



**WILLIAM CAREY UNIVERSITY**  
**College of Osteopathic Medicine**

# **Clinical Education**

# **Manual**

# **2021-2022**

## **Office of the Associate Dean, Clinical Sciences**

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

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

Changes occurring in the Clinical Science Manual will be posted online quarterly as addendums on SaderNet. 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 is/are incorporated into the parent document for the academic year that follows and the cycle is repeated.

All inquiries regarding the WCUCOM Clinical Science Manual should be directed to the WCUCOM Associate Dean, Clinical Science, at 601-318-6090. Any recommendations for additions, deletions, or changes must be submitted in writing to the Associate Dean, Clinical Science of WCUCOM. Final approval is by the Board of Trustees based upon recommendations from the President of WCU.

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.

(Reprinted from the AOA web - last update 7/24/16)

### **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 and rotation goals and objectives are based upon the competencies. 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 brief 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 examinations 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

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 throughout the Gulf South. A "hubsite" must have at least one accredited full-service hospital and may also contain critical access hospitals, public and private clinics, and individual practitioners. Travel time between facilities within a hub site is limited to 60 minutes to minimize the amount that travel 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. Hub sites provide access to a library (virtual or real space), study space, sleeping space (if needed for call), computer access, and Internet access. The first 10 months of the clerkship experience occurs 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 a variety of allied health professionals. OMS 3 rotations are scheduled by the Office of Clinical Rotations, ensuring each student completes rotations in the required core specialty areas, which also includes one in-patient rotation experience, one rotation under the supervision of a DO, and one rotation within an existing GME system.

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. During this year, they are allowed to select their own curriculum. This allows the 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. They select 36 total weeks on rotations, a minimum of 16 weeks of rotations in medical specialties, such as cardiology, endocrinology, gastroenterology, general internal medicine, geriatrics, hematology/oncology, infectious diseases, nephrology, neurology, pulmonology, research, and medical critical care. Additionally, a minimum of 16 weeks of rotations must incorporate surgical specialties, such as orthopedics, ophthalmology, neurological surgery, urology, or trauma surgery. Students may elect to perform these rotations in any area of the country. Student will be limited to no more than 4 weeks of rotation with a immediate family member or close associate. As this curriculum remains unique to each individual student, course descriptions of the OMS 4 electives are not provided in the *WCUCOM Student Handbook and Catalog*.

OMS 3 rotations begin August 1 and are scheduled to be completed by May 31 of the following year. The OMS 4 curriculum begins on the WCUCOM campus with the Advanced Clinical Integration course in June. OMS 4 students then become eligible to begin OMS 4 elective rotations on July 1.

#### **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 Office of the Associate Dean, Clinical Sciences at William Carey University College of Osteopathic Medicine.
- A student faced with a life-threatening emergency in the absence of their supervising physician should use her/his 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 the Office of the Associate Dean, Clinical Sciences at William Carey University College of Osteopathic Medicine.
- If a student finds themselves in a situation where they feel uncomfortable or are concerned for patient safety, they should immediately contact the Office of the Associate Dean, Clinical Sciences at William Carey University College of Osteopathic Medicine.

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

## **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, radiographs/Other Images or pathology slides.

## **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 his/her 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.

## **Location**

Your OMS 3 rotation schedule will be distributed to you prior to the onset of rotations. This document includes the rotation specialty, name of the hospital/clinic where your rotation will be based, and the name of your assigned preceptor. Students should contact their assigned preceptor a minimum of 1 (one) week before the rotation begins to verify the time and place that you are to meet on your first day of the rotation. Your OMS 3 counselor can assist you in finding contact information for the preceptor if you cannot locate the office phone number for the physician. Students planning to take vacation during a specific rotation must get approval for their vacation at least 60 days prior to the assigned rotation. All requests for vacation must have approval from the supervising physician.

In the OMS 4 year you will be establishing your own schedule for your elective rotations. It is recommended that you touch base with your preceptor or other designated contact one week prior to beginning a rotation to determine the time and place that you are to meet on the first day of the rotation.

## Dress

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. Shoulder length hair 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 the Associate Dean, Clinical Sciences by the student. Students may be required to remediate time missed from educational activities.

## **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. Please document any lectures in your logs.

## **Reading Assignments**

Each rotation has an assigned reading log that includes reading and exercises meant to enhance the student's medical knowledge and to prepare them for their end of rotation examination or COMAT. Within the log, there is also a reference for OMT reading when applicable.

The reading assignment log for each month's rotation contains 20 days of assigned reading activity. This is in keeping with our overall philosophy that the person is a unit of mind, body, and spirit. Using the 20-day model, students should have 2 days per week for personal activity and rest, and 2 to 3 days per month to prepare for the end of rotation exam, which will comprise 20% of the grade for that rotation. It is also expected that each preceptor may assign additional reading. In addition, you should read about interesting cases seen throughout the rotation and it is usual for students to pre-read on surgeries and procedures in which they are assigned to participate. A word of caution: Do not fall into the trap of procrastination and attempting to "catch up" at week's end.

## **Patient and Procedure Logs**

Logs that record the patient being evaluated, primary diagnoses and procedures performed on each patient are 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.

When completing patient logs, it is essential that students record their use of osteopathic examination techniques (structural exams, etc.) as well as documenting any Osteopathic Manipulative Treatment (OMT) performed. These logs can be used to calculate the OMT portion of your final rotation grade for OMS 3 courses, as described below under student assessment. 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 clinical rotations office 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.**

## **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.

## **COMAT Examinations**

At the end of each OMS 3 rotation, with the exception of their Internal Medicine – Specialty (IM-S) and General Surgery - Specialty (GS-S) Selective, 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. COMAT examinations will be administered during the final 5 days of a 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 on or about the 15<sup>th</sup> of the month. Details as to testing can be found in the syllabus for each specific rotation.

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 August, September, October—Retest COMAT December.
- Failure of a COMAT in November, December, January—Retest COMAT March.
- Failure of a COMAT in February, March, April—Retest COMAT early June.
- Failure of a COMAT in May ---Retest COMAT late June.

## **Student Evaluation (Grading) for OMS 3 Rotations**

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** - This must be received before a student can be assigned a final grade for the rotation. In cases where a student is scheduled in a similar specialty for two consecutive months (FM1 followed by FM2, for example) an evaluation must be completed at the end of each month. 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 it as such and the Associate Dean, Clinical Sciences will assess the grade and discuss with the preceptor as appropriate.

**25% COMAT Examination or Aquifer assignment-**

- **Internal Medicine - Specialty and General Surgery - Specialty:**
  - There is no COMAT examination
  - 25% of the student grade will be based upon the score on the Aquifer case assignments.
  - This assignment is posted in Aquifer under the appropriate rotation and must be completed within 7 days of completion of the rotation unless otherwise approved.
- **All other rotations:**
  - 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%

**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 Board study 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 gain credit.
- All assigned questions/material must be complete by 11:59 PM CST on the last day of the rotation, and perform at a minimum 60% correct answers, in order to be considered complete.
- Completed screenshot of TrueLearn dashboard should be uploaded to Canvas by the deadline.

**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" on Canvas. All evaluations of preceptor/rotation will be released by E\*Value on 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. If you know that you will not be able to have your logs signed by your preceptor and submitted by the deadline, you need to notify the Office of Clinical Rotations. These cases will be reviewed on a case by case basis. 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 and < 14 days after completion will receive a maximum of 8 points, 14 days but < 21 days, 6 points etc.) Should all paperwork not be received within 5 weeks (35 days) after completion of the rotation the student will receive a zero for this component and will fail the rotation.

The overall grade for each 1-month rotation will be calculated as follows:

|  |
|--|
| WCUCOM Preceptor Evaluation of Student Performance X 55<br>+ % Grade for COMAT/EBM assignment X 25<br>+ % Completion of Integrated Questions X 10<br>+ % Completion of logs and evaluations X 10<br>= 100 maximum points |
|--|

**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)
- Scores below a 70% on the Aquifer component on Internal Medicine - Specialty and General Surgery - Specialty
- Logs and student evaluations are not received by 35 day deadline
- Fails to complete the integrated board prep assignments

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

- Scores at least 70% on the WCUCOM Preceptor Evaluation of Student Performance
- Scores at least a 70% on COMAT (or successful retesting on COMAT) OR the assigned Aquifer component (Internal Medicine – Specialty and General Surgery - Specialty)
- Logs and evaluations have been received before the 35 day deadline
- Completes the integrated board prep assignments

**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 the COMAT OR the assigned Aquifer component (Internal Medicine – Specialty and General Surgery - Specialty)
- Logs and evaluations have been received before the 35 day deadline
- Completes the integrated board prep assignments by the last day of the rotation

**Pass with 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 the end of rotation examination/COMAT OR the assigned Aquifer component (Internal Medicine – Specialty and General Surgery - Specialty)
- Logs and evaluations have been received before the 35 day deadline
- Completes the integrated board prep assignments by the last day of the rotation

**Challenge of Grades**

Any grade challenges or questions are to be directed to the Associate Dean, Clinical Sciences. The student may request a review of a decision by the Promotions and Matriculation (P&M) Committee if the Associate Dean’s response requires clarification.

## **Remediation**

Failure of a clinical rotation 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 to recommending that the student be dismissed from WCUCOM.

## **Patient Care and OMT Competency Course (7381)**

Beginning with the graduating class of 2005, both allopathic and osteopathic students have been required to take a practical examination as part of their national board examinations designed to evaluate their clinical skills. This examination is taken during the 4<sup>th</sup> year of medical school. This type of examination is often called an Objective Structured Clinical Examination (OSCE). The OSCE utilizes standardized patients who are lay people that receive intensive training to accurately depict specific medical cases. The student performs clinical tasks in a series of test stations while interacting with standardized patients. The OSCE is objective because standardized checklists are used to evaluate each student physician. It is structured, or planned, so that every student physician sees the same problems and is asked to perform the same tasks. The OSCE is clinical because the tasks are representative of those faced in real clinical situations. It is an examination or evaluation of the student physician's clinical skills. The OSCE may be used to teach patient-centered skills and/or to measure a student's clinical performance. Some of the key areas that this examination measures include:

- Doctor-patient communication
- Medical history taking
- Physical examination skills
- Written communication skills
- Clinical problem solving
- Formulating a differential diagnosis and therapeutic plan

This course has been developed both to prepare students for this examination as well as to allow for a more standardized overview of student progress throughout their OMS 3 year. Each student will return to campus on three occasions to participate in this course. The content will include OSCEs, board review sessions aimed at assisting students to pass the COMLEX PE and an OMT review and clinical skills assessment. Further course details are available in the course syllabus and will be posted on Canvas prior to August 1. Student will not be allowed to take the COMLEX PE if the course director for PCOMT feels (based on assessment) that student is not prepared to take the exam.

Students are required to achieve a passing grade in this course in order to be eligible for the COMLEX 2 PE examination as well as to be eligible to advance to OMS 4 status. Details on course remediation are available in the course syllabus.

A last word of advice on the COMLEX 2 PE-- you will not be allowed to graduate or begin a residency until you have successfully completed and passed both parts of COMLEX Level 2. The PE examination can be difficult to schedule and can only be taken in Conshohocken (suburban Philadelphia), PA or Chicago, IL. You are strongly advised to register for this exam on the earliest date possible and to take the exam at the earliest date available to you after finishing your eligibility requirements delineated in the WCUCOM Student Handbook.



## **Section III**

### **Student Policies and Procedures**

#### **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. It is imperative that you check your email at this address on a daily basis and respond to all emails in a timely fashion. Should you have problems with your internet connection or your email account, it is your duty to report the issue to the Clinical Rotations Office. The Clinical Rotations Office can be reached at any time by calling 601-318-6094.

#### **Equipment**

Students will provide their own equipment for their rotations including (but not limited to) adult size stethoscope, otoscope/ophthalmoscope and a neurologic hammer.

#### **Attendance**

Students will report to their rotation site on time and on the first day of the calendar month, unless otherwise instructed by their preceptor. 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 and any other duties assigned by their preceptor throughout the duration of their 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 Clinical Rotations Office of the interruption of activity. At the discretion of the Associate Dean, Clinical Sciences, either a reading assignment or alternate duty assignment will be made.

A maximum of three (3) days for absence is permitted on any rotation. The student must notify their preceptor as well as the Clinical Rotations Office of any absences. 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 board exams.

Persistent tardiness or unexcused absences may constitute a failure on a rotation and will be reflected in the student's evaluation under professionalism, and reported to the WCUCOM Associate Dean of Student Affairs.

Students are required to remain at their rotation until the time designated by the Clinical Rotations Office 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. The Associate Dean, Clinical Sciences 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 Associate Dean, Clinical Sciences. The consequences of such an absence will be considered on a case by case basis.

### **Illness**

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. Should the illness necessitate an absence of more than 3 days, the supervising physician and the Clinical Rotations Office must be notified immediately. Additionally, for an 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 Clinical Rotations Office does not receive such documentation, the student may fail the rotation. A student should not for any reason hesitate to report illness. The welfare of both the student and his/her contacts is the major consideration.

### **Temporary Absence**

Temporary Absence is defined as a brief period of time spent away from rotation activities. Such leave is intended to allow the student to attend to daily matters that may arise in the course of the year. In order to be approved for a temporary leave, 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. Remember, a student is not allowed to miss more than 3 days of any given rotation.

### **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 Associate Dean, Clinical Sciences and the Associate Dean, Student Affairs must be informed immediately of the absence. The procedure for requesting a leave of absence is outlined in the WCUCOM Student Catalog and Handbook. The Associate Dean, Clinical Sciences and the Clinical Rotations Office will assist the student in designing a plan to make up time missed from a rotation.

### **Vacation (OMS 3)**

Third year medical students are allowed 3 weeks of vacation to be used at their discretion with the following stipulations.

1. You need to get permission from your preceptor on any potential dates you would miss their service and submit proof of permission to the Office of Clinical Rotations with your vacation request.
2. You cannot take vacation during Emergency Medicine rotations, as it is too difficult for you to get the required number and variety of shifts if you do. This is in effect as a request from the Emergency Medicine rotation preceptors.
3. You must turn in your request with authorization from your preceptor 60 days in advance to the Office of Clinical Rotations.
4. You cannot take more than 1 week off during any one month rotation.
5. You can take request a maximum of 7 contiguous days a vacation and those days can start and end on any day of the week.
6. You cannot take 2 consecutive weeks off (the final 7 days of one rotation and the first 7 days of the next rotation).
7. Final approval of vacation days is at the discretion of the Associate Dean, Clinical Sciences.

### **Vacation (OMS 4)**

Any time off between elective rotations is considered vacation time. Fourth year medical students may take time off/vacation time between elective rotations, keeping in mind the necessity to complete a total of 36 weeks of clinical rotations before being eligible for graduation. Any time away during an elective rotation in excess of 3 days is considered a leave of absence and will need to be made up by extending the elective rotation the same number of days missed.

### **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.

### **Schedule Changes**

If you wish to change a scheduled core rotation in the OMS 3 year you must complete a change of rotation request form which is available in the Clinical Rotations Office and posted in the class paperwork shell on Canvas. Once your request is submitted it will be reviewed by the Director of Clinical Rotations, and the Associate Dean, Clinical Sciences. You will be notified once the change is either approved or denied. Should you change a rotation without following proper procedure, you will not receive credit for the rotation and you will be referred to the Student Affairs Committee for unprofessional behavior.

### **Attendance Policy for Professional Conferences (OMS 3 and OMS 4)**

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 Office of the Associate Dean, Clinical Sciences, within one week of return. Participation in professional meetings outside of normal WCUCOM curriculum is a privilege.

### **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 can choose to opt out of this group insurance coverage if they meet the approved exemptions as outlined in the WCUCOM Student Catalog and Handbook. Students must show evidence to the on-site Director of Medical Education or supervising physician at each site that health insurance is in force. Before beginning clinical rotations, students must provide verification of health insurance to the Clinical Rotations Office.

In the event of an injury or illness students should receive immediate care at the appropriate local health care facility. The facility and/or the student are responsible for all expenses related to the incident. 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 Associate Dean, Clinical Sciences and an incident occurrence report must be filed with the rotation site. Students will incur the cost of treatment in such an instance.

### **NBOME – COMLEX Levels I and II**

WCUCOM requires that all students pass the COMLEX I, COMLEX II CE and COMLEX II PE examinations in order to graduate. Please refer to the WCUCOM Student Catalog and Handbook for details of school policy regarding these examinations.

### **Lawsuits, Litigation or Potential Legal Action**

The Clinical Rotations Office 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.

## **Student 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 in writing 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.

## **Student Supervision and Chain of Command**

WCUCOM credentials the preceptors who will supervise our students while on clerkship rotations. Under no circumstances should a student see patients under the supervision of a physician who has not been appropriately credentialed. 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, may 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 transactions 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.

## **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.

## **Americans with Disabilities Act**

Student with disabilities who are protected by the Americans with Disabilities Act of 1990 and require special accommodations should contact: Dr. Jim Weir, Associate Dean, Student Affairs of WCUCOM 601-318-6290. Please refer to the WCUCOM Student Catalog and 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.

## **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 <http://wmcarey.edu>, and sent via automated process to your WCU student e-mail address. Specific information regarding the continuation of coursework will be posted on the university's course management system at <https://wmcarey.instructure.com>. For up-to-the-minute alerts regarding emergency situations, sign up to receive notifications through *SaderWatch*, the WCU emergency message service. Sign up instructions can be found at <http://wmcarey.edu/saderwatch>.

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 possible, students are always welcome to report back to Hattiesburg to seek refuge during a catastrophic event. If Hattiesburg is part of the potential event, WCUCOM administration will communicate with the students.

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.

## **Housing**

Some elective and selective rotation sites have made housing arrangements for students. 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.

## **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 (your 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.

## **Background Checks**

WCUCOM’s policies on background checks can be found in the WCUCOM Student Catalog and Handbook.

## **Immunizations**

The student is required to carry his/her immunization records and present them to the on-site Director of Medical Education or supervising physician at the beginning of each rotation. Students may be 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. Sites requiring this verification will notify students of the requirement. If you have any questions regarding immunizations, please contact the Office of Clinical Rotations.

**Required documentation to begin 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.
- Documented month/day/year of at least 2 MMR injections, or documentation of childhood diseases or titer indicating immunity.
- Documented dates for Hepatitis B injections (series of 3) or titer indicating immunity.
- Documented dates for Varicella injections (series of 2) or titer indicating immunity.
- Lab form that shows values for Hepatitis B, MMR, and Varicella immunity (only if immunization series is completed).
- A yearly PPD is required for you to participate in clinical rotations. You must update your PPD and notify the clinical rotations office of the results within four (4) weeks of completing the test. Failure to meet this requirement will result in the student being removed from rotations and may negatively impact graduation time.
- Current BLS, ACLS and PALS cards with legible expiration dates.

**Injury Policy**

If injured while on a rotation, the student must receive immediate care at the site. The facility where the incident took place is responsible for providing care. The facility and/or the student are responsible for all expenses related to the incident. This policy does not obligate the school to any financial responsibility. An incident occurrence report must be filed with the rotation site. Once this has occurred, the student who experiences an injury must report the incident to the supervising physician and the Office of the Associate Dean, Clinical Sciences and an incident occurrence report must be filed with the rotation site.

**Cell Phone Use and Social Media**

Restrict the use of your personal cell phone, including texting, to times when you 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.

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

**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 participate, the student must follow all policies and procedures for international rotations as set forth in the WCUCOM Student Catalog and Handbook.

**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.

## **Sexual Harassment**

Any incidence of suspected sexual harassment should be reported immediately in writing to the supervising physician or the on-site Director of Medical Education, and the Office of Clinical Rotations. See the WCUCOM Student Catalog and 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 Catalog and Handbook.

## **SEXUAL MISCONDUCT POLICY**

Please refer to the WCUCOM student handbook and the following website for sexual misconduct policy information: <http://wmcarey.edu/sexual-misconduct>.

## **Section IV OMS 4 Rotation Policies**

**With the exception of the grading format and rotation scheduling, all policies and procedures as discussed in prior sections apply to students during their OMS 4 year.**

### **Scheduling**

The curriculum has been designed to allow every student the opportunity to participate in audition rotations and to explore areas of interest as they deem appropriate. The OMS 4 curriculum consists of 36 weeks of rotation experience. The rotations may be scheduled in 2, 3 or 4 week increments. A total of 16 weeks must be scheduled in medical specialties/subspecialties and 16 weeks must be scheduled in surgical specialties/subspecialties.

A student is also allowed to participate in a 4 week “general” elective such as research, medical education, or simulation medicine. The maximum number of weeks allowed for such an experience is 4 weeks. This rotation is in addition to the required medicine or surgical rotations at the discretion of the student. If a student does not desire to participate in one of the above rotations for their general elective, they can participate in an additional 4 weeks of medicine or surgery elective(s) of their choice.

In order to foster a broad knowledge base and a well-rounded clinical experience, students may only rotate for a total of 12 weeks within any one specialty. The 12 weeks would include 8 weeks within the medicine or surgery subspecialty requirements + the 4 week general elective allowance. If a student chooses to do 12 weeks in a single specialty, they are not allowed to participate in a research, medical education or medical simulation elective. Additional rotations in subspecialties within a field of interest will be considered for approval by the Associate Dean, Clinical Sciences.

**At least one rotation (minimum of 2 weeks in duration) during the OMS4 year must take place at a facility that serves as the base institution for an AOA accredited residency program.**

All rotations must be scheduled through the appropriate clinical rotations counselor. The scheduling procedure is as follows:



- 1) A Rotation Request Form should be completed and submitted to the appropriate rotations counselor.
- 2) The rotation request will be approved by the Director of Clinical Rotations and the Associate Dean, Clinical Sciences.
- 3) The counselor will assist the student in obtaining appropriate documentation, letters of agreement, etc. to allow for the rotation to take place.
- 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.
- 5) A rotation with family or close acquaintance will be limited to 4 weeks.

Rotation request forms must be received a minimum of 60 days prior to the first day of the requested rotation. It is the responsibility of the student to decide 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 60 day 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 less than 60 days in advance of the rotation start date.

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

In the event that a student wishes to change a rotation that has previously been scheduled, they must submit a new rotation request form and follow the procedure outlined above. This new request must be submitted a minimum of 60 days prior to the start date of the rotation, unless approved by the Associate Dean, Clinical Sciences.

### **Student Evaluation (Grading) for OMS 4 Rotations**

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:

**65% WCUCOM Preceptor Evaluation of Student Performance:** This must be received before a student can be assigned a final course grade. 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 it as such and the Associate Dean, Clinical Sciences will review the evaluation and discuss with the preceptor as appropriate

**15% EBM Component:** The student is expected to complete two EBM article quizzes per 3- or 4-week rotation from a series of articles available online via Canvas. Students are to read the article and complete an online analysis of same which is created as a “quiz” and provides feedback to the student regarding

their interpretation of the article. The EBM component for 2-week rotations is fulfilled by successful completion of the “short” OMM/EBM Assignment.

**20% Completion of clinical patient logs and 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 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” on Canvas under the appropriate monthly module. All evaluations of preceptor/rotation will be released by E\*Value on 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. If you know that you will not be able to have your logs signed by your preceptor and submitted by the deadline, you need to notify the Associate Dean, Clinical Sciences. These cases will be reviewed on a case by case basis. 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 and < 14 days after completion will receive a maximum of 8 points, 14 days but < 21 days, 6 points etc.) Should all paperwork not be received within 5 weeks (35 days) after completion of the rotation the student will receive a zero for this component and will fail the rotation.

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

- + % grade on WCUCOM Preceptor Evaluation of Student Performance X 55
- + % Completion of clinical patient logs, procedure logs X 10
- + % grade for OMT module completion and quiz grade X 20
- + % completion of EBM component (article review) X 15

Total of 100 points possible

**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
- Failure to complete EBM curriculum
- Failure to submit appropriate logs and evaluations within 35 days of completion of the rotation

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

- Scores at least 70% on the WCUCOM Preceptor Evaluation of Student Performance
- Completion of EBM curriculum
- Logs and evaluations have been received before the 35 day deadline.

**High pass:** The student has an overall score of 85% AND:

- Scores at least 80% on the WCUCOM Preceptor Evaluation of Student Performance
- Completion of EBM curriculum
- Logs and evaluations have been received before the 35 day deadline.

**Pass with honors:** The student has an overall score of 95% AND:

- Scores at least 90% on the WCUCOM Preceptor Evaluation of Student Performance
- Completion of EBM curriculum
- Logs and evaluations have been received before the 35 day deadline.

### **Challenge of Grades**

Any grade challenges or questions are to be directed to the Associate Dean, Clinical Sciences. The student may request a review of the challenge by the Promotions and Matriculation Committee, if the Associate Dean's response requires clarification.

### **Remediation**

Failure of the OMM module will require remediation by essay or examination at the discretion of the OPP faculty. Successful remediation of this component will be required in order to pass the rotation. Students will not be permitted to remediate more than 2 failed modules. Should a student fail a 3<sup>rd</sup> module, the module grade will stand as a failure unless otherwise directed by the Associate Dean, Clinical Sciences. Failure of a clinical rotation 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 to recommending that the student be dismissed from WCUCOM. P&M also reserves the right to refer student failures to the Student Affairs Committee if unprofessional behavior was noted to be cause of the rotation failure.