TOURO COLLEGE OF OSTEOPATHIC MEDICINE

TOURO UNIVERSITY

Clinical Rotations Curriculum & Syllabi

Class of 2027, OMS IV & Class of 2028, OMS III

Effective June 30, 2026

The information herein applies to Academic Year 2026-2027 and is subject to change at the discretion of Touro College of Osteopathic Medicine.

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Note: Details of the Curriculum, including policies and procedures, are documented in the Clinical Rotations Manual available on the TouroCOM Student website.

INTRODUCTION

Purpose of the Clinical Education Curriculum:

The Clinical Education curriculum is designed to provide students with opportunities to engage in patient care and collaborate with members from other healthcare professions. Students will develop knowledge, skills, and attitudes for the appropriate level of training, learn to provide comprehensive, optimal patient care, and participate as integral members of the interprofessional team.

Goals:

The general goals of the Clinical Education program include:

- Providing optimal clinical learning experiences
- Providing a standardized clinical curriculum (Aquifer, WISE-SURGERY, and APGO) for Third Year
- Systematic evaluation processes

Third Year:

The Third-Year curriculum is designated to offer student opportunities to complete clinical clerkships in required "CORE" disciplines and one required Elective, as follows:

1. Emergency Medicine (EM) (four-week rotation)
2. Family Medicine (FM) (eight-week rotation)
3. Internal Medicine (IM) (eight-week rotation)
4. Obstetrics and Gynecology (OBGYN) (four-week rotation)
5. Pediatrics (four-week rotation)
6. Psychiatry (four-week rotation)
7. Surgery (eight-week rotation)
8. Elective (four-week rotation)

The NBOME Comprehensive Osteopathic Medical Achievement Test (COMAT) exam is required at the end of each respective rotation. The students' OPP COMAT is scheduled at the end of the four-week elective rotation.

The four-week Elective rotation provides an early opportunity to complete the discipline of the student's selection. This may be a: clinical clerkship, research rotation, an online course as permitted in the Remote Course Offerings section of this document, or telemedicine (if approved) to enhance the student's foundation of knowledge and skills. Students are required to submit the completed Elective Request Form to their respective TouroCOM Third-Year Clinical Coordinator as the Elective rotation requires approval from the Campus Clinical Dean. All third-year electives are scheduled by the student.

NOTE: If the elective is at a non-core affiliate, the student must confirm if an affiliation agreement is required. Please see page 90 for details regarding the process and timeline for an affiliation agreement. Any fee for the elective rotation is the student's responsibility.

All in-person core clinical rotations require completion of custom courses assigned by the Clinical Education Department including discipline required Aquifer course cases, Wise-Surgery cases and videos, self-assessment and feedback questions, virtual patient encounters, and may include additional required content and assignments. Students are strongly encouraged to access their Aquifer Dashboard and use Aquifer PracticeSmart (early on in a rotation, and again at the end), Calibrate assessments (where applicable), as well as create their personal To Do List. During the OBGYN rotation, students also receive access to the APGO platform and should view all APGO YouTube videos and complete the designated Q-Bank.

Fourth Year:
Building on third year required core rotations, students in fourth year are provided with opportunities to gain experience in subspecialty areas of medicine and/or surgery. All fourth-year rotations are four weeks long. The fourth-year clerkship curriculum includes:

1. **Two Core Rotations:**
   - One Sub-Internship (SUB-I) in general disciplines (not sub-specialties) of Emergency Medicine (EM), Family Medicine (FM), Internal Medicine (IM), Obstetrics and Gynecology (OBGYN), Pediatrics, Psychiatry, or Surgery.
   - One Ambulatory/Primary Care (PC) in general disciplines (not sub-specialties) of Family Medicine (FM), Internal Medicine (IM), or Pediatrics.
2. **Seven Elective Rotations:**
   - Strongly Recommended that Elective 7 (April) be scheduled as the last rotation in the spring semester for the online Preparation for Residency Course (4-weeks).

All fourth-year rotations are scheduled by the student. The Clinical Dean, Assistant Dean for Clinical Education, Director of Clinical Rotations, Program Coordinator of Career & Residency Advisement, Fourth Year Coordinator and Director of Clinical Education at your respective campus are available to advise during the fourth-year rotation planning process.

Fourth-year rotations must be completed as follows:
- Five (5) rotations **must** be done in the Fall semester; and should be at sites with a residency program/Graduate Medical Education (GME) in that discipline.
- Four (4) rotations **must** be done in the Spring semester.

Shadowing experiences are not acceptable for credit.

OBJECTIVES AND COMPETENCIES

Physician Competency is a measurable demonstration of adequate knowledge, skills, values, and behaviors, and attitude which meet established professional standards, supported by the best available medical evidence, that are in the best interest of the well-being and health of the patient.

AACOM Core Competencies for Medical Students

Osteopathic Principles and Practices
- Approach the patient with recognition of the entire clinical context, including mind-body and psychosocial interrelationships.
- Use the relationship between structure and function to promote health.
- Use OPP to perform competent physical, neurologic, and structural examinations incorporating analysis of laboratory and radiology results, diagnostic testing, and physical examination.
- Diagnose clinical conditions and plan patient care.
- Perform or recommend OMT as part of a treatment plan.
- Communicate and document treatment details.
- Collaborate with OMM specialists and other health care providers to maximize patient treatment and outcomes, as well as to advance osteopathic manipulation research and knowledge.
- Evaluate the medical evidence concerning the utilization of osteopathic manipulative medicine.

Medical Knowledge
- Articulate basic biomedical science and epidemiological and clinical science principles related to patient presentation in the following areas.

- Apply current best practices in osteopathic medicine.
- Physician interventions: Use scientific concepts to evaluate, diagnose, and manage clinical patient presentations and population health.
- Apply ethical and medical jurisprudence principles to patient care. Describe and list risk factors for preventable diseases.

Patient Care

- Gather accurate data related to the patient encounter.
- Develop a differential diagnosis appropriate to the context of the patient setting and findings.
- Implement essential clinical procedures.
- Form a patient-centered, interprofessional, evidence-based management plan.
- Health promotion and disease prevention (HPDP).
- Documentation, case presentation, and team communication.

Interpersonal and Communication Skills

- Establish and maintain the physician-patient relationship.
- Conduct a patient-centered interview that includes the following.
- Demonstrate effective written and electronic communication in dealing with patients and other health care professionals.
- Work effectively with other health professionals as a member or leader of a health care team.

Professionalism

- KNOWLEDGE - Demonstrate knowledge of the behavioral and social sciences that provide the foundation for professionalism competency, including medical ethics, social accountability and responsibility, and commitment to professional virtues and responsibilities.
- HUMANISTIC BEHAVIOR - Demonstrate humanistic behavior, including respect, compassion, probity, honesty, and trustworthiness.
- PRIMACY OF PATIENT NEED - Demonstrate responsiveness to the needs of patients and society that supersedes self-interest.
- ACCOUNTABILITY - Demonstrate accountability to patients, society, and the profession, including the duty to act in response to the knowledge of professional behavior of others.
- CONTINUOUS LEARNING - Attain milestones that indicate a commitment to excellence, as, for example, through ongoing professional development as evidence of a commitment to continuous learning.
- ETHICS - Demonstrate knowledge of and the ability to apply ethical principles in the practice and research of osteopathic medicine, particularly in the areas of provision or withholding of clinical care, confidentiality of patient information, informed consent, business practices, the conduct of research, and the reporting of research results.
- CULTURAL COMPETENCY - Demonstrate awareness of and proper attention to issues of culture, religion, age, gender, sexual orientation, and mental and physical disabilities.
- PROFESSIONAL AND PERSONAL SELF-CARE - Demonstrate understanding that he/she is a representative of the osteopathic profession and can make valuable contributions as a member of this society; lead by example; provide for personal care and well-being by utilizing principles of wellness and disease prevention in the conduct of professional and personal life.
- HONEST, TRANSPARENT BUSINESS PRACTICES

Practice-Based Learning and Improvement

- Describe and apply evidence-based medical principles and practices. Interpret features and meanings of

different types of data, quantitative and qualitative, and different types of variables, including nominal, dichotomous, ordinal, continuous, ratio, and proportion.

- Evaluate the relevance and validity of clinical research.
- Describe the clinical significance of and apply strategies for integrating research evidence into clinical practice.
- Critically evaluate medical information and its sources and apply such information appropriately to decisions relating to patient care.
- Describe and apply systematic methods to improve population health.

Systems-Based Practice

- The candidate must demonstrate understanding of variant health delivery systems and their effect on the practice of a physician and the health care of patients.
- Demonstrate understanding of how patient care and professional practices affect other health care professionals, health care organizations, and society.
- Demonstrate knowledge of how different delivery systems influence the utilization of resources and access to care.
- Identify and utilize effective strategies for assessing patients.
- Demonstrate knowledge of and the ability to implement safe, effective, timely, patient-centered, equitable systems of care in a team-oriented environment to advance population and individual patient health.

Third-Year Rotation Structure and Curriculum

Students will begin their Third-Year Clinical Curriculum in late June/early July, after successfully completing the pre-clinical curriculum and COMLEX Level 1. Syllabi for each "CORE" discipline are included later in this document.

Each student must complete the required Third-Year Clinical Rotations as listed below:

Emergency Medicine (CLIN 708)	four weeks
Family Medicine (CLIN 709)	eight weeks
Internal Medicine (CLIN 710)	eight weeks
Obstetrics/Gynecology (CLIN 703)	four weeks
Pediatrics (CLIN 704)	four weeks
Psychiatry (CLIN 705)	four weeks
Surgery (CLIN 711)	eight weeks
Elective (ELC 716)	four weeks
Vacation	four weeks

NOTE: Shadowing experiences are NOT acceptable for credit for any rotation, including the elective rotation.

Elective rotation:
An Elective may be in any clinical discipline and is scheduled by the student independently, depending on the Elective Site's scheduling requirements. **Students must receive written pre-approval from TouroCOM for any elective.**

The TouroCOM Clinical or Assistant Clinical Dean, Director of Clinical Rotations, Program Coordinator of Career & Residency Advisement, Third Year Coordinator, and Director of Clinical Education at each respective campus can advise in selecting an appropriate third-year elective rotation. Students are advised to schedule an in-person clinical elective rotation at a specific hospital/location, when possible, to enhance their clinical knowledge and skills to prepare for fourth year and residency training.

NOTE: Students MUST submit a completed Elective Request Form **no less than 60 days in advance** of the elective rotation start date. When scheduling an elective at a non-affiliated site, an affiliation agreement between TouroCOM and the site may necessary. This process can take up to **12 weeks to complete (dependent on response time of the affiliate site)**. If an affiliation agreement is required, the student cannot start the rotation until the affiliation agreement is fully executed.

An Elective rotation may be in, but is not limited to, any third year core specialty, sub-specialties, surgery and sub-specialty surgery, pathology, research, an international rotation (see specific limits below) or an online TouroCOM Remote Course offering.

- International rotations: Global Health Initiative in Ghana is the only permitted international rotation in spring of third year. Please reach out to your respective coordinator for further information.
- Research elective:
    - Requires pre-approval from the Clinical Dean. The student must submit the TouroCOM Elective Request Form and documentation from the host institution, on letterhead, with type/title of research rotation, dates of rotation, expectations, abstract and hypothesis, signed by preceptor that will be responsible for the SPE evaluation, to the TouroCOM Third Year coordinator, no less than 30 days in advance of the anticipated Research Elective start date. Reach out to your 3rd Year Coordinator for further information.

- A **work product** must accompany the end of rotation Student Performance Evaluation (SPE), to be evaluated and graded by the Assistant Dean of Research or research preceptor. The work product can be a poster presentation, PowerPoint presentation, or research paper.
- Research limited to writing an abstract or manuscript **will not be approved** as an elective rotation.
- **Clinical research must be done with an external affiliate and follow required parameters (e.g. research at the Weissman Hood Institute is permitted).**

Students are responsible for all administrative and rotation costs for the Third-Year Elective at non-TouroCOM core clinical affiliate sites. TouroCOM will not provide reimbursement for any student expenses incurred related to any rotation. **Students are responsible for all costs related to housing, transportation, and parking for all third-year rotations.**

NOTE: Students **may not cancel** an elective rotation if it is within 30 days of the start date of the rotation.

Third-Year Student Evaluation and Grading

Students' focus should be on gaining clinical experience, expanding fundamental medical knowledge, developing critical thinking skills, providing quality patient-centered care, and demonstrating cultural competence, while functioning as an integral member of an inter-professional healthcare team. During clinical rotations, students should elicit feedback based on the seven core competencies for which they are evaluated. Students should pay close attention to the grade earned and to the specific components of the Student Performance Evaluation (SPE) that are designed to provide information, feedback, and guidance to improve future performance.

All Third-Year clinical rotation final transcript grades are recorded as High-Pass, Pass, Unsatisfactory (Fail), or Unsatisfactory/Pass grade (HP, P, U, U/P).

- **A remote/online elective rotation transcript grade is recorded as Pass, Unsatisfactory (Fail), or Unsatisfactory/Pass grade (P, U, U/P). A fully or partially remote/online or research rotation is not eligible for a High Pass (HP).**

CLINICAL CLERKSHIP STUDENT PERFORMANCE EVALUATION (SPE)

This SPE is used to evaluate the student based on the Seven Osteopathic Core Competencies, (utilizing a Likert scale of 1-7), and a series of questions to assess specific elements that contribute to the overall assessment of the student's performance and identify area(s) of strength(s) and those that need improvement (See SPE below).

At the conclusion of each clinical rotation, the SPE (to be completed and submitted by the licensed, credentialed TouroCOM clinical preceptor is used in-part to determine the overall course/clerkship grade for the respective clinical rotation. Final grades for clinical rotations (High-Pass, Pass or Unsatisfactory) are calculated by the Department of Clinical Education, after taking into account the SPE including but not limited to the Seven Osteopathic Core Competencies, the COMAT exam score, and successful on-time completion of all requirements and assigned supplemental cases and questions, and adequate time dedicated to each case, as well as required assessments. Students are required to achieve an overall passing score on the SPE. See the grading policy below.

An online/remote elective course does not require an SPE, and the final transcript grade for a remote elective course is recorded as Pass, Unsatisfactory (Fail), or Unsatisfactory/Pass (P, U, U/P). Requirements for a final passing grade in a remote/online elective course include successful completion of all the respective course requirements by the due date, and achievement of a minimum passing standard score (90) on the OPP COMAT exam.

Components of Assigned Grade for Third Year:

Grade/Components of Grade	Grade: Unsatisfactory ("U")	Grade: Pass ("P")	Grade: High Pass ("HP")	MSPE Notation: Honors
Clinical Clerkship Student Performance Evaluations (SPE)	Receive a minimum overall grade of <"P" Pass on SPE **or** unsuccessful in passing 2 or more competencies on SPE	Receive a minimum overall grade of **P** on the SPE	Receive a minimum overall grade of **HP** on the SPE	Receive a minimum overall grade of **P or HP** on the SPE
Comprehensive Osteopathic Medical Achievement Test (COMAT)	Achieves a standard score of <90 on the respective COMAT and does not then successfully complete the additional assessment	Achieves a **standard score 90-109** on the respective COMAT	If a student achieves a **standard score 90-109** on the respective COMAT	If a student achieves a **standard score greater or equal to 110** on the respective COMAT
	Achieves a standard score of <90 on the respective COMAT	Successfully passes additional assessment for a "P"	**COMAT must be taken on the originally scheduled day*	**COMAT must be taken on the originally scheduled day*
Supplemental Cases (Aquifer, Wise Surgery)	Does not complete all required assignments	Successfully completes all required assignments	Successfully completes all required assignments **by the original due date**	Successfully completes all required assignments
OVERALL	Receive a U on SPE, achieve <90 on COMAT and fail to complete supplement assessment, or fail to complete all required supplemental cases by originally scheduled day	Receive PASS on SPE, 90-109 on COMAT, PASS supplemental cases = **PASS** If COMAT<90, achieve a passing score on supplemental assessment.	Receive HIGH PASS on SPE, >90 on COMAT, PASS supplemental cases = **HIGH PASS**	Receive PASS or HIGH PASSS on SPE, >110 on COMAT, PASS Supplemental Cases = **PASS or HIGH PASS** *with MSPE Notation of Honors*
Remote Elective Course	As a remote elective course does not require an SPE, the final grade for a remote elective course is recorded as Pass, Unsatisfactory (Fail), or Unsatisfactory/Pass (P, U, U/P). Requirements for a final Passing grade in a remote course includes Successful completion of all the respective course requirements by the due date and achievement of a minimum passing standard score (90) on the OPP COMAT exam. If any portion of the rotation is completed remotely, a student is only eligible for a Pass grade.			
Student Evaluation of Clinical Rotation	Successful Completion of the evaluation of rotation is a required component of 3rd year (Not a component of a student's individual rotation grade)			
Osteopathic Manipulative Medicine (OMM)	Successful Completion of the OMM Curriculum is a required component of 3rd year (Not a component of a student's individual rotation grade)			

**Third-Year final grades for each clinical rotation include both clinical and cognitive assessments. Clinical assessment of knowledge and skills in the SPE include, but are not limited to, the Seven Osteopathic Core Competencies. Cognitive assessment using the respective objective Comprehensive Osteopathic Medicine Achievement Test Clinical Subject exam (COMAT). Receiving a passing grade for each rotation also includes successful completion of all required Aquifer course cases, rotation feedback and self-assessment questions, WISE-Surgery cases and skills videos, and APGO content (OBGYN rotation only) by the assigned due date.*

Course Final Grade Computation

Students can receive the following transcript grades on Third-Year clinical clerkship rotations:

(HP) HIGH-PASS

- Receive a minimum overall grade of "HP" on the SPE (an average numerical score equal to or greater than 6.00 on SPE Likert Scale) and achieve a minimum passing standard score (90) on the respective COMAT clinical subject exam on the first attempt that must be taken on the originally scheduled exam date, and the student must dedicate adequate time on each required supplemental assignments and successfully complete all required assignments by the original due date and time. Fully or partially online/remote courses and research rotations are not eligible for a "HP" grade.

(P) PASS

- Receive a minimum overall grade of "P" on the SPE (an average numerical score of 4.00 to 5.99 on SPE Likert Scale) and achieve a passing score on the respective COMAT clinical subject exam, as well as dedicate adequate time on all required supplemental case assignments and successfully complete all required assignments by the original due date and time. Or for a Remote Elective Course or Research Rotation, successfully complete all the respective course requirements and successful completion by the due date and achieve a minimum passing standard score (90) on the OPP COMAT exam. Maximum grade for a fully or partially remote/online rotation or research rotation is a Pass.

(U) UNSATISFACTORY

- Receive a minimum overall grade of < "P" on the SPE (an average numerical score of 3.99 or less on SPE Likert Scale).
- If the student exceeds the allowable absences from a rotation. *See Absence Policy*.
- If the student receives a grade lower than ''P" on the SPE, the student will receive a "U". The student may be required to meet with the Clinical Dean. A student that receives a ''U" grade will be referred to the Student Promotions Committee (SPC), SPC will notify the student whether they are granted permission to **remediate the rotation.** If the student is permitted to remediate the clinical rotation, they will be required to meet the passing grading criteria for the clinical component which is "P" on the SPE, to receive a maximum rotation grade of "U/P". The student may also be required to retake and achieve a passing score on the respective clinical subject COMAT exam. The student may be required to reset all Aquifer/Wise-Surgery cases for the respective supplemental curriculum course and complete them in their entirety by 11:59 pm on the Thursday prior to sitting for the COMAT. The rotation site will be determined by the Department of Clinical Education based on availability. Remediation of a rotation will not be completed until all other third year rotations have ended.
- A student may receive a "U" grade exclusively based on their cognitive assessment (COMAT performance).
- A student may receive a "U" grade exclusively based on failing to complete all assigned supplemental case requirements.

MSPE Notation of Honors

A "NOTATION" of Honors (which is not a grade) is an additional distinction exclusively on the Medical Student Performance Evaluation (MSPE) for residency program application, provided that the student meets TouroCOM's parameters for the distinction of Honors. Strengths and additional narrative comments on the Third-Year rotation SPEs are used in the students' MSPE. Notation of Honors is not noted on students' transcripts. See below.

COMPREHENSIVE OSTEOPATHIC MEDICINE ACHIEVEMENT TEST (COMAT) EXAMINATION AND POLICY

At the end of each Core clerkship rotation, and at the end of the elective rotation, students will take the Comprehensive Osteopathic Medicine Achievement Test, COMAT clinical subject exam, administered by the NBOME, for the respective discipline. The OPP COMAT is administered at the end of the elective rotation block. All COMAT examinations are scheduled at the end of the rotation, usually on the last Friday of the rotation. Students are responsible for maintaining awareness of the exam dates and ensuring that they complete the examinations as required by the Clinical Education Department and adhering to the NBOME regulations and requirements. When applicable, any approved alternative exam date will be scheduled on an individual basis, as approved by the Clinical Dean. *See Absences policy for COMAT.*

- **NOTATION OF HONORS on the Medical Student Performance Evaluation (MSPE):** If a student receives a Pass or High Pass on the SPE and achieves a standard score greater or equal to 110 on the initial attempt on the originally scheduled date for the respective COMAT, and all other requirements have been successfully completed by the original due date and time, there will be a "notation of Honors" on the MSPE. Honors is NOT a grade on the student's transcript.
- If a student achieves a standard score between 90-109 on the respective COMAT, the rotation grade remains as determined by the SPE provided that all other requirements have been successfully completed by the original due date and time.
- If a student achieves a standard score of less than a 90 on the respective COMAT, the student will be required to complete an additional cognitive assignment and/or exam to show competency in the discipline. If the student does not successfully complete the assignment or meet the required exam score, the student will receive a grade of "U". The student may be required to meet with the Clinical Dean. A student that receives a ''U" grade will be referred to the Student Promotions Committee (SPC). SPC will notify the student of whether they are granted permission to **remediate the rotation.** If the student is permitted to remediate the clinical rotation, they will be required to meet the passing grading criteria for the clinical component which is "P" on the SPE and achieve a passing score on the COMAT to receive a maximum rotation grade of "U/P". Students allowed to remediate a course will not be given options to further remediate a failed COMAT exam.
- If granted permission to remediate, the rotation site will be determined by the Department of Clinical Education.
  A. Please refer to the current TouroCOM Student Handbook, under the ACADEMIC DISMISSAL POLICY.
  B. A student who receives "U" grades in two 6-credit rotations, or in one 12-credit clinical rotation, will be referred to SPC and may be recommended for dismissal to the Executive Dean.
  C. Please see *Clinical Rotations Manual* for advanced notification of Anticipated Absence for a COMAT exam.

ADDITIONAL STUDENT REQUIREMENTS for THIRD YEAR CLINICAL CURRICULUM

CLINICAL EVALUATIONS AND FEEDBACK

Student Expectations:
At the start of all clinical rotations, each student should meet with their preceptor and/or coordinator to discuss expectations for clinical performance. The student is responsible for ensuring that they understand the preceptor's expectations and should take this opportunity to clarify any questions regarding their roles and responsibilities.

It is strongly recommended that the **student request formative feedback throughout the rotation, mid-rotation feedback** at the midpoint of the rotation to provide the student with formative feedback on performance to date, and suggestions for improvement in the latter half of the experience, as well as an opportunity to demonstrate application of feedback.

Student & Preceptor:

The preceptor is to evaluate the student's performance for each of the seven Osteopathic Core Competencies listed on the Student Performance Evaluation (SPE). A numerical Likert score should be marked for each of the seven competencies. Preceptors are strongly advised to complete the narrative comments for "Strengths and Area for Improvement" to provide the most relevant specific feedback to the student. The Clinical Education Department calculates the final rotation grade based on the final SPE submitted by the appropriate designee at the site. For sites that provide the **composite SPE, the composite SPE will be used to calculate the final grad**e. **NOTE: Positive and constructive comments noted on the SPE are included in the Medical Student Performance Evaluation (MSPE), formerly Dean's letter, used for residency application. All sections of the SPE should be completed.**

It is important to note that students are to be evaluated within the context of their current level of training, i.e., what should be reasonably expected from a medical student at the same point in training. It is expected that student performance will improve as they progress through their clinical training. Preceptors and students should meet to discuss the specifics of the student's performance evaluation.

Student meeting:
Clinical preceptors/faculty are to meet with any student at the midpoint of the clinical clerkship if there is a possibility that the student may fail the rotation. This conversation should be documented on the completed SPE form, dated and noted as mid-rotation evaluation.

Preceptor completion & submission of the SPE:
All sections of the SPE must be completed. The Third Year SPE for all core rotations must be signed by the licensed TouroCOM credentialed preceptor/provider, dated, and should be returned to the Department of Clinical Education, no later than two weeks after the last date of the rotation. Credentialed preceptors that have access to New Innovations (NI) are to submit the SPE through NI. Those that do not have access to NI are to submit the SPE to evaluations.clinical@touro.edu. Students are not to be given a copy of their completed SPE. The designated preceptor or appropriate designee should submit the final SPE to the COM.

Student Clinical Performance:
Near the completion of each clinical rotation, students are advised to remind their preceptor to complete their SPE. Students should request an end of rotation meeting to review their SPE. As a reminder, all Third-Year core SPEs must be signed or co-signed by TouroCOM credentialed, licensed clinical preceptor and/or co-signed by the TouroCOM DME/or site designee if there is no TouroCOM DME. The Clinical Education department may request an additional signatory on an SPE for an Elective rotation that is signed solely by a resident or other healthcare professional. For rotations that utilize a composite SPE only the composite SPE will be used for determining the grade.

It is important to recognize that the primary intent of the evaluation is to provide feedback to students as to their specific areas of strength and weakness, and to offer direction for improvement in the future. Preceptors should take the opportunity to assess the student's clinical performance and skills, as well as each of the seven core competencies, and to include comments on the SPE.

A sample of the current SPE is included at the end of this document.

Student Evaluation of Rotation/Clinical Site:
Following each clinical rotation, students are required to complete an evaluation of the preceptor, site, rotation, and/or online course. In alignment with the core competency, Professionalism, it is expected that all student evaluations and feedback will be provided in honest, factual, objective, professionally written manner to allow for problems to be identified and addressed, and to allow for appropriate specific positive feedback to be provided to respective clinical site. Appropriate thought and time should be dedicated to this part of the clinical evaluation process, as this information is used by Touro College of Osteopathic Medicine to assess clinical sites.

Clinical Rotations Academic Calendar AY 2026-2027

3RD YEAR ROTATIONS

Class of 2028 - Block Schedule

Rotations Calendar

2026 – 2027 Academic Calendar | Class of 2028 (OMSIII)

Block	Start Date	End Date	Academic Monday	OMM	Quiz Due	Level 2 Prep	Aquifer (Due Thurs @ 11:59PM)	COMAT
Block 1	6/29/2026	7/25/2026	7/20/2026	N/A	N/A	12:30 PM	7/23/2026	7/24/2026
Block 2	7/27/2026	8/22/2026	8/17/2026	9:00 AM	9/11/2026	12:30 PM	8/20/2026	8/21/2026
Block 3	8/24/2026	9/19/2026	9/14/2026	9:00AM or 2:00PM	**In-Person**	12:30 PM	9/17/2026	9/18/2026
Block 4	9/21/2026	10/17/2026	10/12/2026	9:00 AM	11/6/2026	12:30 PM	10/15/2026	10/16/2026
Block 5	10/19/2026	11/14/2026	11/9/2026	9:00 AM	12/4/2026	12:30 PM	11/12/2026	11/13/2026
Block 6	11/16/2026	12/12/2026	12/7/2026	9:00AM or 2:00PM	**In-Person**	12:30 PM	12/10/2026	12/11/2026
Block 7	12/14/2026	1/9/2027	1/4/2027	9:00 AM	1/29/2027	12:30 PM	1/7/2027	1/8/2027
Block 8	1/11/2027	2/6/2027	2/1/2027	9:00 AM	2/26/2027	12:30 PM	2/4/2027	2/5/2027
Block 9	2/8/2027	3/6/2027	3/1/2027	9:00AM or 2:00PM	**In-Person**	12:30 PM	3/4/2027	3/5/2027
Block 10	3/8/2027	4/3/2027	3/29/2027	9:00 AM	4/16/2027	12:30 PM	4/1/2027	4/2/2027
Block 11	4/5/2027	5/1/2027	4/19/2027*	9:00 AM	5/21/2027	12:30 PM	4/29/2027	4/30/2027
Block 12	5/3/2027	5/29/2027	5/24/2027	9:00AM or 2:00PM	**In-Person**	12:30 PM	5/27/2027	5/28/2027
Block 13	5/31/2027	6/26/2027	**COMLEX Level 2 Intensive Board Prep**					

Osteopathic Manipulative Medicine (OMM) 3rd and 4th Year Curriculum

The Department of Osteopathic Manipulative Medicine's OMM curriculum integrates Osteopathic Principles and Practice across all disciplines throughout the OMS III & OMS IV clinical rotation years. The OMM curriculum aims to integrate palpatory and structural diagnostic skills with basic science knowledge acquired during the first two years of medical school to enhance students' knowledge regarding clinical and scientific understanding of osteopathic approaches to wellness, health, and disease-states in the context of the neuromusculoskeletal system.

Students participate in a curriculum that is delivered using multiple modalities including live interactive Zoom sessions, in-person didactic and technique review lab sessions, and hands-on clinical training and skills assessment. Content delivered is delivered in multiple settings, which may include the COM campus and core affiliate hospital-based rotation sites.

Learning Objectives

1. Describe the place and role for osteopathic evaluation, including palpatory and structural diagnostic skills, in the work-up of hospitalized and ambulatory patients.
2. Demonstrate both osteopathic diagnostic and treatment skills acquired during the first two years of the OMM course as applied to the clinical environment.
3. Describe and demonstrate presentation skills relevant for the osteopathic evaluation of a patient.
4. Write clear patient notes which demonstrate synthesis of clinical presentations and application of knowledge of osteopathic principles relevant for history taking, physical examination and treatment planning.

THIRD YEAR OMM SYLLABUS

NOTE: Please refer to the OMM Third Year Canvas page to access the OMM Syllabus and Resources.

OSTEOPATHIC PRINCIPLES AND PRACTICE

INTRODUCTION

Osteopathic Principles and Practice (OPP) for the third-year program is a mandatory neuromusculoskeletal (NMM) Year Three curricula component. OPP is scheduled for both the Fall and Spring semesters for the Touro Harlem, Touro Middletown, and Touro Montana campuses. This series will be scheduled in block format starting in Block 2 of rotations. Both the Fall and Spring semesters will be delivered in multiple modalities including remotely via live Zoom sessions, with corresponding online required content, and have one in-person technique review session per semester. Each block will include one or more of the following: lecture materials; a competency quiz, reading assignments, handouts, and techniques.

OPP as defined by the American Association of Colleges of Osteopathic Medicine's Educational Council on Osteopathic Principles is a concept of health care supported by expanding scientific knowledge that embraces the concept of the unity of the living organism's structure (anatomy) and function (physiology). Osteopathic philosophy emphasizes the following principles: (1) The human being is a dynamic unit of function; (2) The body possesses self-regulatory mechanisms that are self-healing in nature; (3) Structure and function are interrelated at all levels; and (4) Rational treatment is based on these principles (Glossary of Osteopathic Terminology, 2011).

PROGRAM GOALS

The NMM Third-Year clinical enhancement curriculum focuses on the integration of OPP, including osteopathic manipulative treatment (OMT), into clinical problem solving and patient care. The clinical conditions covered in each block will be based on the most common diagnoses coded nationally for each covered organ-system or specialty. Special emphasis will be placed on the most common outpatient clinical diagnoses coded by osteopathic physicians as documented by the National Ambulatory Center Database and those diagnoses that respond well to adjunctive OMM block objectives - for each covered condition.

1. State how the condition is defined and its diagnostic criteria (where applicable).

2. Describe the epidemiology of the condition and how the condition may vary in different age groups.

3. Describe the pathophysiology including the etiology and risk factors of the condition.

4. Describe the clinical manifestations of the condition.

5. Describe the physical examination findings of the condition with particular emphasis on the musculoskeletal manifestations of the condition.

6. Describe the types of diagnostic studies used to assess the condition and state risks, benefits, and indications of each study.

7. List the differential diagnoses for each condition.

8. Describe the pharmacological, surgical, and lifestyle and other conservative interventions used in the management of the condition and discuss the risks and benefits of each. Describe how each type of intervention relates to one or more of the five osteopathic treatment models – biomechanical, respiratory – circulatory, metabolic, neurologic, and behavioral.

9. Describe the osteopathic manipulative treatment approach to management of the condition and discuss the treatment goals of the various types of techniques with specific emphasis on the five osteopathic treatment models.

10. Describe the specific steps to treating somatic dysfunction related to the condition with major osteopathic manipulative techniques, including soft tissue, muscle energy, HVLA, LVMA, balanced ligamentous tension, counterstrain, myofascial release, facilitated positional release, ligamentous articular strain, cranial OMT, Still, and visceral techniques.

11. Describe the prognosis of the condition and the factors that affect the prognosis.

12. Describe preventative measures to prevent occurrence and recurrence of the condition.

13. For the assigned manual medicine research reading assignment, state the inclusion and exclusion criteria, methodology including types of manual techniques, results, and relevance to clinical practice.

See dates and topics on the Block Schedule on page 13.

REMOTE OPP REQUIREMENTS

ACADEMIC MONDAYS include OPP scheduled in the morning, and Board Prep scheduled in the afternoon.

The OPP block schedule starts on the third Monday in Block 2 and runs through Block 12. Content for OPP Modules for blocks 2-11 will include an OMM review on specialty-based topics encompassing anatomy, physiology, diagnosis, and treatment options including osteopathic manipulative medicine (OMM) for each covered diagnosis.

Attendance in all Zoom sessions is mandatory, except for students on their current Elective rotation and Vacation block, as students are excused from the OMM academic requirements of these blocks.

All assignments must be completed during the respective block to demonstrate competency. Each OPP Module will contain units on integrated diagnosis and treatment for specific clinical conditions or for specialized patient populations; research articles for review; and an online multiple-choice quiz. Special emphasis will be placed on the most common outpatient clinical diagnoses coded by osteopathic physicians as documented by the National Ambulatory Center Database and those diagnoses that respond well to adjunctive OMM.

Self-study topics or reading assignments are included within the units and should be completed prior to taking module quiz assessment.

For select OMM Zoom sessions, students will be required to complete the selected Aquifer case, and self-assessment and feedback questions, prior to attending the remote live Zoom session. Instructions will be sent out by the OMM Department.

IN-PERSON REQUIREMENT

Students will be scheduled for the two required in-person OPP Technique Review laboratory sessions, one per semester.

ASSESSMENT

Each module will include an end of module quiz assessment of approximately 10 case-based multiple choice or matching items focusing on the material covered in the module and related OMM diagnosis and treatment review material. The **block quiz** must be completed by the due date. If unforeseen circumstances should arise, and the student is not able to submit the quiz by the due date, there will be **one** penalty-free attempt to take the quiz. If the quiz is not submitted by the module due date going forward, a make-up assignment will be given to the student by the OMM Third-Year Course Director, which will include submitting a one-thousand-word paper on the module topic **and** completion of a required quiz by the designated date given by the course director.

Objectives will be provided for each module to guide the learner in preparation for the assessment.

Every block quiz must be completed for successful completion of the third-year requirement (unless on Elective or Vacation). A student must achieve a score of proficiency of 7/10 or greater. Students will be asked to repeat the quiz if their grade is lower than 7. If the score is still below 7/10 after repeated attempts, a supplemental session will be required as outlined by the third-year course coordinator.

Deadlines for the required quiz completion are the Friday prior to the next Academic Monday OMM session.

If the quiz is not submitted by the due date, it is the student's responsibility to contact the OPP third-year course coordinator by email, within 48 hours of the start of the new module, to submit late.

- If the student does not contact the OMM Third-Year Course Director/Administrative staff about the missed quiz within the stated time frame, the student will not be able to submit any quiz and will be assigned a unit specific make-up assignment to write. All students will be given one penalty free attempt.
- If the quiz is not submitted by the module due date a second time, and the course coordinator was contacted within 48 hours, in addition to passing the quiz, a make-up assignment will be given to the student by the OMM Third-Year Course Director which will include submitting an approved **paper on a designated date** on the module topic. The paper should contain a thousand words typed in Times New Roman, letter size 12 and have 1/1/2-inch margins. It should contain a title page with the name of the student, date, topic, and module number. It should include references (in standard format) on the last page.
- If the quiz is late a third time and/or the make-up assignments are not completed successfully by the designated due date, the student will not be allowed to take the quiz and will be referred to the OMM Third-Year Course Director.

LOGS

It is recommended that students try to incorporate OMT into their daily care of patients.

It is advisable to keep a log of those treatments for the student's own records. Record the chief complaint(s), the treatment date, patient age and sex, supervisor (MD or DO) along with each practice treatment record the body regions and types of OMT used. The OPP chairperson or the OPP third-year course director can be a useful resource if additional help is needed.

REQUIRED TEXTBOOKS

A. Seffinger, M. (ed.): Foundations for Osteopathic Medicine, Fourth Edition, Lippincott Williams and Wilkins, Baltimore, M.D., 2017

B. Kuchera, M., Kuchera, W., Osteopathic Considerations in Systemic Dysfunction second Edition, Greyden Press

C. DiGiovanna, E., Amen, C., Burns, D., An Osteopathic Approach to Diagnosis and Treatment, Fourth Edition, Wolters Kluwer, 2021

D. Millicent King Channel, David C Mason The 5-Minute Osteopathic Manipulative Medicine Consult The 5-Minute Consult Series 2008

STUDENT RESPONSIBILITIES

Full participation, performance, and attendance are expected for successful completion of this third year required NMM clinical curricula. This includes all didactic materials (online learning, readings and quizzes, Zoom sessions, and OPP lab when designated). Excused absences are determined by the OMM Chairperson and/or Third Year OMM Course Director.

If a student has two or more **late assignments,** they will be required to successfully complete distinct assignments, assessment, or quizzes to fulfill the respective academic requirements. If the student has a third late or missing assignment, the student will be referred to the OMM Course Director. No assignments or assessments may be offered without an excused absence.

OMM CURRICULA

Content and assessment requirements for OMM curricula deficiency(ies) must be approved by the OMM Chairperson and Third Year OMM Course Director. Assignments will be individualized and require specific reading assignments and a written paper on a designated topic. Students should contact the Third Year OMM Course Director immediately upon notice of deficiency for the third year OMM program to begin the approved deficiency process.

OMM Lab and Lecture: (3rd Year Student Requirement)

The OMM sessions will be hosted both remotely and in-person during the 2026-27 academic year.

Students are required to attend the TouroCOM OMM sessions via Zoom and on campus. Students are also required to attend their respective afternoon clinical rotation, clinical rounds, or scheduled afternoon and/or evening clinical duty after attending the TouroCOM OMM sessions via Zoom or on campus.

NOTE: For distant (e.g., Syracuse, select Montana core sites not located in Montana or near other Touro campuses) third-year clinical students, OMM will be scheduled at the respective clinical site. In-person attendance for the Block 12 Clinical Skills Assessment is required. Students that are scheduled for Vacation or Elective rotation are exempt from attending the respective OMM session. However, a student may elect to attend.

Please refer to the student schedule as posted in New Innovations.

STUDENTS MUST COMPLETE ALL OF THE ABOVE CURRICULA REQUIREMENTS, INCLUDING BUT NOT LIMITED TO OMM, IN ORDER TO PROGRESS TO THE FOURTH YEAR.

FOURTH YEAR OMM REQUIREMENTS

Students in the fourth year are **required to complete two case logs via the Canvas platforms during their required core Ambulatory Care rotation**. The case logs should be representative of OMT completed during cases on the rotation. If the student is unable to complete OMT during the rotation due to lack of appropriate osteopathic supervision, the student may submit case logs describing the OMT techniques they would have utilized if they were able. The OMM Department will track case logs and will be collecting and logging their submissions.

FACULTY CONTACTS

Third Year OMM Clinical Course Director – Denise K. Burns, D.O., F.A.A.O.

Chairperson, Department of Osteopathic Manipulative Medicine – Susan Milani, D.O.

Montana Department of Osteopathic Manipulative Medicine – Christina Steele, D.O, and Sierra Cobb, D.O.

INCOMPLETE GRADES & DISPUTES

(I) INCOMPLETE

A grade of "Incomplete" (I) may be given to students who have acceptable levels of performance for a given course but have not completed all course requirements – such as an examination, a paper, a field work project, or time on a clinical rotation. "Incomplete" grades are routinely allowed only for the completion of a relatively small percentage of work in a course (e.g., 25%). Grades of "Incomplete" are not issued to students who are doing substandard work to give them the opportunity to redo their projects/exams so that they can achieve an acceptable grade.

The procedure for granting an "Incomplete" begins with the student requesting a meeting with the faculty member in which the faculty member will review the student's progress and decide whether it is appropriate for the student to receive the grade of "Incomplete." Please review the current Student Handbook for further details. If the faculty member decides that the student does not meet the requirements for the grade of Incomplete, she or he may deny the student's request. The student may contest the faculty member's decision by appealing in writing to the department/program chair. Policies regarding the consequences of missing a final exam may differ in individual schools or programs and will govern the student's right to request a grade of "Incomplete."

If the student is permitted to apply for an Incomplete, he or she will fill out a Contract for Grade of Incomplete. The Contract is considered a request until it is approved and signed by the student, faculty member, and department/program chair. Signed copies of the Contract are given to the student, the faculty member, the departmental/program chair, and a copy is forwarded to the Registrar's Office. The faculty member is asked to record the grade of "Incomplete" in the student information system via TouroOne portal.

Although the time allowed for the completion of any single project may vary depending on the magnitude of the project, with a typical timeframe being 6 weeks, grade of Incomplete should not be allowed to stand longer than one semester from the end of the semester in which the course was given. (Incomplete grade in the Fall must be changed by end of the next Spring; Incomplete grade in the Spring must be changed by the end of next Fall). The faculty member will specify the amount of time allowed to finish an incomplete project in the contract. The amount of time should be appropriate to the project. For instance, a faculty member may only want to allow a relatively short amount of time to complete a missing exam. Under special circumstances, the Dean may extend the deadline beyond one semester. In such a case, the contract should be revised to reflect the change. Once the student completes the required project, the faculty member determines the final grade for the course and notifies the Registrar by using the standard Change of Grade form.

Courses that receive an "Incomplete" grade will be counted toward the total number of credits attempted but not earned. The course will not be calculated in the student's term or cumulative GPA until the incomplete grade is resolved. If the "I" grade is subsequently changed to a "U," the "U" grade will be calculated into the student's GPA and will appear on the transcript. Incomplete grades can, therefore, affect a student's financial aid status at the college, but will not initially affect the student's GPA.

All 'I' grades obtained during the second year must be converted to a passing letter grade prior to entering third year clinical rotations. All 'I' grades obtained during the fourth-year clinical rotations must be converted to a passing letter grade prior to graduation.

REMEDIATION

Efforts may be made to give each student an ample opportunity to demonstrate competency in each area of the academic program. For students who have not been successful, the College may offer a remediation opportunity.

However, remediation is to be regarded as a privilege that must be earned by a student through active participation in the educational program, as demonstrated by regular attendance (as described in this Handbook) and by individual initiative and utilization of resources available to him/her. Decisions regarding remediation will be made by the Clinical Dean on an individual basis after considering the recommendation of the SPC and all pertinent circumstances in each case.

Grades earned during an attempted remediation of a course, system, or clinical rotation will be reviewed by the SPC and the Dean. The highest grade a student may earn by any of the remediation options set forth above is a grade of ''U/P''.

In the event remediation is not granted, the recommendation for dismissal will be forwarded to the Executive Dean by the SPC (See **Academic Dismissal**). The Executive Dean will then notify the student.

DISPUTES

If a student disagrees with the student performance evaluation (SPE) provided by a DME or TouroCOM credentialed preceptor, or the appropriate hospital appointed designee, the student should first set up a meeting with the preceptor to discuss the matter. Following this discussion, a revised SPE may be submitted. In this circumstance, it should be indicated on the top of the SPE that it "represents a revision and supersedes the prior evaluation" with the new date. The final grade for the rotation will then be recalculated based on the new clinical SPE, if approved by the Clinical Dean.

ATTENDANCE, TARDINESS, ABSENCES, AND EXAMINATIONS

Touro College of Osteopathic Medicine encourages and expects students to attend all scheduled courses of study including, but not limited to, classroom lectures, discussion groups/interactive sessions, laboratory activities, and clinical assignments, and/or online. Failure of a student to be present on time to any of the above will be viewed as violations of standards of academic and social conduct. Please review the current Student Handbook for further details. Promptness is a trait the physician must display and is a component of the Core Competency of Professionalism of the AOA. Repeated tardiness is considered improper professional behavior and may result in disciplinary action, including dismissal.

See TouroCOM Professionalism Standards

PROFESSIONALISM IS A STUDENT DOCTOR RESPONSIBILITY

Professionalism is a core requirement of all Touro College students. Students are expected to be honest, act fairly towards others, take individual responsibility for honorable behavior, and know what constitutes academic dishonesty. Please also note that the following statement on professionalism is core not only to gaining admission to the college but also for progressing successfully through the academic program:

Professionalism. Candidates and students must possess the skill, competence, or character expected of a member of a highly trained profession required for full utilization of their intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive relationships with patients and co-workers. Candidates and students must be able to tolerate physically and mentally taxing workloads, adapt to changing environments, display flexibility, and learn to function in the face of uncertainties inherent in treating the problems of patients. Compassion, integrity, concern for others, interpersonal skills, interest, and motivation are qualities that will be assessed during the admissions and education process. Violations of the professionalism standard described above may be grounds for dismissal by the Dean. Please review the current Student Handbook for further details. See TouroCOM Professionalism Standards

TouroCOM Policy on Artificial Intelligence

Artificial intelligence is transforming medicine — from accelerating research discoveries to enhancing clinical care. At TouroCOM, we embrace AI as a tool that complements, rather than replaces, human insight and compassion central to osteopathic medicine. In research, AI allows faculty and students to analyze complex data sets, uncover subtle patterns, and generate knowledge that once took years to achieve. In the classroom and clinical training, students gain hands-on experience using AI ethically and effectively, learning how technology can improve patient outcomes while supporting holistic, patient-centered care. By combining technological innovation with empathy, critical thinking, and osteopathic principles, TouroCOM students are uniquely prepared to lead in a rapidly evolving healthcare landscape. Innovation and compassion go hand in hand at TouroCOM — shaping the next generation of physicians and the future of medicine.

For further details on TouroCOM's Artificial Intelligence and Academic Integrity Policies and Procedures please see the Student Handbook and *TouroCOM Professionalism Standards*.

IMPORTANT COMLEX-USA LEVEL 1 DATES:

COMLEX Level 1 is the Comprehensive Osteopathic Medical Licensing Examination. Comprehensive Osteopathic Medical Self-Assessment Examination (COMSAE) Phase 1 is a self-assessment examination for osteopathic students to gauge the base of their knowledge and ability as they prepare to take COMLEX Level 1.

Please review the current Student Handbook regarding COMLEX Level 1 policies.

COMLEX-USA LEVEL 1 SCORE RELEASE DATES

COMLEX-USA Level 1
2026-2027 Cycle

Start of Window	End of Window	Score Release Date
5/7/2026	5/31/2026	**6/30/2026**
6/1/2026	6/13/2026	**7/9/2026**
6/14/2026	6/27/2026	**7/21/2026**
6/28/2026	7/28/2026	**8/11/2026**
7/29/2026	8/27/2026	**9/10/2026**
8/28/2026	9/23/2026	**10/6/2026**
9/24/2026	10/23/2026	**11/5/2026**
10/24/2026	11/25/2026	**12/8/2026**
11/26/2026	12/31/2026	**1/12/2027**
1/2/2027	1/27/2027	**2/9/2027**
1/28/2027	3/5/2027	**3/23/2027**
3/6/2027	4/10/2027	**4/22/2027**

**Dates are subject to change. Continuously monitor this schedule on the NBOME website.*

As per the NBOME, effective July 1, 2022, candidates taking COMLEX-USA examinations will be **limited to a total of four (4) attempts for each examination** (COMLEX-USA Level 1, Level 2 CE, and Level 3), including but not limited to all attempts prior to July 1, 2022. After June 30, 2022, no candidate will be allowed to take any examination more than four (4) times without obtaining approval from the NBOME. **NOTE**: Specific states have limits on the number

of attempts at individual and/or total attempts at COMLEX USA for licensing. Students are strongly encouraged to review the information on this website to be aware of each state's maximum number of attempts per level.

COMLEX-USA LEVEL 2 - COGNITIVE EVALUATION (CE)

The COMLEX-USA Level 2 - Cognitive Evaluation (Level 2-CE) is a one-day, computer-based assessment that integrates application of knowledge in clinical and foundational biomedical sciences with other physician competencies related to the clinical care of patients and promoting health in supervised clinical settings.

Competency domains assessed include application of osteopathic medical knowledge, osteopathic patient care, osteopathic principles and practice, communication skills, systems-based practice, practice-based learning and improvement, professionalism, and ethics.

The examination, taken in a secure, time-measured environment, consists of two computer-based test sessions of four hours each. Currently, it contains 320 test questions related to diverse clinical and patient presentations and seven defined competency domains for osteopathic medical practice. Test questions are single-best-answer multiple-choice format with some test items involving audio-visual components designed to assess an expanded physician competency subset.

Passing COMLEX-USA Level 2-CE indicates that the candidate has demonstrated competence in the clinical sciences and related physician competency domains for osteopathic medical care of patients as required to enter supervised graduate medical education settings and to continue lifelong learning.

Further information can be found in https://www.nbome.org/assessments/comlex-usa/comlex-usa-level-2-ce/

Third-year students are advised that the Department of Clinical Education reviews each student's performance on all cognitive exams. The department identifies parameters and requirements used to help guide students for success on board exams.

COMLEX-USA Level 2-CE cannot be taken until the student has passed COMLEX-USA Level 1, has successfully remediated any "U'' or Incomplete grades for Third Year and has achieved the TouroCOM benchmarks by the required deadlines for both the COMBANK Assessment and COMSAE Phase 2 exam.

Comprehensive Osteopathic Medical Self-Assessment Examination (COMSAE) Phase 2:

The COMSAE Phase 2 is an Assessment of Fundamental Clinical Sciences for Osteopathic Medical Practice.

IMPORTANT COMLEX-USA LEVEL 2-CE DATES:

- **As per the Student Handbook**: The Clinical Dean prepares guidelines for eligibility and scheduling for the COMLEX-USA Level 2 exam, which are published in the Clinical Rotations Manual.
- Students are made eligible to schedule their COMLEX-USA Level 2 Exam in the Spring Semester of Third Year if they achieve a passing score on COMLEX Level 1.
- Students are advised to take the Level 2-CE exam at the closest date, after achieving the minimum COMSAE Phase 2 threshold of 500, and within 45 days of achieving the COMSAE benchmark. Location and dates for the COMSAE Phase 2 will be determined prior to provision and information released to students. Students that do not sit for the exam **within 45 days** of achieving the benchmark will be required to sit for another COM sanctioned COMSAE Phase 2 exam and achieve the required benchmark.
- **Students are advised to schedule their COMLEX-USA Level 2-CE Examination no later than the beginning of September** to ensure that scores will be available to residency programs on the application release date.

- **Students that do not sit for the COMLEX-USA Level 2-CE exam by the advised date will be required to meet with the Clinical Dean and may be removed from rotations. NOTE: This may result in delayed graduation.**

REMINDER: All candidates must read NBOME's COMLEX-USA Blueprint and agree to the Terms and Conditions before scheduling any COMLEX-USA examination.

As per the NBOME, effective July 1, 2022, candidates taking COMLEX-USA examinations will be **limited to a total of four (4) attempts for each examination** (COMLEX-USA Level 1, Level 2 CE, and Level 3), including but not limited to all attempts prior to July 1, 2022. After June 30, 2022, no candidate will be allowed to take any examination more than four (4) times without obtaining approval from the NBOME.

NOTE: Specific states have limits on the number of attempts at individual and/or total attempts at COMLEX USA for licensing. Students are strongly encouraged to review the information on this website to be aware of each state's maximum number of attempts per level.

Students are encouraged to reach out to the Clinical Education Department with any concerns regarding board preparation.

Students are responsible for accessing the NBOME website for score release dates and are advised to check individual residency program requirements.

COMLEX-USA LEVEL 2 CE SCORE RELEASE DATES

COMLEX-USA Level 2-CE
2026-2027 Cycle

Start of Window	End of Window	Score Release Date
6/4/2026	6/27/2026	**8/4/2026**
6/28/2026	7/16/2026	**8/13/2026**
7/17/2026	8/4/2026	**8/25/2026**
8/5/2026	8/23/2026	**9/15/2026**
8/24/2026	9/9/2026	**9/22/2026**
9/10/2026	10/9/2026	**10/22/2026**
10/10/2026	11/10/2026	**11/24/2026**
11/12/2026	12/4/2026	**12/17/2026**
12/5/2026	1/8/2027	**1/21/2027**
1/9/2027	2/12/2027	**2/25/2027**
2/13/2027	3/17/2027	**3/30/2027**
3/18/2027	4/24/2027	**5/6/2027**

**Dates are subject to change. Continuously monitor this schedule on the NBOME website.*

REQUIREMENTS FOR INTENSIVE BOARD PREPARATION PROGRAM: COMLEX-USA LEVEL 2 - COGNITIVE EVALUATION (CE)

TouroCOM provides additional support for students to help them achieve optimal board scores.

Level 2 Intensive Board Preparation Program & Requirements:

The following students are **required to be enrolled** in the four-week **Intensive Board Preparation Program** that will be scheduled in Block 13 on Sundays from 9am-6pm and Monday through Thursday 6pm-10pm:

1. Any student who does **not achieve a minimum score of 500 on COMSAE Phase 2 by the deadline.**
2. Any student who does **not sit for COMSAE Phase 2 by the deadline.**
3. Any student who did **not achieve a passing score on the initial COMLEX-USA 2 CE exam**.
4. Any student who did **not achieve a passing score on the initial COMLEX-USA Level 1 exam by the first day of Third Year academic calendar.**
5. Any student who **receives an initial standard COMAT score of less than 90 on three or more COMAT Subject exams.**
6. Any student who was **assigned a post-COMAT assessment and did not achieve 70% on that assessment.**
7. Any student who **receives a "U" in any of the third-year courses.**

NOTE: Any student that has failed COMLEX Level 2-CE and has accepted to be enrolled in Boards Boot Camp (BBC) is required to conform to all the BBC parameters.

NOTE: Students required to participate in this program are advised to submit their scheduled COMLEX-USA Level 2-CE exam date for approval by the Department of Clinical Education.

CLINICAL SKILLS ASSESSMENT (CSA)

COMLEX-USA candidates are currently verified by attestation from their COM dean that they are proficient in important clinical skills. The COM is required to confirm that each student has demonstrated the fundamental osteopathic clinical skills necessary for graduation. Students are required to pass the TouroCOM Clinical Skills Assessment (CSA) administered by the Department of Primary Care. *See the schedule, guidelines, and preparatory material provided by the Department of Primary Care.*

Please visit the NBOME website for additional information.

Clinical Skills Assessment (CSA) Competency Preparation Resources

- TouroCOM Department of Primary Care - Preparation Tips and Shared Resources
- NBOME website
- NBOME eSOAP Note Resources.
- TrueLearn COMBANK PE Video Series

THIRD-YEAR STANDARDIZED CURRICULUM CASE-BASED EDUCATIONAL RESOURCES FOR CLINICAL CLERKSHIPS (AQUIFER)

Aquifer Required Supplemental Custom Courses: The Aquifer cases are intended to standardize and supplement the clinical curriculum despite multiple clinical sites and asynchronous schedules. These evidence-based, peer-reviewed clinical cases allow emphasis on common clinical presentations and diagnoses by discipline, as well as an opportunity for self-directed learning and self-assessment in a low-stress setting. Students are required to complete the TouroCOM assigned supplemental courses' cases and respective self-assessment, feedback questions and all required steps for virtual patient encounter cases for the assigned third-year rotation discipline course throughout the respective rotation block. Students are not required to achieve a minimum number of correct answers to receive credit for completion, however, they are required to complete the custom course cases throughout the respective rotation blocks and to dedicate an adequate amount of time to each case.

Each of the cases presents a patient encounter, modeling preceptor interactions and demonstrating best-practices—with a multimedia experience and access to deep resource material. Case content focuses on teaching evidence-based decision **making and developing** the problem-solving skills vital to providing quality patient care. New embedded threads provide consistent teaching on interdisciplinary Clinical Excellence topics throughout Aquifer's core courses, including preventative care, lifestyle modifications, and nutrition.

AQUIFER Dashboard and PracticeSmart: Students are encouraged to use their **Aquifer Dashboard** to track their progress and use **PracticeSmart** for self-directed learning, to create and take custom quizzes.

The time for completion of each case is visible as well as alert for spending less than 25% of the time recommended on each case. Each case for Emergency Medicine, Family Medicine, Geriatrics, Internal Medicine, Neurology, Pediatrics, Obstetrics and Gynecology, Psychiatry, and Radiology has the amount of time in minutes that should be dedicated to completing the case, and an alert for showing when the student has spent less than 25% of the recommended time.

Failure to dedicate adequate time to the required Aquifer cases may result in the student being required to reset and complete the cases again dedicating the appropriate time and/or TouroCOM Professionalism Report or" U" grade for the rotation. Completion of all Aquifer cases is due by 11:59pm on the 4th Thursday prior to the block COMAT exam. Students that fail to complete Aquifer cases by the due date are not eligible for High Pass. See TouroCOM Professionalism Standards

In addition to completing the cases and questions, students are encouraged to use PracticeSmart to create their unique To Do List, write a case summary and notes, download the case summary, and to self-reflect comparing and contrasting their in-person clinical patient cases with the diagnoses and case presentations in Aquifer.

Student resources provided by Aquifer include the Aquifer Student Orientation, the TouroCOM Aquifer Recorded Presentation, Clinical Practice Guidelines, Developmental Milestones (Pediatrics), Geriatrics Glossary, and Laboratory Reference Values.

Students (and TouroCOM credentialed preceptors) will have access to online Aquifer's award-winning courses -- evidence-based, peer-reviewed cases. **The Aquifer Virtual Case Experience** is available to aid students in developing clinical reasoning skills. **Students will be required to complete all assigned discipline-specific Aquifer Custom course selected cases, and feedback and self-assessment questions, (and assessments when applicable) for each core clerkship, or approved TouroCOM Third-Year Aquifer Radiology elective, as one requirement to receive a passing grade for the rotation.**

- **All cases for which completion is required will be assigned to students on the Aqueduct (Aquifer) platform by the Department of Clinical Education. All assigned Aquifer course cases and respective questions, including feedback and self- assessment questions must be completed by midnight on the day prior to the rotation's scheduled COMAT examination. *See the schedule in this document.***
- **Students that are NOT assigned to a specific TouroCOM Aquifer custom course by the TouroCOM Department of Clinical Education will NOT receive credit for completed cases.**
- **Students are REQUIRED to complete the assigned Aquifer course cases, and respective self-assessment and feedback questions during the respective rotation dates only.**

NOTE: Students may also be assigned to additional Aquifer cases and/or assignments based on their clinical site's requirements.

In each Aquifer virtual case, students will work through the process of:

- Eliciting the chief complaint
- Taking a history
- Performing a physical exam
- Writing a summary statement
- Formulating a differential diagnosis
- Diagnostic testing
- Ongoing patient management

An Interactive Student Experience in Each Case:

- Embedded assessment questions keep learners engaged by testing knowledge and providing in-depth answer explanations.
- The clinical reasoning toolbar helps students to track their findings and develop a differential diagnosis.
- Dialog boxes with click and reveal text provide a model for effective patient communication.
- Expert comments and full references give access to source material for deeper learning.
- Multimedia integration with images, video, audio, and infographics supports realistic clinical experiences.
- Printable Case Summaries provide key learning points and expert comments to keep as a reference after completing the case.
- Students can track their progress through the cases with student reporting.
- Some courses come with Self-Assessment Questions, which ask students to apply skills and content-knowledge to new case scenarios. Each question includes answers and the associated clinical reasoning.
- Students are encouraged to apply the Aquifer clinical reasoning approach to clinical patient presentations.
- Virtual patient encounters require students to provide written responses for questions and next steps, and will receive real time feedback for each.

WISE-Surgery

- **WISE-Surgery** cases and skills modules for the Surgery rotation are intended to standardize and supplement the clinical curriculum despite multiple clinical sites and asynchronous schedules.
- **Course content** for Surgery has been selected from **WISE-Surgery** (**Surgery Cases and Skills Videos)**. Each of the surgery case videos include the following: foundation, history, physical, laboratory studies, imaging studies, intraoperative procedures (including side-by-side animation), and post-operative care. Cases also illustrate how to communicate with patients and professional team members. Practice questions provide formative feedback and serve as self-assessment. Skills videos illustrate common skills and ultrasound.

TouroCOM Student Course Content on Aquifer and WISE-Surgery for Each Rotation Discipline

Custom courses for TouroCOM NY are identical for all three campuses (Harlem, Middletown, and Montana) and have been created in Aquifer for the respective clinical disciples. These courses include cases for the following core rotations: Emergency Medicine, Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, and Psychiatry. Surgery requires completion of all Surgery modules and skills videos in WISE-Surgery.

- Surgery: The custom course for the Surgery rotation includes all surgery cases and all Skills Modules from WISE-Surgery.
- Emergency Medicine: Aquifer cases for the Emergency Medicine rotation have been selected from Aquifer's *Geriatrics, Internal Medicine, Pediatrics, Radiology, Lab Reference Values, and Trauma Informed Care.*
- Family Medicine: Aquifer cases for the Family Medicine rotation have been selected from Aquifer's *Family Medicine, Internal Medicine, and Radiology.*
- Internal Medicine: Aquifer cases for the Internal Medicine rotation have been selected from Aquifer's

Internal Medicine, Radiology, Lab Reference Values, Diagnostic Excellence, and the complete ***Aquifer Oral Presentation Skills course (4 cases)*****.**

- Obstetrics & Gynecology: Aquifer cases for the OBGYN rotation have been selected from Aquifer's new *Obstetrics cases* and *Gynecology cases* as a core part of the course, as well as *Family Medicine, Radiology, Diagnostic Excellence, Diagnostic Mini Cases, and Trauma Informed Care.* Association for Professors of Obstetrics and Gynecology, *APGO* is also provided. Students are responsible for viewing the APGO student videos. Students also have access to APGO U World Q-bank.
- Pediatrics: Aquifer cases for the Pediatrics rotation have been selected from Aquifer's *Pediatrics* and Aquifer's *Social Determinants of Health* (3 cases), and *Pediatric Milestones*.
- Psychiatry: Aquifer cases for the Psychiatry rotation have been selected from Aquifer *Psychiatry* (6 cases), and *Geriatrics* (3 cases), *and Trauma Informed Care* (1 case).
- **Aquifer's Oral Presentation Skills are required for the Internal Medicine rotation**, to enhance the student's ability to organize and demonstrate optimal oral presentation skills. This is particularly relevant for the in-patient setting.
- **Elective:** All available Aquifer Radiology cases for TouroCOM's custom course have been selected for one four-week elective course for Third-Year students.
- **Neurology Elective** (Middletown specific, and Harlem Hospital Internal Medicine)**:** Aquifer cases from *Neurology* (14 cases) and the two *Radiology* cases (09 and 10) have been selected.

STEPS FOR STUDENTS:

1. **Students will receive emails from Aquifer and WISE-Surgery separately to create their accounts.**
2. **At the beginning of each rotation, students will receive an instructional email from Clinical Education notifying them that they have been assigned and enrolled in their respective TouroCOM-required custom Aquifer courses.**
3. **Students should scroll down the Aquifer Dashboard to look for their assigned course name, which also has the course description and start and end dates. Students must complete these assigned cases.**
4. **Students should see the last page of each course syllabus in this document for specific TouroCOM cases required in Aquifer and WISE-Surgery.**
5. **Content will be available to students and credentialed TouroCOM clinical faculty for each of the Third-Year Aquifer core and elective rotations.**

Emergency Medicine Clerkship Syllabus

CLIN~708.EM

Contributions made by:
Thomas Liu, MS, DO,
Clerkship Director
Department of Emergency Medicine

Clerkship Purpose/Description

This four-week clerkship provides students with a clinical experience in the Emergency Department, ED, at a community hospital or a university hospital setting. The student will gain clinical knowledge regarding the approach to the ED patient, and an opportunity to develop skills in basic procedures, the ability to formulate differential and/or definitive diagnosis, basic management of urgent and emergency medical and/or surgical conditions underscoring the ability to differentiate patient acuity. The student will participate as a member of the ED treatment team in the general care of the patient and interact with members of an interprofessional team to provide optimal patient-centered care.

General Competencies of Rotation

Students will be expected to initiate participation and to work with residents to see new patients as they arrive. During the initial shift, the student may begin by shadowing a resident during the first several patient encounters to get an idea of how an emergency medicine H&P is performed. However, the student is expected to see his or her own patients and present the patient to the resident and/or attending physician in a timely manner.

Students are expected to develop competency in:

- Obtaining a concise history and physical examination.
- Develop a list of differential diagnosis that include common problems in Emergency Medicine.
- Develop a plan of care for the patient in conjunction with resident physician and/or attending physician.
- Performing basic procedures.

The student should take the initiative to keep track of tests ordered, patient concerns, needs, questions, vital signs changes and any clinical change.

Clerkship Goals & Objectives

During the clerkship in Emergency Medicine, the student will learn about medical and surgical conditions in an emergency setting.

By the end of the clerkship the student should:

- Be able to evaluate an acutely ill patient.
- Gain an overall knowledge of how and when to apply the ABCs in emergent conditions.
- Understand how to evaluate and effectively manage all acute or life-threatening conditions in an emergency setting.
- Gain an understanding of the clinical manifestations and pathophysiology of shock.
- Understand the mechanisms, pathophysiology and treatment of cardiopulmonary arrest.
- Understand the pathophysiologic effect and management of blunt and penetrating trauma, and of a patient with complex multi system injuries.
- Learn the basic principles governing wound care, suturing, and the management of tissue infections, where drainage is required or when antibiotics alone are sufficient.
- Learn what procedures and tests have to be performed.
- Obtain exposure and develop an understanding of the role of prehospital care.

General Procedures

Students should develop a competency in the following general list of basic procedures:

- Foley catheter placement
- IV placement
- Splint placement
- Suturing
- Incision and drainage of abscess.
- Blood draw
- Arterial blood gas draw

Recommended Topics with Suggested Texts

- **Trauma**
  - Priorities in management and resuscitation of the patient
  - Initial surgery ABC
  - Secondary survey
  - Shock, classification
  - Monitoring the patient
  - Injuries by different areas
- **Cardiovascular system**
  - Acute Myocardial infarction
  - Congestive Heart failure
  - Dysrhythmias
  - Pericarditis
  - Valvular disease
  - Aortic dissection
  - Aneurysm
- **Dyspnea**
  - Obstructive pulmonary diseases
  - Asthma
  - Emphysema
  - Chronic bronchitis
  - Cor pulmonale
  - Pneumothorax
  - Pulmonary embolus
- **Headache**
  - Subarachnoid hemorrhage
  - Epidural hemorrhage
  - Subdural hemorrhage
  - Intracranial hemorrhage
  - Stroke
  - CNS infection
  - CNS mass
  - Pseudotumor cerebri
  - Venous thrombosis
  - Carbon Monoxide poisoning
  - Acute angle closure glaucoma
  - Temporal arteritis

- **Gastrointestinal**
    - Ectopic Pregnancy
    - Appendicitis
    - Aortic Aneurysm/Dissection
    - Pelvic inflammatory disease
    - Tubo-ovarian abscess
    - Biliary Disease
    - Bowel Obstruction
    - Perforated Viscus
    - Mesenteric Ischemia
    - Testicular/Ovarian Torsion
- **Syncope**
    - Hypoperfusion
    - Outflow obstruction
    - Reduced cardiac output
    - Tachycardias
    - Bradycardia
    - Vasomotor
    - Central Nervous System Dysfunction
    - Hypoglycemia
    - Seizure
    - Toxic
    - Psychogenic
    - Coma
    - Stroke
    - Trauma
    - Metabolic disturbances
    - Infections
    - Hypoxia
    - CO2 narcosis
    - Exogenous CNS toxins
    - Electrolyte imbalance
    - Hypertension
    - Tumors

Recommended Texts & References

- Tintinalli's Emergency Medicine: A Comprehensive Study Guide, 8e
- Goldfrank's Toxicologic Emergencies
- Fleisher and Ludwig Textbook Pediatric Emergency Medicine
- Robert and Hedges Clinical Procedure in Emergency Medicine
- UpToDate (available on all hospital computers)
- Thaler; The only EKG book you will need
- Case Files: Emergency Medicine
- Blueprints: Emergency Medicine
- Emergency Medicine Pretest
- CDEM curriculum
    - https://www.saem.org/cdem/education/online-education/m4-curriculum

- Video - How to think like an emergency physician
    - http://emupdates.com/2010/09/15/screencast-how-to-think-like-an- emergency-physician/
- PDF - How to be a successful student in EM
    - http://onlinelibrary.wiley.com/doi/10.1111/j.1553-2712.2001.tb02123.x/pdf
- PDF - Emergency Medicine presentations
    - http://onlinelibrary.wiley.com/doi/10.1111/j.1553-2712.2008.00145.x/pdf

Osteopathic Manipulative Medicine

- *Somatic Dysfunction in Osteopathic Family Medicine, Second Edition*. Nelson, K and Glonek, T. Chapter 18 The Urgent and Emergent Care Patient. Pages 195-200.

NOTE: *Details of the Curriculum, including policies and procedures, are documented in the Clinical Rotations Manual available on the TouroCOM Student website.*

AQUIFER EMERGENCY MEDICINE CASES

Emergency Medicine required cases include *Aquifer select cases from Diagnostic Excellence, Geriatrics, Internal Medicine, Pediatrics, and Aquifer Radiology.*

Emergency Medicine supplemental required cases:

- Family Medicine 05: 30-year-old with palpitations
- Geriatrics 15: 75-year-old male with abdominal pain
- Internal Medicine 07: 28-year-old woman with lightheadedness
- Internal Medicine 09: 55-year-old woman with upper abdominal pain and vomiting
- Internal Medicine 10: 48-year-old female with diarrhea and dizziness
- Internal Medicine 36: 49-year-old man with ascites
- Pediatrics 23: 15-year-old female with lethargy and fever
- Pediatrics 24: 2-year-old female with altered mental status
- Pediatrics 30: 2-year-old male with sickle cell disease
- Radiology 05: 25-year-old male GI - Colon and small bowel
- Radiology 06: 42-year-old female GI - Hepatobiliary and pancreas
- Radiology 08: 18-year-old woman & 19-year-old male GI-Trauma
- Radiology 16: 24-year-old man MSK-Trauma
- Trauma-Informed Care 01: Principles of trauma-informed care
- Trauma-Informed Care 09: A rape exam in the emergency department
- Lab Reference Values

Family Medicine Clerkship Syllabus

CLIN~709.FM

Contributions made by:
John Dermigny, DO, Clerkship Director Department of Family Medicine

Clerkship Description

This eight-week clerkship provides students with broad experience in the current practice of ambulatory family medicine as a primary health care discipline. The setting may be at a hospital residency program, a family medicine clinic affiliated with a hospital, an ambulatory care center, or in a family medicine clinical preceptor's office. An Urgent Care setting is not an appropriate setting for this clerkship. The clinical experience includes working with physician(s) and licensed healthcare professionals on the interprofessional team, providing care for new and established patients, with an opportunity to develop history taking and physical examination skills, as well as interpret lab and/or diagnostic studies, and develop an appropriate differential and/or definitive diagnosis, and treatment plan. Emphasis is on preventive care, health maintenance, and wellness including but not limited to behavior and lifestyle modifications, as well as osteopathic philosophy and treatment when applicable. Students will see diverse populations and are expected to demonstrate cultural sensitivity and develop an awareness of the impact of families and culture on health problems.

General Competencies of Rotation

Patient Care	• Skills in focused patient visit to manage acute problems. • Identify the importance of the physician-patient relationship. • Develop skills for record keeping and time management • Preventive healthcare, childhood immunizations, adult immunizations, well visits • Demonstrate Compassion
Medical Knowledge	• Demonstrate an analytical approach to patient care • Increase knowledge in common ambulatory problems • Incorporate preclinical and basic science information into the clinical situation
Practice-based Learning and Improvement	• Improve skills to obtain a better history and coordinate chronic and preventative care. • Better record keeping and preventative screening. • Identify indications for consultation and care coordination. • Demonstrate the ability to work with staff in a professional, collegial environment.
Professionalism	• Interaction with patients in all clinical settings • Responsiveness and respect for other cultures/beliefs, poverty, age and gender • Demonstration of a respectful attitude and appropriate presentation • Punctuality • Employee Safety Measures
System-based Practice	• Demonstrate awareness of the community support system, including social services, home healthcare agencies, pharmacists, and physical therapists. • Gain an understanding of complex health insurance networks. • Apply cost effective health care using literature and knowledge base.

Clerkship Goals & Objectives

During this rotation, third-year osteopathic medical students will develop skills for caring for patients in the ambulatory setting. This will occur in several office / ambulatory care facilities. It is expected that students will become increasingly competent in obtaining histories, performing a problem-focused examination, and then developing an assessment and care plan. Interactions with patients may be done independently, but students will

then be directly supervised (with the patient) and instructed by the preceptor.

Students may also spend two weeks with an in-patient hospitalist group and work directly with Family Medicine residents. This experience will help enhance the student's knowledge of inpatient medicine and emphasize the importance of the effective transition of care necessary to ensure patient safety.
Students are expected to give oral case presentations.
This rotation includes opportunities to develop further skills in the following areas:

- Patient history taking
- Medical case presentation
- Physical examination
- Medical charting and record keeping Electrocardiogram interpretation
- Medications, indications, side-effects, and Contraindications
- Identifying appropriate testing and interpretation Patient communication

General Procedures

During this rotation the medical student may gain experience in the following procedures:

- Phlebotomy
- Joint injections
- IV insertion
- Foley catheter placement
- Pap testing and gynecologic exams
- Nasogastric tube insertion
- Therapeutic injections
- Electrocardiogram, ECG interpretation
- Skin biopsy
- Spirometry
- Urine microscopy

Recommended Topics with Suggested Texts & References:

- Overview of general medical care in nonpregnant adults with diabetes
- LDL cholesterol-lowering therapy in the primary prevention of cardiovascular disease
- Overview of hypertension in adults
- Evaluation of cognitive impairment and dementia
- COPD: Overview of management
- Overview of preventive care in adults
- Pulmonary Embolism: Presentation and diagnostic evaluation

Assigned Articles
Contemporary articles from American Family Physician will be assigned with weekly testing for each student to complete.

Evidence Based Medicine Musculoskeletal

- Gunnar B.J. Andersson, M.D., Ph.D., Tracy Lucente, M.P.H., Andrew M. Davis, M.D., M.P.H., Robert E. Kappler, D.O., James A. Lipton, D.O., and Sue Leurgans, Ph.D. A Comparison of Osteopathic Spinal Manipulation with Standard Care for Patients with Low Back Pain N Engl J Med 1999; 341:1426-1431

- John C. Licciardone, DO,* Scott T. Stoll, DO,† Kimberly G. Fulda, MPH, David P. Russo, DO,‡ Jeff Siu, BA,† William Winn, DO,§ and Jon Swift Jr, DO Osteopathic Manipulative Treatment for Chronic Low Back Pain A Randomized Controlled Trial SPINE Volume 28, Number 13, pp 1355–1362
- JANICE A. KNEBL, DO, MBA; JAY H. SHORES, PHD; RUSSELL G. GAMBER, DO; WILLIAM T. GRAY, DO; KATHRYN M. HERRON, MPH Improving functional ability in the elderly via the Spencer technique, an osteopathic manipulative treatment: A randomized, controlled trial JAOA • Vol 102 • No 7 • July 2002
- American Osteopathic Association guidelines for osteopathic manipulative treatment (OMT) for patients with low back pain.

Major Recommendations: The American Osteopathic Association recommends that osteopathic physicians use osteopathic manipulative treatment (OMT) in the care of patients with low back pain. Evidence from systematic reviews and meta- analyses of randomized clinical trials (**Evidence Level 1a**) supports this recommendation.

Agency for Healthcare Research and Quality's National Guideline Clearinghouse August 2016

Evidence Based Medicine Immunity

- Marty Knott, OMS V; Johnathan D. Tune, PhD; Scott T. Stoll, DO, PhD; and H. Fred Downey, PhD Increased Lymphatic Flow in the Thoracic Duct During Manipulative Intervention JAOA • Vol 105 No 10 • October 2005
- Measel, J.W. (1982). The effect of the lymphatic pump on the immune response: I. Preliminary studies on the antibody response to pneumococcal polysaccharide assayed by bacterial agglutination and passive hemagglutination. JAOA—The Journal of the American Osteopathic Association, 82 (1), 28-31.
- Jackson, K.M., Steele, T.F., Dugan, E.P., Kukulka, G., Blue, W., and Roberts, A. (1998). Effect of lymphatic and splenic pump techniques on antibody response to hepatitis b vaccine: a pilot study. JAOA—The Journal of the American Osteopathic Association, 98 (3), 155

Note: Details of the Curriculum, including policies and procedures, are documented in the Clinical Rotations Manual available on the TouroCOM Student website.

Aquifer Family Medicine cases:

Supplemental required cases have been selected from the list of 40 Family Medicine interactive virtual patient cases, as well as select cases from Internal Medicine and Radiology.

Family Medicine Supplemental required cases:

- Family Medicine 02: 55-year-old man wellness visit
- Family Medicine 04: 19-year-old woman with sports injury
- Family Medicine 06: 57-year-old woman diabetes care visit
- Family Medicine 08: 54-year-old man with elevated blood pressure
- Family Medicine 09: 50-year-old woman with palpitations
- Family Medicine 10: 45-year-old man with low back pain
- Family Medicine 11: 74-year-old woman with knee pain
- Family Medicine 12: 16-year-old female with vaginal bleeding and UCG
- Family Medicine 15: 42-year-old man with right upper quadrant pain
- Family Medicine 21: 12-year-old female with fever
- Family Medicine 23: 5-year-old female with sore throat
- Family Medicine 26: 55-year-old man with fatigue
- Family Medicine 27: 17-year-old male with groin pain
- Internal Medicine 16: 45-year-old man with obesity
- Radiology 01: 23-year-old male Chest Infection
- Radiology 13: 59-year-old female MSK - Arthritis, osteomyelitis

Internal Medicine Clerkship Syllabus

CLIN~710.IM

Clerkship Description

This eight-week clerkship provides students with general experience in inpatient internal medicine. The clerkship may include specialty medicine, intensive care unit, and/or outpatient care, however, most of the clinical experience is focused on general medicine for the hospitalized patient, for acute and chronic conditions. Students will be engaged under the direct supervision of physician(s) and the interprofessional team and are expected to function as an integral member of the healthcare team. Emphasis is on the development of skills necessary to evaluate and manage patients with general medical conditions/problems. Students will have the opportunity to develop history taking and physical examination skills, as well as interpret lab and/or diagnostic studies, and develop appropriate differential and/or definitive diagnosis, and treatment plans. The student will gain knowledge about recording data, and how to access and utilize data. Teaching is conducted through clinical rounds, conferences, and lectures. Students will gain experience in pathology of systems including cardiovascular, gastrointestinal, hematology/oncology, immunology, infectious diseases, neurology, pulmonary, rheumatology, and renal, as well as substance abuse. Students will see diverse populations and are expected to demonstrate cultural sensitivity.

General Competencies of Rotation

- Osteopathic Philosophy/Osteopathic Manipulative Medicine
- Medical Knowledge
- Patient Care
- Interpersonal and Communication Skills
- Professionalism
- Practice-based Learning and Improvement
- Systems Based Practice

Clerkship Goals & Objectives

At the end of the Internal Medicine course, each student should be able to:

a. Demonstrate the ability to determine and monitor the nature of a patient's concern or problem using a patient-centered approach that is appropriate to the age of the patient and that is culturally sensitive. (AOA; 3)
b. Provide patient care that incorporates a strong fund of applied osteopathic medical knowledge and best medical evidence, osteopathic principles and practices, sound clinical judgment, and patient and family preferences. (AOA; 1,3)
c. Demonstrate the ability to effectively perform a medical interview, gather data from patients, family members, and other sources, while establishing, maintaining, and concluding the therapeutic relationship and in doing so, show effective interpersonal and communication skills, empathy for the patient, awareness of biopsychosocial issues, and scrupulous protection of patient privacy. (AOA; 3,4)
d. Demonstrate the ability to perform a physical examination, including osteopathic structural and palpatory components, as well as the ability to perform basic clinical procedures important for generalist practice. (AOA; 1,3)
e. Demonstrate analytical thinking in clinical situations and the ability to formulate a differential diagnosis based on the patient evaluation and epidemiological data, to prioritize diagnoses appropriately, and to determine the nature of the concern or problem, in the context of the life cycle and the widest variability of clinical environments. (AOA;2, 3)

f. Demonstrate the ability to develop and initiate an appropriate evidence- based, cost-effective, patient centered management plan including monitoring of the problem, which considers the motivation, willingness, and ability of the patient to provide diagnostic information and relief of the patient's physical and psychological distress. Include patient counseling and education. Management should be consistent with osteopathic principles and practices including an emphasis on preventive medicine and health promotion that is based on best medical evidence. (AOA; 1,3)
g. Demonstrate the ability to work effectively with other members of the health care team in providing patient-centered care, including synthesizing, and documenting clinical findings, impressions, and plans, and using information technology to support diagnostic and therapeutic decisions. This should include interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams by applying related osteopathic principles and practices. (AOA; 1,3,4)
h. Demonstrate the ability to describe and apply fundamental epidemiological concepts, clinical decision-making skills, evidence-based medicine principles and practices, fundamental information mastery skills, methods to evaluate relevance and validity of research information, and the clinical significance of research evidence. (AOA; 2,6)
i. Demonstrate effective written and electronic communication in dealing with patients and other health care professionals. Maintain accurate, comprehensive, timely, and legible medical records. (AOA; 3,4)
j. Demonstrate milestones that indicate a commitment to excellence with ongoing professional development and evidence of a commitment to continuous learning behaviors. (AOA; 5)
k. Demonstrate an understanding of the important physician interventions required to evaluate, manage, and treat the clinical presentations that will or may be experienced while practicing osteopathic medicine by properly applying competencies and physician tasks, incorporating applied medical sciences, osteopathic principles, and best available medical evidence.
l. This would also include, but not be limited to, incorporating the following physician tasks: (AOA; 1,3,6)
    - Health promotion and disease prevention
    - History and physical examination
    - Appropriate use and prioritization of diagnostic technologies
    - An understanding of the mechanisms of disease and the normal processes of health
    - Health care delivery
    - Osteopathic principles, practices and manipulative treatment as related to the appropriate clinical encounters
m. Using all the outcomes listed above as a framework for gathering and integrating knowledge, demonstrate competency in medical knowledge in the disease states listed in the course topics. (AOA; 2)
n. Systems-based practice is an awareness of and responsiveness to the larger context and systems of health care, and it is the ability to effectively identify and integrate system resources to provide osteopathic medical care that is of optimal value to individuals and society at large. Students are expected to obtain a beginning understanding and awareness of the larger context and systems of health care and effectively identify systems' resources to maximize the health of the individual and the community at large. (AOA; 7)
*Adapted from the NBOME Fundamental Osteopathic Medical Competencies.

Recommended Topics with Suggested Texts & References

Cough and Shortness of Breath: Cardiovascular and Respiratory

- CHF
- Atrial Fibrillation
- Endocarditis
- Myocarditis

- CAD/Acute Coronary Syndrome
- COPD/Emphysema
- Pulmonary Embolism
- Bronchitis
- Interstitial Lung Disease
- Lung Cancer
- Pneumonia

Common Inpatient issues and Other Infectious Disease

- Medical Consequences of Chronic Alcohol Abuse (liver covered in different week)
- HIV/AIDS
- Cellulitis
- Osteomyelitis
- Tuberculosis
- DKA
- Guillian Barre Syndrome and CIDP
- Sepsis including diagnostic and classification criteria
- AMS: Delirium, dementia, confusion, and disorientation

Thyroid, Autoimmune and Rheumatic

- Hypo/Hyper thyroid
- Grave's Disease
- Thyroiditis and subclinical Thyroiditis
- Thyroid Cancer
- SLE
- RA and inflammatory arthritis

Renal and Gastrointestinal

- Hepatitis (infections and non- infectious)
- Cirrhosis
- Alcoholic Liver Disease and systemic complications
- Non-Alcoholic Fatty Liver
- Cholangitis and cholecystitis
- Pancreatitis
- Diverticulosis, and diverticulitis
- Inflammatory Bowel Disease and Irritable Bowel Disease
- Fluid and Electrolyte imbalances and management
- CKD: Chronic Kidney Disease
- ARD: Acute Renal disease
- Anemia
- Glomerular Disease: Nephritis, Nephrosis, and Proteinuria
- Osteoarthritis Systemic Sclerosis Spondyloarthritides
- Vasculitis Syndromes Sarcoidosis
- Polymyalgia rheumatic, polymyositis, Dermatomyositis

Texts & References

- Gi motility and malabsorption disorders. Harrison's Principles of Internal Medicine, 18e
- Dan L. Longo, Editor, Anthony S. Fauci, Editor, Dennis L. Kasper, Editor, Stephen L. Hauser, Editor, J. Larry

Jameson, Editor, Joseph Loscalzo, Editor
- Current Medical Diagnosis & Treatment - 53rd Ed.
- Foundations for Osteopathic Medicine AOA 3rd Edition Available in print or Kindle edition Copyright © 2011, 2003, 1997 Lippincott Williams & Wilkins, a Wolters Kluwer business. 351 West Camden Street Two Commerce Square, 2001 Market Street Baltimore, MD 21201 Philadelphia, PA 19103 Chila, Anthony; American Osteopathic Association (2012-07- 12).
- Somatic Dysfunction in Osteopathic Family Medicine. Nelson, Glonek. Lippincott Williams and Wilkins, Baltimore MD 2007
- An Osteopathic Approach to Diagnosis and Treatment 4th edition. Digiovanna, Schiowitz, Dowling. Lippincott Williams and Wilkins, Baltimore MD 2012
- Journal of the American Osteopathic Association (JAOA) 9. Board review book recommended.

Osteopathic Manipulative Medicine

Evidence Based Medicine in Pulmonary and Infectious Disease

- Donald R. Noll, DO; Brian F. Degenhardt, DO; Christian Fossum, DO (Norway); and Kendi Hensel, DO Clinical and Research Protocol for Osteopathic Manipulative Treatment of Elderly Patients With Pneumonia JAOA • Vol 108 • No 9 • September 2008
- Peter A. Guiney, DO; Rick Chou, DO; Andrea Vianna, MD; Jay Lovenheim, DO Effects of Osteopathic Manipulative Treatment on Pediatric Patients With Asthma: A Randomized Controlled Trial JAOA • Vol 105 • No 1 • January 2005
- Brian F. Degenhardt, DO, Michael L. Kuchera, DO Osteopathic Evaluation and Manipulative Treatment in Reducing the Morbidity of Otitis Media: A Pilot Study JAOA • Vol 106 • No 6 • June 2006
- Mary Lee-Wong*, Merhunisa Karagic, Ankur Doshi, et.al. An Osteopathic Approach to Chronic Sinusitis Journal of Allergy & Therapy ISSN:2155-6121
- Miller CE (1920) Osteopathic treatment of acute infections by means of the lymphatics. J Am Osteopathic Assoc 19: 494-499.
- Hruby, R. J. and Hoffman, K.N. (2007). Avian influenza: an osteopathic component of treatment. Osteopathic Medicine and Primary Care, 1 (10). doi:10.1186/1750-4732-1-10.

Evidence Based Medicine for OMT in Cardiology

- Albert H. O-Yurvati, DO; Michael S. Carnes, DO; Michael B. Clearfield, DO; Scott T. Stoll, DO, PhD; and Walter J. McConathy, PhD Hemodynamic Effects of Osteopathic Manipulative Treatment Immediately After Coronary Artery Bypass Graft Surgery JAOA • Vol 105 • No 10 • October 2005
- Patricia A. Gwirtz, Jerry Dickey, David Vick, Maurice A. Williams, and Brian Foresman Viscerosomatic interaction induced by myocardial ischemia in conscious dogs J Appl Physiol 103: 511–517, 2007.
- Francesco Cerritelli, DO, MS, Fabrizio Carinci, MS, Gianfranco Pizzolorusso, DO, Patrizia Turi, DO, Cinzia Renzetti, MD, DO, Felice Pizzolorusso, DO, Francesco Orlando, DO, Vincenzo Cozzolino, MD, DO, Gina Barlafante, MD, DO Osteopathic Manipulation as Complementary Treatment for Prevention of Cardiac Complications; Journal of Bodywork and Movement Therapies January 2011.

Note: Details of the Curriculum, including policies and procedures, are documented in the Clinical Rotations Manual available on the TouroCOM Student website.

Aquifer Internal Medicine cases:

Supplemental required cases have been selected from the list of 36 Internal Medicine interactive virtual patient cases, as well as Laboratory Reference Values, select Aquifer Radiology cases, and the complete *Aquifer Oral*

Presentation Skills Course.

Internal Medicine Supplemental required cases:

- Diagnostic Excellence 07: 2 patients with iron-deficiency anemia
- Internal Medicine 01: 49-year-old man with chest pain
- Internal Medicine 02: 60-year-old woman with chest pain
- Internal Medicine 03: 54-year-old woman with syncope
- Internal Medicine 04: 67-year-old woman with shortness of breath and lower-leg swelling
- Internal Medicine 06: 45-year-old man with hypertension
- Internal Medicine 12: 55-year-old man with lower abdominal pain
- Internal Medicine 14: 18-year-old woman for pre-college physical
- Internal Medicine 19: 42-year-old female with anemia
- Internal Medicine 20: 48-year-old female with HIV
- Internal Medicine 22: 71-year-old with cough and fatigue
- Internal Medicine 24: 52-year-old female with headache, vomiting, and fever
- Internal Medicine 25: 75-year-old woman with altered mental status
- Internal Medicine 30: 55-year-old with leg pain
- Internal Medicine 35: 35-year-old female with three weeks of fever
- Internal Medicine 36: 49-year-old man with ascites
- Laboratory Reference Values
- Radiology 18: Professionalism in Radiology
- Oral Presentation Skills 01: Introduction and Primer
- Oral Presentation Skills 02: What is Pertinent
- Oral Presentation Skills 03: Assessment and Plan Exercise
- Oral Presentation Skills 04: 4-month-old male with trouble breathing

Obstetrics & Gynecology Clerkship Syllabus

CLIN~703.OBG

Contributions made by:
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Department of Obstetrics & Gynecology

Clerkship Description

This four-week clerkship provides students with experience in both gynecologic medicine and surgery, and obstetrical care and surgery. The clerkship setting may include inpatient and outpatient care experiences, assignments to labor and delivery, and/or other units and subspecialties. Students will be engaged under the direct supervision of the physician(s) and are expected to function as an integral member of the healthcare team. Students will have the opportunity to develop skills for conducting gynecological exams and breast exams, participate in labor/delivery, surgery, and provide postpartum care. Students will learn how to counsel and communicate appropriately with patients about family planning, sexually transmitted infections, preventive medicine, appropriate screening tests, and health maintenance. The clinical rotation should include how OMM principles and practice are utilized in this specialty.

General Competencies of Rotation

Patient Care	• Skills in focused patient visits to manage acute problems • Identify the importance of physician-patient relationship • Develop skills in record keeping • Time management • Preventive healthcare: childhood immunizations, adult immunizations, well visits
Medical Knowledge	• Demonstrate an analytical approach to patient care • Increase knowledge in ambulatory problems
Practice-based Learning and Improvement	• Improve skills to obtain better history and coordinate chronic and preventative care • Better record keeping and preventative screening • Identify indications for consultation and care coordination
Professionalism	• Interaction with patients in a conductive manner • Responsiveness to other cultures/beliefs, poverty, age and gender • Demonstration of a respectful attitude and appropriate
System-based Practice	• Demonstrate awareness of the community support system including social services, home healthcare agencies, pharmacists, and physical therapists • Gain an understanding of complex health-insurance networks • Apply cost effective health care using literature and knowledge base

Clerkship Goals & Objectives

- Basic knowledge of normal female reproductive physiology and endocrinology including the menstrual cycle, changes in pregnancy and puberty and menopause. (AOA; 2)
- Demonstrate the ability to communicate with colleagues and support staff through traditional oral presentations, and standard formatted notes, such as SOAP, H&P, pre- and post-operative, admit and so on. (AOA; 4)
- Develop professional attitudes and behaviors appropriate for the practice of obstetrics and gynecology including empathy and respect for patients with common obstetrical and gynecologic presentations. (AOA; 5)
- Recognize role as a leader and advocate for women by demonstrating beginning understanding of legal issues such as informed consent, confidentiality, care of minors and adolescents, and public issues such as right to care and abortion legal and ethical issues related to abortion. (AOA; 7)
- Provide patient care that incorporates a strong fund of applied osteopathic medical knowledge and best medical evidence, osteopathic principles and practices, sound clinical judgment, and patient and family preferences. (AOA; 3)

- Describe the normal anatomy of the pelvis; somatic dysfunction of the pelvis and how to perform an osteopathic evaluation and develop an initial osteopathic treatment plan for pelvic pain. Be able to formulate a differential diagnosis for chronic and acute pelvic pain. (AOA; 1,2 3)
- Develop competence in obtaining a history and physical examination of women, including a sexual history, incorporating social, ethical, and culturally diverse perspectives. (AOA; 3)
- Be able to diagnose and initiate management of common gynecologic concerns, specifically those in the topic list and diagnosis log. (AOA; 3)
- Be able to diagnose, communicate about and initiate management of STI's including HPV. (AOA; 3
- Demonstrate knowledge of contraception options, including sterilization and abortion and the ability to counsel patients regarding these options. (AOA; 2, 3)
- Describe the etiology and evaluation of infertility. (AOA; 2)
- Demonstrate knowledge of prenatal and preconception counseling and care. Demonstrate knowledge of the impact of genetics, medical conditions and environmental factors on maternal health and fetal development. (AOA; 2)
- Develop communication skills that facilitate clinical interaction with patients in potentially sensitive situations such as dealing with sexually transmitted infections, infertility, or other issues pertaining to women's health. (AOA; 4)
- Explain the normal physiological changes of pregnancy, including interpretation of common diagnostic studies, and the viscerosomatic, skeletal, and biomechanical changes in each trimester. (AOA; 1)
- Demonstrate knowledge of normal intrapartum and delivery care. (AOA; 1,3)
- Demonstrate knowledge of common complications of pregnancy and intrapartum care and how to initiate management of them. (AOA; 2,3)
- Demonstrate knowledge of perioperative care and familiarity with common obstetric and gynecologic procedures. (AOA; 3)
- Demonstrate knowledge of postpartum care of the mother and newborn. Be able to offer prenatal, and post-partum counseling and care, and breast-feeding counseling and support. (AOA; 3)
- Use osteopathic terminology to describe and explain indications and contraindications for osteopathic treatment during pregnancy. Diagnose and initiate appropriate osteopathic treatment of somatic dysfunction common in pregnancy. (AOA; 1,2,3)
- Use osteopathic principles and treatments in the postpartum period. (AOA; 1)
- Use osteopathic terminology to describe and explain indications and contraindications for osteopathic treatments for newborns. (AOA; 1)
- Evaluate existing literature regarding the use of osteopathy in pregnancy. Use information gathered to explain to other health care providers the clinical significance and evidence for integrating osteopathy into clinical care. (AOA; 1,7)
- Describe gynecological malignancies including risk factors, signs, symptoms and initial evaluation. (AOA; 2,3)

General OB/Gyn

Procedures

- Calculate and interpret amniotic fluid index using ultrasound
- Calculate Bishops Score
- Cesarean Delivery
- Clinical Breast Examination
- Colposcopy
- Conduct appropriate tests to rule out Rupture of membranes (Pooling, nitrazine and ferning)

- Contraction Stress Test
- Determine EGA using wheel and LMP (Nagle's rule)
- Determine fetal position using ultrasound
- Distinguish Preterm Labor from Braxton Hicks contractions
- Episiotomy
- Evidence Based Domestic Violence Screening
- Hysterectomy
- IUD insertion and string check
- Labor Check
- Leopold's maneuvers
- Non-Stress test
- Normal Vaginal Delivery
- Order and interpret labs for a 28-week prenatal visit
- Order and interpret labs for initial prenatal visit
- Pap Smear
- Patient Counseling: Postpartum issues
- Patient counseling regarding common postpartum issues: UTI, lochia, perineal care
- Patient Counseling, Birth Control
- Patient Counseling, Breastfeeding
- Patient Counseling, STD's
- Patient Counseling: abnormal Pap smear
- Patient Counseling: Conception
- Patient Counseling: Intrapartum expectations including stages of labor, pain control options, fetal monitoring, decisions regarding mode timing and location of delivery
- Patient Counseling: Labor, Pre-term Labor, Braxton Hicks
- Patient Counseling: Pain management in labor and delivery
- Patient Counseling: Postpartum use of Iron, Prenatal vitamins and Vitamin D, and pain medication
- Patient Counseling: Postpartum contraception options
- Patient Counseling: Prenatal Care
- Patient Counseling: Preterm labor
- Pelvic Examination, including speculum and bimanual examination
- Pelvimetry
- Perform First Prenatal Visit, history and physical
- Perform Wet mount interpret for STI's and vaginitis
- Prenatal Care routine visit
- Present First Prenatal Visit, history and physical
- Presentation: Pregnant patient include G and P status and summary
- Read and interpret fetal monitor strip
- Record appropriate note for First Prenatal Visit, history and physical
- Specimen collection for STI's
- Strep B screen, prenatal
- Take a sexual History
- Tubal Ligation
- Ultrasound for EDC and Ultrasound for Fetal Position
- Vacuum delivery

- Vaginal Laceration 2nd degree
- Vaginal Laceration 3rd degree
- Vaginal laceration repair first degree
- Wet Mount, perform and interpret
- Written Note: Operative Note
- Written Note: Postoperative Progress Note
- Written Note: Preoperative Note
- Written Note: Delivery note
- Written Note: labor admission notes
- Written Note: Labor check
- Written Note: Post-Partum Discharge
- Written Note: Postpartum progress note
- Written Note: Prenatal follow up visit

OB/Gyn Diagnoses

- Abnormal Uterine Bleeding, post and pre menopause
- Abortion
- Adenomyosis
- Amenorrhea
- Cervical Cancer
- Cholestasis of pregnancy
- Complications of labor: dystocia
- Complications of labor: failure to progress
- Complications of labor: puerpel fever, infection
- Dysmenorrhea
- Eclampsia
- Ectopic Pregnancy
- Endometriosis
- Endometritis
- Fibroids
- First Trimester Bleeding
- Gestational diabetes
- Gestational Hypertension
- Hyperemesis and Gravidarum
- Infertility
- Labor Dystocia
- Menopause/perimenopause
- Normal Menstrual Cycle
- Normal Pregnancy
- Oligomenorrhea
- Pelvic Pain
- Physiology of Pregnancy, Labor and Delivery
- PICA
- PID
- Post-Partum Pulmonary Embolism
- Postpartum blues, depression, and psychosis

- Preeclampsia
- Pre-labor rupture of membranes (PROM)
- Premenstrual Syndrome and PMDD
- Preterm Labor
- Spontaneous Abortion
- STI
- Third trimester bleeding
- UTI in pregnancy
- Vaginitis

Topics

- Women's health examination and women's health care management
- Ethics liability and patient safety in Obstetrics and Gynecology
- Normal embryology and Anatomy, Normal Menses
- Oligomenorrhea
- Amenorrhea
- Dysmenorrhea
- Abnormal Uterine Bleeding
- Premenstrual Syndrome and PMDD
- Hirsutism and Virilization
- Infertility
- Menopause
- Vulvovaginitis
- STI's
- PID
- Cervical Cancer
- Contraception
- Endometriosis and Chronic Pelvic Pain
- Human sexuality, sexual assault and domestic violence
- Induced Abortion
- Spontaneous Abortion
- Ectopic pregnancy
- Normal Maternal- Fetal Physiology
- Preconception and Antepartum Care
- Genetics and Genetic disorders in OB/Gyn
- Intrapartum Care
- Common pregnancy complications including Hyperemesis, UTI, cholestasis, pica
- Abnormal Labor and Intrapartum fetal Surveillance including Fetal monitoring
- Fetal Growth Abnormalities: IUGR and Macrosomia
- Pain management in labor and delivery
- Complications of early onset labor or contractions
- Failure to progress
- Puerpel Fever and infection
- Induction – indications and methods, risks, benefits
- Surgical Vaginal Deliveries: forceps and vacuum and C-Sections
- Dystocia – define and describe management, know management options

- Third trimester bleeding and postpartum hemorrhage
- Preeclampsia and HTN in pregnancy
- Gestational Diabetes
- Preterm labor
- Post-term pregnancy
- Perinatal Psychiatric issues – including postpartum blues, depression and psychosis,
- Normal Postpartum Care and Immediate care of the newborn

Primary Resource:
ASSOCIATION OF PROFESSORS OF GYNEGOLOGY AND OBSTETRICS, APGO
APGO Medical Student Educational Objectives for Students - Association of Professors of Gynecology & Obstetrics - APGO

Texts

- Blueprints: Obstetric sand Gynecology, 7th Edition
- CURRENT Diagnosis & Treatment: Obstetrics & Gynecology, 12th ed., Alan H. DeCherney et al.
- Williams Gynecology, 4th ed., Barbara L. Hoffman et al.
- Gabbe: Obstetrics: Normal and Problem Pregnancies, 9th ed.
- Clinical Gynecologic Endocrinology and Infertility, 9th ed., Speroff, L et al.

Journals

- Obstetrics & Gynecology: https://journals.lww.com/greenjournal/pages/default.aspx
- The American Journal of Obstetrics and Gynecology: http://www.ajog.org/
- Contemporary OB/GYN: https://www.contemporaryobgyn.net/
- Fertility and Sterility: http://www.fertstert.org/
- OBG Management: https://www.mdedge.com/obgmanagement
- The Journal of Minimally Invasive Gynecology: https://www.jmig.org/
- The Journal of Reproductive Medicine: http://www.reproductivemedicine.com/admin/submit.php
- U.S Preventive Service Task Force (USPSTF): https://www.uspreventiveservicestaskforce. org/
- American Society for Colposcopy and Cervical Pathology: http://www.asccp.org/Default.aspx

Evidence Based Medicine in OB-Gyn/Urology

- John C. Licciardone, DO, MS, MBA; Steve Buchanan, DO; Kendi L. Hensel, DO, PhD; Hollis H. King, DO, PhD; Kimberly G. Fulda, DrPH; Scott T. Stoll, DO, PhD. Osteopathic manipulative treatment of back pain and related symptoms during pregnancy: a randomized controlled trial JANUARY 2010 American Journal of Obstetrics & Gynecology
- Marx S, Cimniak U, Beckert R, Schwerla F, Resch KL. Chronic prostatitis/chronic pelvic pain syndrome. Influence of osteopathic treatment - a randomized controlled study Urologe A. 2009 Nov;48(11):1339-45.
- Weiss JM. Pelvic floor myofascial trigger points: manual therapy for interstitial cystitis and the urgency-frequency syndrome. J Urol. 2001 Dec;166(6):2226- 31.

Note: Details of the Curriculum, including policies and procedures, are documented in the Clinical Rotations Manual available on the TouroCOM Student website.

Both Aquifer cases and Association of Professors of Gynecology and Obstetrics (APGO) resources are utilized and required for the OBGYN rotation.

Supplemental required cases have been selected from Aquifer's Obstetrics and Gynecology, Family Medicine, Diagnostic Excellence, and Radiology interactive virtual patient cases.

OBGYN Supplemental required cases:

- Gynecology 01: 21-year-old for initial gynecologic exam
- Gynecology 02: 42-year-old with abnormal uterine bleeding
- Gynecology 03: 31-year-old with chronic pelvic pain
- Gynecology 04: 49-year-old with hot flashes and disrupted sleep
- Gynecology 05: 46-year-old with sexual function concerns
- Obstetrics 01: 28-year-old undergoing induction of labor
- Obstetrics 02: 27-year-old with preterm labor
- Obstetrics 03: 37-year-old with hypertension during pregnancy
- Obstetrics 04: 35-year-old with gestational diabetes during pregnancy
- Obstetrics 05: 42-year-old with twin pregnancy following in-vitro fertilization
- Family Medicine 12: 16-year-old female with vaginal bleeding and UCG
- Family Medicine 14: 35-year-old woman with missed period
- Family Medicine 30: 27-year-old female labor and delivery
- Diagnostic Excellence 03: 16-year-old female with pelvic pain
- Dx Mini Case 02A: OBGYN
- Dx Mini Case 04A: OBGYN
- Radiology 14: 28-year-old female - Female imaging - Pregnancy and infertility
- Radiology 15: 43-year-old female - Female imaging - Malignancy and screening
- Trauma Informed Care 12: 28-year-old pregnant woman with a history of witnessing violence

Association of Professors of Gynecology and Obstetrics, APGO Medical Student Educational Objectives for Students

Companion videos and teaching cases are also available to help ob-gyn medical students become proficient in the topics outlined in the APGO Medical Student Educational Objectives. The student versions are for use by medical students for self-study and contain teaching case(s), questions, and references (the student versions do not include answers). View all the Medical Student Objectives Videos on the APGO YouTube Channel

NOTE: APGO Medical Student Educational Objectives include:

Topic 59: Introduction to Osteopathic Principles in Ob-Gyn Part I

Topic 59: Introduction to Osteopathic Principles in Ob-Gyn Part II

- https://www.youtube.com/watch?v=acErMZYxF78&list=PLy35JKgvOASnHHXni4mjXX9kwVA_YMDpq&index=46&pp=iAQB
- https://www.youtube.com/watch?v=cVl__YVc4l0&list=PLy35JKgvOASnHHXni4mjXX9kwVA_YMDpq&index=47&pp=iAQB

NOTE: Students have access to APGO content and APGO uWISE Tests & Quizzes for the entire **semester** that they are scheduled for their OBGYN rotation.

Pediatrics
Clerkship Syllabus

CLIN~704.PEDS

Contributions made by:
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Department of Pediatrics

Clerkship Description

This four-week clerkship provides students with an experience in general pediatrics, from neonates through young adulthood. The clerkship focus is on ambulatory care; however, it may include in-patient care, newborn nursery, neonatal intensive care, and/or emergency department. This clerkship will allow the student an opportunity to gain clinical experience in evaluating both sick and well infants, children, and adolescents. The clerkship experience may also include specialty pediatrics, such as cardiology, gastroenterology, or other subspecialties.

Students are expected to utilize their clinical skills and apply knowledge in incorporating osteopathic principles and practice, as students will also begin to develop their core AACOM Entrustable Professional Activities (EPAs) as they prepare for residency. Required supplemental cases allow students to address social determinants of heath.

General Competencies of Rotation

Throughout the course of the clerkship students are expected to:

- Obtain an accurate, logical, and sequential medical history appropriate to the nature of the visit (initial vs follow up) or complaint (complete vs focused) and age of patient. (**EPA 1**)
- Perform and record a comprehensive physical examination, including an osteopathic structural exam and an osteopathic procedural note. (**EPA 1,5**)
- Communicate the history and physical examination in a timely manner. (**EPA 6**)
- Apply basic medical knowledge in formulating a differential diagnosis and a management plan, while integrating musculoskeletal considerations that may lead to somatic dysfunction and somatovisceral findings as they may relate to disease or health promotion. (**EPA 2**)
- Utilize evidence-based medicine to improve patient care. (**EPA 7**)
- Function as an effective member of the interprofessional healthcare team. (**EPA9**)
- Identify areas within the healthcare system where failures may occur and how to prevent their occurrence (**EPA 13**)
- Demonstrate professional behaviors including (**EPA 1, 3 – 6, 8, 9, 11, 12**)
    - Reliability and dependability
    - Self-awareness of strengths and limitations
    - Cultural awareness and sensitivity
    - Emotional stability and professional demeanor
    - Enthusiasm
    - Punctuality
    - Initiative and self-education

Clerkship Goals & Objectives

The student will participate in the newborn nursery and outpatient health supervision visits where the fundamental concepts of the pediatric interview and physical exam, growth and development, anticipatory guidance, primary prevention, screening and vaccination will be presented.
Participation in the NICU, general inpatient unit, Pediatric Emergency Department, Center for Discovery and work with subspecialists, will solidify student skills of data gathering, synthesis, development of differential diagnoses and formulating therapeutic plans, while being a member of a health care team, providing family centered care to children that incorporates the practices and principles of osteopathic medicine.

Students are expected to have at least one clinical encounter, online modules, or structured didactic with the

following conditions:

- A newborn
- An infant well child check (age less than 1 year)
- A toddler well child check (age 1-3)
- A preschool well child check (age 3-5)
- A school aged well child visit (age 5-12)
- An adolescent patient
- Allergic rhinitis
- Anemia
- Asthma
- Bronchiolitis
- Cough, chronic
- Dermatitis
- Diarrhea, acute or chronic
- Domestic violence/abuse
- Evaluation of a sick child in need of urgent medical attention (**EPA 10**)
- Failure to thrive
- Fever/rule-out sepsis
- Fracture
- Headache
- Heart murmur
- Inadequate growth
- Infant with lethargy and irritability
- Influenza
- Intellectual disability and/or behavioral concern (including ADHD or autism)
- Jaundice
- Lymphadenopathy
- Malignancy
- Nausea and/or vomiting
- Obesity in children
- Otitis media
- Pediatric patient with chronic disease
- Poor school performance
- Rash
- Pharyngitis
- Red eye
- Respiratory distress/failure
- Upper respiratory infection

Inpatient Pediatrics:

- Identify signs of acute and chronic illness in a neonate, infant, toddler, school aged child and adolescent
- Identify variations in vital signs based on the age of the patient
- Discuss medical information in terms understandable to patients and families
- Document the history, physical exam, assessment, and plan in a format appropriate to the clinical situation (H&P vs progress note) (**EPA 5**)

- Develop an assessment of patient's clinical status and create broad differential diagnosis
- Present a systematic plan for care including proposing appropriate admission and daily orders for hospitalized patient
- Justify diagnostic test and procedures considering their invasiveness, risks, benefits, limitations, and costs. (**EPA 3**)
- Describe use of the following common medications in the inpatient setting including when inappropriate:
    - Analgesics
    - Antipyretics
    - Antibiotics
    - Bronchodilators
    - Corticosteroids
    - IV fluids
- Select generally accepted pharmacotherapy for common conditions seen in the hospitalized patient including:
    - Asthma
    - Sepsis
    - Meningitis
    - Pneumonia
    - UTI
    - Status epilepticus
- Describe conditions in which fluid administration may need to be restricted or increased and choose appropriate IV fluid for given condition.
- Calculate fluid therapy for a child with dehydration including initial fluids and maintenance fluids.
- Describe red flags for non-accidental trauma.
- Be familiar with the role of a hospitalist in transmitting patient information to their primary care physician to ensure a seamless transition of care (**EPA 8**)

NICU/Well Baby:

- Attend deliveries and learn basics of neonatal resuscitation and APGAR scoring.
- Pre-round and round on patients in the NICU/well baby nursery including oral presentation and daily written notes.
- Perform a complete physical exam on a well newborn within 24 hours of birth.
- Understand and report pertinent prenatal events and labs including pregnancy history, and labor and delivery significant events.
- Learn about the transition from intrauterine to extrauterine environment including temperature regulation, cardiovascular and respiratory adjustment, glucose regulation, initiation of feeding.
- Learn how to assess gestational age with instruments such as Ballard scale and identify key indications of gestational maturity.
- Understand how to plot a patient on a growth curve and define AGA, LGA, SGA.
- List the differential diagnosis and complications for the following common problems that may occur in the newborn:
    - Jaundice
    - Respiratory distress
    - Poor feeding
    - LGA, SGA infants
    - Abnormalities such as tremulousness, irritability, lethargy, hypoglycemia
    - Prematurity

    - Neonatal abstinence syndrome
- Describe how gestational age affects risks of morbidity and mortality in the newborn period.
- Give parents anticipatory guidance for the following:
    - Normal bowel and urinary elimination patterns
    - Normal neonatal sleep and feeding patterns
    - Appropriate car seat use
    - SIDS prevention
    - Infection prevention and significance of fever in an infant
    - Newborn rashes and umbilical cord care
- Create a discharge and follow up plan for newborn based on gestational age, weight, bilirubin level, method of delivery

Outpatient Pediatrics

- Conduct effective, age-oriented pediatric history and physical exams appropriate to the nature of the visit/complaint and age of patient, including well, sick and follow up visits.
- Demonstrate effective written and oral case presentation skills including an ordered, logical sequence with pertinent positives and negatives for pediatric outpatients.
- Formulate an appropriate clinical assessment and diagnostic and therapeutic plan including initial and follow-up care for the pediatric outpatient.
- Incorporate osteopathic principles into your physical exam, differential diagnosis, and treatment plan including documenting an osteopathic structural exam, indications for osteopathic treatment, as well as an osteopathic treatment plan.
- Accurately interpret height, weight, and head circumference on age-appropriate growth curves.
- Identify major developmental milestones of the neonate, infant, toddler, school- aged child and adolescent. Recognize when there is a delay in reaching the milestones and describe the initial evaluation and need for referral in a patient with a delay.
- Understand weight-based dosing of medications and write orders for an appropriately weight-based dosed medication for a child.
- Describe the components of a health supervision visit including health promotion, disease and injury prevention, appropriate use of screening tools, immunizations.
- Describe the indications and interpretation of the following screening tests:
    - Developmental screening
    - Hearing and vision screening
    - Lead screening
    - Anemia screening
    - TB screening
    - Cholesterol screening
- Define anticipatory guidance and describe how it changes based on the age of the child.
- Demonstrate an ability to provide age-appropriate anticipatory guidance about topics such as nutrition, behavior, immunizations, injury prevention, pubertal development, sexuality, and substance abuse.
- Identify failure to thrive and overweight/obesity in a patient using BMI and other growth measures. Outline the differential diagnosis and initial evaluation.
- List normal patterns of behaviors in the developing child and the typical presentation of common behavioral problems in different age groups.
- Counsel parents and children about the management of common behavioral concerns such as discipline, toilet training, eating disorders.
- Obtain dietary history and provide nutritional advice to families and children.

- Understand the immunization schedule.
- Conduct a health supervision visit for a healthy adolescent including psychosocial interview, developmental assessment and appropriate screening and preventive measures.
- Discuss the characteristics of the patient and the illness that must be considered when making the decision to manage the patient in the hospital vs outpatient setting.
- Explain the management strategies for common stable chronic illnesses seen in children including asthma, seasonal allergies, diabetes, ADHD, and atopic dermatitis.
- Understand the role of the primary pediatrician in the coordination of anticipatory, ongoing, and acute follow up care of pediatric patients.
- Learn the concept of a "medical home" for children in the outpatient setting, especially for children with special needs.
- Demonstrate the development of humanistic attitudes in dealing with well, acutely ill and chronically ill pediatric outpatients in context of their families and communities.
- Describe and assess the physical maturity rating of a patient and know normal and abnormal patterns of growth and development.
- Use a family history to construct a pedigree for evaluation of a possible genetic disorder
- Demonstrate knowledge of pharmacologic therapy and/or osteopathic therapy for the following common conditions in pediatric patients (**EPA 4**):
    - Acne
    - Acute otitis media
    - Allergic rhinitis
    - Asthma
    - Atopic dermatitis
    - Candida dermatitis
    - Colic
    - Constipation
    - Dysfunctional voiding
    - Dysmenorrhea
    - Headaches
    - Impetigo
    - Musculoskeletal injuries and conditions
    - Nasolacrimal duct obstruction
    - Streptococcal pharyngitis
    - Torticollis

Emergency Department

- Elicit a complete history and describe the acute signs, symptoms and emergency management of the accidental or intentional ingestion of acetaminophen, aspirin, alcohol, narcotics, hallucinogens, and others.
- List the symptoms and describe the emergency management of shock, respiratory distress, lethargy, apnea, status epilepticus.
- Describe the age-appropriate differential diagnosis and clinical findings of the following emergent clinical problems:
    - Airway obstruction/respiratory distress
    - Altered mental status
    - Apnea
    - Ataxia
    - GI bleeding

    - Seizures
    - Shock
- Describe the key clinical findings and management of the following conditions:
    - Animal bites
    - Head injuries including usage of head trauma algorithms (see below)
    - Nursemaids elbow
    - Sprains, fractures
    - Burns
    - Lacerations
- Demonstrate ABC assessment in an ill patient
- Discuss characteristics of a patient that would necessitate admission to the hospital from the emergency department.

General Procedures (EPA 11, 12)

- By the completion of their rotation, students should have performed and/or gained knowledge of the following procedures (including their indication and risks):
- Utilizing osteopathic manipulative medicine techniques to treat a medical condition in a child
- Throat swab
- Wart cryotherapy
- Vaccine administration
- Laceration repair, which may include suturing and application of dermabond
- Suture and staple removal
- Starting an intravenous line
- Placing a splint
- Reduction of a nursemaid's elbow

Recommended topics with suggested texts

Pediatric Clerkship Website: https://sites.google.com/view/ormcpediatrics/home

Pediatric Textbooks and guides:

- Nelson's Essentials of Pediatrics (Most recent edition, Karen Marcdante, et al.)
- The Harriet Lane Handbook (Most recent edition, Johns Hopkins Hospital)
- Red Book: Report of the Committee on Infectious Diseases (Most recent edition, AAP)

General Learning Resources:

- 100 Peds Presentations – Classic case presentations with brief clinical vignettes: https://pemsource.org/foam/100-ped-presentations/
- Online MedEd - Great collection of videos for reviewing common pediatric conditions: https://onlinemeded.org/pediatrics
- Peds Cases - Podcasts, videos, cases and guidelines designed for medical students: https://pedscases.com/
- Pediatric Care Online from AAP - Nice resource including Red Book Access: https://publications.aap.org/pediatriccare?autologincheck=redirected
- Pediatric Education - Learning library and collaborative: https://pediatriceducation.org/
- Pediatric Portal, University of Oslo - Great collection of links:
- AAP Periodicity Schedule:

- ACIP Immunization Schedule (Current) https://www.cdc.gov/acip/vaccine-recommendations/index.html
- Bright Futures (Guidelines for well-child care): https://brightfutures.aap.org/materials-and-tools/Pages/default.aspx
- Newborn Nursery at Stanford (Lots of great resources for newborns): http://med.stanford.edu/newborns.html

Podcasts:

- PediaCast: http://www.pediacastcme.org/
- PedsCases: https://www.pedscases.com/podcasts
- Podcasts for Pediatricians (CHOP): http://www.chop.edu/health- resources/primary-care- perspectives-podcast-pediatricians

Pediatric Calculators:

- Pecarn/Pediatric Head Injury Algorithm (for ED): PECARN Pediatric Head Injury/Trauma Algorithm - MDCalc
- Maintenance Fluid Calculator (for Inpatient): https://www.mdcalc.com/maintenance-fluids-calculations
- Pediatric Hypertension Calculator: https://www.mdcalc.com/calc/4052/aap-pediatric-hypertension-guidelines

Developmental Milestones:

- Aquifer (Formerly MedU) Developmental Milestones: https://aquifer.org/courses/aquifer-pediatrics/
- Peds Cases Developmental Milestones: https://pedscases.com/developmental-milestones

Pediatric Physical Exam:

- Newborn Exam video: https://youtu.be/xeKvlFn6wjA?si=CH40U-i7GCKjDnmv
- Pediatric Physical Exam video: https://uthvideo.uth.tmc.edu/Panopto/Pages/Viewer.aspx?id=1eeb71ad-dfcc-4a61-b518-94e1a6565113

COMAT Exam reviews (online):

- Pediatric Notes for Third Year: https://www.dropbox.com/s/mrlv2kpeqmaq4ld/Pediatric%20Notes%20for%20Third%20Year%20Shelf.pdf?dl=0
- High Yield Pediatrics (shelf exam review): https://www.studybuddymd.com/wp-content/uploads/Pediatrics.pdf
- Medbullets High-Yield Pediatric Topics: https://step2.medbullets.com/user/dashboard?id=all&specialty=216&menu=topic

COMAT exam and general review books:

- Case Files: Pediatrics
- BRS Pediatrics
- Pre-Test Self-Assessment and Review
- Blueprints Pediatrics

Osteopathic Learning Resources:

- An Osteopathic Approach to Children (Second edition, Jane Carreiro)
- Pediatric Manual Medicine, An Osteopathic Approach (First edition, Jane Carreiro)
- Osteopathic Approach to the Pediatric Patient – KCU-COM
- American College of Osteopathic Pediatricians Modules on Pediatric OMT

- Osteopathic Manipulative Treatments for Pediatric Patients: https://www.acofp.org/docs/default-source/ofp/vol-12-no-6-(2020)-november-december-2020/osteopathic-manipulative-treatments-for-pediatric-conditions.pdf?sfvrsn=706b0c66_0

Aquifer Pediatrics Cases:

Supplemental required cases have been selected from Aquifer Pediatrics.

Pediatrics Supplemental required cases:

- Pediatrics 01: Newborn male infant evaluation and care
- Pediatrics 02: Infant female well-child visits (2, 6, and 9 months)
- Pediatrics 05: 16-year-old female health maintenance visit
- Pediatrics 07: 2-hour-old male newborn with respiratory distress
- Pediatrics 08: 6-day-old female with jaundice
- Pediatrics 09: 2-week-old with lethargy
- Pediatrics 12: 10-month-old with a cough
- Pediatrics 19: 16-month-old male with first seizure
- Pediatrics 22: 16-year-old female with abdominal pain
- Pediatrics 26: 9-week-old male not gaining weight
- Pediatrics 32: 5-year-old female with rash
- Resources: Developmental Milestones
- Social Determinants of Health 01: Overview of social and structural determinants of health
- Social Determinants of Health 02: 2-year-old male with fever and headache
- Social Determinants of Health 03: 2-year-old male with pneumonia and probable empyema

NOTE: *Details of the Curriculum, including policies and procedures, are documented in the Clinical Rotations Manual available on the TouroCOM Student website.*

Psychiatry Clerkship Syllabus

CLIN~705.PSY

Contributions made by:
Balveen Singh, DO Clerkship
Director Department of Psychiatry

Clerkship Description

This four-week clerkship provides students with opportunities to evaluate patients with psychiatric illness and conduct patient interviews and mental status exams. The student will develop skills to formulate an appropriate differential diagnosis, to make a diagnosis, and to propose treatment options in patient care situations. Clerkship experience opportunities include hospital and outpatient settings. Students will learn to apply knowledge about psychopharmacologic agents and will gain experience in indications for psychological testing, interventions, and other options for therapy, and substance abuse/addiction management.

General Competencies of Rotation

General: To perform and document a relevant history and examination on culturally diverse patients and to include as appropriate:

- Chief complaint
- History of present illness
- Past medical history
- A comprehensive review of systems
- A family history
- A sociocultural history
- A developmental history (especially for children)
- A situationally germane general and neurologic examination
- To delineate appropriate differential diagnoses
- To evaluate, assess, and recommend effective management of patients

Clerkship Goals & Objectives

Gain Clinical Experience in **Practice-based Learning** & **Patient Care**

- To demonstrate the ability to work as part of a treatment team in the care of patients with psychiatric illnesses.
- To demonstrate the ability to interview patients including:
    - To perform a diagnostic evaluation/risk assessment to determine the need for in-patient admission or out-patient treatment.
    - To (re)-assess as part of the initial in-patient History and Physical.
    - To do a complete history including substance history, and social history.
    - To monitor patient's progress during in-patient or out-patient treatment.
    - To assess patient's ability to give informed consent.
    - To perform a Mental Status Exam and a Mini-Mental Status Exam.
- Documenting interviews and patient care of:
    - Diagnostic evaluations/risk assessment in the ER, outpatient, or other clinical settings.
    - In-patient History and Physicals.
    - In-patient daily notes to monitor the patient's status and the ongoing treatment plan.
    - Out-patient notes to monitor the patient's status and the ongoing treatment plan.
    - Assessment of informed consent situations.
    -
- Communicating clearly
    - To present interview findings to the treatment team; this includes the initial diagnostic evaluation or follow up interviews of patients.
    - To participate in the psychoeducation of patients and their families regarding pertinent clinical

issues.

- Organizing Clinical Work
    - To contribute to the optimal efficiency of the treatment team in coordinating and carrying out the treatment plan.
- Foster Independent Learning & **Medical Knowledge**
    - To be able to read around/research/learn about a clinical topic(s) not covered in a formal didactic session.
    - To organize and present a topic with appropriate supporting visual materials.
    - To read provided/recommended materials which are part of, or are about topics not covered in, formal didactic sessions.
- Professionalism:
    - Care conscientiously for patients with the highest standard of professional, ethical and moral conduct in all circumstances associated with the patients' illnesses.
    - Display behaviors that foster and reward the patient's trust in the physician, such as appropriate dress, grooming, punctuality, honesty, respect for patient's confidentiality and other norms of behavior in professional relationships with patients.
    - Converse appropriately and behave with personal integrity in interactions with peers, faculty, residents, and non-physician staff.
    - Recognize and accept own limitations in knowledge and clinical skills and commit to continuous improvement in knowledge and ability.
- **System-based Healthcare**: Social and Community Context of Healthcare
    - Demonstrate an understanding that some individuals in our society are at risk for inadequate healthcare, including the mentally disabled, and chemically dependent,
    - Implement strategies to access healthcare services for patients who need advocacy and assistance.
    - Under supervision develop diagnostic and treatment strategies that are cost-effective, sensitive to limited resources, and do not compromise quality of care.
    - Demonstrate knowledge of non-biological determinants of poor health.
    - Demonstrate and understanding of the unique process that is individual in assuring continuity of care with the community where there is limited access to resources.

General Procedures

In-patient unit admissions/outpatient assessments

- History and Physicals:
    - Histories should have a complete HPI with the Chief Compliant, an adequate description of pertinent signs and symptoms that stem from the Chief Complaint or other positive findings in the general psychiatric screening, a risk assessment, and Pertinent Negatives.
    - Histories should be well organized, easy to follow, and in general follow a clear time course. Write concisely.
    - Components of assessment include substance history, past psychiatric history, family psychiatric history, Past Medical
    - History (include neuro history), medications, allergies, and social history.
    - Labs that are pertinent or pending
    - Physical exam with proper emphasis on Neurological exam
    - Mental Status Exam
    - Assessment (DSM V) Plan
    - H & P's are done on all admissions
- Progress Notes: **SOAP notes**

- S-Subjective: Pertinent things the patient tells you during the course of your interview with the patient.
- O-Objective: Includes Vitals, pertinent physical exam findings, Mental Status Exam, labs, other test results
- A-Assessment: 5 Axis and/or a problem list that is being addressed during the admission
- P-Plan: What is being done or is yet to be done to address the diagnosis/problem that is listed directly above (You may have multiple Assessment and Plan sections)
- Progress notes need to be done daily on each patient unless instructed otherwise by your service. The 1st progress note after the admission should be especially rich with information as all the initial labs are completed in the work-up to rule out medical sources of psychiatric illness.

- Pre-rounds
  - Prior to attending led work rounds. Medical student should review their patient's charts for any events that happened overnight or over the weekend. Check for results of any pending lab tests, consults, radiology studies, etc. Read chart of any new admissions (if a team with another student(s), divide the new admits among yourselves)
- Begin to meet with your patients.
  - Depending on time constraints before work rounds, your interviews with known patients may be brief check ins. (Have longer interview later) For new patients begin the H & P. If pressed for time, get the HPI now, the rest later.
  - Interviews
  - Presentations of patients to service
  - Mental Status Exam
    - Be able to describe all the aspects of a mental status exam. Appearance & Behavior, Speech, Mood & Affect, Thought Process, Thought Content (including perception) Cognition, Judgment & Insight
    - Be able to properly perform a Mini-Mental Status Exam on patients
  - Participation in work rounds
    - Know your patients. Be able to do brief or full presentation as needed. An important aspect of this is obtaining and reviewing old records. (This can require some extra work.)
    - Be able to show you pre-rounded and are on top of your patient's situations.
    - Demonstrate your growing knowledge of psychiatry as you ask pertinent questions and answer attending's questions during rounds. Important areas to focus on are: 1. describing various areas of the Mental Status Exam 2. the signs and symptoms to look for in making a diagnosis (i.e., read around your patients) 3. coming up with a reasonable and complete differential diagnosis 4. being able to reason why one diagnosis of the differential is more or less likely than another based on what is known 5. Awareness of the treatment plan objectives for each patient
  - Able to work with other members of the team to get all the work done. This includes covering for other team members when necessary and providing other team members pertinent information about your patient when you need coverage.
  - Discharge Planning
  - Assemble team-work rounds directives, treatment team meetings, social work input, etc.
  - Work with social work, patient's family, and the patient to set up as ideal a situation for the patient as possible for follow up out- patient treatment, so as to adequately address the biological, psychological, and social aspects of the patient's illness.
  - Participate in family meetings for purposes of psycho education of both family and the patient. Patient psycho education is not limited to family meetings.

Consult Service

- New patients: Similar to H&Ps on in-patient unit or on call. Typically, cases will be assigned by the senior resident/Attending first thing in the morning or as the consults come in.
- Ongoing patients: Daily notes unless told otherwise by service attending until the team signs off on case. Pre-rounds may be more difficult. To do a thorough job you may need to touch base with someone on the patient's primary service and be up to date. The need to do this will vary with the specifics of the situation.

Interviewing Skills:
Be able to demonstrate the following interviewing skills:

- Establishing **rapport**
    - Appropriate use of open ended and close-ended questions
    - Techniques for asking "difficult" questions
    - Appropriate use of facilitation, empathy, clarification, confrontation, reassurance, silence and summary statements
    - Asking about the patient's ideas, concerns, questions, and feelings about the illness and treatment
    - Communicating information to patients in a clear fashion
    - Demonstrate respect, empathy, responsiveness, and concern regardless of the patient's problems or personal characteristics?
    - Demonstrate basic strategies for interviewing disorganized, cognitively impaired, hostile/resistant, mistrustful, circumstantial/hyper verbal, unspontaneous/hypoverbal, and potentially assaultive patients?
    - Appropriate closure of the interview
    - Be able to avoid the following common interview mistakes: Interrupting the patient unnecessarily, asking long, complex, questions, asking questions in an interrogatory manner, ignoring patient's verbal or non-verbal cues, making sudden inappropriate changes in topic, indicating a patronizing or judgmental attitude by verbal or non-verbal cues, incomplete questioning about important topics, asking too many closed ended questions, asking leading questions, asking 2 questions at once
- After the Interview are you able to:
    - Identify your emotional responses to patients?
    - Identify strengths and weaknesses in your interviewing skills?
    - Identify verbal and nonverbal expressions of affect in a patient's responses, and apply this information in assessing and treating patients?
    - Demonstrate sensitivity to student-patient similarities and differences in gender, ethnic background, sexual orientation, socioeconomic status, educational level, political view, and personality traits
- Psychiatric History: Be able to elicit and adequately record a complete psychiatric history, chief complaint, HPI past psych history, substance history, medical history, medications, family history, social history
- Mental Status Exam: Be able to elicit appropriate information directly or indirectly from the interview
- Physical/Neurological Exam**:** Do a focused exam pertinent to situation, assess for the presence of a general medical illness in your patient, identify psych meds side effects

Oral presentation: Organization/content worksheet
Chief Complaint: Reason patient seen

- **History of Present Illness**
    - Introduction: brief description of patient, chief compliant stated
    - Adequate description of signs and symptoms: later used in differential diagnosis
    - Risk assessment for dangerousness, pertinent past dangerousness
    - Pertinent negatives given; can later rule out other diagnosis

- **Organization of HPI**
  - Follows time course/Time course unclear
  - Easy to follow/Hard to follow
- **Other History Areas**
  - Past Psych history: In-patient hospitalization? Suicide attempts? Out- patient treatment? Past medication trials? Compliance?
  - Substance history: Cocaine Heroin MJ LSD PCP, EtOH Other IV drug use, Withdrawal risk Last use? Binges? Consistent use? Time period? Blackouts Seizures Shakes DT's, Drug treatment history
  - Medical history: Current medical illnesses How psych illness affects med ill management
  - Medications/ Allergies: Medications Doses Time length Side effect problems, Treatment effectiveness
  - Social **history:** Living situation, Support systems, Work, Family history, Relatives with psychiatric disorders, Relative's treatments
- **Pertinent labs**
- **Physical exam/Neuro exam**
- **Mental Status Exam**
  - Appearance and Behavior Mood and Affect Speech
  - Though Process Thought Content Cognition; MMSE
  - Judgement and Insight
  - Use of descriptive terms? Overuse of non-descriptive terms "good", "normal"?
- **Assessment:** 5 Axis given? Good differential diagnosis?
- **Plan:** Adequately addresses situation (problem list)?

Recommended Topics with Suggested Texts & References:

CATEGORY: Diagnostic Issues & Patient Management

- Delirium & Dementia
- Eating Disorders
- Anxiety Disorders
- Schizophrenia, Schizoaffective Disorder & Other Psychoses
- Affective Disorders-Bipolar Disorder, Major Depression and other Depressive Disorders
- Somatoform Disorders & Malingering & Factitious Disorder
- Personality Disorders
- Substance Abuse: Opiates, Cocaine, Alcohol Abuse/Dependence, PCP, LSD, Marijuana
- Benzodiazepine Withdrawal

CATEGORY: Psychopharmacology & Biological Psychiatry

- Lithium and Mood Stabilizers
- Benzodiazepines and Anxiolytics
- Antipsychotic Medications
- Antidepressants
- Side Effects of Medications
- Neurotransmitters, Dopamine System, Catecholamine System, Serotonin System ECT

CATEGORY: Forensic Psychiatry

- Involuntary Commitment, Informed Consent, Duty to Warn/Protect

CATEGORY: Emergency Psychiatry

- Suicide, Suicide Risk
- Violent Behavior and the Management of the Violent Patient

CATEGORY: Patient Assessment

- Interviewing & Mental Status Examination
- Psychiatric Signs and Symptoms
- Psychiatric Diagnosis

CATEGORY: Psychodynamics and Psychotherapy

- Defense Mechanisms
- Psychotherapies

Osteopathic Manipulative Medicine

- *Somatic Dysfunction in Osteopathic Family Medicine, Second Edition*. Nelson, K and Glonek, T. Chapter 10 The Psychiatric Patient and Chapter 11 The Addicted Patient. Pages 98-114.

Aquifer Cases for Psychiatry:

Supplemental required cases have been selected from Aquifer CARE (formerly Addiction Medicine) and Aquifer Geriatrics.

The Addiction CARE cases include content, videos and self-assessment questions that are required to be completed to receive credit. To access CARE, Select Launch CARE from the Aquifer platform.

For the selected Geriatrics cases, all cases and questions including feedback and self-assessment questions are required to receive credit.

Psychiatry Supplemental required cases:

- Geriatrics 04: 85-year-old woman with dementia
- Geriatrics 05: 79-year-old with agitation
- Geriatrics 06: 85-year-old woman with delirium
- Geriatrics 07: 78-year-old man with depression
- Psychiatry 01: 13-year-old with recent trouble at school
- Psychiatry 02: 47-year-old with chronic musculoskeletal pain
- Psychiatry 03: 20-year-old with increasingly erratic behavior
- Psychiatry 04: 20-year-old presenting with psychosis
- Psychiatry 05: 29-year-old with unwanted intrusive thoughts
- Psychiatry 06: 16-year-old with weight loss
- Trauma-Informed Care 11: 78-year-old wellness visit

Surgery
Clerkship Syllabus

CLIN~711.SUR

Contributions made by:
Maurizio Miglietta, DO, Associate Regional Dean
Elliot Mayefsky, MD, Department of Surgery
Additional Contributions made by (2025):
Jorge Ortiz, MD, Clerkship Director

Clerkship Description

This eight-week clerkship provides students with an opportunity to acquire basic skills to evaluate the surgical patient. Students will engage under the direct supervision of the surgeon(s) and experience surgical pre-operative preparation, surgical assistance, and post-operative care. Emphasis is on indications for procedures, proper OR etiquette and procedures, surgical complications, and post-operative care. Students will participate as integral members of the interprofessional healthcare team. Students learn about surgical consults and different surgical specialties. Students may have the opportunity to participate in general surgery, abdominal, breast, chest, head and neck, neurosurgical, orthopedic, plastic, urologic, and vascular procedures. Along with actively participating in clinical activities with the surgical faculty and/or residents, students are expected to attend formal didactic sessions such as Surgical Grand Rounds, Tumor Board, and Case Presentations, as provided by the respective site.

General Competencies and Evaluation of Rotation

At the completion of the General Surgery rotation the student is expected to be able to do a detailed history and physical exam on the surgical patient, develop a reasonable differential diagnosis, and summarize options for treatment. At the completion of the rotation, the student will sit for a "Shelf exam" to assess knowledge gained during the experience. The students meet monthly with the Touro clinical dean to provide feedback regarding the ongoing rotation. Students are required to complete the end of rotation evaluation form which is completed by the supervision faculty/resident. All students are expected to master the seven general AOA competencies of Osteopathic Philosophy/Osteopathic Manipulative Medicine, Medical Knowledge, Patient Care, Interpersonal and Communication Skills, Professionalism, Practice-based Learning and Improvement, and Systems Based Practice.

Clerkship Goals & Objectives

To gain a broad understanding of surgical disease processes and their treatment and serve as a foundation for whatever the student's future medical endeavors might be.

Knowledge

- Demonstrate knowledge and understanding of common surgical problems.
- Understand indications for, and limitations of, essential diagnostic studies used to evaluate patients with surgical problems.
- Demonstrate an understanding of surgical treatments and alternatives to surgical treatment.
- Become familiar with various surgical procedures and know their expected outcomes and complications.
- Develop cost/risk/benefit appreciation as it applies to patient care.
- Be familiar with action, dosage and use of common pharmacologic agents used in surgery (analgesics, antibiotics, anticoagulants, sedatives).

Skills

- Evaluate and assess patients with surgical diseases.
- Understand and possibly perform various basic procedures, such as:
    - venipuncture
    - placement of intravenous catheter
    - insertion of urethral (Foley) catheter
    - insertion of nasogastric tube
    - removal of surgical drains
    - closure of surgical incisions
    - removal of suture/staples
    - dressing changes
- Understand how to apply specific protocol in the operating room (scrubbing, gowning, gloving, prepping

and draping).
- Interpret common laboratory tests (CBC, electrolytes, blood gases, urinalysis, coags).
- Interpret common radiologic tests (CXR, KUB, UGI, BE, bone, nuclear tests, US, CT).
- Understand how to obtain and interpret EKG.

Recommended Topics with Suggested Texts:

- Camereon JL, Cameron AM, Editors. Current surgical Therapy, 13 th edition. Philadelphia PA Elsvier; 2020
- Netter's Anatomy and Pocket Surgery

Topics:

- Fluid and Electrolytes
- Preoperative Evaluation of the Surgical Patient
- Fundamentals of Wound Healing
- Appendicitis
- Biliary Tract Disease
- Bowel Obstruction
- Hernias
- Diverticulitis
- Breast Cancer
- Colon Cancer
- Peripheral Vascular Disease
- Melanoma, Squamous Cell Carcinoma, Basal Cell Carcinoma
- Peptic Ulcer Disease
- Crohn's Disease
- Bariatric Surgery

Osteopathic Manipulative Medicine

Evidence Based Medicine for OMT in Surgical Patients

- W. Thomas Crow, Lilia Gorodinsky Does osteopathic manipulative treatment (OMT) improve outcomes in patients who develop postoperative ileus: A retrospective chart review International Journal of Osteopathic Medicine 12 (2009) 32e3
- JM Radjieski; MA Lumley; and MS Cantieri Effect of osteopathic manipulative treatment of length of stay for pancreatitis: a randomized pilot study J Am Osteopath Assoc, May 1998; 98: 264.
- Frederick J. Goldstein; Saul Jeck; Alexander S. Nicholas; Marvin J. Berman; and Marilyn Lerario. Preoperative Intravenous Morphine Sulfate With Postoperative Osteopathic Manipulative Treatment Reduces Patient Analgesic Use After Total Abdominal Hysterectomy J Am Osteopath Assoc, Jun 2005; 105: 273 - 279.

WISE-SURGERY, NYU SCHOOL OF MEDICINE for Surgery Clerkship

Course content for surgery has been selected from WISE-Surgery (surgery cases and skills videos). Each surgery case video includes the following: foundation, history, physical, laboratory studies, imaging studies, intraoperative procedures (including side-by side animation), and post-operative care. Cases also illustrate how to communicate with patients and professional team members. Practice questions provide formative feedback and self-assessment. Skills videos illustrate common skills and ultrasound.

Trauma Resuscitation includes Overview, Topics, Questions and Summary, structured as videos, quiz questions, transcripts, and summary. This should be used for BOTH Emergency Medicine and Surgery rotations. In addition, the WISE-Surgery Skills video for Ultrasound E-FAST Exam should be used for BOTH Emergency Medicine and Surgery rotations. **NOTE: For Surgery, students are REQUIRED to complete two categories of content that are included in WISE-Surgery. 22** Multimedia surgical case-based modules have been selected as required for the

rotation, as well as **18 clinical skills-based videos that must be watched, as listed below:**

Supplemental required Surgery Cases and Skills Modules:

Case-based (MUST BE COMPLETED)

- Abdominal Aortic Aneurysms
- Adrenal adenoma
- Anorectal Disease
- Appendicitis
- Bariatric
- Bowel Obstruction
- Breast Cancer
- Burn Management
- Carotid Stenosis
- Cholecystitis
- Colon Cancer
- Diverticulitis
- Hypercalcemia
- Inguinal Hernia
- Lung Cancer
- Pancreatitis
- Pediatric Hernia
- Pediatric Pyloric Stenosis
- Skin Cancer
- Thyroid Nodule
- Trauma Resuscitation
- Venous Thromboembolism

Skills (VIDEOS MUST BE VIEWED)

- Advanced Communication Skills: Empathy
- Advanced Communication Skills: Implicit Bias
- Best Practices
- Epidural placement
- Foley catheter placement
- Surgical Instruments
- Suturing and instrument tie
- Two-handed knot tie
- Ultrasound: Basic Principles
- Ultrasound: Abdominal Aortic Aneurysm
- Ultrasound: ABI
- Ultrasound: Breast
- Ultrasound: Carotid Artery
- Ultrasound: Cholecystitis/ Cholelithiasis
- Ultrasound: E- FAST Exam
- Ultrasound: For Vascular Access
- Ultrasound: Thyroid
- Ultrasound: Venous Thromboembolism

THIRD YEAR ELECTIVE REMOTE COURSE OFFERINGS

Academic Year 2026-2027

NOTE: Third-year students are strongly encouraged to do the Elective rotation as a four-week in-person clinical rotation to enhance their clinical knowledge and skills, and to be prepared for fourth year and residency interviews.

Aquifer Radiology Course

Course Length: 4 weeks
Credit Hours: 6 credits
Eligible Student: OMS III
Cost: Free
Contact/Website Information: Aquifer
*Students MUST reach out to their respective clinical coordinator for enrollment.

Course Description: Aquifer Radiology's virtual patient program provides realistic case scenarios that demonstrate best-practices—helping students develop clinical reasoning skills that bridge the gap from content to practice. In an era of the increasing importance of evidence-based decision making and reliance on imaging, an understanding of the principles and applications of radiology is vital for today's healthcare professionals.

Course Requirements: Students must complete the course that is assigned to them by the Department of Clinical Education including all cases and all questions, including feedback and self-assessment questions and course assessments. Students may not complete individual modules for credit that have not been specifically assigned. Students are encouraged to maximize the learning opportunities for this **Aquifer Radiology** course by clicking on all hyperlinks, references, module reviews for imaging that show anatomy, histology and neuroanatomy, techniques, etc., as well as additional questions. Students should dedicate one hour per case to receive credit.

CEUFast: Surgery and Trauma: An Interprofessional Team Perspective

Course: 40 hours – 1 week
Eligible Student: OMS III
Cost: Free
Contact/Website Information: www.CEUFast.com

Course Description: The online course includes selected topics relevant for perioperative and surgical care, trauma, and wound care. The learner will gain appreciation for the prevention of common surgical errors, and needlestick injuries, as well as indications for basic procedures, and assessment and treatment of surgical and trauma patients. Course content highlights the role and scope of other healthcare professionals crucial for optimal patient care and outcomes.

Course Requirements: **Students are required to submit certificates of completion for each of the CEUFast courses. Time spent in the completion of these courses will be monitored to ensure adequate time is spent to receive the certificates and credit for the rotation.**

Course Content:

Surgical Patient Care	1 Contact Hour
Errors in the Surgical Setting	2 Contact Hours
Preventing Needlestick Injuries	1 Contact Hour

Peripherally Inserted Central Catheters (PICC)	1 Contact Hour
Organ and Tissue Donation	1 Contact Hour
Ostoma-tology: Colostomy, Ileostomy, Urostomy	2 Contact Hours
Pneumothorax in the Adult Patient	1 Contact Hour
Pressure Ulcers in the Perioperative Setting	2 Contact Hours
Wound Series Part 1: Assessing and Diagnosing Chronic Wounds of the Lower Extremity	1.5 Contact Hours
Wound Series Part 2a: Wound Assessment	1 Contact Hour
Wound Series Part 2b: Wound Care	1 Contact Hour
Wound Series Part 2c: Wound Bed Cleansing	1 Contact Hour
Wound Series Part 2d: Wound Dressings	1 Contact Hour
Wound Series Part 3: Pressure Ulcers and Injuries-Risk Factors, Diagnosis, Staging, Management	2 Contact Hours
Wound Series Part 4: Lymphedema: The Basics	1.5 Contact Hours
Wound Series Part 5: Terminal Wounds: When Complete Healing is not an Option	1.5 Contact Hours
Traumatic Brain Injury	2 Contact Hours
Respiratory Management Following Spinal Cord Injury	2 Contact Hours
Spinal Cord Injuries: Non-traumatic	2 Contact Hours
Spinal Cord Injuries: Traumatic	2.5 Contact Hours
Conscious Sedation	1 Contact Hour
Bioterrorism and Weapons of Mass Destruction	4 Contact Hours
Postpartum Hemorrhage	2 Contact Hours
Pulmonary Embolism	2 Contact Hours
Trauma Management for the Allied Health Professional	1.5 Contact Hours
Pediatric Abusive Head Trauma (Shaken Baby Syndrome)	1.5 Contact Hours
LPN IV Series: Parenteral Nutrition	2 Contact Hours
LPN IV Series: Venipuncture and Maintenance	4 Contact Hours
Guidelines, Recommendations, and Principles for Prescribing Opioids	2 Contact Hours

CEUFast: Emergency Medicine: Preparing for Working in the Emergency Department

Course: 40 hours – 1 week
Eligible Student: OMS III
Cost: Free
Contact/Website Information: www.CEUFast.com

Course Description: The online course includes common urgent and emergency conditions seen in the emergency department. The course emphasizes critical thinking, communication, ethics, and a team approach. The learner will have the opportunity to review pharmacology, and appropriate assessment and treatment of urgent and emergency conditions, including but not limited to cardiopulmonary, pain, drug abuse, overdose management and suicide assessment and prevention. Course content highlights the role and scope of other healthcare professionals crucial for optimal patient outcomes.

Course Requirements: **Students are required to submit certificates of completion for each of the CEUFast courses. Time spent in the completion of these courses will be monitored to ensure adequate time is spent to receive the certificates and credit for the rotation.**

Course Content:

Allergy versus side effects: The Confusion Must Stop	1 Contact Hour
Fever: Evidence Based Practice	1.5 Contact Hours
Calling The Doctor Should Not Be This Hard	1 Contact Hour
Critical Thinking	1.5 Contact Hours
Cultural Competency: Current Practice	2 Contact Hours
Ethics for Healthcare Professionals	2 Contact Hours
Human Trafficking	2 Contact Hours
EKG, ECG Interpretation	4 Contact Hours
Cardiac Emergencies: Sudden Death	1 Contact Hour
Pain Assessment and Management	2 Contact Hours
Drug Overdose and Antidotes	2 Contact Hours
Substance Use Disorder and Pregnancy	1 Contact Hour
Suicide Prevention Training for Washington Healthcare Professionals	6 Contact Hours
Suicide Screening and Referral Training for Washington	3 Contact Hours
Cardiac Emergencies	2.5 Contact Hours
Neonatal Cardiac Assessment	2 Contact Hours
Acute Flaccid Myelitis	1.5 Contact Hours
Cultural Competency and Implicit Bias	4 Contact Hours

Clinical Science Enrichment Program: COMLEX-USA LEVEL 2 CE

Course Title	COMLEX LEVEL 2 Enrichment Program
Department	Clinical Science and Advanced Patient Management
Course Director	Niket Sonpal MD
Course Coordinator	Niket Sonpal MD
Director's Email	niket.sonpal@touro.edu
Office Hours	By appointment through email

Program Description:

OMS Year 3 marks the beginning of the clinical component of the undergraduate medical education program. Beginning in the third year, clerkships immerse students in the experiences relevant for the respective discipline.

THIS PROGRAM WILL ALSO TARGET ADVANCED PATIENT CARE SEEN ON LEVEL 3 or Step 3.

This yearlong program is an introduction of material that is relevant for the LEVEL 2 or Step 2 board exam. This program will operate INDEPENDENT of clinical rotations and is aimed at advanced board preparation.

Overall Program Goals:

- A steady yearlong introduction of material that will be covered on COMLEX/USMLE Level 2 and Step 2
- High yield test taking strategy sessions to explain the correct way to answer questions on the boards.
- Question Based Review sessions
- Residency Application Strategy Sessions
- Interviewing Skills and Practice Sessions

Program Readings:

- The Top Ten Diseases from ACP in the Clinic for Internal Medicine
- Sample Journal Articles
- How to write a CPC case presentation
- Excerpts from various clinical sources to aid in your transition from rotation to rotation

Recommended Textbooks:

	Primary	ISBN (Subject to Change with New Versions)
FAMILY MEDICINE	Blueprints Family Medicine Case Files Family Medicine	**ISBN-10:** 1608310876 **ISBN-13:** 978-1608310876 **ISBN-10:** 0071753958 **ISBN-13:** 978-0071753951
MEDICINE	Master the Wards Step up to Medicine	**ISBN-10:** 1618656066 **ISBN-13:** 978-1618656063 **ISBN-10:** 1609133609 **ISBN-13:** 978-1609133603
OBSTETRICS AND GYNECOLOGY	Case Files Ob-Gyn	**ISBN-10:** 0071761713 **ISBN-13:** 978-0071761710
PEDIATRICS	Blueprints Pediatrics	**ISBN-10:** 1451116047 **ISBN-13:** 978-1451116045
PSYCHIATRY	First Aid for the Psych Clerkship	**ISBN-10:** 0071739238 **ISBN-13:** 978-0071739238
SURGERY	Dr. Pestana's Surgery Notes: Top 180 Vignettes for the Surgical Wards Surgery Recall	**ISBN-10:** 1609789164 **ISBN-13:** 978-1609789169 **ISBN-10:** 1451176414 **ISBN-13:** 978-1451176414

Introduction to Research Lecture Series

Sonu Sahni, MD, instructor

DESCRIPTION:

The lecture series will provide students with a comprehensive understanding of the scientific method, clinical and translational research methods, ethical principles, and the application of research findings to patient care. The lectures will also highlight the importance of professional development and career opportunities in clinical and translational research, providing students with the knowledge and skills necessary to pursue a successful career in the field.

Lecture Topics

- Introduction to the Scientific Method
- Methods for Conducting Clinical and Translational Research
- Evaluation and Explanation of Clinical and Translational Research
- Patient Care and Application of Research Findings
- Professional Development and Career Opportunities in Clinical and Translational Research

SCHEDULE: Course recordings on Canvas and select Academic Mondays with dates to be determined

Fourth-Year Rotation Curriculum

Students will begin their fourth-year clinical curriculum after having successfully completed the third-year clinical curriculum and requirements. (*If a student receives a "U" in any clinical rotation during the third year and is entitled to remediate, the "U" must convert to a passing grade "U/P" prior to entering the fourth year.)*

All fourth-year rotations are four-week blocks. Students are responsible for scheduling all rotations.

Shadowing experiences are NOT acceptable for any rotation.

Students are required to complete two core rotations (**Primary Care Ambulatory Medicine Rotation**, a **Sub-Internship) and** seven elective rotations. It is strongly recommended that Elective 7 (April) be scheduled as the last rotation in the spring semester for the online Preparation for Residency Course (4-weeks). Students must provide confirmation of all rotations to their TouroCOM Fourth Year Coordinator via the provided Qualtrics Registration Survey, which will be provided by the respective TouroCOM Fourth Year Coordinator at each campus.

Students may complete a maximum of two rotations (8 weeks) at one site.

REQUIRED CORE ROTATIONS:

Primary Care Ambulatory Medicine Rotation

- Students must complete this **required** core **"**Primary Care/Ambulatory Medicine" rotation in an ambulatory care setting. The student can select from one of the following three general disciplines only: **Family Medicine, Internal Medicine, or Pediatrics. This rotation cannot be completed in a subspecialty.** The rotation may be completed at an outpatient facility such as an office-based practice, a community health center or clinic, or a hospital-based clinic.
- **OMM curriculum requirements for submission of two case logs on Canvas is required to receive a passing grade for the Primary Care/Ambulatory Care core rotation.**

Sub-Internship

- Students must complete this **required** core "Sub-Internship'' at a hospital that has a **RESIDENCY in that specific general discipline.** The student will select from any of the following clinical general disciplines of their choosing during their fourth year: **Emergency Medicine, Family Medicine, Internal Medicine, Obstetrics & Gynecology, Pediatrics, Psychiatry, Emergency Medicine or Surgery. This required core Sub-Internship rotation cannot be completed in a subspecialty.**
- This four-week sub-internship provides the student with the clinical experience to serve as a sub-intern on the discipline specific general hospital-based residency service and allows the student an opportunity to further develop their skills in assessing and treating hospitalized patients. The student is expected to function as an integral member of the interprofessional healthcare team, and to interact with members of the interprofessional team to provide optimal patient-centered care, to ensure a strong clinical experience, adequate teaching and supervision, and realistic expectations for that of a future resident. Most of the time will be designated to the in-patient care floors, or surgery floors. However, the student may interact with various specialties for the respective discipline. The major purpose of the rotation is to facilitate the transition from Student Clerk to Intern.
- The student is expected to function at a level above that of a third-year student and just under that of an intern. Generally during a Sub-Internship, the student is expected to follow the same on-call schedule as the intern or resident. The goals of the Sub-Internship are to make sure the student knows how to write up an admission, enter orders, write progress notes, and function in a way that an intern does, so that when they start internship, they are prepared.

- **NOTE**: A rotation that is exclusively in a consultation service is not acceptable for credit as a sub-internship.
- If a student chooses to do one or more additional Sub-Internships, the rotation(s) will be credited as an elective(s).
- A Sub-Internship may also be done as an "**Audition Rotation"/ Senior Elective**", as an opportunity for a student to demonstrate their strength to be a potential residency candidate in that specific discipline, and/or at that hospital. *See the next section for the specific requirements for Audition rotations.*

ELECTIVE ROTATIONS:

- Fourth-year students are advised to schedule **all Fall semester** rotations in disciplines and at programs with Graduate Medical Education (GME)/**Residency Programs**. Students should schedule these rotations at sites and in disciplines in which they would like to do a residency, if possible. All students should strive to enhance their knowledge and skills to be best prepared for residency training and maximize opportunities to "showcase" at different residency programs. Elective rotations may be in any discipline.

TYPES OF ELECTIVE ROTATIONS

AUDITION ROTATION/SENIOR ELECTIVE:

- The rotation should be done at a site where the student would like to do a residency, and/or in a discipline or specialty that the student would like to do their post-graduate training. **Audition rotations are typically scheduled to be done in the Fall semester of fourth year** and may be referred to as a "Senior Elective".
- **As a REMINDER: Students should schedule their Fall semester 4th year electives/audition rotations at teaching hospitals with residency programs.**

SUB-SPECIALTY:

- A sub-specialty rotation is under the umbrella of a general discipline and focuses on a particular area/specialty. For example, in medicine (e.g., cardiology, pulmonary, endocrine, etc.), or surgery (bariatric, cardio-thoracic, vascular, etc.). The fourth year required core rotations cannot be completed in a sub-specialty.

ELECTIVE ROTATIONS:

Elective rotations may be in any clinical discipline and are scheduled by the student through VSLO or independently by the student, depending on the elective sites' scheduling requirements.

- **Research**
  - Requires pre-approval from the Clinical Dean. The student must submit the TouroCOM Year 4 Elective Request Form and documentation from the host institution, on letterhead, with type/title of research rotation, dates of rotation, expectations, abstract and hypothesis, signed by preceptor that will be responsible for the SPE evaluation, to the TouroCOM Fourth Year coordinator, no less than 30 days in advance of the anticipated Research Elective start date. Reach out to your 4th Year Coordinator for further information.
  - A **work product** must accompany the end of rotation Student Performance Evaluation (SPE), to be evaluated and graded by the Assistant Dean of Research or research preceptor. The work product can be a poster presentation, PowerPoint presentation, or research paper.
  - Research limited to writing an abstract or manuscript **will not be approved** for an elective rotation in the Fourth Year.
  - **A research rotation can only be completed in the Spring semester.**
  - **Fourth Year clinical research must be done with an external affiliate and follow required**

parameters (e.g. Weissman Hood Institute research is permitted).
    - Research Electives cannot exceed four weeks.
- **Wilderness Medicine**
- **Military Medicine Training (six credits)**
    - This four-week course, exclusively for students in the military, develops the basic skills required of a military medical officer, with a particular emphasis on leadership, teamwork and discipline. Through didactic lectures and experiential learning its focus includes the theory and practical application of such salient topics as safety, fitness, and endurance training. Emphasis is also placed on the core values of loyalty, duty, respect, character, service, integrity and honor. Communication skills and professionalism are likewise incorporated.
- **International elective rotations:**
    - Students must be in good academic and professional standing at TouroCOM.
    - International rotations will **only be approved in the Spring semester**, after audition rotations and residency interviews have been completed to avoid potential conflict with the residency application timeline/process.
    - Students must submit the **Year 4 Elective Request Form** no later than 30 days prior to the anticipated start date of the requested rotation. Requires documentation on letterhead from the institution with type/title of elective, dates of rotation, expectations, and preceptor responsible for evaluations. The site must also confirm that this is a clinical experience (not shadowing/observing). Further details and documentation may be requested on a case-by-case basis. Reach out to your 4th Year Coordinator for further information.
    - Student is responsible for all pre-rotation requirements as per the respective program.
    - Student is responsible for all financial, travel, health, and other related expenses.
    - Student must comply with all requirements for the respective international rotation site.
    - Student must submit the completed SPE within two weeks of the date of completion.
    - Student may elect to serve as a "Peer Mentor" for future participants.
    - Student should review the U.S. Department of State website for warnings or alerts and country specific warnings or alerts issued by the U.S. Department of State.
- **Spanish Immersion Rotations:**
    - Medical Electives & Medical Spanish Immersion in Peru
        - A unique opportunity to take intensive medical Spanish course and/or take a clinical rotation in one of several partner hospitals. These Spanish immersion programs accredited by the American Academy of Family Physicians.
        - **In order to receive credit, students must complete the combined program that includes Spanish immersion and a clinical rotation**.
        - A 20 hour per week medical Spanish course, a choice of hospitals, extra language support, comfortable family accommodation, private transport to and from hospital each day, travel insurance, and extra activities. Allows for opportunities including direct patient interaction to combine the student's professional skills with developing language skills.
    - UNIBE Health Science University located in San José, Costa Rica.
        - Currently has more than 43 agreements with universities and colleges around the world, in the United States, Europe and the rest of the world.
        - UNIBE designs the cultural immersion programs according to the students' needs but also has programs in different areas of health such us Medical Spanish, Global Health, Global Nursing, Psychology, Pharmacy, Social Work, Physical Therapy, Sports and Fitness, counseling, Educational Leadership, Biology, Ecology and many more.
        - During the program, the students will see and provide care to patients in a wide variety of clinical and hospital environments, primary care clinics, senior centers and orphanages.
        - Clinical sites include Calderon Guardia Hospital, Coronado's Clinic, Quitirrisi Indigenous

Reserve, Day Care Center for the elderly in Alajuela.

- **Telemedicine**
  - **A telemedicine rotation is considered a remote course offering.**
- **TouroCOM Remote Course Offerings:** *Please see the descriptions and requirements below and the Clinical Rotations Manual for details.*
  - The Department of Clinical Education will provide students with a variety of remote course offerings in various disciplines that the student may elect to complete. Alternatively, students may opt to complete remote rotations as offered on Visiting Student Learning Opportunities (VSLO).
  - Students must submit the Qualtrics Registration Survey for all remote courses, except for Aquifer courses.
  - Completion of all requirements of the remote course is needed to receive a grade of "P".
  - Students may complete four weeks of remote course work in the fall or spring semester in addition to the Aquifer Preparation for Residency course offered in April.

FOURTH-YEAR REMOTE COURSE OFFERINGS
Academic Year 2026-2027

Fourth-year students are strongly encouraged to do all elective rotations as a four-week in-person clinical rotations, especially in the Fall semester, to enhance their clinical knowledge and skills; and to be prepared for residency interviews. **Courses completed in the third year cannot be repeated for credit.**

One-week Remote Elective Opportunities for Fourth Year: (Only to supplement any 3-week in-person elective clinical rotation)

CEU Fast: Surgery and Trauma: An Interprofessional Team Perspective

Course: 40 hours – 1 week
Eligible Student: OMS IV
Cost: Free
Contact/Website Information: www.CEUFast.com

Course Description: The online course includes selected topics relevant for perioperative and surgical care, trauma, and wound care. The learner will gain appreciation for the prevention of common surgical errors, and needlestick injuries, as well as indications for basic procedures, and assessment and treatment of surgical and trauma patients. Course content highlights the role and scope of other healthcare professionals crucial for optimal patient care and outcomes.

Course Requirements: Students must complete all required material and submit all certificates in one PDF document to evaluations.clinical@touro.edu to receive credit. Time spent in the completion of these courses will be monitored to ensure adequate time has been utilized in other to receive the certificates and credit for the rotation.

Course Content:

Surgical Patient Care	1 Contact Hour
Errors in the Surgical Setting	2 Contact Hours
Preventing Needlestick Injuries	1 Contact Hour
Peripherally Inserted Central Catheters (PICC)	1 Contact Hour
Organ and Tissue Donation	1 Contact Hour

Ostoma-tology: Colostomy, Ileostomy, Urostomy	2 Contact Hours
Pneumothorax in the Adult Patient	1 Contact Hour
Pressure Ulcers in the Perioperative Setting	2 Contact Hours
Wound Series Part 1: Assessing and Diagnosing Chronic Wounds of the Lower Extremity	1.5 Contact Hours
Wound Series Part 2a: Wound Assessment	1 Contact Hour
Wound Series Part 2b: Wound Care	1 Contact Hour
Wound Series Part 2c: Wound Bed Cleansing	1 Contact Hour
Wound Series Part 2d: Wound Dressings	1 Contact Hour
Wound Series Part 3: Pressure Ulcers and Injuries-Risk Factors, Diagnosis, Staging, Management	2 Contact Hours
Wound Series Part 4: Lymphedema: The Basics	1.5 Contact Hours
Wound Series Part 5: Terminal Wounds: When Complete Healing is not an Option	1.5 Contact Hours
Traumatic Brain Injury	2 Contact Hours
Respiratory Management Following Spinal Cord Injury	2 Contact Hours
Spinal Cord Injuries: Non-traumatic	2 Contact Hours
Spinal Cord Injuries: Traumatic	2.5 Contact Hours
Conscious Sedation	1 Contact Hour
Bioterrorism and Weapons of Mass Destruction	4 Contact Hours
Postpartum Hemorrhage	2 Contact Hours
Pulmonary Embolism	2 Contact Hours
Trauma Management for the Allied Health Professional	1.5 Contact Hours
Pediatric Abusive Head Trauma (Shaken Baby Syndrome)	1.5 Contact Hours
LPN IV Series: Parenteral Nutrition	2 Contact Hours
LPN IV Series: Venipuncture and Maintenance	4 Contact Hours
Guidelines, Recommendations, and Principles for Prescribing Opioids	2 Contact Hours

CEUFast: Emergency Medicine: Preparing for Working in the Emergency Department

Course: 40 hours – 1 week
Eligible Student: OMS IV
Cost: Free
Contact/Website Information: www.CEUFast.com

Course Description: The online course includes common urgent and emergency conditions seen in the emergency department. The course emphasizes critical thinking, communication, ethics, and a team approach. The learner will have the opportunity to review pharmacology, and appropriate assessment and treatment of urgent and emergency conditions, including but not limited to cardiopulmonary, pain, drug abuse, overdose management and suicide assessment and prevention. Course content highlights the role and scope of other healthcare professionals crucial for optimal patient outcomes.

Course Requirements: Students must complete all required material and submit all certificates in one PDF document to evaluations.clinical@touro.edu to receive credit. Time spent in the completion of these courses will be monitored to ensure adequate time has been utilized in other to receive the certificates and credit for the rotation.

Course Content:

Medication Allergies Versus Side Effects: What Nursing Professionals Need to Know	1 Contact Hour

Fever: Evidence Based Practice	1.5 Contact Hours
Improving Nurse- Physician Communication	1 Contact Hour
Critical Thinking	1.5 Contact Hours
Cultural Competency: Current Practice	2 Contact Hours
Ethics for Healthcare Professionals	2 Contact Hours
Human Trafficking	2 Contact Hours
EKG, ECG Interpretation	4 Contact Hours
Cardiac Emergencies: Sudden Death	1 Contact Hour
Pain Assessment and Management	2 Contact Hours
Drug Overdose and Antidotes	2 Contact Hours
Substance Use Disorder and Pregnancy	1 Contact Hour
Suicide Prevention Training for Washington Healthcare Professionals	6 Contact Hours
Suicide Screening and Referral Training for Washington	3 Contact Hours
Cardiac Emergencies	2.5 Contact Hours
Neonatal Cardiac Assessment	2 Contact Hours
Acute Flaccid Myelitis	1.5 Contact Hours
Cultural Competency and Implicit Bias	4 Contact Hours

Two-week Remote Elective Opportunities for Fourth Year:

FACTS FABMs for Family Planning:

Course Length: 2 weeks
Credit Hours: Intended to be supplemented by an additional two weeks of credit hours in an OBGYN discipline (remote or in-person).
Eligible Student: OMS IV
Cost: $350
Contact/Website Information: FACTS Elective Enrollment

Course Description: The two-week online course, Fertility Awareness Based Methods (FABMs) for Women's Health and Family Planning, focuses on the basic principles of FABMs, their effectiveness for family planning and the supporting science behind their medical applications. This course will also provide an opportunity for students to observe trained FABM educators and clinicians as they share this information with clients and patients.
Medical and health professional students or residents at any accredited program are encouraged to learn more. This course is approved as a two-week medical school elective through Georgetown University School of Medicine.

Course Requirements: Students must self-enroll via the above link and submit the rotation via the Qualtrics Registration Survey to be added to their New Innovations schedule. Students must complete all required material and submit proof of completion to evaluations.clinical@touro.edu to receive credit.

FACTS Fertility Awareness for Women's Health:

Course Length: 2 weeks
Credit Hours: Intended to be supplemented by an additional two weeks of credit hours in an OBGYN discipline (remote or in-person).
Eligible Student: OMS IV
Cost: $350
Contact/Website Information: FACTS Elective Enrollment

Course Description: The two-week online course connects the science of endocrinology to core concepts of FABMs and describes how these methods may be used to diagnose and manage common women's health conditions.

Students will learn about evidence based FABMs, including ways they assist the diagnosis and treatment of conditions like premenstrual syndrome (PMS), polycystic ovarian syndrome (PCOS), endometriosis, abnormal uterine bleeding, and infertility. Students will participate in live online lectures and view recorded modules to develop a deeper understanding of the applications of FABMs throughout a woman's reproductive life span. Following each module, students will complete a brief knowledge assessment. They will also participate in live, online case discussions with medical experts who will share patient cases to illustrate key teaching points.

Course Requirements: Students must self-enroll via the above link and submit the rotation via the Qualtrics Registration Survey to be added to their New Innovations schedule. Students must complete all required material and submit proof of completion to evaluations.clinical@touro.edu to receive credit.

RX Business of Medicine:

Course Length: 2 weeks
Credit Hours: Intended to be supplemented by an additional two weeks of in-person or remote clinical experience.
Eligible Student: OMS IV
Cost: $500 – Students must complete 360 lessons with 11.5 hours of video content.
Contact/Website Information: Frankie Gales, Chief Development Officer, Rx for The Business of Medicine
frankie@business-of-medicine.com
https://www.rxtbom.com/

Course Description: Rx for The Business of Medicine is an intensive online course designed to equip healthcare professionals with evidence-based strategies to address administrative burdens and foster healthy work environments, ultimately mitigating provider burnout. Over the past decade, administrative burdens have emerged as a significant contributor to the alarming rates of burnout among healthcare providers. This course offers a comprehensive approach to understanding and navigating the complex administrative landscape within the healthcare industry.

Course Content:

- Chapter I: Fulfillment – Know what you want and WHY, avoid burnout, giving patients the "WOW" experience t makes them want to return and refer their family and friends, and tips for a successful Residency experience.
- Chapter II: Prevail – Navigating the "Administrative Burden" (Financial, Billing, Legal, Regulatory/Compliance, HR, etc.) Labyrinth to Mitigate Burnout
- Chapter III: Thrive – Situation Awareness and Actions for Maximum Benefit/Protection, Minimal Headaches, and Long-Term Satisfaction
- Chapter IV: Business Planning – Analyze the advantages and disadvantages of being an employee versus self-employed in the medical field, considering factors such as autonomy, financial stability, and career advancement opportunities.

Course Requirements: Successful completion of the entire course and exams. The course is structured as four chapters: Fulfillment, Prevail, Thrive and Business Planning. Each has ten lessons, as well as Review and Closing Examination. Students must self-enroll via the above link and submit the rotation via the Qualtrics Registration Survey to be added to their New Innovations schedule. Students must complete all required material and submit proof of completion to evaluations.clinical@touro.edu to receive credit.

Medical Education

Course Faculty: Kelly Kohler, MSc, EMT-P and Christian Hietanen, DO, MS Med
Course Length: 2 weeks
Credit Hours: Intended as a supplementation to an in-person 4th year elective that is two weeks.

Eligible Student: OMS IV
Cost: Free

Contact/Website Information: Please email christian.hietanen@touro.edu and kelly.kohler@touro.edu in addition to the appropriate COM clinical coordinator. Students must submit the rotation via the Qualtrics Registration Survey to be added to their New Innovations schedule. Completion will be confirmed via email by Kelly Kohler or Christian Hietanen.

Course Description: This is a 2-week elective designed to introduce fourth-year medical students to medical education. This elective is designed to be fully remote with the opportunity for on-campus teaching experience if the student is able and the TouroCOM schedule permits. In person participation will not count towards in-person rotation credit. Through participation in this program, students will develop skills that will help expand their teaching abilities, develop and enhance medical education initiatives, learn about assessment methods, develop the ability to provide meaningful and actionable feedback, and learn principles of mentorship.

Course Content:

- Foundations of learning (learning theories/background)
- Instructional design/learning objectives
- Types of learning environments (classroom, small group, bedside, etc.)
- Principles of assessment
- Teaching clinical reasoning
- Giving effective feedback
- Medical simulation
- Principles of mentorship
- Course Requirements:
- Recorded lectures
- Self-directed learning
- Articles
- Podcasts
- Text readings
- Participation in on-campus small group teaching sessions when able (not required)
- Assigned lectures, readings, videos, and podcasts
- Formative quiz
- Final presentation and/or teaching experience

Four-week Remote Elective Opportunities for Fourth Year:

Canopy Medical Spanish:

Course Length: 4 weeks
Credit Hours: 6 credits
Eligible Student: OMS IV
Cost: Free
Contact/Website Information:

- Go to this link to create your profile: https://canopylearn.io/#/signup
- Enroll with First Name, Last Name, Email, and Password
- For Access Code use TOURO21 (case sensitive)
- Click TOS and PP boxes and Create Profile box

- You will receive an email from info@canopyapps.com requesting you to confirm your email. Please check your spam folder in case it lands there.
- Once you confirm your email by clicking the link, you will be directed to the Canopy Sign In page in which you may sign in and start learning.

Course Description: Canopy Medical Spanish course has a 40-hour curriculum spread into three proficiency levels, perfect for all levels of learners from beginners to native speakers. The content is created based on everyday clinical scenarios, covering over 36 medical specialties. Research-validated pedagogy naturally fits into your learning curve to help you truly master it. It also improves your cultural competency more than just learning a language.

Course Requirements: Students must submit the rotation via the Qualtrics Registration Survey to be added to their New Innovations schedule. Students must complete all required material and submit all three certificates to evaluations.clinical@touro.edu to receive credit.

Obesity Medicine:

Course Length: 4 weeks
Credit Hours: 6 credits
Eligible Student: OMS IV
Cost: $200
Contact/Website Information: Student Rotation on Obesity Medicine

Course Description: The Obesity Medicine 4-Week Student Education is an online resource providing foundational study in the disease of obesity beginning with the pathophysiologic factors impacting weight. The course encompasses a comprehensive approach to the evaluation and treatment of patients with obesity. Students will learn to identify and evaluate both the causes and health consequences of obesity. The medical treatment of obesity centers on the four pillars of obesity care: nutritional intervention, physical activity, behavioral therapy, and pharmacotherapy. The course will review each of these modalities and incorporate each component into patient evaluation and treatment. Effective patient care begins with a compassionate and empathetic approach, which is patient focused. Engagement tools such as the 5 A's and motivational interviewing are essential components of effective patient communication. Beyond basic knowledge, successful integration of obesity medicine must include a broader scope of patient care including prevention and screening; coordination of health care; continuity of service; and family and community dynamics. Students will review these key foundational components of clinical obesity treatment through required readings, lecture modules, and case studies.

Course Requirements: Students must submit the rotation via the Qualtrics Registration Survey to be added to their New Innovations schedule. Students must complete all required material and submit proof of completion to evaluations.clinical@touro.edu to receive credit.

Aquifer Radiology:

Course Length: 4 weeks
Credit Hours: 6 credits
Eligible Student: OMS IV
*Students that have previously completed the Aquifer Radiology course are not permitted to complete this course.
Cost: Free
Contact/Website Information: Aquifer

Course Description: Aquifer Radiology's virtual patient program provides realistic case scenarios that demonstrate best-practices—helping students develop clinical reasoning skills that bridge the gap from content to practice. In an era of the increasing importance of evidence-based decision making and reliance on imaging, an understanding of

the principles and applications of radiology is vital for today's healthcare professionals.

Course Requirements: Students must complete the course that is assigned to them by the Department of Clinical Education including all cases and all questions, including feedback and self-assessment questions and course assessments. Students may not complete individual modules for credit that have not been specifically assigned. Students are encouraged to maximize the learning opportunities for this Aquifer Radiology course by clicking on all hyperlinks, references, module reviews for imaging that show anatomy, histology and neuroanatomy, techniques, etc., as well as additional questions. Students should dedicate one hour per case to receive credit.

Students must reach out to the appropriate Clinical Education Coordinator for registration. for registration. Successful completion will be reported directly to the Grading Coordinator. Successful completion will be reported directly to the Grading Coordinator.

Aquifer Geriatrics and Aquifer Excellence in Palliative Care:

Course Length: 4 weeks
Credit Hours: 6 credits
Eligible Student: OMS IV
*Students that have previously completed the Aquifer Geriatrics course are not permitted to complete this course.
Cost: Free
Contact/Website Information: Aquifer

Course Description: Aquifer Geriatrics: 28 geriatrics virtual patient cases and 6 palliative care cases address the AAMC geriatrics competencies and are sponsored by the Association of Directors of Geriatric Academic Programs. Aquifer Geriatrics is a collaboration between Aquifer and the American Geriatrics Society (AGS). Its development was funded through a grant from the Donald W. Reynolds Foundation. Aquifer Excellence in Palliative Care provides foundational knowledge and practical clinical application of the principles of palliative care that every clinician should know to improve outcomes and quality of life for seriously ill patients and their families.

Course Requirements: Students must complete the course that is assigned to them by the Department of Clinical Education, including all applicable cases, feedback, and self-assessment questions, and end-of-course assessment exams. Students may not complete individual modules for credit that have not been specifically assigned. Each Aquifer Geriatrics case takes approximately 40 minutes to complete and the Aquifer Excellence in Palliative Care course initial 7 cases take approximately 15 minutes each to complete.
Students must reach out to the appropriate Clinical Education Coordinator for registration. for registration. Successful completion will be reported directly to the Grading Coordinator. Successful completion will be reported directly to the Grading Coordinator.

TouroCOM Preparation for Residency Remote Elective Course

Aquifer Spring Semester Custom Course: Preparing for Residency: Fundamentals for Current Clinical Patient Care:
Course Length: 4 weeks of the Preparation for Residency Remote Elective Course
Credit Hours: 6 credits *Students may only take this course in April as their final 4th year rotation.
Eligible Student: OMS IV
Cost: Free
Contact/Website Information: Aquifer

Course Description: This custom course includes Aquifer content comprised of cases and resources as follows: Aquifer Neurology course and Clinical Excellence Case Sets: High Value Care, Diagnostic Excellence, Foundations of Telemedicine and Trauma Informed Care. This custom course provides a broad overview of topics relevant for medical students as they prepare for residency. Aquifer's signature Neurology course includes 13 neurology cases

and two Radiology cases. Aquifer High Value Care's cross-disciplinary virtual patient cases explore the fundamentals of providing value in health care. The respective six Aquifer Student Learning Resources are provided to enhance the student's appreciation for: cultural awareness, the, how to navigate the healthcare system, language and the physician's role. Diagnostic Excellence (7) patient cases contain foundational content about diagnosis, including the factors that contribute to diagnostic error and the strategies that can be used to avoid errors. The content introduces students to cognitive processes and system-related issues that can lead to errors. As Telemedicine has become an increasingly important and common tool for delivering care to patients, the course cases provide 4 cases, defines the tenets of telemedicine to prepare the learner to use telemedicine effectively. Trauma Informed Care (11 cases) addresses the prevalence and impact of trauma and how to integrate the principles of trauma-informed care into clinical practice.

Course Requirements: Students must reach out to the appropriate Clinical Education Coordinator for registration. Successful completion will be reported directly to the Grading Coordinator. Students must complete all course content that is assigned to them by the Department of Clinical Education including all cases, and all questions, including feedback and self-assessment questions and course assessments. Students may not complete individual modules for credit that have not been specifically assigned. Students should utilize their Aquifer Dashboard to track appropriate time per case to receive credit.

Aquifer Cases

- Neurology 01: 40-year-old with progressive weakness
- Neurology 02: 26-year-old found unconscious
- Neurology 03: 23-year-old with episodes of confusion
- Neurology 04: 9-month-old with reflux and motor delay
- Neurology 05: 34-year-old with numbness and tingling
- Neurology 06: 37-year-old with upper extremity weakness
- Neurology 07: 68-year-old with essential tremor
- Neurology 08: 51-year-old with ptosis
- Neurology 09: 75-year -old with memory loss
- Neurology 10: 7-year-old with headache
- Neurology 11: 24-year-old with headache
- Neurology 12: 70-year-old with light-headedness and numbness
- Neurology 13: 28-year-old with dizziness
- Neurology 14: 34-year-old with progressive facial paralysis
- Neurology 15: 37-year-old with abnormal movements and weakness
- Radiology 09: 34-year-old male Neuro – Trauma
- Radiology 10: 40-year-old male Neuro – Vascular and HIV
- High Value Care 01: Principles of high value care
- High Value Care 02: 25-year-old female – Making diagnostic testing count
- High Value Care 03: 65-year-old female – Adult preventive care and value
- High Value Care 04: 80-year-old female – Medications and value
- High Value Care 05: 78-year-old female – High value care in the inpatient setting
- High Value Care 06: 65-year-old male – Paying for value: Insurance Part 1
- High Value Care 07: 7-year-old female – Rooting out waste
- High Value Care 08: 5-month-old female and 4-year-old female – Value of vaccines
- High Value Care 09: 66-year-old female – Redefining value at end of life
- High Value Care 10: 16-year-old female – Statistics and clinical decision making
- High Value Care 11: 17-year-old female – High value care reproductive health care
- High Value Care 12: 17-year-old female – Paying for value: Insurance Part 2

- High Value Care 13: 45-year-old male – The importance of clinical reasoning
- Diagnostic Excellence 01: Principles of diagnostic excellence
- Diagnostic Excellence 02: 35-year-old male with abdominal pain
- Diagnostic Excellence 03: 16-year-old female with pelvic pain
- Diagnostic Excellence 04: 10-year-old male with chronic abdominal pain
- Diagnostic Excellence 05: 84-year-old female with sepsis
- Diagnostic Excellence 06: 12-day-old male infant with bloody stool
- Diagnostic Excellence 07: Two females with iron-deficiency anemia
    - Case 1: Principles of Telemedicine
    - Case 2: Building a history
    - Case 3: Performing a physical exam
    - Case 4: Escalating care
- Trauma-Informed Care 01: Principles of trauma-informed care
- Trauma-Informed Care 02: 45-year-old woman with diabetes experiencing stress
- Trauma-Informed Care 03: 33-year-old female with insomnia
- Trauma-Informed Care 04: 50-year-old female with stress and noncardiac chest pain
- Trauma-Informed Care 05: 8-year-old male with asthma
- Trauma-Informed Care 06: 48-year-old female coping with HIV
- Trauma-Informed Care 07: 58-year-old female veteran with chronic pain
- Trauma-Informed Care 08: 58-year-old male with gastrointestinal symptoms
- Trauma-Informed Care 09: A rape exam in the emergency department
- Trauma-Informed Care 10: Physician with a trauma history
- Trauma-Informed Care 11: 78-year-old male wellness visit
- Trauma-Informed Care 12: 28-year-old pregnant woman with a history of witnessing violence
- Telemedicine Case 01
- Telemedicine Case 02
- Telemedicine Case 03
- Telemedicine Case 04
- WISE ON CALL Cases:
    - Abdominal Pain
    - Acute Pain Management
    - Certifying a death
    - Chest Pain
    - Documentation for Patient Safety
    - Dyspnea
    - Fever and Sepsis
    - Hypertension
    - Hypotension
    - Loss of Consciousness
    - Lower Extremity Pain
    - Oliguria

Scheduling Fourth Year Rotations:

Students must complete nine 4-week rotations between July 1st and April 30th.

The Fall semester (July 1st to December 31st) consists of five rotations/courses, and the Spring semester (January 1st to April 30th) consists of four rotations/courses. The months of May and June should be used as vacation months to account for time for graduation and residency preparation.
All 4th year rotations are scheduled independently by the student at sites of their choice.

- Rotations are scheduled by the student through Visiting Student Learning Opportunities (VSLO), Clinician Nexus, or independently by the student, depending on the elective site's scheduling requirements.

- Students are responsible for both scheduling their rotations, and for communicating with their TouroCOM Fourth Year Coordinator. After receiving confirmation from the host site, rotations must be submitted via the Qualtrics Registration Survey for their respective campus for review and approval no later than 30 days prior to their rotation start date.

- **Students may only complete a maximum of eight weeks (two fourth year rotations) at the same rotation site throughout the entirety of their fourth year.**

- Students choosing to complete a remote elective during the Spring semester are highly encouraged to do so as their final rotation during the month of March to ensure all grading is submitted promptly prior to graduation.

AFFILIATION AGREEMENTS:
Affiliation agreements with non-TouroCOM clinical affiliates *may* be requested by the host site. Anticipate a potential turnaround time of up to 12 weeks for an affiliation agreement to be fully executed, depending on the response time of the affiliate site. If an agreement is required by the host site, students cannot start a rotation while an affiliation agreement is pending. Students may email the appropriate Affiliations Coordinator if an affiliation agreement is required by the site to initiate the process. The COM coordinator will communicate directly with the site to execute the agreement.

Students are not to contact the Touro University compliance department or the affiliate site with any questions regarding affiliation agreements.

FEES:
Students are responsible for all administrative and rotation costs at non-TouroCOM core clinical affiliated sites. The COM will not provide reimbursement for any incurred expenses related to rotations.

4th YEAR ROTATION CANCELLATION POLICY
- Students must comply with each site's rotation cancellation policies and provide written confirmation from a site releasing the student from the rotation if the student elects to cancel a rotation.
- **NOTE:** Rotation cancellation policies are generally 30 days but vary by site and can be longer or shorter.
- **Cancellation within 30 days of the start date is not acceptable.**
- **Cancellation within 30 days may result in no longer being eligible for additional rotations at the specific site or may impact the ability for other TouroCOM students to rotate at a site.**
- **COSTS:** As per the Clinical Rotations Manual, the student is responsible for all 4th year rotation cancellation costs

STUDENT EVALUATION AND GRADING

COMPONENTS OF ROTATION GRADE AND GRADUATION REQUIREMENTS:

Fourth-year final grades for each clinical rotation include the clinical assessment. Assessment of clinical knowledge and skills utilizes the Student Performance Evaluation (SPE), including but not limited to the Seven Osteopathic Core Competencies.

4th Year OMM Case Logs

For the Primary Care/Ambulatory Care core rotation, in addition to the assessment of clinical knowledge and skills utilizing the SPE, the OMM curriculum requirements for submission of two case logs to the OMM Department as part of 4th year graduation requirements. The OMM Department will provide a template for case logs and track case logs. The OMM Department will be collecting and logging student submissions.

Clinical Clerkship Student Performance Evaluation (SPE)

This SPE is used to evaluate the student based on the Seven Osteopathic Core Competencies, (utilizing a Likert scale of 1-7), and a series of questions to assess specific elements that contribute to the overall assessment of the student's performance and identify area(s) of strength(s) and those that need improvement (See SPE form below).

At the conclusion of each clinical rotation, the SPE (to be completed by the licensed, clinical preceptor) is used to determine the overall course/clerkship grade for the respective clinical rotation. Final grades for clinical rotations (Pass or Unsatisfactory) are calculated by the Department of Clinical Education, after accounting for the SPE including but not limited to the Seven Osteopathic Core Competencies.

Students must achieve an overall passing rotation grade on the SPE as a requirement for passing the rotation. For students who do not achieve these requirements, see *grading policy below.*

A final grade for a remote elective course grade is recorded as Pass/Unsatisfactory (P, U, U/P). Requirements for a final Passing grade in a remote course include successful completion of all the respective course requirements by the due date.

All fourth-year clinical clerkship rotation final transcript grades are recorded as a Pass, Unsatisfactory/Fail, and Unsatisfactory/Pass grade (P, U, U/P).

All fourth-year final transcript grades for a fully or partially remote/online Elective course are recorded as Pass/Unsatisfactory (Fail) grade (P, U, U/P). Requirements for a final Passing grade in a remote course include successful completion of all the respective course requirements by the due date.

NOTE: For a remote elective course, students are required to successfully complete all the respective course requirements by the due date.

Course Final Letter Grade Computation

Students can receive the following grades on fourth-year clerkship rotations:

(P) PASS

- Receive a minimum overall grade of "P" on the SPE (numerical score of equal to or greater than a 4.00 on the Likert scale).
- Students are required to achieve an overall passing score on the SPE.
- OR receive a minimum overall grade of "P" for a remote course if the student has successfully completed all

the respective remote course requirements by the due date.
- Receive required case logs for the OMM curriculum/requirement as part of the **Primary Care/Ambulatory Care core rotation.**

(U) UNSATISFACTORY

- Receive a minimum overall grade of < "P" on the SPE (numerical score of equal to or less than a 3.99 on the Likert scale).
- If the student exceeds the allowable absences from a rotation. *See Absence Policy*
- If the student receives a grade lower than ''P" on the SPE or fails to complete all the respective remote course requirements by the due date, the student will receive a "U". The student may be required to meet with the Clinical Dean. A student that receives a ''U" grade will be referred to the Student Promotions Committee (SPC), SPC will notify the students whether they are granted permission to **remediate the rotation.** If the student is permitted to remediate the clinical rotation, they will be required to meet the passing grading criteria for the clinical component which is "P" on the SPE, to receive a maximum rotation grade of "U/P".

NOTE: Under the ACADEMIC DISMISSAL POLICY (please refer to the TouroCOM Student Handbook) - A student who receives "U" grades in two 6-credit clinical rotations will be referred to SPC, and may be recommended for dismissal to the Executive Dean.

NOTE: If a student receives a "U" grade and is granted remediation and is successful, the maximum grade of "U/P" is given.

Student Evaluation of Rotation: Students are required to submit their rotation SPE on New Innovations or to evaluations.clinical@touro.edu.

INCOMPLETE GRADES & DISPUTES

INCOMPLETE

A grade of "Incomplete" (I) may be given to students who have acceptable levels of performance for a given course but have not completed all course requirements – such as an examination, a paper, a field work project, or time on a clinical rotation. "Incomplete" grades are routinely allowed only for the completion of a relatively small percentage of work in a course (e.g., 25%). Grades of "Incomplete" are not issued to students who are doing substandard work to give them the opportunity to redo their projects/exams so that they can achieve an acceptable grade.

The procedure for granting an "Incomplete" begins with the student requesting a meeting with the faculty member in which the faculty member will review the student's progress and decide whether it is appropriate for the student to receive the grade of "Incomplete." If the faculty member decides that the student does not meet the requirements for the grade of Incomplete, she or he may deny the student's request. The student may contest the faculty member's decision by appealing in writing to the department/program chair. Policies regarding the consequences of missing a final exam may differ in individual schools or programs and will govern the student's right to request a grade of "Incomplete." (See current Student Handbook.)

If the student is permitted to apply for an Incomplete, he or she will fill out a Contract for Grade of Incomplete. The Contract is considered a request until it is approved and signed by the student, faculty member, and department/program chair. Signed copies of the Contract are given to the student, the faculty member, the departmental/program chair, and a copy is forwarded to the Registrar's Office. The faculty member is asked to record the grade of "Incomplete" in the student information system via TouroOne portal.

Although the time allowed for the completion of any single project may vary depending on the magnitude of the project, with a typical timeframe being 6 weeks, grade of Incomplete should not be allowed to stand longer than one semester from the end of the semester in which the course was given. (Incomplete grade in the Fall must be changed by end of the next Spring; Incomplete grade in the Spring must be changed by the end of next Fall). The faculty member will specify the amount of time allowed to finish an incomplete project in the contract. The amount of time should be appropriate to the project. For instance, a faculty member may only want to allow a relatively short amount of time to complete a missing exam. Under special circumstances, the Dean may extend the deadline beyond one semester. In such a case, the contract should be revised to reflect the change. Once the student completes the required project, the faculty member determines the final grade for the course and notifies the Registrar by using the standard Change of Grade form.

Courses that receive an "Incomplete" grade will be counted toward the total number of credits attempted, but not earned. The course will not be calculated in the student's term or cumulative GPA until the incomplete grade is resolved. If the "I" grade is subsequently changed to a "U," the "U" grade will be calculated into the student's GPA and will appear on the transcript. Incomplete grades can, therefore, affect a student's financial aid status at the college, but will not initially affect the student's GPA.

All 'I' grades obtained during the second year must be converted to a passing letter grade prior to entering third year clinical rotations. All 'I' grades obtained during the fourth-year clinical rotations must be converted to a passing letter grade prior to graduation.

REMEDIATION

Efforts may be made to give each student ample opportunity to demonstrate competency in each area of the academic program. For students who have not been successful, the College may offer a remediation opportunity. However, remediation is to be regarded as a privilege that must be earned by a student through active participation in the educational program, as demonstrated by regular attendance (as described in this Handbook) and by individual initiative and utilization of resources available to him/her. Decisions regarding remediation will be made by the Dean on an individual basis after considering the recommendation of the SPC and all pertinent circumstances in each case.

Grades earned during an attempted remediation of a course, system, or clinical rotation will be reviewed by the SPC and the Dean. The highest grade a student may earn by any of the remediation options set forth above is a grade of ''U/P''.

In the event remediation is not granted, the recommendation for dismissal will be forwarded to the Campus Dean by the SPC *(See **Academic Dismissal***). The Executive Dean will then notify the student. See current Student Handbook.

DISPUTES

If a student disagrees with the student performance evaluation (SPE) provided by a DME or TouroCOM credentialed preceptor, or the appropriate hospital appointed designee, the student should first set up a meeting with the preceptor to discuss the matter. Following this discussion, a revised SPE may be submitted. In this circumstance, it should be indicated on the top of the SPE form that it "represents a revision and supersedes the prior evaluation" with the new date. The final grade for the rotation will then be recalculated based on the new SPE, if approved by the Clinical Dean.

All requirements and policies regarding Absences, Tardiness, and Professionalism apply to fourth-year students. Use the following link to find the TouroCOM Professionalism Standards.

STUDENT RESPONSIBILITIES

- The student is responsible for cross-referencing their courses listed on TouroONE and New Innovations to ensure that they are registered for the same courses on TouroONE that they are scheduled for on New Innovations, as once a student receives a grade for a course/rotation, that course cannot be dropped.
- The student is responsible for contacting the preceptor to confirm that the SPE has been submitted in a timely fashion.

REGISTRAR Deadline for Fourth Year Rotation/ Course Grades

- **All grades must be received by the Touro Registrar four weeks from the end of the grading term. The Spring semester deadline may be as early as May 1st.**
- **FAILURE TO RECEIVE CREDIT FOR A ROTATION: If an SPE has not been received, and completion of the respective rotation cannot be verified, the rotation/ course will be dropped, and the student will not receive credit for the rotation/course.**

Ambulatory Care Course Syllabus

CLIN~898.PC

Clerkship Description

This four-week clerkship provides students with an opportunity to further develop clinical skills for the evaluation and treatment of patients in the ambulatory setting, for both acute and chronic care. This may be in a private office or at an ambulatory care facility. It is expected that students will become increasingly competent in obtaining histories, performing a problem-focused examination, and developing an appropriate assessment and care plan. Interactions with patients may be done independently but students will then be directly supervised (with the patient) and instructed by the preceptor. Disciplines may include family medicine, internal medicine or pediatrics. This rotation cannot be completed in a sub-specialty.

General Competencies of Rotation

- Osteopathic Philosophy/Osteopathic Manipulative Medicine
- Medical Knowledge
- Patient Care
- Interpersonal and Communication Skills
- Professionalism
- Practice-based Learning and Improvement
- Systems Based Practice

Clerkship Goals & Objectives

Students will become better adept in providing chronic disease management, evaluation and treatment of acute illness, and screening and prevention in the outpatient primary care setting. Students will have clinical experience with ambulatory care personnel including physician assistants, nurse practitioners, nurses, medical assistants, information technology personnel, students, administrative support staff and other healthcare personnel. Additionally, students will learn the appropriate timing and indications for referral to and interaction with subspecialty practitioners

The student should be able to demonstrate the ability to:

- Successfully apply relevant information acquired during previous undergraduate courses to clinical care
- Students will be given the opportunity to focus on developing knowledge and skills necessary to practice evidence-based, high quality, timely, compassionate, cost conscious, and professionally satisfying care in the ambulatory care setting.
- The student will be exposed to a broad patient demographic throughout in an outpatient primary care setting, and will focus on the diagnosis and management of common conditions likely to be seen by a general internist
- Make appropriate clinical decisions based upon the results of common diagnostic tests.
- Recognize situations requiring urgent or emergent medical care, initiate management to stabilize patient and seek appropriate support.
- Provide screening and appropriate preventive care based on national guidelines and adapted to individual needs and teach patients about self-care.

Student Performance Evaluation (SPE):

Students should be assessed by their preceptor based on direct observation and input from other physicians and residents. Evaluations of students are to be completed by the Preceptor using the SPE. Other physicians may contribute to the input but are not to complete the form on behalf of a preceptor. Any evaluations, including those for elective rotations, completed by residents will not be used exclusively for the final grade.

Final performance assessment in the form of a grade is based on the SPE which can be completed electronically on New Innovations at www.new-innov.com or emailed to evaluations.clinical@touro.edu. A copy of this form is attached to this manual for reference.

Clerkship Evaluation Tools:

Evaluation of faculty and site experiences is required of every student. Students complete and submit the Evaluation of Clinical Assignment Form available on New Innovations at www.new-innov.com

OMM FOURTH-YEAR CURRICULUM REQUIREMENTS

- **For the Primary Care/Ambulatory Care core rotation, in addition to the assessment of clinical knowledge and skills utilizing the SPE, the OMM curriculum requirements for submission of two case logs to the OMM Department as part of 4th year graduation requirements.** The OMM Department will provide a template for case logs and track case logs. The OMM Department will be collecting and logging student submissions.
- If the student is unable to complete OMT during the rotation due to lack of appropriate osteopathic supervision, the student may submit case logs describing the OMT techniques they would have utilized if they were able.

NOTE: Requirements may be modified due to COVID-19 restrictions.

***NOTE**: Details of the Curriculum, including policies and procedures, are documented in the Clinical Rotations Manual available on the TouroCOM Student website.*

Sub-Internship Course Syllabus

(Emergency Medicine, Family Medicine, Internal Medicine, OBGYN, Pediatrics, Psychiatry, or Surgery)

CLIN~859.SUBI

Clerkship Description

Students must complete a Sub-Internship in any of the following clinical disciplines during their fourth year: Emergency Medicine, Family Medicine, Internal Medicine, OBGYN, Pediatrics, Psychiatry, or Surgery and the Sub-Internship MUST be done at a site that has a **RESIDENCY in that specific discipline.**

This four-week Sub-Internship provides the student with clinical experience to serve as a sub-intern on a general hospital-based service and allows the student an opportunity to further develop their skills in assessing and treating hospitalized patients. This rotation cannot be completed in a subspecialty. The student is expected to function as an integral member of the healthcare team, and to interact with the interprofessional team to provide optimal patient-centered care. To ensure a strong clinical experience, adequate teaching and supervision, and realistic expectations for that of a future resident this rotation **must be done at a hospital with a residency in that specific discipline.** Most of the time will be designated to the in-patient care floors, or Surgery floors, however, the student will interact with various specialties for the respective discipline. The major purpose of the rotation is to facilitate the transition from Student Clerk to Intern.

The student is expected to function at a level above that of a third-year student and just under that of an intern. Generally during a sub-internship, the student is expected to follow the same on-call schedule as the intern or resident. The goals of the sub-internship are to make sure the student knows how to write up an admission, enter orders, write progress notes, and function in a way that an intern does, so that when they start internship, they are prepared.

NOTE: A rotation that is exclusively in a consultation service, is not acceptable for credit as a sub-internship.

General Competencies of Rotation

- Osteopathic Philosophy/Osteopathic Manipulative Medicine
- Medical Knowledge
- Patient Care
- Interpersonal and Communication Skills
- Professionalism
- Practice-based Learning and Improvement
- Systems Based Practice

Clerkship Goals & Objectives

The primary objective of this clerkship is to provide students with additional experience in the discipline and the opportunity to provide a more advanced level of patient care like that of an intern, with a level of supervision intermediate between that of an intern and a third-year medical student. As a sub-intern, the student will strengthen the core knowledge and skills learned in third-year clerkships to become more proficient in history taking and physical examinations, developing a diagnosis, and devising a treatment plan.

Students will learn to work across disciplines and professions on a health care team, effectively document and relay patient care information between other care providers and learning how to gather information to create a well-formulated assessment and plan within a patient care team. The student should be able to demonstrate the ability to:

- Perform a thorough history and physical appropriate to the medical patient
- Develop an appropriate diagnostic plan for the work-up of the medical patient

- Display appropriate preparation of the medical patient for surgery or medical procedures
- Display appropriate considerations of medical and/or surgical management
- Demonstrate appropriate management and interpretation of relevant laboratory, radiological and pathological data in the care of the patient
- Deliver a case presentation in a concise but thorough manner
- Show evidence of appropriate use of the medical literature to support decision- making
- Demonstrate skills deemed appropriate for the fourth-year medical sub-intern
- Demonstrate the ability to consistently interact respectfully, empathetically, and professionally with patients, families, health care providers, staff and colleagues, to optimize patient outcomes.

Student Performance Evaluation (SPE):

Students should be assessed by their preceptor based on direct observation and input from other physicians and residents. Evaluations of students are to be completed by the Preceptor using the SPE. Other physicians may contribute to the input but are not to complete the form on behalf of a preceptor. Any evaluations, including those for elective rotations, completed by residents will not be used exclusively for the final grade. The Clinical Education department may request additional signatory on an evaluation signed solely by a resident.

Final performance assessment in the form of a grade is based on the SPE which can be completed electronically on New Innovations at www.new-innov.com or emailed to evaluations.clinical@touro.edu. A copy of this form is attached to this manual for reference.

Clerkship Evaluation Tools:

Evaluation of faculty and site experiences is required of every student. Students complete and submit the Evaluation of Clinical Assignment Form available on New Innovations at www.new-innov.com .

TOURO COLLEGE OF OSTEOPATHIC MEDICINE
TOURO UNIVERSITY

Please return the student evaluation to:
evaluations.clinical@touro.edu

Clinical Student Performance Evaluation (SPE)

Class of: _____ **Campus:** _____ OMSIII ☐ **OR** OMSIV ☐

Student Name: _____ Core ☐ **OR** Elective ☐

Rotation Discipline: _____ **Start & End Dates of Rotation:** _____

Hospital or Clinical Site Name: _____

Use the Likert scale below to evaluate each competency. An overall average numerical score will be computed and utilized as part of the student's final course grade of Fail (U) Scores < 4, Pass (P) Scores ≥ 4 but < 6 or High Pass (HP) Scores ≥ 6. Averages are calculated by adding the scores given in each category of the core competencies and divided by the total competencies marked.

1	2	3	4	5	6	7	
Unacceptable	Poor	Marginal	Adequate	Competent	Excellent	Outstanding	Not Observed
← Fail (U) →			← Pass (P) →		← High Pass (HP) →		

AACOM Adapted Core Competencies		Fail (U) 1	2	3	Pass (P) 4	5	High Pass (HP) 6	7	Not Observed
Patient Care:	Demonstrate ability to do H&P, formulate differential diagnosis, present a case, formulate treatment plan, incorporate osteopathic philosophy; demonstrate empathy, awareness of behavioral issues; & apply preventive medicine & health promotion.	☐	☐	☐	☐	☐	☐	☐	☐
Medical Knowledge:	Demonstrate critical thinking skills, apply knowledge of accepted standards of clinical medicine, integrate OPP, & clinical sciences; demonstrate knowledge of curriculum, participate in didactics, including research (where applicable).	☐	☐	☐	☐	☐	☐	☐	☐
Practice Based Learning & Improvement:	Demonstrate ability to critically evaluate methods of clinical practice, integrate EBM into patient care, show an understanding of research methods & improve patient care practices. Appropriate use of EMR.	☐	☐	☐	☐	☐	☐	☐	☐
Interpersonal & Communication Skills:	Demonstrate interpersonal & effective communication skills to establish & maintain professional relationships with patients, families & members of the inter-professional healthcare team. Present coherent patient presentations.	☐	☐	☐	☐	☐	☐	☐	☐
Professionalism:	Demonstrate high moral & ethical standards. Uphold Osteopathic Oath, patient welfare advocacy, collaborate with inter-professional healthcare team; sensitivity to diverse patient populations. Cognizance of their own physical/mental health to care effectively for patients. Responsibility in demeanor, conversation & appearance.	☐	☐	☐	☐	☐	☐	☐	☐
System-Based Practices:	Demonstrate understanding of health care delivery systems, identify & integrate system resources for optimal patient care & collaborate with care team.	☐	☐	☐	☐	☐	☐	☐	☐
Osteopathic Philosophy & Manipulative Medicine:	Demonstrate & apply knowledge of accepted standards in Osteopathic Philosophy & Manipulative Treatment (OMT). Identify opportunities to apply OMT. Addresses the whole person.	☐	☐	☐	☐	☐	☐	☐	☐

Student Name: _____ **Rotation**: _____

Additional questions and comments will be used for formative student feedback and MSPE content.

Additional Questions	Substandard	Marginal	Adequate	Excellent	Not Observed
Properly prepared for rotations	☐	☐	☐	☐	☐
Appearance	☐	☐	☐	☐	☐
Promptness	☐	☐	☐	☐	☐
Ability to research medical literature	☐	☐	☐	☐	☐
Demonstration of technical ability	☐	☐	☐	☐	☐
Clarity & quality of oral presentations	☐	☐	☐	☐	☐
Ability to perform a physical exam	☐	☐	☐	☐	☐
Ability to develop appropriate plan of treatment	☐	☐	☐	☐	☐
Quality of written history & physical exam/SOAP note	☐	☐	☐	☐	☐
Collaboration w/team members of other health professions	☐	☐	☐	☐	☐
Integral member of the interpersonal healthcare team	☐	☐	☐	☐	☐

Student Strengths/Characteristics:
These comments will be noted on the students' Medical Student Performance Evaluation (MSPE or Dean's Letter). The MSPE is part of the application for residency.

Student Areas for Improvement:
These comments will not be included on the students' MSPE (Dean's Letter).

Please attach a separate page with any additional comments

Attendance:

Anytime requested to be away from the hospital/rotation site during regularly scheduled hours must be requested via email to the site with cc to Clinical Education. Student are expected to attend all regularly scheduled clinical duty hours, shifts, on call and didactics, etc.

Days or Shifts Missed: ☐0 ☐1 ☐2 ☐3 or more – **Reason Required:**
Days or Shifts Made Up: _____

COMLEX CE- 2, USMLE, CSA, Residency Interview, Illness, Other.

Evaluation completed by:

Preceptor Name/Degree: _____
(Please print full name)

Date: _____

Preceptor Signature: _____

Email: _____

*All Preceptors signing third-year core rotation evaluations must be licensed & a TouroCOM credentialed physician/provider

*For third & fourth year evaluations if the Preceptor Signature is not signed by a DO/MD,please include additional signature below:

Attending Name: _____
(Please print full name)

Date: _____

Attending Signature: _____

Email: _____

Independently or *Composite

Reviewed by TouroCOM DME: _____

***Additional Contributors & Degree for Composite Evaluations**:

_____
_____
_____

Student Signature: _____
(Student signature acknowledges review of the evaluation with the preceptor.)