not be posted until the Student Evaluation of the Preceptor has been received for that rotation.

Fail: The student has an overall score of less than 70% OR:

- Scores below 70% on the WCUCOM Preceptor Evaluation of Student Performance
- Scores below 70% on COMAT (after unsuccessful retesting on COMAT) OR Supplemental Assignment (if applicable)
- Failure to submit logs
- Failure to submit rotation evaluations

Pass: The student has an overall score of 70-84% AND:

- Scores at least 70% on the WCUCOM Preceptor Evaluation of Student Performance
- Scores below 70% on COMAT (after unsuccessful retesting on COMAT) OR Supplemental Assignment (if applicable)
- Failure to submit logs
- Failure to submit rotation evaluations

High Pass: The student has an overall score of 85-94% AND:

- Scores at least 80% on the WCUCOM Preceptor Evaluation of Student Performance
- Scores at least 80% on COMAT (after unsuccessful retesting on COMAT) OR Supplemental Assignment (if applicable)
- Failure to submit logs
- Failure to submit rotation evaluations

Honors: The student has an overall score of 95% AND:

- Scores at least 90% on the WCUCOM Preceptor Evaluation of Student Performance
- Scores at least 90% on COMAT (after unsuccessful retesting on COMAT) OR Supplemental Assignment (if applicable)
- Failure to submit logs
- Failure to submit rotation evaluations

Asynchronous Courses

OMS 3

- Introduction to Clinical Clerkship (7300)
- Patient Care and OMT Competency Course (7381)
- Advanced OP&P V (7382)
- Advanced OP&P VI (7383)
- Introduction to Clinical Scholarship (7384)

OMS 4

- Advanced Clinical Integrations (8000)
- Advanced OP&P VII (8082)

Grading for Asynchronous Courses:

P = Passing

F = Failing

I = Incomplete

W = Withdrawal, no credit (used only if insufficient data is available to determine passing or failing at the time of withdrawal or leave of absence)

Dismissal from a Rotation

Dismissal from a clinical rotation is a failure (F). The student will be referred to the Promotion and Matriculation Committee for recommended action. The student will be required to repeat the failed rotation and the student's graduation date may be affected.

Challenge of Grades

Appeals of any OMS 3 or OMS 4 grades will be made to the Office of Clinical Rotations. Individual grades that result in remediation, academic probation, and dismissal may be appealed to the WCUCOM Dean.

Remediation

Failure of a clinical rotation or asynchronous course will result in referral to the P&M Committee. The committee will make a recommendation to the Dean based upon the overall academic performance of the individual student. P&M recommendations can range from allowing the student to remediate the individual rotation or course to recommending that the student be dismissed from WCUCOM.