



**TOURO
COLLEGE OF
OSTEOPATHIC
MEDICINE**

TOURO UNIVERSITY

Clinical Rotations Curriculum & Syllabi

**Class of 2024, OMS IV & Class of 2025, OMS III
Effective July 1, 2023**

The information herein applies to Academic Year 2023-2024 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 program is designed to provide students opportunities to engage in patient care to develop the knowledge, skills, and attitudes for the appropriate level of training.

Goals:

The general goals of the Clinical Education program include:

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

Third Year:

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

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

The Elective rotation, Emergency Medicine, Pediatrics, Psychiatry, and OBGYN are each four-week rotations and Family Medicine, Internal Medicine and Surgery are each eight- week rotations, all scheduled as four-week blocks. Students are required to take the NBOME Comprehensive Osteopathic Medical Achievement Test (COMAT) exam (or Self Proctored, SP COMAT) at the end of each respective rotation; the OPP COMAT is scheduled at the end of the Elective.

The four-week Elective rotation will provide early opportunity to complete a discipline of the student’s selection, which may be: a clinical clerkship, an international rotation (Spring semester only -- if permitted), research, an online course as outlined 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 the respective TouroCOM Third Year Clinical Coordinator as the Elective rotation requires approval from the Clinical Dean. All third-year electives are scheduled by the student.

All in-person clinical rotations include the TouroCOM assigned required supplemental Aquifer (and/or WISE-MD) cases and self-assessment and feedback questions and may include additional required content and assignments.

Fourth Year:

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

1. Core Rotations: (two)
 - Sub-Internship, SUB-I [in either Family Medicine (FM), Internal Medicine (IM), Pediatrics, Obstetrics and Gynecology (OBGYN), Psychiatry or Surgery] (one)
 - Ambulatory/Primary Care (AMBPC) in either Family Medicine (FM), Internal Medicine (IM), or Pediatrics (one)
2. Electives: (seven)

All Fourth-Year rotations are scheduled by the student. The Clinical Dean, Assistant Dean, Director of Clinical Rotations, and Director of Clinical Education are available to advise students during the elective 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

<https://www.aacom.org/ome/profdev/occ>

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 the 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 is capable of making 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 populations' and individual patients' health.

Third-Year Rotation Structure and Curriculum

Students will begin their Third Year Clinical Curriculum in July, after having successfully completed the preclinical curriculum and requirements. Please refer to COMLEX Level 1 policy below.

Each student will be required to complete the required set of 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

Syllabi for each “CORE” disciplines are included below.

Shadowing experiences are not acceptable for credit.

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.** Shadowing experiences are not acceptable for credit for any rotation.

The TouroCOM Clinical Dean, Assistant Dean of Clinical Education, Director of Clinical Rotations and Director of Clinical Education are available to advise students in selecting an appropriate 3rd year elective rotation. Students are advised to schedule an elective rotation in a clinical discipline (if possible, at a specific hospital /location) to enhance their clinical knowledge and skills to be best prepared for fourth-year and residency training.

NOTE: The student MUST submit the completed Elective Request form for the elective rotation **no less than 30 days in advance** of the anticipated elective start date. In addition, students should be aware that when scheduling an elective at a non-affiliate site, an affiliation agreement between TouroCOM and the Elective site may need to be established, which may take between **30-90 days**. If an affiliation agreement is required, the student cannot start the rotation until the affiliation agreement is fully executed.

An Elective rotation may include, but not be limited to one of the following disciplines: Ambulatory Care, Family Medicine, Internal Medicine, OBGYN, Pediatrics, Psychiatry, Radiology, Surgery, or Pathology, or Research, or an international rotation (Spring semester only--if permitted), or an online TouroCOM Remote Course offering.

- International rotations: May only be in one of the following: International Spanish Immersion rotation

(Costa Rica or Peru). Spring semester only--if permitted. Please refer to subsequent section on International Rotations.

- Research elective: Please refer to the description in this document below.

Students are responsible for all administrative costs and rotation costs for the Third-Year Elective at non-TouroCOM core clinical affiliate sites. The COM will not provide reimbursement for any student incurred expense related to rotations.

Third-Year Student Evaluation and Grading

Students' focus should be maintained 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 are encouraged to elicit feedback based on the seven core competencies for which they are evaluated. It is important that students pay close attention not simply to the grade earned, but to the specific components of the student performance evaluations that are designed to provide information, feedback, and guidance to improve future performance.

All Third-Year clinical clerkship rotation final transcript grades are recorded as a High-Pass, Pass, Unsatisfactory (Fail), or Unsatisfactory/Pass grade (HP, P, U, U/P). A remote/online course transcript grade for an Elective rotation is recorded as Pass, Unsatisfactory (Fail), or Unsatisfactory/Pass grade (P, U, U/P).

Components of Assigned Grade for Third Year:

Grading Components for OMS-III

Grade /Components of Grade	Unsatisfactory (TRANSCRIPT)	Pass ("P") (TRANSCRIPT)	Pass (TRANSCRIPT) MSPE NOTATION OF HONORS	High Pass ("HP") (TRANSCRIPT)	High Pass (TRANSCRIPT) MSPE NOTATION OF HONORS
Clinical Clerkship Student Performance Evaluations (SPE)	Receive a minimum overall grade of < 4 on the Student Performance Evaluation, SPE. or If the student exceeds the allowable absences from a rotation. <i>See Absence Policy</i>	Receive a minimum overall grade of P on the SPE, average score greater than or equal to a 4.	Receive a minimum overall grade of P on the SPE, average score greater than or equal to 4.	Receive a minimum overall grade of HP on the SPE, average score greater than or equal to 6.	Receive a minimum overall grade of HP on the SPE, average score greater than or equal to 6.
Comprehensive Osteopathic Medical Achievement Test (COMAT)	Achieves a standard score of less than 90 on the respective SP COMAT and does not achieve the minimum required score on the subsequent assessment. Achieves a standard score of less than 90 on the respective SP COMAT, but	Achieves a standard score 90-109 on the respective SP COMAT Achieved the minimum required score on the <i>additional assessment</i> to achieve a "P"	Achieves a standard score greater or equal to 110 on the respective SP COMAT <i>*SP COMAT must be taken on the originally schedule day</i>	Achieves a standard score 90-109 on the respective SP COMAT <i>*SP COMAT must be taken on the originally schedule day</i>	Achieves a standard score greater or equal to 110 on the respective SP COMAT <i>*SP COMAT must be taken on the originally schedule day</i>
Aquifer Supplemental Cases (including Wise MD)	Fail to successfully complete all required assignments by the original due date.	Successfully completes all required assignments.	Successfully completes all required assignments by the original due date.	Successfully completes all required assignments by the original due date.	Successfully completes all required assignments by the original due date.
OVERALL	*Student doesn't complete additional curricular requirements.	Receive PASS on SPE, 90-109 on SP COMAT, PASS additional Requirements = PASS Receive PASS on SPE, successful on SP COMAT, and/or achieve the minimum required score on the additional assessment, PASS additional Requirements = PASS	Receive PASS on SPE, AND ≥ 110 on SP COMAT, PASS additional Requirements = PASS with MSPE notation of Honors	Receive HIGH PASS on SPE, AND ≥ 90 on SP COMAT, PASS additional Requirements = HIGH PASS	Receive HIGH PASS on SPE, AND ≥ 110 on SP COMAT, PASS additional Requirements = HIGH PASS with MSPE notation of Honors
Remote Elective Course	As remote elective course does not require a 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 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. <i>Notation of Honors</i> can still be received if ≥110 on the COMAT and all requirements are completed on time.				
Osteopathic Manipulative Medicine (OMM)	Successful completion of the OMM curriculum is a required component of 3 rd 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. Assessment of clinical knowledge and skills utilizes the Student Performance Evaluation, SPE, including but not limited to the Seven Osteopathic Core Competencies, and the cognitive assessment utilizes the respective objective Comprehensive Osteopathic Medicine Achievement Test, COMAT Clinical Subject exam (NBOME COMAT/SP

COMAT). Successful completion of all assignments, required custom Aquifer course cases and respective feedback and self-assessment questions, WISE-MD content cases and skills videos, APGO content, and OMM curriculum are also required in order to receive a passing grade for the respective rotation.

CLINICAL CLERKSHIP STUDENT PERFORMANCE EVALUATION FORM (SPE)

This SPE form 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 form (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/SP COMAT exam score, and successful on-time completion of all requirements and assigned cases and questions, and adequate time dedicated to each case, as well as required assessments and attendance at required sessions, including but not limited to the OMM curriculum/requirements.

Students are required to achieve an overall passing score on the SPE. *See grading policy below.*

As 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 of the respective course requirements by the due date, and achievement of a minimum passing standard score (90) on the OPP COMAT exam.

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 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 Aquifer case, and successfully complete all required assignments and cases by the original due date.

(P) PASS

Receive a minimum overall grade of "P" on the SPE and achieve a passing score on the TouroCOM required cognitive assessment, as well as dedicate adequate time on each required Aquifer case, and successfully complete all required assignments by the original due date. Or for a Remote Elective Course, successfully complete all of the respective course requirements, and successful completion by the due date and achieve a minimum passing standard score (90) on the OPP COMAT exam.

(U) UNSATISFACTORY

- Receive a minimum overall grade of < “P” on the Student Performance Evaluation, SPE.
- If the student exceeds the allowable absences from a rotation. *See Absence Policy.*
- If the student receives a grade lower than “P” on the Student Performance Evaluation, 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, and/or appropriate Student Affairs Dean depending on the competencies and rationale for the “U” grade. 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 Student Performance Evaluation, in order to receive a maximum rotation grade of “U/P”. The student may also be required to repeat and achieve a passing score on the respective clinical subject COMAT exam/SP COMAT. The rotation site will be determined by the Department of Clinical Education based on availability.

NOTE: Strengths and additional narrative comments on the Third-Year rotations’ SPE’s are used in the student’s Medical Student Performance Evaluation (MSPE) for residency program application.

A “**NOTATION**” of Honors (which not a grade) is an additional distinction exclusively on the MSPE provided that the student meets TouroCOM’s parameters for the distinction of Honors. *See below.* As online/remote rotations do not utilize an SPE, a final grade for a remote course is Pass, Unsatisfactory, or U/P a “NOTATION” of Honors is not possible as an additional distinction on the MSPE.

COMPREHENSIVE OSTEOPATHIC MEDICINE ACHIEVEMENT TEST (COMAT) EXAMINATION AND POLICY

At the end of each Core clerkship experience 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. The NBOME Self-Proctored COMAT, SP COMAT will be administered in lieu of the COMAT exam. All COMAT examinations/SP 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/SP COMAT.*

- **NOTATION OF HONORS on the Medical Student Performance Evaluation (MSPE):** If a student receives a “P” 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/SP 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 90-109 on the respective COMAT/SP 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/SP 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 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 Student Performance Evaluation and achieve a passing score on the COMAT/SP COMAT in order to receive a maximum rotation grade of “U/P”.

- If granted permission to remediate, the rotation site will be determined by the Department of Clinical Education.
 - A. *Please refer to the TouroCOM 2022-23 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/ SP COMAT.*

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 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 Form. A numerical 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. NOTE: **Positive and constructive comments are included in the Medical Student Performance Evaluation, MSPE (formerly the Dean's letter), used for residency application. All sections of the SPE form 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 the student's performance will improve as a student 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 SPE form, dated and noted as mid-rotation evaluation.

Preceptor completion & submission of the SPE: All sections of the SPE form must be completed. The Third Year SPE form 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 of 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.

Student Clinical Performance:

Near the completion of each clinical rotation, **students are advised to remind their preceptor to complete their Student Performance Evaluation Form (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 additional signatory on an SPE for an Elective rotation that is signed solely by a resident.

It is important to recognize that the primary intent of the evaluation is to provide feedback to the student 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 form is included in this document.

Student Evaluation of Rotation/Clinical Site:

Following each clinical rotation, students are required to complete an evaluation of the preceptor, site, and 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 the clinical sites.

Clinical Rotations Academic Calendar AY 2023-2024

3RD YEAR ROTATIONS

Class of 2025 - Block Schedule

Class of 2025 - Block Schedule - AY 2023-2024

	Start Date	End Date	OMM3 Date (9 a.m. to 12 p.m.)	OMM3 Topic	Aquifer Due Date	COMAT (9 a.m. to 12 p.m.)	Post-COMAT Lectures (12:30 p.m. to 2:30 p.m.)	Teacher
Block 1	7/3/2023	7/28/2023			7/27/2023	7/28/2023	Intro to COMLEX prep and Pharmacology	Fischer
Block 2	7/31/2023	8/25/2023	8/21/2023	The Hospitalized Patient	8/24/2023	8/25/2023	Cardiology	Fischer
Block 3	8/28/2023	9/22/2023	9/11/2023	The Cardiac Patient	9/21/2023	9/22/2023	Hepatobiliary	Sonpal
Block 4	9/25/2023	10/20/2023	10/9/2023	The GI Patient	10/19/2023	10/20/2023	Gastroenterology	Sonpal
Block 5	10/23/2023	11/17/2023	11/13/2023	The Geriatric Patient	11/16/2023	11/17/2023	Surgery	Sonpal
Block 6	11/20/2023	12/15/2023	12/11/2023	In-Person Review	12/14/2023	12/15/2023	Infectious Diseases	Fischer
Block 7	12/18/2023	1/12/2024	1/8/2024	The Neurologic Patient	1/11/2024	1/12/2024	Neurology	Sonpal
Block 8	1/15/2024	2/9/2024	1/29/2024	The Female Patient	2/8/2024	2/9/2024	Psychiatry	Sonpal
Block 9	2/12/2024	3/8/2024	2/26/2024	The Respiratory Patient	3/7/2024	3/8/2024	Hematology	Fischer
Block 10	3/11/2024	4/5/2024	3/25/2024	The Pediatric Patient	4/4/2024	4/5/2024	Pediatrics	Sonpal
Block 11	4/8/2024	5/3/2024	4/15/2024	In-Person Review	5/2/2024	5/3/2024	Pulmonary	Fischer
Block 12	5/6/2024	5/31/2024			5/30/2024	5/31/2024	Diabetes	Fischer
Block 13	6/3/2024	6/28/2024		No Rotation - Board Prep			June 3-28: full COMLEX course	Team

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 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.

NOTE: In-person sessions will be modified to conform with COVID-19 restrictions and/or guidelines as necessary.

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 in 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

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 and Touro Middletown campus. This series will be scheduled in block format starting in August 2023. Both the fall and spring semesters will be delivered 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 measure 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

The OPP block schedule starts 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 which 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

The in-person OPP Technique Review laboratory sessions are scheduled in Blocks 6 and Block 11.

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 words 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 last day of the respective block.

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 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 the 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.

OMM CLINICAL SKILLS ASSESSMENT

There will be an OMM case-based clinical skills assessment in Block 12.

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 in order 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 2023-24 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., Southampton, Oneida, Syracuse) 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 schedule as posted on New Innovations.

STUDENTS MUST COMPLETE ALL OF THE ABOVE CURRICULA REQUIREMENTS, INCLUDING BUT NOT LIMITED TO OMM, IN ORDER TO PROGRESS TO 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. Naomi Primus (Harlem campus) and Monica Cancellari (Middletown campus) 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.

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 in order 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 [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 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 clinical evaluation (SPE) provided by a DME or TouroCOM credentialed preceptor, he or she 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 clearly indicated in the comments section on the SPE that it "represents a revision and supersedes the prior evaluation." The final grade for the rotation will then be recalculated based on the new clinical evaluation, 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 [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.

TouroCOM Professionalism Standards and Report are located on the Touro website at <https://tourocom.touro.edu/students/>

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 [Student Handbook](#) for further details.

NOTE: In addition, TouroCOM Professionalism Standards and Report are located on the Touro website at <https://tourocom.touro.edu/students/>

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 2022-23 Student Handbook regarding COMLEX Level 1 policies.

NBOME COMLEX LEVEL 1 DATES:

Score Release Dates · COMLEX-USA Level 1

Score release dates are predicated on the examination completion period. Note that these dates are subject to change contingent upon candidate scheduling or other variables such as limitations in testing administrations caused by site closures or requirements for social distancing. Barring unforeseen circumstances, scores will be released by 5:00 PM Central time.

Examination Dates	Score Release Date
May 4 - June 4, 2023	June 27, 2023
June 5 - 18, 2023	June 29, 2023
June 19 - July 16, 2023	July 27, 2023
July 17 - August 13, 2023	August 24, 2023
August 14 - September 14, 2023	September 26, 2023
September 15 - October 13, 2023	October 24, 2023
October 14 - November 5, 2023	November 16, 2023
November 6 - December 3, 2023	December 14, 2023
December 4 - 31, 2023	January 16, 2024

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.

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.

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 into 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, and is in the Spring semester of Third Year, and 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. Please see the [Student Handbook](#).
- Students were made eligible to schedule their COMLEX-USA Level 2 Exam in the Spring Semester of Third Year if they achieved a passing score on COMLEX Level 1.
- Students are advised to take the exam at the closest date, after achieving the minimum COMSAE Phase 2 threshold of 500, and within 60 days of achieving the COMSAE 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 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.

Students are encouraged to reach out to the Clinical Education Department with any concerns regarding Boards 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

Score Release Dates · COMLEX-USA Level 2-CE

Candidates taking COMLEX-USA Level 2-CE on or after June 6, 2023 will do so with Pearson VUE.

Score release dates are predicated on the examination completion period. Note that these dates are subject to change contingent upon candidate scheduling or other variables such as limitations in testing administrations caused by site closures or requirements for social distancing. Barring unforeseen circumstances, scores will be released by 5:00 PM Central time.

Examination Dates	Score Release Date
June 6 – 25, 2023	August 15, 2023
June 26 – July 23, 2023	August 17, 2023
July 24 – August 18, 2023	August 29, 2023
August 19 – September 4, 2023	September 19, 2023
September 5 – September 17, 2023	September 28, 2023
September 18 – October 15, 2023	October 26, 2023
October 16 – November 10, 2023	November 21, 2023
November 11 – December 8, 2023	December 19, 2023
December 9 – 31, 2023	January 18, 2024

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

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

Class of 2024:

The following students will be **required to be enrolled** in a four-week **Intensive Board Preparation Program for Level 2** that will be scheduled in Block 13 of Third Year. The program is scheduled on Sunday 9am-6pm and Monday through Thursday 6pm-10pm:

- Any student who does **not achieve a minimum score of 500 on COMSAE Phase 2 by Friday, May 12th, 2023.**
- Any student who did **not achieve a passing score on the initial COMLEX-USA 2-CE exam.**
- Any student who did **not achieve a passing score on the initial COMLEX-USA Level 1 exam by the originally scheduled exam date deadline of July 1st, 2022.**
- Any student who **achieved a COMLEX-USA Level 1 score below 450.**
- Any student who **received an initial standard COMAT score of less than 90 on three or more COMAT Clinical Subject exams.**
- Any student that **received a “U” in any of the third-year courses.**

Class of 2025:

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

- a. Any student who does **not achieve a minimum score of 500 on COMSAE Phase 2 by May 10th, 2024.**
- b. Any student who does **not sit for COMSAE Phase 2 by May 10th, 2024.**
- c. Any student who did **not achieve a passing score on the initial COMLEX-USA 2-CE exam.**
- d. Any student who did **not achieve a passing score on the initial COMLEX-USA Level 1 exam by July 1st of Third Year.**
- e. Any student who **achieved a COMLEX Level 1 score below 450, if applicable.**
- f. Any student who **receives an initial standard COMAT score of less than 90 on three or more COMAT Subject exams.**
- g. Any student who was **assigned a post-COMAT assessment and did not achieve a 70% on that assessment.**
- h. 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 of the BBC parameters. Any student that does not complete the program as designed by BBC will be responsible for the full cost of the BBC program.

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.

COMLEX-USA LEVEL 2 - PERFORMANCE EXAM (PE)/CLINICAL SKILLS ASSESSMENT (CSA)

The NBOME COMLEX-USA Level 2-PE examination was suspended indefinitely in February 2021 and formally discontinued in June 2022. COMLEX-USA candidates are currently verified by attestation from their COM dean that they are proficient in these 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
- NBOME [website](#)
- NBOME eSOAP Note [Resources](#).
- TrueLearn COMBANK PE Video Series

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

Aquifer Supplemental Required Cases: 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-assessment in a low-stress setting. Students are required to complete the assigned supplemental cases and respective self-assessment and feedback questions for assigned third-year 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 on each case. Each full case takes approximately 40 minutes to complete, and mini- cases take approximately 15 minutes to complete.

Failure to dedicate adequate time to Aquifer cases, may result in the student being required to complete the cases again dedicating the appropriate time and/or TouroCOM Professionalism Report or "U" grade for the rotation. TouroCOM Professionalism Standards and Report are located on the Touro website at <https://tourocom.touro.edu/students/>.

In addition to completing the cases and questions, students are encouraged to 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, https://touronyc-do.meduapp.com/document_set_document_relations/503628, 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 Aquifer Radiology elective, as one requirement in order to receive a passing grade for the rotation.**

- All cases for which completion is required will be assigned to students on the Aqueduct (Aquifer and (WISE-MD) 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/SP COMAT examination. See schedule in this document.
- Students that are NOT assigned to a specific TouroCOM Aquifer course by the TouroCOM Department 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.
- Students may also be assigned to additional Aquifer cases and/or assignments based on their clinical site's requirements.

Each of the cases presents a virtual 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.

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 support 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.
- **WISE-MD, (Aquifer)** 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-MD (**surgery cases and skills videos**). Each of the surgery case videos include the following: foundation, history, physical, laboratory studies, imaging studies, intraoperative procedures (include 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-MD for Each Rotation Discipline

- Custom courses for TouroCOM NY have been created in Aquifer for the respective clinical disciplines. These courses include cases for the following core rotations: Emergency Medicine, Family Medicine, Internal Medicine, OBGYN, Pediatrics and, Psychiatry.
- Surgery: The custom course for the Surgery rotation includes surgery cases and Skills Modules from WISE-MD. (To access WISE-MD, click on “LAUNCH WISE MD” from the Aquifer platform.)
- Emergency Medicine: Aquifer cases for the Emergency Medicine rotation have been selected from Aquifer’s *Diagnostic Excellence, Geriatrics, Internal Medicine, Pediatrics, and Radiology*.
- 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, and the complete **Aquifer Oral Presentation Skills course (4 cases)***.
- OBGYN: Aquifer cases for the OBGYN rotation have been selected from *Family Medicine, Radiology, Pediatrics, and Diagnostic Excellence*. Association for Professors of Obstetrics and Gynecology, APGO is also provided. Students are responsible for viewing the student videos.
- Psychiatry: Aquifer cases for the Psychiatry rotation have been selected from Aquifer *Geriatrics*, and

Aquifer CARE (formerly Addiction Medicine). (To access CARE, click on “LAUNCH CARE” from the Aquifer platform).

- Addiction Medicine: Aquifer CARE (formerly Addiction Medicine) is available for all students and will be used for the Southampton Addiction Medicine required Elective rotation. (To access CARE, click on “LAUNCH CARE” from the Aquifer platform.)
- **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:** Aquifer Radiology cases for TouroCOM’s custom course have been selected for one four-week elective courses for Third-Year students.

STEPS FOR STUDENTS:

1. **Students will receive an email from Aquifer to create their account.**
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, WISE-MD, and CARE courses.**
5. **Content will be available to students and credentialed TouroCOM clinical faculty for each of the Third-Year core rotations, as well as for CARE (Addiction Medicine).**

Emergency Medicine Clerkship Syllabus



CLIN~708.EM

Contributions made by:

Thomas Liu, MS, DO, Clerkship Director Department of
Emergency Medicine

1. 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.

2. 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.

3. 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.

4. 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

5. 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>

6. 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:

- 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
- Lab Reference Values

Family Medicine Clerkship Syllabus



CLIN~709

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

1. Clerkship Description

This eight-week clerkship provides students with a 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 the physician(s) to provide 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.

2. General Competencies of Rotation

Patient Care	<ul style="list-style-type: none">• Skills in focused patient visit to manage acute problems.• Identify importance of physician-patient relationship.• Develop skills for record keeping and time management• Preventive healthcare, childhood immunizations, adult immunizations, well visits• Demonstrate Compassion
Medical Knowledge	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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 ability to work with staff in a professional, collegial environment.
Professionalism	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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 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

3. 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

4. Recommended Topics with Suggested Texts & References:

- Principles of Ambulatory Medicine 7th edition

Ch. 1,2,31,32,33,36, and 38	The Preoperative Examination, Infectious Disease
Ch. 59-61	Pulmonary Medicine
Ch. 62-67	Cardiovascular Medicine
Ch. 79-85	Endocrine Medicine

5. Osteopathic Manipulative Medicine

a. 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

b. Evidence Based Medicine Immunity

E. 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



**TOURO COLLEGE
OF OSTEOPATHIC MEDICINE**

Where Knowledge and Values Meet

CLIN~710

1. Clerkship Description

This eight-week clerkship provides students with a general experience in inpatient internal medicine. The clerkship may include specialty medicine, intensive care unit, and/or outpatient care, however, the majority 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 the physician(s) 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 an 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.

2. 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

3. 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 takes into account 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 in the course of practicing osteopathic medicine by properly applying competencies and physician tasks, incorporating applied medical sciences, osteopathic principles, and best available medical evidence.

This would also include, but not be limited to, incorporating the following physician tasks: (AOA; 1,3,6)

- a. Health promotion and disease prevention
- b. History and physical examination
- c. Appropriate use and prioritization of diagnostic technologies
- d. An understanding of the mechanisms of disease and the normal processes of health
- e. Health care delivery
- f. Osteopathic principles, practices and manipulative treatment as related to the appropriate clinical encounters
- l. Using all of the outcomes listed above as a framework for gathering and integrating knowledge, demonstrate competency in the area of medical knowledge in the disease states listed in the course topics. (AOA; 2)
- m. 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.

4. **Recommended Topics with Suggested Texts & References**

a. Cough and Shortness of Breath: Cardiovascular and Respiratory

- CHF [?] Pulmonary Embolism
- Atrial Fibrillation [?] Bronchitis
- Endocarditis [?] Interstitial Lung Disease
- Myocarditis [?] Lung Cancer
- CAD/Acute Coronary Syndrome [?] Pneumonia (PNA)
- COPD/Emphysema

b. Common Inpatient issues and Other Infectious Disease

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

c. Thyroid, Autoimmune and Rheumatic

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

d. 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

e. 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.

5. Osteopathic Manipulative Medicine

a. 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.

b. 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. Gwartz, 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:

- 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:
Joseph Lanza, MD, Clerkship Director
Department of Obstetrics &
Gynecology

1. Clerkship Description

This four-week clerkship provides students with an experience in both gynecologic medicine and surgery, and obstetrical care and surgery. The clerkship setting may include experiences in inpatient and outpatient care, and may include assignment 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.

2. General Competencies of Rotation

Patient Care	<ul style="list-style-type: none">• Skills in focused patient visit to manage acute problems. Identify importance of physician-patient relationship. Develop skills at record keeping Time management Preventive healthcare: childhood immunizations, adult immunizations, well visits
Medical Knowledge	<ul style="list-style-type: none">• Demonstrate an analytical approach to patient care Increase knowledge in common ambulatory problems

Practice-based Learning and Improvement	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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

3. Clerkship Goals & Objectives

- Have a 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 one's 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 the clinical interaction with patients in potentially sensitive situations such as dealing with sexually transmitted infections, infertility and other issues pertaining to women's health. (AOA; 4)
- Explain the normal physiologic 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 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 and symptoms and initial evaluation. (AOA; 2,3)

4. General OB/Gyn

Procedures

- Calculate and interpret amniotic fluid index using ultrasound
- Calculate Bishop's 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 a 28-week prenatal visit
- Order and interpret labs for initial prenatal visit

- Other
- 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
- 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 menopause
- Abnormal Uterine Bleeding, pre menopause
- Abortion
- 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
- Other
- Pelvic Pain
- Physiology of Pregnancy, Labor and Delivery
- PICA
- PID
- Post-Partum Pulmonary Embolism
- Postpartum blues, depression, and psychosis
- Preeclampsia
- Premature rupture of membranes (PROM)
- Premenstrual Syndrome and PMDD
- Preterm Labor
- Spontaneous Abortion
- STI
- Third trimester bleeding
- UTI in pregnancy
- Vaginitis

5. Recommended topics with suggested texts

a. 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

b. Primary Resource:

ASSOCIATION OF PROFESSORS OF GYNEGOLOGY AND OBSTETRICS, APGO

<https://www.apgo.org/students/apgo-medical-student-educational-objectives/>

c. Texts

- Lange Obstetrics and Gynecology
- Blueprints: Obstetric sand Gynecology
- The Test: Obstetrics and Gynecology
- CURRENT Diagnosis & Treatment: Obstetrics & Gynecology, 11e Alan H. DeCherney, Lauren Nathan, Neri Laufer, Ashley S. Roman
- Williams Gynecology, 2e Barbara L. Hoffman, John O. Schorge, Joseph I. Schaffer, Lisa M. Halvorson, Karen D. Bradshaw, F. Gary Cunningham, Lewis E. Calver
- Gabbe: Obstetrics: Normal and Problem Pregnancies, 5th ed. Clinical Gynecologic Endocrinology and Infertility, Speroff, Leon; Fritz, Mark A.

d. 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 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>

6. Osteopathic Manipulative Medicine

a. 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 Family Medicine as well as Diagnostic Excellence, D Pediatrics, and Radiology interactive virtual patient cases.

OBGYN Supplemental required cases:

- Family Medicine 12: 16-year-old female with vaginal bleeding and UCG
- Family Medicine 14: 35-year-old woman with missed period
- Family Medicine 17: 55-year-old post-menopausal woman with vaginal bleeding
- Family Medicine 20: 28-year-old female with abdominal pain
- Family Medicine 30: 27-year-old female labor and delivery
- Family Medicine 32: 33-year-old with painful cycles
- Pediatrics 22: 16-year-old female with abdominal pain
- Diagnostic Excellence 03: 16-year-old female with pelvic pain
- Radiology 14: 28-year-old female - Female imaging - Pregnancy and infertility
- Radiology 15: 43-year-old female - Female imaging - Malignancy and screening

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 of the Medical Student Objectives Videos on the [APGO YouTube Channel](#)

NOTE: UNIT 8: OSTEOPATHY AND WOMEN'S HEALTH CARE

<https://www.apgo.org/students/apgo-medical-student-educational-objectives/>

Pediatrics Clerkship Syllabus



**TOURO COLLEGE
OF OSTEOPATHIC MEDICINE**

Where Knowledge and Values Meet

CLIN~704.PEDS

Contributions made by:
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Department of Pediatrics

1. **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 adolescent. The clerkship experience may also include specialty pediatrics such as allergy and immunology 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 health.

2. **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

3. **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, 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 clinical situation (H&P vs progress note) (**EPA 5**)
- Develop 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 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 HC 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 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 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.

4. 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

5. **Recommended topics with suggested texts**

a. **Pediatric Textbooks and guides:**

- [Nelson's Essentials of Pediatrics](#) (Eighth edition, Karen Marc Dante, 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)

b. **General Learning Resources:**

- Ped Scripts - Illness scripts and algorithms for common pediatric problems: <http://pedscript.businesscatalyst.com/>
- 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: <http://pediatriccare.solutions.aap.org.vbhrefremote.senylrc.org/> (log-in using username: health, password: quest)
- Pediatric Education - Learning library and collaborative: <https://pediatriceducation.org/>
- Pediatric Portal, University of Oslo - Great collection of links: <http://meddev.uio.no/elaring/fag/barnesykdommer/index.shtml>
- AAP Periodicity Schedule: https://www.aap.org/en-us/Documents/periodicity_schedule.pdf
- ACIP Immunization Schedule (2017): <https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>
- 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>

c. 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>
- Hippo Education: <https://www.hippoed.com/peds/rap/>

d. Pediatric Calculators:

- Pecarn/Pediatric Head Injury Algorithm (forED): [PECARN Pediatric Head Injury/Trauma Algorithm - MDCalc](#)
- Maintenance Fluid Calculator (for Inpatient): <https://www.mdcalc.com/maintenance-fluids-calculations>

e. Developmental Milestones:

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

f. Pediatric Physical Exam:

- Newborn Exam video:
<http://media.hc.msu.edu/Mediasite/Play/e6773c40bad048d6ab65d4363ace56901d>
- Pediatric Physical Exam video:
<https://uthvideo.uth.tmc.edu/Panopto/Pages/Viewer.aspx?id=1eeb71ad-dfcc-4a61-b518-94e1a6565113>
- Pediatric Physical Exam tips and hints:
<https://sites.google.com/a/slu.edu/ms-iii-pediatric-clerkship-17-18/pediatric-history-and-physical-exam/history-hints>

g. 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:

- USMLE World Pediatrics Flash Cards:
<https://quizlet.com/51928630/usmle-world-pediatrics-flash-cards/>

h. COMAT exam and general review books:

- Case Files: Pediatrics (Fifth edition, Eugene C. Toy et al.)
- BRS Pediatrics (Second edition, Lloyd J. Brown, et al.)
- Pre-Test Self-Assessment and Review (Fourteenth edition, Robert J. Yetman et al.)
- Blueprints Pediatrics (Sixth edition, Bradley Marino, et al.)

6. Osteopathic Learning Resources:

- [An Osteopathic Approach to Children](#) (Second edition, Jane Carreiro)
- [Pediatric Manual Medicine, An Osteopathic Approach](#) (First edition, Jane Carreiro)
- [Pediatric OMM and Disease Management](#) – AAFP '15 Conference
- [Osteopathic Approach to the Pediatric Patient](#) – KCU-COM
- American Osteopathic Board of Pediatrics [Modules on Pediatric OMT](#)

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 19: 16-month-old male with first seizure
- 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



**TOURO COLLEGE
OF OSTEOPATHIC MEDICINE**

Where Knowledge and Values Meet

CLIN~705.PSY

Contributions made by:

Balveen Singh, DO Clerkship

Director Department of Psychiatry

1. **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.

2. **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

3. **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.
 - This ability includes interviewing patients:
 - 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.

4. **General Procedures**

- **In-patient unit admissions/outpatient assessments**
 - History and Physicals:
 - Histories should have a complete HPI with the Chief Complaint, 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**
 1. 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.

2. 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:

1. Establishing **rappor**t

- 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
- 2. **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
- 3. **Mental Status Exam:** Be able to elicit appropriate information directly or indirectly from the interview
- 4. **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**
 1. **Chief Complaint: Reason patient seen**
 2. **History of Present Illness**
 - Introduction: brief description of patient, chief complaint 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
 3. **Organization of HPI**
 - Follows time course/Time course unclear
 - Easy to follow/Hard to follow
 4. **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

5. Pertinent labs

6. Physical exam/Neuro exam

7. Mental Status Exam

- Appearance and Behavior Mood and Affect Speech
- Thought Process Thought Content Cognition; MMSE
- Judgement and Insight
- Use of descriptive terms? Overuse of non-descriptive terms "good", "normal"?

8. Assessment: 5 Axis given? Good differential diagnosis?

9. **Plan:** Adequately addresses situation (problem list)?

5. Recommended Topics with Suggested Texts & References:

- **CATEGORY: Diagnostic Issues & Patient Management**
 1. Delirium & Dementia
 2. Eating Disorders
 3. Anxiety Disorders
 4. Schizophrenia, Schizoaffective Disorder & Other Psychoses
 5. Affective Disorders-Bipolar Disorder, Major Depression and other Depressive Disorders
 6. Somatoform Disorders & Malingering & Factitious Disorder
 7. Personality Disorders
 8. Substance Abuse: Opiates, Cocaine, Alcohol Abuse/Dependence, PCP, LSD, Marijuana
 9. Benzodiazepine Withdrawal
- **CATEGORY: Psychopharmacology & Biological Psychiatry**
 1. Lithium and Mood Stabilizers
 2. Benzodiazepines and Anxiolytics
 3. Antipsychotic Medications
 4. Antidepressants
 5. Side Effects of Medications
 6. Neurotransmitters, Dopamine System, Catecholamine System, Serotonin System ECT
- **CATEGORY: Forensic Psychiatry**
 1. Involuntary Commitment, Informed Consent, Duty to Warn/Protect

- CATEGORY: Emergency Psychiatry
 1. Suicide, Suicide Risk
 2. Violent Behavior and the Management of the Violent Patient
- CATEGORY: Patient Assessment
 1. Interviewing & Mental Status Examination
 2. Psychiatric Signs and Symptoms
 3. Psychiatric Diagnosis
- CATEGORY: Psychodynamics and Psychotherapy
 1. Defense Mechanisms
 2. Psychotherapies

6. **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 in order 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 in order to receive credit.

Psychiatry Supplemental required cases:

- CARE cases: Once in the Aquifer platform students should click on “LAUNCH CARE”
 - Addiction 01: 34-year-old woman - pregnancy and substance use
 - Addiction 02: 16-year-old male - adolescent and substance use
 - Addiction 03: 38-year-old man - pain management
 - Addiction 04: 56-year-old man alcohol use - withdrawal and brief motivational intervention
 - Addiction 05: 34-year-old man - stimulant use disorder and the genetics of substance use disorders
 - Addiction 06: 39-year-old woman - heroin use and the neurobiology of addiction
 - Addiction 07: Neurobiology of addiction
 - Addiction 08: Overview of treatment for substance use disorders
 - Addiction 09: Evidence-based behavioral therapies for substance use disorders
 - Addiction 10: The epidemiology of addiction and psychiatric comorbidity
 - Addiction 11: Conceptual approaches to treating substance use in the United States
 - Addiction 12: Substance use professionals and medications for the treatment of addiction

- Aquifer Geriatrics cases:
 - Geriatrics 04: 85-year-old woman with dementia
 - Geriatrics 06: 85-year-old woman with delirium
 - Geriatrics 07: 78-year-old man with depression

Surgery Clerkship Syllabus



CLIN~711

Contributions made by:
Maurizio Miglietta, DO, Associate Regional Dean
Elliot Mayefsky, MD, Clerkship Director
Department of Surgery

1. Clerkship Description

This eight-week clerkship provides students with an opportunity to acquire basic skills for the evaluation of the surgical patient. Students will engage under the direct supervision of the surgeon(s). The student experience includes 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 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.

2. 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 general AOA competencies listed below:

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

3. 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 the indications for, and the 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 and possibly 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.

4. Recommended Topics with Suggested Texts:

- “Essentials of General Surgery” 6th edition, Peter F. Lawrence
- (2004). Sabiston textbook of surgery: the biological basis of modern surgical practice. Philadelphia: Elsevier Saunders.
- Blackbourne, L. H. (1994). Surgical recall. Baltimore: William & Wilkins.

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

5. Osteopathic Manipulative Medicine

a. 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-MD, NYU SCHOOL OF MEDICINE, (Aquifer) Cases for Surgery Clerkship

Course content for surgery has been selected from WISE-MD (surgery cases and skills videos). Each of the surgery case videos include the following: foundation, history, physical, laboratory studies, imaging studies, intraoperative procedures (include 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.

Supplemental required cases for Surgery have been selected from WISE-MD, (Aquifer), as well as WISE-MD Skills Modules.

Click on “LAUNCH WISE MD” from the Aquifer platform

- 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 WISDMD 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-MD. 22** Multimedia surgical case-based modules have been selected as required for the rotation, as well as **17clinical skills-based videos that must be watched, as listed below:**

Supplemental required Surgery Cases and Skills Modules:

Case-based (MUST BE COMPLETED)

- | | |
|-------------------------------|--------------------------------|
| 1. Abdominal Aortic Aneurysms | 12. Diverticulitis |
| 2. Adrenal adenoma | 13. Hypercalcemia |
| 3. Anorectal Disease | 14. Inguinal Hernia |
| 4. Appendicitis | 15. Lung Cancer |
| 5. Bariatric | 16. Pancreatitis |
| 6. Bowel Obstruction | 17. Pediatric Hernia |
| 7. Breast Cancer | 18. Pediatric Pyloric Stenosis |
| 8. Burn Management | 19. Skin Cancer |
| 9. Carotid Stenosis | 20. Thyroid Nodule |
| 10. Cholecystitis | 21. Trauma Resuscitation |
| 11. Colon Cancer | 22. Venous Thromboembolism |

Skills (VIDEOS MUST BE VIEWED)

1. Advanced Communication Skills
2. Best Practices
3. Epidural placement
4. Foley catheter placement
5. Surgical Instruments
6. Suturing and instrument tie
7. Two-handed knot tie
8. Ultrasound: Basic Principles
9. Ultrasound: Abdominal Aortic Aneurysm
10. Ultrasound: ABI
11. Ultrasound: Breast
12. Ultrasound: Carotid Artery
13. Ultrasound: Cholecystitis/ Cholelithiasis
14. Ultrasound: E- FAST Exam
15. Ultrasound: For Vascular Access
16. Ultrasound: Thyroid
17. Ultrasound: Venous

Once in the Aquifer platform, students should click “LAUNCH WISE-MD”

THIRD YEAR ELECTIVE REMOTE COURSE OFFERINGS for Class of 2025

CLINICAL EDUCATION

TouroCOM NY

Academic Year 2023-2024

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 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 in order to receive credit.

CEU Fast: 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 23 CEUFast courses.

Course Content:

- Surgical Patient Care: 1 Contact Hours including 1 Pharmacology Hours
- Errors in the Surgical Setting: 2 Contact Hours
- Preventing Needlestick Injuries: 2 Contact Hours
- Peripherally Inserted Central Catheters (PICC): 1 Contact Hour
- Trauma: Optimizing Survival Outcomes: 3 Contact Hours
- Organ and Tissue Donation: 1 Contact Hour
- Ostomatology: Colostomy, ileostomy, urostomy: 2 Contact hours
- Pneumothorax In The Adult Patient: 4 Contact Hours
- Pressure Ulcers in the Perioperative Setting: 3 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: 2 Contact Hours
- Wound Series Part 2b: Wound Care: 2.5 Contact Hours
- Wound Series Part 2c: Wound Bed Cleansing: 2.5 Contact Hours
- Wound Series Part 2d: Wound Dressings: 3 Contact Hours including 3 Pharmacology Hours
- Wound Series Part 3: Pressure Ulcers and Injuries-Risk Factors, Diagnosis, Staging, Management: 2 Contact Hours
- Wound Series Part 4: Lymphedema and Chronic Wounds: 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: 2.5 Contact Hours including 2.5 Pharmacology Hours
- Spinal Cord Injuries: Traumatic: 2.5 Contact Hours including 2.5 Pharmacology Hours
- Conscious Sedation: 1 Contact Hour including 1 Pharmacology Hour

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 17 CEUFast courses.

Course Content:

- ABG Interpretation: 2 Contact Hours
- Allergy versus side effects: The Confusion Must Stop: 1 Contact Hour including 1 Pharmacology Hour
- Fever: Evidence Based Practice: 3 Contact Hours including 3 Advanced Pharmacology 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: Assessment 4 Contact Hours including 4 Pharmacology Hours
- Cardiac Emergencies: Sudden Death: 1 Contact Hours including 1 Pharmacology Hours
- Pulmonary Embolism: Acute Onset: 3.5 Contact Hours including 3.5 Pharmacology Hours
- Pain Assessment and Management: 2 Contact Hours including 2 Pharmacology Hours
- Drug Overdose and Antidotes: 2 Contact Hours including 2 Pharmacology Hours
- Drug Abuse and Pregnancy: 1 Contact Hour
- Suicide Prevention Training for Washington Healthcare Professionals: 6 Contact Hours Including
- Suicide Screening and Referral Training for Washington: 3 Contact Hours

Clinical Science Enrichment Program

COMLEX-USA LEVEL 2-CE

Program Details:

Course Title	COMLEX LEVEL 2 Enrichment Program
Course Number	
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 program yearlong 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:

1. A steady yearlong introduction of material that will be covered on COMLEX/USMLE Level 2 and Step 2
2. High yield test taking strategy sessions to explain the correct way to answer questions on the boards.
3. Question Based Review sessions
4. Residency Application Strategy Sessions
5. 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:
<i>FAMILY MEDICINE</i>	Blueprints Family Medicine Case Files Family Medicine	ISBN-10: 1608310876 ISBN-13: 978-1608310876 ISBN-10: 0071753958 ISBN-13: 978-0071753951
<i>MEDICINE</i>	Master the Wards Step up to Medicine	ISBN-10: 1618656066 ISBN-13: 978-1618656063 ISBN-10: 1609133609 ISBN-13: 978-1609133603
<i>OBSTETRICS AND GYNECOLOGY</i>	Case Files Ob-Gyn	ISBN-10: 0071761713 ISBN-13: 978-0071761710
<i>PEDIATRICS</i>	Blueprints Pediatrics	ISBN-10: 1451116047 ISBN-13: 978-1451116045
<i>PSYCHIATRY</i>	First Aid for the Psych Clerkship	ISBN-10: 0071739238 ISBN-13: 978-0071739238
<i>SURGERY</i>	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:

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

SCHEDULE: Zoom dates will coincide with Post-COMAT Lectures

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.

Shadowing experiences are NOT acceptable for any rotation.

TouroCOM REQUIRED FOURTH-YEAR ROTATIONS:

Students are required to complete two specific Core rotation disciplines (**Primary Care Ambulatory Medicine Rotation** and a **Sub-Internship**) as well as seven elective rotations, for 4th year as follows:

REQUIRED CORE ROTATIONS:

Primary Care Ambulatory Medicine Rotation

Students must complete this **required Core** “Primary Care/Ambulatory Medicine” rotation that must be done in an ambulatory care setting. The student can select from one of the following three disciplines only: **Family Medicine, Internal Medicine, or Pediatrics**. The rotation may be at an office-based practice, a community health center or clinic, or a hospital-based clinic; AND

Sub-Internship:

Students must complete the required Core “Sub-Internship” that MUST be done at a hospital that has a **RESIDENCY in that specific discipline**. The student can select from any of the following clinical disciplines of their choosing during their fourth year: **Family Medicine, Internal Medicine, OB/GYN, Pediatrics, Psychiatry, or Surgery**.

This four-week Sub-Internship provides the student with the clinical experience to serve as a sub-intern on a general hospital-based residency service (Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Psychiatry, or Surgery) 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 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 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.

See details for the requirements and syllabus in this document.

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

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 next section for the specific requirements for Audition rotations.*

Elective Rotations:

Students are responsible for independently scheduling all elective rotations. Fourth-year students are advised to schedule **all** fall semester elective rotations in disciplines and at programs with Graduate Medical Education, GME (Residency Programs). Students should schedule these rotations at sites where they student would like to do a residency. All students should strive to enhance their knowledge and skills to be best prepared for residency training and maximize an opportunity to “showcase” at a specific residency program.

Elective rotations may be in any discipline and are scheduled by the student through Visiting Student Learning Opportunities, VSLO or independently by the student, depending on the elective site’s scheduling requirements.

SCHEDULING FOURTH YEAR ROTATIONS:

Students are responsible for both scheduling their rotations, and for communicating with their TouroCOM Fourth Year Coordinator.

Elective rotations are scheduled by the student through Visiting Student Learning Opportunities, VSLO or independently by the student, depending on the elective sites’ scheduling requirements.

After receiving a confirmation email from the host site, students must provide confirmation to the TouroCOM Fourth-Year Coordinator for **all Fall** semester rotations scheduled at GME Programs, and for Spring semester rotations, to ensure that students meet all rotation requirements.

Shadowing experiences are NOT acceptable for any rotation.

NOTE: The student MUST submit confirmation of their respective rotation (either Core, Elective, International, or Research) form to the TouroCOM Fourth Year Coordinator, for the respective rotation no less than 30 days in advance of the anticipated Elective start date.

AFFILIATION AGREEMENTS:

Affiliation agreements with non-TouroCOM clinical affiliates may be requested by the host site, which may take **90 days** to execute. Students **MUST** allow adequate time for an affiliation agreement to be executed. Students can NOT start a rotation while an affiliation agreement is pending.

FEES:

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

TYPES OF ELECTIVE ROTATIONS

A. 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 year four** and may be referred to as a “Senior Elective”.

NOTE: Students must provide confirmation to the TouroCOM Fourth Year Coordinator for all Fall semester rotations scheduled at GME/Residency Programs, and for Spring semester rotations that meet all requirements of Elective rotations.

Shadowing experiences are NOT acceptable for any rotation.

As a REMINDER: Students should schedule their Fall semester 4th year electives /audition rotations at teaching hospitals with residency programs.

B. 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.).

C. 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. **Student must provide confirmation of all rotations to their TouroCOM Fourth Year Coordinator, including for the below Elective opportunities:**

- International elective rotations: (note: may be restricted due to COVID-19)
 - Requires documentation on letterhead from the institution with type /title of elective, dates of rotation, expectations, and preceptor responsible for evaluations.
 - Evaluation by U.S. Department of State website for warnings or alerts.
 - International rotations will **only be approved in the spring semester**, (if the pandemic permits such travel) after audition rotations and residency interviews have been completed in order to avoid potential conflict with the residency application timeline/process.
- Research
 - Requires pre-approval from the Clinical Dean.
 - The student must submit the TouroCOM Research Elective 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.
 - The student **MUST submit** the completed **Research** form to the TouroCOM Fourth Year coordinator, **no less than 30 days** in advance of the anticipated Research Elective start date.
 - A **Work Product** **must** accompany end of rotation Student Performance Evaluation, SPE, to be **evaluated and graded by the Dean of Research or research preceptor**. The work product can be a poster presentation, PowerPoint presentation or research paper.
 - STUDENTS SHOULD **ONLY DO A RESEARCH ROTATION IN the SPRING SEMESTER**.
 - Research Electives **cannot exceed two months**.
- Telemedicine
- Wilderness Medicine (if COVID-19 permits such travel).
- **Military Medicine Training for six credits**. NOTE: Students in the Military may complete the four-week military training as an elective.
 - 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.

- **Spanish Immersion Rotations:** (Note: may be restricted due to COVID-19)
 - **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](#).
 - 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 as **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.

Requirements:

- Student must be in good academic and professional standing at TouroCOM.
- For 4th year students, scheduling is limited to the spring semester, to avoid potential conflict with the residency application timeline/process.

Process/Requirements:

- Student submits the completed Core, International Rotations, Research and Special Request, CIRS form to Clinical Education no later than 90- days prior to the anticipated start date of the requested rotation.
 - 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 form within two weeks of the date of completion.
 - Student may elect to serve as a "Peer Mentor" for future participants.
- **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 email their TouroCOM Fourth Year Coordinator to request to participate in any remote course offering.
 - Completion of all requirements of the remote course is needed in order to receive a grade of "P".
 - **Remote rotations are limited to one in the fall semester and one in the spring semester.**

FOURTH YEAR REMOTE COURSE OFFERINGS for Class of 2024

CLINICAL EDUCATION

TouroCOM NY

Academic Year 2023-2024

NOTE: Fourth-year students are strongly encouraged to do all Elective rotations as a four-week in-person clinical rotations, especially the Fall semester, to enhance their clinical knowledge and skills; and to be prepared for fourth year and residency interviews.

***Course completed in third year cannot be repeated for credit.**

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: **\$250**

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 complete and submit proof of completion 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: **\$250**

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 complete and submit proof of completion to receive credit.

Aquifer Custom Course: Preparing for Residency: Fundamentals for Current Clinical Patient Care:

Course Length: 2 weeks

Credit Hours: Intended to be supplemented by an additional two weeks of a relevant Primary Care Rotation (i.e., Pediatrics, Family Medicine, Internal Medicine) either in-person or a remote clinical experience.

Eligible Student: OMS IV

Cost: Free

Contact/Website Information: [Aquifer](#)

***Students MUST reach out to their respective TouroCOM Fourth Year Clinical Coordinator for enrollment.**

Course Description: This custom course includes Aquifer courses, cases and resources that cover **High Value Care, Diagnostic Excellence, Foundations of Telemedicine and Introduction to Social Determinants of Health**. This course utilizes the five Aquifer signature courses to provide a broad overview of topics relevant for medical students as they prepare for residency. 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 patient cases contain foundational content about diagnosis, including the factors that contribute to diagnostic error and the strategies that can be used to avoid error. The content introduces students to the 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, this course will define the tenets of telemedicine and prepare the learner to use telemedicine effectively. Introduction to Social Determinants of Health, SDOH includes three cases to illustrate the effects of SDOH, poverty and language on patients.

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 should dedicate approximately 40 minutes per case in order 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: **\$400**

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: "A condensed online course covering the business fundamentals essential for any physician to know so they can protect themselves, their patients, and their organization."

Course Requirements: Successful completion of the entire course and exams. The course is structured as 3 chapters: Fulfillment, Prevail, and Thrive. Each has ten lessons, as well as Review and Closing Examination.

Course Content:

Chapter I: Fulfillment – Know what you want and WHY, avoid burnout, giving patients the “WOW” experience that 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

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

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. 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

One-week Supplemental Literature Review for Fourth Year

[Supplemental Literature Review](#)

Course Length: 1 week

Credit Hours: Intended as a supplementation to an in-person 4th year elective that is three weeks.

Eligible Student: OMS IV

Cost: Free

Contact/Website Information: [TouroCOM Curriculum & Syllabi](#)

Course Description: Students can complete a one-week literature review in order to supplement a three-week elective. A total of two weeks of literature review may be completed throughout the duration of fourth year. Articles must be in the same subject matter as the elective rotation intended to supplement.

See additional details for requirements for the Literature Review in this document

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:

- 1.) Go to this link to create your profile: <https://canopylearn.io/#/signup>
- 2.) Enroll with First Name, Last Name, Email, and Password
- 3.) For Access Code use TOURO21 (case sensitive)
- 4.) Click TOS and PP boxes and Create Profile box
- 5.) 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.
- 6.) 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. The 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 complete and submit all three certifications in order to receive credit.

[Obesity Medicine:](#)

Course Length: 4 weeks

Credit Hours: 6 credits

Eligible Student: OMS IV

Cost: **\$200**

Contact/Website Information: [Obesity Medicine Program](#)

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 the patient 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 complete and submit proof of completion in order to receive credit.

[Aquifer Radiology:](#)

Course Length: 4 weeks

Credit Hours: 6 credits

Eligible Student: OMS IV (if not completed as 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 in order to receive credit.

Students that have previously completed the Aquifer Radiology course are not permitted to complete this course.

[Aquifer Geriatrics and Aquifer Excellence in Palliative Care:](#)

Course Length: 4 weeks

Credit Hours: 6 credits

Eligible Student: OMS IV

Cost: Free

Contact/Website Information: [Aquifer](#)

[*Students MUST reach out to their respective clinical coordinator for enrollment.](#)

Course Description: Aquifer Geriatrics: 28 geriatrics virtual patient 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 that have previously completed the Aquifer Geriatrics course are not permitted to complete this course.

SCHEDULING 4th YEAR ROTATIONS:

Students must complete four weeks of each of the nine required Rotations between July 1st and April 30th.

- **The Fall semester rotations consist of five rotations/courses from July-December, and the Spring semester rotations consist of four rotations/courses from January-April.**
- **ALL FALL ROTATIONS SHOULD BE SCHEDULED AT A SITE WITH GME (GRADUATE MEDICAL EDUCATION)/ RESIDENCY PROGRAM(S),** unless otherwise approved by the Clinical Dean.
- 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 the site of their choice.
- Students must provide email confirmation to the TouroCOM Fourth Year Coordinator for all Fall semester and all Spring semester rotations that meet all requirements for rotations.

STUDENT EVALUATION AND GRADING

COMPONENTS OF ASSIGNED GRADE:

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.

For the Primary Care/Ambulatory Care core rotation, in addition to the assessment of clinical knowledge and skills utilizing the Student Performance Evaluation (SPE), the OMM curriculum requirements for submission of two case logs on Canvas is required in order to receive passing grade for the Primary Care/Ambulatory Care core rotation. The OMM Department will track case logs. Naomi Primus (Harlem campus) and Monica Cancellari (Middletown campus) will be collecting and logging their submissions.

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

Clinical Clerkship Student Performance Evaluation (SPE)

This SPE form 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 form (to be completed by the licensed, clinical preceptor is *used in-part* 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 taking into account the SPE including but not limited to the Seven Osteopathic Core Competencies, as well as required case logs for the OMM curriculum/requirement as part of the **Primary Care/Ambulatory Care core rotation**.

Students must achieve an overall passing rotation grade on the Student Performance Evaluation 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 remote 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.

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 Student Performance Evaluation, SPE.
- 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 of the respective remote course requirements by the due date.

(U) UNSATISFACTORY

- Receive a minimum overall grade of < “P” on the Student Performance Evaluation (SPE).
- If the student exceeds the allowable absences from a rotation. *See Absence Policy*
- If the student receives a grade lower than “P” on the Student Performance Evaluation, is unsuccessful in passing two or more competencies, or fails to complete all of 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, and/or appropriate Student Affairs Dean depending on the competencies and rationale for the “U” grade. 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 Student Performance Evaluation, in order 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 **one** 12-credit clinical rotation or 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 the Student Evaluation of their rotation on New Innovations.

INCOMPLETE GRADES & DISPUTES

(V) 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 in order 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 page 21 of the [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 [Student Handbook](#).

DISPUTES

If a student disagrees with the clinical evaluation (SPE) provided by a DME or TouroCOM credentialed preceptor, he or she 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 clearly indicated in the comments section on the SPE that it represents a revision and supersedes the prior evaluation. The final grade for the rotation will then be recalculated based on the new clinical score 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:

1. The student is responsible to cross-reference 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.
2. 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 six weeks from the end of the rotation. The Spring semester deadline may be as early as May 1st.

FAILURE TO RECEIVE CREDIT FOR 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.

OMM FOURTH-YEAR CURRICULUM 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. Naomi Primus (Harlem campus) and Monica Cancellari (Middletown campus) will be collecting and logging their submissions.

In an instance where OMM was not practiced during a case and could have been an appropriate method, students should log the case and note how osteopathic principles and practices could have been involved in the treatment of the patient.

Ambulatory Care Course Syllabus



**TOURO COLLEGE
OF OSTEOPATHIC MEDICINE**

Where Knowledge and Values Meet

CLIN~898.PC

1. 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.

2. 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

3. 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
- Student 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 Student Performance Evaluation Form, 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 Student Performance Evaluation Form, SPE, which can be completed electronically on New Innovations at www.new-innov.com . A copy of this form is attached to this manual for reference. 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

- 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.
- NOTE: Requirements may be modified due to COVID-19 restrictions.
- In an instance where OMM was not be practiced during a case and could have been an appropriate method, students should log the case and note how osteopathic principles and practices could have been involved in the treatment of the patient.

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

Sub-Internship

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

Course Syllabus



**TOURO COLLEGE
OF OSTEOPATHIC MEDICINE**

Where Knowledge and Values Meet

CLIN~859. SUBI

Clerkship Description

Students must complete a Sub-Internship in any of the following clinical disciplines of their choosing during their fourth year (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 the clinical experience to serve as a sub-intern on a general hospital-based service (Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Psychiatry, or Surgery) 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 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 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.

The major purpose of the rotation is to facilitate the transition from Student Clerk to Intern.

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 similar to 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 Student Performance Evaluation Form, 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 Student Performance Evaluation Form, SPE, which can be completed electronically on New Innovations at www.new-innov.com . A copy of this form is attached to this manual for reference. 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 .

Supplemental Literature Review

Description:

Fourth-Year students will have the opportunity to complete supplemental literature reviews under the supervision of a credentialed faculty member or preceptor. Students will be required to submit a 1,000-word review per approved reading to their advisor for grading.

A 1,000-word review must be done for each week taken as a literature review. A Literature review may only be used to supplement an elective clinical clerkship and cannot be used in conjunction with a core rotation.

Students can complete a one-week literature review in order to supplement a 3-week elective. A total of two-weeks of literature review may be completed throughout the duration of fourth year.

Requirements:

- Journal article per week with 1000-word literature review
- Students may reach out to a credentialed faculty member or preceptor requesting them to oversee their literature review for grading.
- Students must submit a signed Supplemental Literature Review Elective request form to their fourth-year coordinator.
- Articles must be related to the elective subject matter student intends to combine with supplemental literature review.
- Students completing a literature review must submit their papers to credentialed faculty or preceptor by the final date of their literature review as noted on their request form.

Grading:

- It is requested that the credentialed faculty or preceptor complete and submit the student evaluation within one week of the submission of the literature review.
- Evaluation forms must be provided to the credentialed faculty/preceptor with the literature review request form.

Student Name: _____ Class Year: _____

Date Submitted: _____ ID Number: _____

Requirements for Supplemental Literature Review

Students may complete a supplemental literature review elective for no more than one week (1review/week) for a maximum of 2 weeks during their 4th year. Articles must be in the same subject matter as the elective rotation intended to supplement.

Article Title: _____

Start Date: _____ End Date: _____

Supplemented Elective Rotation: _____

Elective Site: _____ Dates: _____

By signing below, I acknowledge and affirm my understanding of what is expected, including but not limited to the above expectations.

Signature: _____ Date: _____

TO BE COMPLETED BY FACULTY:

Credentialed Faculty/Preceptor:

Name: _____ Title: _____

Phone: _____ E-Mail: _____

By signing below, I have agreed to oversee the "Supplemental Literature Review Elective" of the student named above. I have read and acknowledged the expectations of the elective. I accept that I will be responsible for reviewing the above-named student's completed work and assigning a grade.

Signature: _____ Date: _____

Signature of Clinical Dean – Kenneth Steier, DO_____
Signature of Clinical Dean – Barbara Capozzi, DO**Submit Completed Requests to:****Harlem** - Jemma Rajpaul, 4th Year Clinical Coordinator, Email: Jemma.Rajpaul@touro.edu Fax: 212-634-2133**Middletown** - Mary Dermigny Student Coordinator, E-mail: Mary.Dermigny@touro.edu Fax: 212.627.3691

Student Name: _____

Class of: _____

Article Title(s): _____

Clinical Rotation Supplemented: _____

A student receiving a passing score on their literature review will be assigned the grade with the associated clinical rotation evaluation.

Criteria	Pass	Fail	Comments
Hypothesis: • Defines and elucidates the hypothesis • Develops compelling rationale for the project • Persuasively explains project's multifactorial contribution to the field.			
Relevance and Context: • Shows exceptional understanding of project's relevance • Skillfully aligns the literature with project's context • Sets in-depth context for the problem/hypothesis			
Knowledge of the Field and Sources: • Demonstrates exceptional depth of knowledge of the field • Comprehensive use of most recent and seminal sources • Clearly discriminates among seminal sources			
Writing: • Exemplary writing quality Components are connected in a seamless way • No grammatical, punctuation, and/or errors			

Faculty Name: _____

Faculty Signature: _____

Clinical Student Performance Evaluation (SPE)

Class of: _____

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), Pass (P) or High Pass (HP).

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

AACOM Adapted Core Competencies		1	2	3	4	5	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 & communication skills to establish & maintain professional relationships with patients, families & members of health care teams. Present coherent patient presentations.								
Professionalism:	Demonstrate high moral & ethical standards. Uphold the Osteopathic Oath, promote advocacy of patient welfare, collaborate with team, demonstrate sensitivity to diverse patient populations. Be cognizant of their own physical & mental health in order 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					
Educational contributions					
Integral member of the healthcare team					

Student Strengths/Characteristics:

These comments will be noted on the students MSPE (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

Attending Name: _____
(If different from above)

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.)

