Clinical Rotations
Curriculum & Syllabi

Effective July 1, 2020
The information herein applies to Academic Year 2020-2021 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](http://www.touro.edu/com/student).*
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. Due to COVID19, online courses are also available.

Third Year:
The third-year curriculum is designated to offering students with opportunities to complete clinical clerkships in “CORE” disciplines and one 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. 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, telemedicine, Canopy Spanish or FACTS— to enhance the student’s foundation of knowledge and skills. All third-year electives are scheduled by the student and require approval from the Clinical Dean.

All in-person clinical rotations include required Aquifer supplemental cases and questions and may include additional required content and assignments.

Fourth Year:
Building on the 3rd year core rotations, during the 4th year students are provided with opportunities to further gain experiences in subspecialty areas of medicine. All rotations are four weeks. The curriculum is organized as follows:

1. Sub-Internship Internal Medicine (SUB-I, IM)
2. Ambulatory/Primary Care
3. Electives (seven)

The Fourth-Year clerkship curriculum includes two required discipline rotations (Ambulatory/Primary Care Medicine and Sub-Internship in Internal Medicine), as well as seven elective rotations. As in third year, all fourth-year
electives are scheduled by the student. The Director of Clinical Rotations is available to advise students during the elective planning process.

All Fourth-year rotations are four weeks; and five rotations must be done in the Fall, and four rotations must be done in the Spring.

Goals:
The general goals of the Clinical Education program include:
- Providing optimal clinical learning experiences
- Providing a standardized clinical curriculum (Aquifer and APGO)-for Third Year
- Systematic evaluation systems

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.

• AAACOM

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.
*Course syllabi for clerkships that must be provided remotely due to COVID19 will be provided to students as a separate document.*

**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” discipline are included below.

**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 pre-approval from TouroCOM for any elective.**

**The TouroCOM Clinical Dean, Assistant Dean for 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 and location to enhance their knowledge and skills to be best prepared for residency training.

**NOTE:** The student MUST submit the completed Core, International, Research, International (CIRS) 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, an affiliation agreement between TouroCOM and the Elective site may need to be established, which may take more than 30-90 days.
An Elective rotation may include, but not be limited to one of the following disciplines: Ambulatory Care, Family Medicine, Internal Medicine, OB/GYN, Pediatrics, Psychiatry, Radiology, Research, Surgery, or Radiology, Pathology, or an International rotation (Spring semester only--if permitted), an online Aquifer course or Canopy Spanish, telemedicine, or other course as approved by TouroCOM.

- **International rotations**: May only be in one of the following: International Spanish Immersion rotation (Costa Rica or Peru). Spring semester only--if permitted, (due to COVID-19).

- **Research elective**: Please refer to the description as posted on page 88 of this document.

- **For Special request rotation please see the Rotations Manual for details.**
  

**Third Year Student Evaluation and Grading**

*Student’s 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 evaluations that are designed to provide feedback and guidance to improve future performance.*

All 3rd Year clinical clerkship rotation final grades are recorded as a Pass/Fail (Unsatisfactory) grade (P, U, U/P).

**Components of Assigned Grade:**

1. **CLINICAL CLERKSHIP STUDENT PERFORMANCE EVALUATION FORM (SPE)**

This form is used to evaluate the student based on the Seven Core Competencies of the AOA, (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 particular area(s) of strength(s) and those that need improvement (See SPE Form – pg. 115).

At the conclusion of each clinical rotation, the SPE form (to be completed and submitted by the licensed, credentialed TouroCOM clinical supervising attending physician) is used in part to determine the overall course/clerkship grade for the respective clinical rotation. Final grades (Pass or Unsatisfactory) are determined by the Department of Clinical Education, after taking into account the SPE including but not limited to the Seven AOA Core Competencies, the COMAT/ SP COMAT exam score, and completion of all requirements and assigned cases and questions, as well as required assessments and required sessions, including but not limited to the OMM curriculum/requirements.

Students are required to achieve a passing score on the SPE as ONE REQUIREMENT to pass the respective rotation. *See grading policy below.*
Course Final Grade Computation

Students can receive the following grades on Third year clerkship rotations:

(P) PASS

• Receive a minimum Overall grade of P on The Student Performance Evaluation, SPE.

(U) UNSATISFACTORY

• Receive a minimum overall grade of < P on the Student Performance Evaluation, SPE.

• A grade of “U” (Unsatisfactory) is assigned when the student receives a grade of lower than “P” on the Student Performance Evaluation or is unsuccessful in passing one or more competencies.

• If the student exceeds the allowable absences from a rotation. See Absence Policy

NOTE: The student may be required to meet with the Clinical Dean

• If the student receives a grade lower than “P” on the Student Performance Evaluation or is unsuccessful in passing one or more competencies, the student will receive a “U”, placed on Provisional Academic Status, PAS, will be required to meet with the Clinical Dean, and will be referred to the Student Promotions Committee, SPC. If the student is granted permission to remediate a rotation, the student 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: The student may also be required to repeat and achieve a passing score on the respective clinical subject COMAT exam/SP COMAT.

NOTE: Strengths and additional narrative comments may be used in the student’s Medical Student Performance Evaluation, MSPE for residency program application.

2. COMPREHENSIVE OSTEOPATHIC MEDICAL 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. Due to COVID-19, the NBOME Self-Proctored COMAT, SP COMAT will be available in lieu of the COMAT exam. The OPP COMAT is administered at the end of the Elective rotation. All COMAT examinations/SP COMAT examinations will be 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, make-up exam 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 MSPE: If a student receives a “P” on the SPE and achieves a standard score greater or equal to 110 on the respective COMAT/SP COMAT, and all other requirements have been
successfully completed, there will be a “notation of Honors” on the MSPE.

- If a student achieves a standard score 93-109 on the respective COMAT/SP COMAT, the rotation grade remains as determined by the SPE provided that all other requirements have been successfully completed.

- If a student achieves a standard score of less than a 93 on the respective COMAT/SP COMAT, the student will be required to repeat the examination. The student will have two attempts to repeat the COMAT /SP COMAT examination in order to achieve the required standard score of 93 or greater. If the student does not achieve a standard score of 93 the student will receive a grade of “U”, the student will be placed on Provisional Academic Status, PAS, be required to meet with the Clinical Dean, and be referred to SPC. Remediation will be determined by the Department of Clinical Education.

A. NOTE: Under the ACADEMIC DISMISSAL POLICY (please refer to the TouroCOM Student Handbook https://tourocom.touro.edu/media/schools-and-colleges/tourocom/documents/TouroCOM2020-2021StudentHandbook_FINAL.pdf) A student who receives “U” grades in two 6-credit rotations, or one 12-credit clinical rotation will be referred to SPC and may be recommended for dismissal to the campus Dean.

B. NOTE: See Clinical Rotations Manual for advanced notification of anticipated absence for a COMAT exam/ SP COMAT.

3. ADDITIONAL STUDENT REQUIREMENTS for CLINICAL EDUCATION

Osteopathic Manipulative Medicine (OMM) Lab, Lecture & Logs:

- All students are required to participate in OMM lab and lecture during the third-year core rotations as scheduled either remotely, at the clinical site, or on each respective COM campus (Emergency Medicine, Internal Medicine, Family Medicine, Surgery, Obstetrics and Gynecology, Pediatrics and Psychiatry). Schedules can be found on New Innovations. Students must complete the OMM requirement as specified by the respective campus’ OMM Department in order to receive a grade for the current respective rotation for which the student is enrolled in, as determined by the SPE and COMAT /SP COMAT exam.

- NOTE: If the OMM requirement is not met, the student will receive a grade of “U” for the respective rotation for which the OMM required component is missed and/or not completed. Remediation to be determined by OMM Department Chair.

- *OMM requirements subject to change due to COVID19 restrictions.

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 supervisors. 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 EVALUATIONS AND FEEDBACK**

**Student Expectations:**

At the start of all clinical rotations, each student should meet with his or her preceptor and/or coordinator to discuss expectations for clinical performance. The student is responsible for ensuring that he or she understands the preceptor’s expectations and should take this opportunity to clarify any questions regarding roles and responsibilities. It is strongly recommended that the student also 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:**

Demonstrated competency in each of the seven AOA Core Competencies is to be reported in the SPE. A numerical score should be marked for each of the 7 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 may be included in the Medical Student Performance Evaluation, MSPE (MSPE: formerly the Dean’s letter).

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 performance will improve as a student progresses through their clinical training. Preceptors and students should meet face-to-face to discuss the specifics of the evaluation. All sections of the evaluation form must be completed; the form must be signed by the licensed TouroCOM credentialed preceptor, dated and returned to the Department of Clinical Education, no later than two weeks of the last date of the rotation.

**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 by TouroCOM credentialed licensed clinical faculty attending physician. Any evaluations, including those for elective rotations, completed by residents will not be used to calculate a final grade.

A sample of the SPE form is included in this document. It is important to recognize that the primary intent of the evaluation is to provide feedback to the student as to his or her 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.

**Clinical Rotations Academic Calendar AY 20-21**

**3RD YEAR ROTATIONS**

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**OMM Course & Objectives**

Note: Distant (e.g., Southampton, Oneida, Syracuse) rotating students are not required to attend these afternoon sessions on campus as determined by their respective campus Clinical Dean. OMM will be scheduled at the clinical site. Please refer to the schedule as posted on New Innovations.

*Please note that OMM sessions will be hosted remotely during the 2020-21 academic year. The below policies regarding...*
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 videoconferencing, in-person didactic presentations, internet-based video streaming, hands-on clinical training and skills assessment, reading and presentation assignments. Content delivered is delivered in multiple settings which may include the medical school, core hospital-based rotation sites, out-patient clinics, and private practices.

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

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 OMM education as applied in the clinical environment.
3. Describe and demonstrate presentation skills as these pertain to the osteopathic evaluation of a patient.
4. Write clear patient notes which demonstrate synthesis of clinical presentations and application of knowledge of osteopathic principles as these pertain to history taking, physical examination and treatment planning.

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

Students are required to attend the OMM sessions on campus, based on their respective campus schedule. Students are also required to attend their respective morning clinical rotation, clinical rounds or scheduled AM clinical duty prior to attending the afternoon OMM sessions on campus. NOTE: These requirements are subject to change due to COVID-19 restrictions.

Students on Vacationing or Elective students are exempt. However, a student may elect to attend.

NOTE: STUDENTS MUST COMPLETE ALL REQUIREMENTS, INCLUDING BUT NOT LIMITED TO OMM, IN ORDER TO RECEIVE THE FINAL ROTATION GRADE.

Case Logs: (3rd and 4th Year Student Requirement)

The information herein applies to Academic Year 2020-2021 and is subject to change at the discretion of Touro College of Osteopathic Medicine.
Students will log cases throughout their clerkships, noting relevant history and physical examinations, osteopathic structural examination, diagnosis and treatment.

**3rd Year Students**: Students must complete four case-logs per semester (eight per year).

**4th Year Students**: Students must complete six case logs per year (three per core rotation).

Students are required to log their cases in New Innovations. Logs include osteopathic structural exams as part of the physical exam, cases where OMT was provided, where OMM principles guided the treatment or where OMM principles could have guided the treatment. Should OMM not be practiced during a case but could have been an appropriate method, students may log the case and note how osteopathic principles and practices could have been involved in the treatment of the patient. NOTE: Aquifer platform may be used for OMM.

**Attendance**

Each Touro College of Osteopathic Medicine student is required to attend OMM sessions while on rotation as scheduled.

**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.” [https://tourocom.touro.edu/media/schools-and-colleges/tourocom/documents/TouroCOM2020-2021StudentHandbook_FINAL.pdf](https://tourocom.touro.edu/media/schools-and-colleges/tourocom/documents/TouroCOM2020-2021StudentHandbook_FINAL.pdf) 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. https://tourocom.touro.edu/media/schools-and-colleges/tourocom/documents/TouroCOM2020-2021StudentHandbook_FINAL.pdf

WITHDRAWAL

Students who do not complete a course for medical, personal and/or other reasons, will receive a grade of “W”, and will be required to repeat the course or the requirements as directed by the Clinical Dean, after approval from the Dean.

(F) Definition of Provisional Academic Status (PAS)

Provisional Academic/Professional Status is defined as a period of time during which the student's progress will be monitored by the SPC, Dean of Student Affairs and Clinical Dean. A student may be placed on PAS for any of the following reasons:

1. A student receives a ’U” grade in any course or clinical rotation.
2. A student is repeating an academic year (unless stipulated in an MOU with the Dean).
3. A student is in violation of the Touro College Code of Conduct.

Note: Financial aid may not be available in cases where the student does not meet Satisfactory Academic Progress (SAP). Grades of “U” may affect the pace of completion and therefore affect financial aid eligibility.

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 Campus Dean by the SPC (See Academic Dismissal). The Campus 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.

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.

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.
IMPORTANT COMLEX-USA LEVEL 1 DATES: CLASS OF 2022:

All students are expected to achieve the minimum COMSAE Phase 1 score (475) and sit for COMLEX USA Level 1 on a date approved by the Preclinical Dean for the Class of 2022 entering their 3rd year.

For Class of 2022, students are advised to take the exam at the closest date, after achieving the minimum COMSAE threshold.

Please see the NBOME COMLEX 1 Exam Dates and Score Release dates as well as the TouroCOM Academic Calendar.

Those students who have not achieved the COMSAE threshold (475) are required to meet with the Preclinical Dean.

COMLEX LEVEL 1 DATES:
Students are required to pass COMLEX LEVEL 1 prior to starting their fourth year.

<table>
<thead>
<tr>
<th>Examination Dates</th>
<th>Score Release Window</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 28 – September 6, 2019</td>
<td>October 2-3, 2019</td>
</tr>
<tr>
<td>September 24 – October 10, 2019</td>
<td>October 30-31, 2019</td>
</tr>
<tr>
<td>October 30 – November 8, 2019</td>
<td>December 4-5, 2019</td>
</tr>
<tr>
<td>November 25 – December 16, 2019</td>
<td>January 8-9, 2020</td>
</tr>
<tr>
<td>January 6 – 23, 2020</td>
<td>February 10-11, 2020</td>
</tr>
<tr>
<td>February 3 – 20, 2020</td>
<td>March 9-10, 2020</td>
</tr>
<tr>
<td>March 2 – 16, 2020</td>
<td>April 9-13, 2020</td>
</tr>
<tr>
<td>April 20 – 24, 2020 – Reserved for candidates displaced by Prometric closures March 17 – April 16</td>
<td>May 11-12, 2020</td>
</tr>
<tr>
<td>May 5 – June 12, 2020**</td>
<td>July 8-9, 2020**</td>
</tr>
<tr>
<td>June 14 – 28, 2020**</td>
<td>July 9-13, 2020**</td>
</tr>
<tr>
<td>June 29 – July 25, 2020</td>
<td>August 6-10, 2020</td>
</tr>
<tr>
<td>July 26 – August 22, 2020</td>
<td>September 1-2, 2020</td>
</tr>
<tr>
<td>August 23 – September 12, 2020</td>
<td>September 22-23, 2020</td>
</tr>
<tr>
<td>September 13 – October 4, 2020</td>
<td>October 27-28, 2020</td>
</tr>
<tr>
<td>October 18 – November 5, 2020</td>
<td>November 23-24, 2020</td>
</tr>
<tr>
<td>November 30 – December 12, 2020</td>
<td>January 6-7, 2021</td>
</tr>
</tbody>
</table>

The Clinical Dean prepares guidelines for eligibility and scheduling for the COMLEX-USA Level 2 exam, which are published in the Clinical Rotations Manual.

IMPORTANT COMLEX-USA LEVEL 2 DATES: TOUROCOM CLASS OF 2022:
• Students will be made eligible to schedule their COMLEX-USA 2 CE Exam in the Spring Semester of 2021 if they have achieved a passing score on COMLEX Level 1.
• Class of 2021, students are advised to take the exam at the closest date, after achieving the minimum COMSAE Phase 2 threshold of 500.
• **Students are required to schedule their COMLEX-USA LEVEL 2- CE Examination to be taken by the date as determined by TouroCOM** -- to ensure that scores will be available to residency programs.

**NOTE:** Students that do not sit for the exam by the date that will be determined by Clinical Education will be required to meet with the Clinical Dean and **may be removed from rotations.** This may result in delayed graduation.

**COMSAE Phase 2:**

Class of 2022: Students that have **not** achieved a 500 on their Timed COMSAE exam by May 15\(^{th}\), 2021 will **require** additional COMLEX exam preparation, i.e., to attend the Intensive Board Preparation Program for Level 2, scheduled for June 2021.

**REMinD**er: All candidates must read NBOME’s [COMLEX-USE Bulletin of Information 2020-2021](https://www.nbome.org/exams-assessments/comlex-usa/bulletin/) and agree to the Terms and Conditions before scheduling any COMLEX-USA examination.

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

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

**Class of 2022:** The following students will be **required to be enrolled** in a one-month Intensive Board Review course that will be scheduled on Sunday (all day) and Monday through Thursday from 6pm-10pm for the following:

a. Any student who does **not achieve a minimum score of 500** on COMSAE Phase 2
b. Any student who did **not achieve a passing score on the initial COMLEX USA CE - 2 exam.**
c. Any student who did **not achieve a passing score on the initial COMLEX USA Level 1 exam.**
d. Any student who achieved a **COMLEX Level 1 score below 450.**
e. Any student who receives an initial **standard COMAT score of less than or equal to 93** on three or more COMAT exams.

**NOTE:** Students required to participate in this program must submit their scheduled COMLEX-USA Level 2 (CE & PE) exam dates for approval by the Department of Clinical Education.

**COMLEX USA LEVEL 2 COGNITIVE EXAM (CE 2):**
Students are responsible for accessing the NBOME website for score release dates and are advised to check individual residency program requirements.

**COMLEX Level- 2 USA Score RELEASE DATES**

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

**COMLEX-USA LEVEL 2-PERFORMANCE EVALUATION (LEVEL 2-PE)**

**COMLEX-USA Level 2 Performance Evaluation (PE):**

The COMLEX-USA Level 2 Performance Evaluation (2 PE) is a patient-presentation-based assessment of fundamental clinical skills evaluated through 12 encounters with standardized patients. Each candidate must personally perform the clinical skills with standardized patients as appropriate in a timely, efficient, safe and effective manner.

LEVEL 2- PE should **not** be taken before January of Year Three.

LEVEL 2-PE **should** be taken in the latter half of year three, and **MUST** be taken after completing both Family Medicine and Internal Medicine.

LEVEL 2-PE should **not** be taken prior to the COM provided LEVEL 2-PE prep course.

COMLEX Level 2- PE **should be taken by the date determined by TouroCOM** (For the Class of 2022--to ensure that scores will be available to residency programs). **Students who are NOT scheduled take the exam on a date as approved by the Dean will be required to meet with the Clinical Dean and/or Dean for approval of their exam date.**

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

**COMLEX PREPARATION RESOURCES:** TouroCOM COMLEX PE Preparation Tips 2020-21

- COMLEX 2-USA Practice Exams:
COMLEX USA Level 2-PE SCORE RELEASE DATES

Students are required to attend any required TouroCOM Level 2 PE Prep Program and/or OSCE as per the Academic Calendar, and are advised to utilize feedback, and do a realistic self-assessment regarding selecting an optimal date to take the Level 2 PE exam. Approval will be revoked if requirements are not met.

Students will be responsible for any penalties and fines incurred by the NBOME if their approval for any exam has been rescinded by the Department of Clinical Education.

COMLEX Level- 2-PE Preparation Resources
- NBOME website
- NBOME COMLEX-USA Level 2-PE Blueprint
- NBOME eSOAP Note Resources
- TrueLearn COMBANK PE Video Series

The NBOME has been providing updates concerning the 2-PE exam on its website.

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 each third-year course throughout the respective rotation block. Students are not required to achieve a minimum number of correct answers in order to receive credit for completion. Each full case takes approximately 30-40 minutes to complete.

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. Other resources provided for some courses include Developmental Milestones and Laboratory Reference Values.

Students (and 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 cases and feedback and self-assessment questions, (and assessments when applicable) for each core clerkship, or Aquifer elective, as one requirement in order to receive a grade of “P” for the rotation.

NOTE: All cases for which completion is required will be assigned to students on the Aquifer platform by the Department of Clinical Education. All assigned 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.
NOTE: 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**

1. Custom courses have been created in Aquifer for the respective clinical disciples. These courses include cases for the following core rotations: Emergency Medicine, Family Medicine, Internal Medicine, OBGYN, Pediatrics and, Psychiatry. The custom course for Surgery includes cases and Skills Modules from WISE-MD.

2. Aquifer cases for the Emergency Medicine rotation have been selected from Aquifer’s *Diagnostic Excellence, Geriatrics, Internal Medicine, Medical Home, Pediatrics and Aquifer Radiology* cases.

3. Aquifer cases for the Family Medicine rotation have been selected from Aquifer’s *Family Medicine, Internal Medicine and Radiology*.
4. Aquifer cases for the OBGYN rotation have been selected from Family Medicine, Radiology and other Aquifer signature courses. Association for Professors of Obstetrics and Gynecology, APGO is also provided.
5. Aquifer cases for the Psychiatry course have been selected from Aquifer Geriatrics, Family Medicine and Aquifer CARE (formerly Addiction Medicine).
6. Aquifer CARE (formerly Addiction Medicine) is available for all students and will be used for the Southampton Addiction Medicine rotation.
7. Aquifer’s Oral Presentation Skills should be utilized by all 3rd year students to enhance the ability to organize and demonstrate optimal oral presentation skills.
8. Aquifer WISE-OnCall is available to simulate the on-call experience.
9. Aquifer cases for custom courses have been selected for two four -week elective courses for third year students (Geriatrics and Radiology).

https://www.aquifer.org/students/

Please see the last page of each syllabus for specific required Aquifer cases (and WISE-MD) available to students and credentialed TouroCOM clinical faculty for each of the 3rd year core rotations, as well as for Addiction Medicine. Students will be assigned and enrolled in their required Aquifer courses. The course name, description, and start and end dates are included on the Aquifer platform.

AQUIFER Signature Course: ORAL PRESENTATION SKILLS

Course Content & Module List
- **Oral Presentation Skills 01: Introduction**
  The primer reviews the organization of an oral presentation, particularly those in the inpatient setting, with examples offered for clarification of each section. The examples introduce clinical reasoning concepts which should ultimately guide the presentation.
- **Oral Presentation Skills 02: What is Pertinent**
  This exercise involves identifying pertinent information based on varying chief complaints for both initial presentations and for follow-up progress reports.
- **Oral Presentation Skills 03: Assessment and Plan Exercise**
  This exercise involves critiquing three audiotaped versions of an assessment and plan for the case. These examples include both model behavior and common mistakes.
- **Oral Presentation Skills 04: 4-month-old male with trouble breathing**
  This virtual patient case presents Teddy, a four-month old with trouble breathing. Students are asked to build an oral presentation step by step as they work through the case through a combination of data-gathering, organizational and clinical reasoning exercises.

WISE-OnCall Signature Course:
- A collection of 12 multimedia modules designed to educate learners about potential medical issues they may encounter while they are on call.
- **Created by NYU School of Medicine. Distributed by Aquifer on behalf of NYU School of Medicine. Available through an independent learning platform from the Aquifer account.**
- **WISE-OnCall** helps medical students prepare for their transition to residency through a symptom-based review of conditions that they will likely encounter while on call. The modules provide a common, pre-residency learning experience to students with different undergraduate educational experiences, serving as a “refresher” to fill gaps in students’ clinical knowledge. 12 modules, each focusing on a particular
symptom or clinical skill. Modules incorporate a didactic review of key concepts and causes associated with the presenting symptoms, simulated cases which model a resident’s response to on-call scenarios, case-based practice questions which allow the student to test their knowledge, and symptom checklists to help students focus on the larger constellation of symptoms when prioritizing their differential. The modules also stress the importance of and model appropriate interprofessional communication.

- **Case List:** 10 modules focus on high-risk symptoms. Common causes are reviewed, and a video case dramatization follows. Other important clinical activities (Documentation and Certifying a Death) are covered in additional modules.

- **Cases:**
  - Abdominal Pain
  - Acute Chest Pain
  - Acute Pain Management
  - Certifying a Death
  - Documentation for Patient Safety
  - Dyspnea
  - Fever and Sepsis
  - Hypertension
  - Hypotension
  - Loss of Consciousness
  - Lower Extremity Pain
  - Oliguria
Emergency Medicine
Clerkship Syllabus

TOURO COLLEGE
OF OSTEOPATHIC MEDICINE

Where Knowledge and Values Meet

CLIN~708.EM
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](https://www.saem.org/cdem/education/online-education/m4-curriculum)
- Video - How to think like an emergency physician
- PDF - How to be a successful student in EM
- PDF - Emergency Medicine presentations

6. **Osteopathic Manipulative Medicine**


**NOTE:** Details of the Curriculum, including policies and procedures, are documented in the Clinical Rotations Manual available on the [TouroCOM Student website](https://www.touro.edu/com/). Emergency Medicine required cases include *Aquifer select cases from Diagnostic Excellence, Geriatrics, Internal Medicine, Medical Home, Pediatrics and Aquifer Radiology cases.*

**Emergency Medicine supplemental required cases:**

- Diagnostic Excellence 03: 16-year-old female with pelvic pain
• 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
• Medical Home 01: 16-year-old female with status asthmaticus
• 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
Family Medicine
Clerkship Syllabus

TOURO COLLEGE
OF OSTEOPATHIC MEDICINE
Where Knowledge and Values Meet

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 an ambulatory care center, a family medicine clinic affiliated with a hospital, or in a family medicine clinical preceptor’s office. However, 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**

<table>
<thead>
<tr>
<th>Patient Care</th>
<th>Medical Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Skills in focused patient visit to manage acute problems.</td>
<td>• Demonstrate an analytical approach to patient care</td>
</tr>
<tr>
<td>• Identify importance of physician-patient relationship.</td>
<td>• Increase knowledge in common ambulatory problems</td>
</tr>
<tr>
<td>• Develop skills for record keeping and time management</td>
<td>• Incorporate preclinical and basic science information into the clinical situation</td>
</tr>
<tr>
<td>• Preventive healthcare, childhood immunizations, adult immunizations, well visits</td>
<td></td>
</tr>
<tr>
<td>• Demonstrate Compassion</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Practice-based Learning and Improvement</th>
<th>Professionalism</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Improve skills to obtain better history and coordinate chronic and preventative care</td>
<td>• Interaction with patients in a</td>
</tr>
<tr>
<td>Better record keeping and preventative screening</td>
<td>• Responsiveness and respect for other cultures/beliefs, poverty, age and gender</td>
</tr>
<tr>
<td>• Identify indications for consultation and care coordination</td>
<td>• Demonstration of a respectful attitude and appropriate presentation</td>
</tr>
<tr>
<td>• Demonstrate ability to work with staff in a professional, collegial environment</td>
<td>• Punctuality</td>
</tr>
<tr>
<td></td>
<td>• Employee Safety Measures</td>
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</tbody>
</table>
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 a number of 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
- Physical examination
- Electrocardiogram interpretation

- Medical case presentation
- Medical charting and record keeping
- Medications, indications, side-effects and contraindications
- Identifying appropriate testing and interpretation
- Patient communication

<table>
<thead>
<tr>
<th>System-based Practice</th>
<th>Demonstrate awareness of the community support system including social services, home healthcare agencies, pharmacists, and physical therapists</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Gain an understanding of complex health-insurance networks</td>
</tr>
<tr>
<td></td>
<td>Apply cost effective health care using literature and knowledge base</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Ch. 1,2,31,32,33,36 and 38</th>
<th>The Preoperative Examination, Infectious Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ch. 59-61</td>
<td>Pulmonary Medicine</td>
</tr>
<tr>
<td>Ch. 62-67</td>
<td>Cardiovascular Medicine</td>
</tr>
<tr>
<td>Ch. 79-85</td>
<td>Endocrine Medicine</td>
</tr>
</tbody>
</table>

5. **Osteopathic Manipulative Medicine**

a. **Evidence Based Medicine Musculoskeletal**


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


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
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 01: 49-year-old man with chest pain
- Internal Medicine 02: 60-year-old woman with episodic chest discomfort
- 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
- Atrial Fibrillation
- Endocarditis
- Myocarditis
- CAD/Acute Coronary Syndrome
- COPD/Emphysema
- Pulmonary Embolism
- Bronchitis
- Interstitial Lung Disease
- Lung Cancer
- Pneumonia (PNA)

b. **Common Inpatient issues and Other Infectious Disease**

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

- Tuberculosis

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

- Non-Alcoholic Fatty Liver
- Cholangitis and cholecystitis
- Pancreatitis
- Diverticulosis, and diverticulitis

- Hepatitis (infections and non-infectious)
- 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.

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

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. Gwirtz, Jerry Dickey, David Vick, Maurice A. Williams, and Brian Foresman Viscerosomatic interaction induced by myocardial ischemia in conscious dogs J Appl Physiol 103: 511–517, 2007.
Francesco Cerritelli, DO, MS, Fabrizio Carinci, MS, Gianfranco Pizzolorusso, DO, Patrizia Turi, DO, Cinzia Renzetti, MD, DO, Felice Pizzolorusso, DO, Francesco Orlando, DO, Vincenzo Cozzolino, MD, DO, Gina Barlafante, MD, DO Osteopathic Manipulation as Complementary Treatment for Prevention of Cardiac Complications; Journal of Bodywork and Movement Therapies January 2011.

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

Supplemental required cases have been selected from the list of 36 Internal Medicine interactive virtual patient cases, as well as Laboratory Reference Values.

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 07: 28-year-old woman with lightheadedness
- Internal Medicine 09: 55-year-old woman with upper abdominal pain and vomiting
- Internal Medicine 12: 55-year-old man with lower abdominal pain
- Internal Medicine 14: 18-year-old woman for pre-college physical
- Internal Medicine 16: 45-year-old man who is overweight
- 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

Overview

Aquifer Internal Medicine builds clinical competency and fills educational gaps in internal medicine curricula. The course fosters self-directed and independent study, develops clinical problem-solving skills, and teaches an evidence-based, patient-centered approach to health care.

Course Content

Realistic case scenarios that demonstrate best practices create an invaluable bridge from content to practice for our students. Aquifer Internal Medicine cases help students to develop the clinical reasoning skills critical to becoming a successful practitioner.

Self-Assessment Questions

After completing each case, students will have the option of calibrating their ability to apply their new knowledge and skills by completing five single-best answer vignette style self-assessment questions. Each question includes clear explanations of the correct and incorrect responses for immediate feedback to students. All self-assessment questions for this course are new as of the 2018-19 subscription year.
Obstetrics & Gynecology Clerkship
Syllabus

TOURO COLLEGE
OF OSTEOPATHIC MEDICINE
Where Knowledge and Values Meet

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 will 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**

<table>
<thead>
<tr>
<th>Patient Care</th>
<th>Medical Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Skills in focused patient visit to manage acute problems.</td>
<td>• Demonstrate an analytical approach to patient care</td>
</tr>
<tr>
<td>• Identify importance of physician-patient relationship.</td>
<td></td>
</tr>
<tr>
<td>• Develop skills at record keeping</td>
<td>Increase knowledge in common ambulatory problems</td>
</tr>
<tr>
<td>• Time management</td>
<td>•</td>
</tr>
<tr>
<td>• Preventive healthcare: childhood immunizations, adult immunizations, well visits</td>
<td>•</td>
</tr>
<tr>
<td>• Compassion</td>
<td>•</td>
</tr>
</tbody>
</table>
### Practice-based Learning and Improvement

- Improve skills to obtain better history and coordinate chronic and preventative care
- Better record keeping and preventative screening
- Identify indications for consultation and care coordination

### Professionalism

- Interaction with patients in a conductive manner
- Responsiveness to other cultures/beliefs, poverty, age and gender
- Demonstration of a respectful attitude and appropriate presentation

### System-based Practice

- Demonstrate awareness of the community support system including social services, home healthcare agencies, pharmacists, and physical therapists
- Gain an understanding of complex health-insurance networks
- Apply cost effective health care using literature and knowledge base

### 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 Bishops Score
- Cesarean Delivery
- Clinical Breast Examination
- Colposcopy
- Conduct appropriate tests to rule out Rupture of membranes (Pooling, nitrazine and ferning)
- Contraction Stress Test
- Determine EGA using wheel and LMP (Nagle's rule)
- Determine fetal position using ultrasound
- Distinguish Preterm Labor from Braxton Hicks contractions
- Episiotomy
- Evidence Based Domestic Violence Screening
- Hysterectomy
- IUD insertion and string check
- Labor Check
- Leopold’s maneuvers
- Non-Stress test
- Normal Vaginal Delivery
- Order and interpret labs for a 28-week prenatal visit
- Order and interpret labs for 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/peri-menopause
• 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 GYNECOLOGY AND OBSTETRICS
https://www.apgo.org/students/apgo-medical-student-educational-objectives/
c. **Texts**

- Lange Obstetrics and Gynecology
- Blueprints: Obstetric and Gynecology
- The Test: Obstetrics and Gynecology
- CURRENT Diagnosis & Treatment: Obstetrics & Gynecology, 11e Alan H. DeCherney, Lauren Nathan, Neri Laufer, Ashley S. Roman

d. **Journals**

- Obstetrics & Gynecology: [https://journals.lww.com/greenjournal/pages/default.aspx](https://journals.lww.com/greenjournal/pages/default.aspx)
- Contemporary OB/GYN: [https://www.contemporaryobgyn.net/](https://www.contemporaryobgyn.net/)
- OBG Management: [https://www.mdedge.com/obgmanagement](https://www.mdedge.com/obgmanagement)
- The Journal of Reproductive Medicine:
- U.S Preventive Service Task Force (USPSTF):
  [https://www.uspreventiveservicestaskforce.org/](https://www.uspreventiveservicestaskforce.org/)

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


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 for the OBGYN rotation.

Supplemental required cases have been selected from Aquifer’s Family Medicine as well as Internal Medicine, Diagnostic Excellence, DX Mini cases, 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
- Diagnostic Excellence 03: 16-year-old female with pelvic pain
- DX Mini-Case 02A: OB/GYN
- DX Mini-Case 04A: OB/GYN
- Internal Medicine 14: 18-year-old female for pre-college physical
- 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/

**UWISE Q BANK is also available for students.**
Pediatric Clerkship Syllabus

TOURO COLLEGE OF OSTEOPATHIC MEDICINE
Where Knowledge and Values Meet

CLIN~704.PEDS

Contributions made by:
Christian Hietanen, DO
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.

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
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:
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:
  o Airway obstruction/respiratory distress
  o Altered mental status
  o Apnea
  o Ataxia
  o GI bleeding
  o Seizures
  o Shock

- Describe the key clinical findings and management of the following conditions:
  o Animal bites
  o Head injuries including usage of head trauma algorithms (see below)
  o Nursemaids elbow
  o Sprains, fractures
  o Burns
  o 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):

  o Utilizing osteopathic manipulative medicine techniques to treat a medical condition in a child
  o Throat swab
  o Wart cryotherapy
  o Vaccine administration
  o Laceration repair, which may include suturing and application of dermabond
  o Suture and staple removal
  o Starting an intravenous line
  o Placing a splint
  o Reduction of a nursemaid’s elbow

5. **Recommended topics with suggested texts**
a. Pediatric Textbooks and guides:
   - 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:
   - Online MedEd - Great collection of videos for reviewing common pediatric conditions: [https://onlinemeded.org/pediatrics](https://onlinemeded.org/pediatrics)
   - PedsCases - Podcasts, videos, cases and guidelines designed for medical students: [https://pedscases.com/](https://pedscases.com/)
     (log-in using username: health, password: quest)
   - Pediatric Education - Learning library and collaborative: [https://pediatriceducation.org/](https://pediatriceducation.org/)
   - Pediatric Portal, University of Oslo - Great collection of links!: [http://meddev.uio.no/elaring/fag/barnesykdommer/index.shtml](http://meddev.uio.no/elaring/fag/barnesykdommer/index.shtml)
   - Bright Futures (Guidelines for well-child care): [https://brightfutures.aap.org/materials-and-tools/Pages/default.aspx](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](http://med.stanford.edu/newborns.html)
c. **Podcasts:**
   - PedsCases: [https://www.pedscases.com/podcasts](https://www.pedscases.com/podcasts)
   - Hippo Education: [https://www.hippoed.com/peds/rap/](https://www.hippoed.com/peds/rap/)

d. **Pediatric Calculators:**

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

f. **Pediatric Physical Exam:**
   - Newborn Exam video: [http://media.hc.msu.edu/Mediasite/Play/e6773c40bad048d6ab65d4363ace56901d](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](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](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 Shelf:
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.)
- 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:

- 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

NOTE: Details of the Curriculum, including policies and procedures, are documented in the Clinical Rotations Manual available on the TouroCOM Student website.
Aquifer Pediatrics Virtual Case Experience

- 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 23: 15-year-old female with lethargy and fever
- Pediatrics 26: 9-week-old male not gaining weight
- Pediatrics 30: 2-year-old male with sickle cell disease
- Pediatrics 32: 5-year-old female with rash
- Resources: Developmental Milestones
- 32 interactive virtual patient cases
- Resources: Developmental Milestones

FOR STUDENTS: https://www.aquifer.org/students/
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.

 o Documenting interviews and patient care of:
   ● Diagnostic evaluations/risk assessment in the ER, out-patient, 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.

 o 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.

 o 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
  o To be able to read around/research/learn about a clinical topic(s) not covered in a formal didactic session;
  o To organize and present a topic with appropriate supporting visual materials;
  o To read provided/recommended materials which are part of, or are about topics not covered in, formal didactic sessions.

● Professionalism:
  o 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; and
- 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 Compliant, an adequate description of pertinent signs and symptoms that stem from the Chief Complaint or other positive findings in the general psychiatric screening, a risk assessment, and Pertinent Negatives.
    - Histories should be well organized, easy to follow, and in general follow a clear time course. Write concisely.
    - Components of assessment include substance history, past
psychiatric history, family psychiatric history, Past Medical History (include neuro history), medications, allergies, and social history.

- Labs that are pertinent or pending
- Physical exam with proper emphasis on Neurological exam
- Mental Status Exam
- Assessment (DSM V) Plan
- H & P’s are done on all admissions

**Progress Notes: SOAP notes**

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

**Pre-rounds**

- Prior to attending led work rounds. Medical student should review their patient’s charts for any events that happened overnight or over the weekend. Check for results of any pending lab tests, consults, radiology studies, etc. Read chart of any new admissions (if a team with another student(s), divide the new admits among yourselves)

Begin to meet with your patients. Depending on time constraints before work rounds, your interviews with known patients may be brief check ins. (Have longer interview later) For new patients begin the H & P. If pressed for time, get the HPI now, the rest later.

- Interviews
- Presentations of patients to service
- Mental Status Exam
- Be able to describe all the aspects of a mental status exam. Appearance & Behavior, Speech, Mood & Affect, Thought Process, Thought Content (including perception) Cognition, Judgment & Insight
- Be able to properly perform a Mini-Mental Status Exam on patients
  - Participation in work rounds
    - Know your patients. Be able to do brief or full presentation as needed. An important aspect of this is obtaining and reviewing old records. (This can require some extra work.)
    - Be able to show you pre-rounded and are on top of your patient’s situations.
    - Demonstrate your growing knowledge of psychiatry as you ask pertinent questions and answer attending’s questions during rounds. Important areas to focus on are: 1. describing various areas of the Mental Status Exam 2. the signs and symptoms to look for in making a diagnosis (i.e. read around your patients) 3. coming up with a reasonable and complete differential diagnosis 4. being able to reason why one diagnosis of the differential is more or less likely than another based on what is known 5. Awareness of the treatment plan objectives for each patient
- Able to work with other members of the team to get all the work done. This includes covering for other team members when necessary and providing other team members pertinent information about your patient when you need coverage.
- Discharge Planning
- Assemble team-work rounds directives, treatment team meetings, social work input, etc.
- Work with social work, patient’s family, and the patient to set up as ideal a situation for the patient as possible for follow up out-patient treatment, so as to adequately address the biological, psychological, and social aspects of the patient’s illness.
- Participate in family meetings for purposes of psycho education of both family and the patient. Patient psycho education is not limited to family meetings.

- Consult Service
  - New patients: Similar to H&P’s on in-patient unit or on call. Typically,
cases will be assigned by the senior resident/Attending first thing in the morning or as the consults come in.

- Ongoing patients: Daily notes unless told otherwise by service attending until the team signs off on case. Pre-rounds may be more difficult. To do a thorough job you may need to touch base with someone on the patient’s primary service and be up to date. The need to do this will vary with the specifics of the situation.

- **Interviewing Skills:** Be able to demonstrate the following interviewing skills:
  - Establishing *rapport*
    - Appropriate use of open ended and close-ended questions
    - Techniques for asking "difficult" questions
    - Appropriate use of facilitation, empathy, clarification, confrontation, reassurance, silence and summary statements
    - Asking about the patient's ideas, concerns, questions, and feelings about the illness and treatment
    - Communicating information to patients in a clear fashion
    - Demonstrate respect, empathy, responsiveness, and concern regardless of the patient’s problems or personal characteristics?
    - Demonstrate basic strategies for interviewing disorganized, cognitively impaired, hostile/resistant, mistrustful, circumstantial/hyper verbal, unspontaneous/hypoverbal, and potentially assaultive patients?
    - Appropriate closure of the interview
    - Be able to avoid the following common interview mistakes: Interrupting the patient unnecessarily, asking long, complex, questions, asking questions in an interrogatory manner, ignoring patient's verbal or non-verbal cues, making sudden inappropriate changes in topic, indicating a patronizing or judgmental attitude by verbal or non-verbal cues, incomplete questioning about important topics, asking too many closed ended questions, asking leading questions, asking 2 questions at once
    - After the Interview are you able to:
      - Identify your emotional responses to patients?
      - Identify strengths and weaknesses in your interviewing
skills?
  o Identify verbal and nonverbal expressions of affect in a patient's responses, and apply this information in assessing and treating patients?
  o Demonstrate sensitivity to student-patient similarities and differences in gender, ethnic background, sexual orientation, socioeconomic status, educational level, political view, and personality traits
  o 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
  o Mental Status Exam: Be able to elicit appropriate information directly or indirectly from the interview
  o 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
  o Chief Complaint: Reason patient seen
  o History of Present Illness
    ▪ Introduction: brief description of patient, chief compliant stated
    ▪ Adequate description of signs and symptoms: later used in differential diagnosis
    ▪ Risk assessment for dangerousness, pertinent past dangerousness
    ▪ Pertinent negatives given; can later rule out other diagnosis
  o Organization of HPI
    ▪ Follows time course/Time course unclear
    ▪ Easy to follow/Hard to follow
  o Other History Areas
    ▪ Medical history: Current medical illnesses How psych illness affects med ill management
- **Medications/ Allergies:** Medications Doses Time length Side effect problems, Treatment effectiveness
- **Social history:** Living situation, Support systems, Work, Family history, Relatives with psychiatric disorders, Relative’s treatments
  - **Pertinent labs**
  - **Physical exam/Neuro exam**
  - **Mental Status Exam**
    - Appearance and Behavior Mood and Affect Speech
    - Thought Process Thought Content Cognition; MMSE
    - Judgement and Insight
    - Use of descriptive terms? Overuse of non-descriptive terms “good”, “normal”?
  - **Assessment:** 5 Axis given? Good differential diagnosis?
  - **Plan:** Adequately addresses situation (problem list)?

5. **Recommended Topics with Suggested Texts & References:**

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

• CATEGORY: Emergency Psychiatry
  o Suicide, Suicide Risk
  o Violent Behavior and the Management of the Violent Patient

• CATEGORY: Patient Assessment
  o Interviewing & Mental Status Examination
  o Psychiatric Signs and Symptoms
  o Psychiatric Diagnosis

• CATEGORY: Psychodynamics and Psychotherapy
  o Defense Mechanisms
  o Psychotherapies

6. **Osteopathic Manipulative 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](https://www.touro.edu/).*
The Aquifer Virtual Case Experience for Psychiatry:
Supplemental required cases have been selected from Aquifer CARE (formerly Addiction Medicine) and Aquifer Geriatrics.

Supplemental required cases for Psychiatry:
- 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
- Geriatrics 04: 85-year-old woman with dementia
- Geriatrics 06: 85-year-old woman with delirium
- Geriatrics 07: 78-year-old man with depression
- Addiction 01: 34-year-old woman - pregnancy and substance use

https://www.aquifer.org/students/

NOTE: In September 2020, the course will be restructured due to the new platform structure.
Surgery Clerkship Syllabus

TOURO COLLEGE
OF OSTEOPATHIC MEDICINE
Where Knowledge and Values Meet

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 possible 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

**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**


   Frederick J. Goldstein; Saul Jeck; Alexander S. Nicholas; Marvin J. Berman; and

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

WISE-MD, (Aquifer): 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.

https://www.aquifer.org/students/

For Surgery, two categories of content are included in WISE-MD (22 multimedia modules for surgical case-based and 16 clinical skills-based videos, as listed below:

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

Supplemental required Surgery Cases and Skills Modules:

Case-based (tracked for completion)
1. Abdominal Aortic Aneurysms
2. Anorectal Disease
3. Appendicitis
4. Bariatric
5. Bowel Obstruction
6. Breast Cancer
7. Burn Management
8. Cholecystitis
9. Colon Cancer
10. Diverticulitis
11. Inguinal Hernia
12. Lung Cancer
13. Pancreatitis
14. Pediatric Hernia
15. Trauma Resuscitation
16. Venous thromboembolism

Skills (not tracked for completion, for student review)
1. Foley catheter placement
2. Surgical Instruments
3. Suturing and instrument tie
4. Two-handed knot tie
ADDITIONAL AQUIFER EDUCATIONAL RESOURCES FOR CLERKSHIPS:
AQUIFER: CARE/ADDICTION MEDICINE RESOURCES

12 modules in Aquifer CARE/ Addiction concentrate on critical addiction and substance use topics.

Module List

- 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 (*not available for CE*)

- https://www.aquifer.org/students/
Clinical Science Enrichment Program

LEVEL 2

Touro College of Osteopathic Medicine

2020-2021

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 Textbook:**

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<th>Specialty</th>
<th>Primary</th>
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<td></td>
<td>Step up to Medicine</td>
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<td><strong>SURGERY</strong></td>
<td>Dr. Pestana's Surgery Notes: Top 180 Vignettes for the Surgical Wards</td>
<td><strong>ISBN-10:</strong> 1609789164</td>
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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 prior to entering the fourth year.)*

All Fourth-Year rotations are four-week blocks.

Shadowing experiences are NOT acceptable for any rotation.

**TouroCOM REQUIRED 4TH YEAR ROTATIONS:**

**The student is required to complete** two specific Core rotation disciplines and seven elective rotations, for 4th year as follows:

1. **Primary Care Ambulatory Medicine Rotation**
   This **required** Primary Care/Ambulatory Care rotation must be at an ambulatory setting and may be in 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

2. **Internal Medicine Sub-Internship:**
   For the Class of 2021, due to COVID-19, the **required** “Internal Medicine Sub-internship” may be completed in internal medicine or a clinical medicine specialty discipline during the 2020-21 academic year. The Sub-Internship must be done at a site that has a **Residency in that discipline.** The student is expected to function a level above that of a 3rd 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 purpose of the sub-internship is to make sure the students know how to write up an admission, enter orders, write progress notes, and function in a way that an intern does, so that when they start internship, they are prepared. **NOTE:** A rotation that is exclusively in a consultation service, is not equivalent to a sub-internship.

   **NOTE:** A **sub-internship** can 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 institution/hospital. *See next section for the specific requirements for Audition rotations.*

3. **Elective Rotations: Students are responsible for independently scheduling all elective rotations.**
   Students are advised to schedule **all** fall semester elective rotations in disciplines and locations with Graduate Medical Education, GME (Residency Programs) where the student would like to do a residency, and to enhance their knowledge and skills to be best prepared for residency training, as well as 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 sites’ scheduling requirements.
NOTE: Students must provide confirmation to the 4th Year Coordinator for all fall semester rotations scheduled at GME Programs, and for Spring rotations that meet all requirements of elective rotations. **Shadowing experiences are NOT acceptable for any rotation.**

NOTE: The student MUST submit the completed Core, International, Research, International (CIRS) form to the 4th Year coordinator, for the elective rotation no less than 30 days in advance of the anticipated Elective start date. Affiliation agreements with non-TouroCOM clinical affiliates may be requested by the host site, which may take 90 days to execute. **Students are responsible for all rotation fees.**

**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 months are typically scheduled to be done in the Fall of year four** and may be referred to as a “Senior Elective”.

NOTE: Students must provide confirmation to the TouroCOM 4th 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 institutions 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.

A 4th year elective rotation may also be in: **Canopy Spanish** which requires submission of 3 certificates; Wilderness Medicine (if COVID-19 permits such travel); or Research; FACTS, Telemedicine, an Aquifer custom course or Special request rotation. Please see the descriptions and requirements below and the Clinical Rotations Manual for details.

NOTE: Student must provide confirmation of all rotations to their TouroCOM Fourth Year Coordinator. **Shadowing experiences are NOT acceptable for any rotation.**

**D. RESEARCH ELECTIVE ROTATION:**
- Requires pre-approval from the Clinical Dean.
- Student must submit documentation from the 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.
A Work Product must accompany end of rotation Student Performance Evaluation, SPE, to be evaluated and graded by the Dean of Research or preceptor. This can be a poster presentation, PowerPoint presentation or research paper.

NOTE: The student MUST submit the completed Core, International, Research, International (CIRS) form to the 4th Year coordinator, no less than 30 days in advance of the anticipated Elective start date.

NOTE: Research Electives cannot exceed two months.


- 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 COVID-19 permits such travel) after audition rotations and residency interviews have been completed in order to avoid potential conflict with the residency application timeline/process.


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 us Medical Spanish, Global health, Global Nursing, Psychology, Pharmacy, Social Work, Physical Therapy, Sports and Fitness, counseling, Educational Leadership, Biology, Ecology and many more.

During the program the students will see and provide care to patients in a wide variety of clinical and hospital environments, primary care clinics, senior centers and orphanages.

Clinical sites include: Calderon Guardia hospital, Coronado’s clinic, Quitirrisi Indigenous Reserve, Day care center for the elderly in Alajuela.

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

**Process/Requirements:**
1. 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.
2. Student is responsible for all pre-rotation requirements as per the respective program.
3. Student is responsible for all financial, travel, health and other related expenses.
4. Student must comply with all requirements for the respective International rotation site.
5. Student must submit the completed SPE form within four weeks of the date of completion.
6. Student may elect to serve as a “Peer Mentor” for future participants.

**G. Military Medicine Training**

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.

**H. Remote Rotations**

The Department of Clinical Education will provide students with a number of remote rotations 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 confirm their intent to participate in any remote course offering with their 4th year coordinator. Completion of all requirements of the remote course is needed in order to receive a grade of “P”.

SCHEDULING 4th YEAR ROTATIONS:

Students must complete four weeks of each 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. Please note that this requirement is waived for the 2020-21 academic year.

NOTE: 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.

NOTE: Students must provide confirmation to the 4th Year Coordinator for all fall semester and spring semester rotations that meet all requirements of elective rotations.
STUDENT EVALUATION AND GRADING

COMPONENTS OF ASSIGNED GRADE:

Clinical Clerkship Student Performance Evaluation (SPE)

This form is used to evaluate the student based on the Seven Core Competencies of the AOA, (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 particular area(s) of strength(s) and those that need improvement.

Students must achieve an overall passing rotation grade on the Student Performance Evaluation as one requirement for passing the rotation. For students who do not achieve a minimum overall rotation passing grade, see below.

At the conclusion of each clinical rotation, the SPE form (to be completed and submitted by the licensed clinical supervising attending physician) is used in-part to determine the overall course/clerkship grade for the respective clinical rotation. Final grades are determined by the Department of Clinical Education, after taking into account the SPE including but not limited to the Seven AOA Core Competencies, and completion of all requirements including but not limited to the OMM curriculum/requirements.

NOTE: When a student earns an Unsatisfactory, “U” final grade in a clerkship based on the Clinical Component (including, but not limited to the SPE Overall score), that student will automatically be placed on Provisional Academic Status, PAS, required to meet with the Clinical Dean and will be referred to the Student Promotions Committee, SPC.

All 4th Year clinical clerkship rotation final grades are recorded as a letter grade (P, U, U/P).

Student Performance Evaluation: Students must achieve a passing overall rotation grade on the Student Performance Evaluation, SPE as one requirement for passing the rotation.

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.

(U) UNSATISFACTORY

• Receive a minimum Overall grade of < “P”; on The Student Performance Evaluation, SPE.

• A grade of “U” (Unsatisfactory) is assigned when the student receives a grade of lower than “P” on the Student Performance Evaluation or is unsuccessful in passing one or more clinical competencies.
or

- If the student exceeds the allowable absences from a rotation. See Absence policy.

NOTE: The student may be required to meet with the Clinical Dean

- If the student receives a grade lower than “P” on the Student Performance Evaluation OR is unsuccessful in passing one or more clinical competencies, the student will receive a “U”, placed on Provisional Academic Status, required to meet with the Clinical Dean and will be referred to the Student Promotions Committee, SPC. If the student is granted permission to remediate a rotation, the student 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 six-credit clinical rotations will be referred to SPC, and may be recommended for dismissal to the campus 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

(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.” 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.

WITHDRAWAL
Students who do not complete a course for medical, personal and/or other reasons, will receive a grade of “W”, and will be required to repeat the course or the requirements as directed by the Clinical Dean, after approval from the Dean.

(F) Definition of Provisional Academic Status (PAS)
Provisional Academic/Professional Status is defined as a period of time during which the student's progress will be monitored by the SPC, Dean of Student Affairs and Clinical Dean. A student may be placed on PAS for any of the following reasons:

1. A student receives a “U” grade in any course or core clinical rotation.
2. A student is repeating an academic year (unless stipulated in an MOU with the Dean).
3. A student is in violation of the Touro College Code of Conduct.

Note: Financial aid may not be available in cases where the student does not meet satisfactory academic progress (SAP). Grades of “U” may affect the pace of completion and therefore affect financial aid eligibility.

REMEDICATION
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 Campus Dean will then notify the student. See page 38 in Student Handbook.  https://tourocom.touro.edu/media/schools-and-colleges/tourocom/documents/TouroCOM2020-2021StudentHandbook_FINAL.pdf

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.
STUDENT RESPONSIBILITIES:

1. To ensure that they are registered for the same courses on TouroONE that they are scheduled for on New Innovations.

NOTE: Once a student receives a grade for a course/rotation, that course cannot be dropped. Therefore, students must confirm that they are registered for the appropriate courses that they expect to receive credit for.

2. To contact the preceptor and confirming that the SPE has been submitted in a timely fashion.

NOTE: FOURTH YEAR REGISTRAR ROTATION SUBMISSION DEADLINE:
A Registrar imposed deadline: All grades must be received by the Registrar six weeks from the end of the rotation. Spring semester deadline may be as early as May. If completion of a rotation cannot be verified, the course will be dropped, and the student will not receive credit for the rotation/course.
OMM 4TH YEAR CURRICULUM REQUIREMENTS

• Students will be required to log cases throughout their clerkships, noting relevant osteopathic diagnostic (including history and physical examinations) and treatment. NOTE: Requirements may be modified due to COVID-19 restrictions.

• The student is required to complete six OMM case logs per year. Aquifer platform may be used for OMM.

• It is recommended that students complete three case logs per 4th year Core relevant clinical rotation, (Ambulatory Primary Care and Internal Medicine SUB-I), in order to ensure that the requirement is met.

• Students are required to log cases in New Innovation where structural exams are included in the physical exam, clinical cases where OMT was provided, where OMM principles guided the treatment or where OMM principles could have guided the treatment.

• 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.
IMPORTANT COMLEX-USA LEVEL 2 DATES: TOUROCOM CLASS OF 2021:

- Students will be made eligible to schedule their COMLEX-USA 2 CE Exam on March 1st 2020.
- Students should attempt to schedule their COMLEX-USA LEVEL 2- Cognitive examination CE-2 to be on a date taken to ensure that scores will be available to residency programs.

NOTE: Students may not be able to sit for the examination by the suggested date due to the current public health environment. A passing score will continue to be required for graduation.

COMLEX Level- 2 USA RELEASE DATES:

COMSAE:

- Students that have not achieved a 500 on their Timed COMSAE exam by May 15th, 2020 will require additional COMLEX exam preparation, i.e., to attend the Intensive Board Preparation Program for Level 2, scheduled for June/July 2020.

NBOME:

- The BOI is a comprehensive guide to COMLEX-USA examinations, including but not limited to the Terms and Conditions, examination descriptions, eligibility requirements, scheduling, administration, security, scoring and transcripts.
- COMLEX USA MASTER BLUEPRINT: [https://www nbome org/exams-assessments/comlex-usa/master-blueprint/](https://www.nbome.org/exams-assessments/comlex-usa/master-blueprint/)

REQUIREMENTS FOR INTENSIVE BOARD PREPARATION PROGRAM:
COMLEX-USA LEVEL 2-COGNITIVE EVALUATION (LEVEL 2-CE), CLASS OF 2021

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

The following students will be required to be enrolled in a one-month Intensive Board Review course that will be scheduled on Sunday (all day) and Monday through Thursday from 6pm-10pm for the following:

a. Any student who does not achieve a minimum score of 500 on COMSAE Phase 2
b. Any student who did not achieve a passing score on the initial COMLEX USA CE 2 exam.
c. Any student who did not achieve a passing score on the initial COMLEX USA Level 1 exam.
d. Any student who achieved a COMLEX Level 1 score below 450.
e. Any student who achieved an initial COMAT/SP COMAT standard score of < 90 on 3 or more COMAT/SP COMAT exams.

NOTE: Students required to participate in this program must submit their scheduled COMLEX-USA Level 2 (CE & PE) exam dates for approval by the Department of Clinical Education.
COMLEX USA LEVEL 2 COGNITIVE EXAM (CE 2) Class of 2021:

**COMLEX Level-2 USA Score RELEASE DATES:**

<table>
<thead>
<tr>
<th>Examination Dates</th>
<th>Score Release Window</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 4-26, 2019</td>
<td>October 9-10, 2019</td>
</tr>
<tr>
<td>October 9-21, 2019</td>
<td>November 13-14, 2019</td>
</tr>
<tr>
<td>November 6-16, 2019</td>
<td>December 17-18, 2019</td>
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<tr>
<td>December 6-19, 2019**</td>
<td>January 30-31, 2020</td>
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<tr>
<td>January 14 – 28, 2020</td>
<td>February 12-13, 2020</td>
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<tr>
<td>February 13-26, 2020</td>
<td>March 11-12, 2020</td>
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<tr>
<td>March 11 – 16, 2020</td>
<td>April 15-16, 2020</td>
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<tr>
<td>April 20-27, 2020</td>
<td>May 13-14, 2020</td>
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<tr>
<td>May 6-14, 2020</td>
<td>June 2-3, 2020</td>
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<tr>
<td>June 16-28, 2020*</td>
<td>August 3-4, 2020</td>
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<tr>
<td>June 29 – July 11, 2020*</td>
<td>August 4-5, 2020</td>
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<tr>
<td>July 12 – August 8, 2020</td>
<td>August 18-19, 2020</td>
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<tr>
<td>August 9-24, 2020</td>
<td>September 15-16, 2020</td>
</tr>
<tr>
<td>September 1-26, 2020</td>
<td>October 6-7, 2020</td>
</tr>
<tr>
<td>September 27 – October 11, 2020</td>
<td>November 2-3, 2020</td>
</tr>
<tr>
<td>October 27 – November 24, 2020</td>
<td>December 7-8, 2020</td>
</tr>
<tr>
<td>December 2-19, 2020</td>
<td>January 11-12, 2021</td>
</tr>
</tbody>
</table>

*Split first release into two batches  
**Extended Scoring Period for Standard Setting Process  
***Extended Scoring Period for NBOME Holiday

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

**COMLEX-USA LEVEL 2-PERFORMANCE EVALUATION (LEVEL 2-PE)**

LEVEL 2-PE should not be taken before January of Year Three.

LEVEL 2-PE should be taken in the latter half of year three, and MUST be taken after completing both eight weeks of Family Medicine and eight weeks of Internal Medicine.

LEVEL 2-PE should not be taken before the COM required LEVEL 2-PE course.

For the Class of 2021: COMLEX Level 2-PE should be taken prior to graduation if at all possible, during the 2020-21 academic year. Consideration will be given to students that are unable to sit for the exam prior to graduation due to the current public health environment. The Level 2-PE examination will remain required for licensure. SPC will determine the student’s eligibility to graduate without having taken PE 2.
NOTE: 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 Performance Evaluation (PE):**

Is a patient-presentation-based assessment of fundamental clinical skills evaluated through 12 encounters with standardized patients. Each candidate must personally perform the clinical skills with standardized patients as appropriate in a timely, efficient, safe and effective manner, https://www.nbome.org/exams-assessments/comlex-usa/comlex-usa-level-2-pe/

- Students should take the PE- 2 at the earliest possible date provided that they have been approved by Clinical Education (to assure that scores will be available to residency programs).

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


Students are required to attend any required TouroCOM PE-2 Prep Program and/or OSCE as per the Academic Calendar, and are advised to utilize feedback, and do a realistic self-assessment regarding selecting an optimal date to take the PE-2 Exam.
Approval will be revoked if requirements are not met.

Students will be responsible for any penalties and fines incurred by the NBOME if their approval for any exam has been rescinded by the Department of Clinical Education.

**COMLEX Level- 2-PE Preparation Resources**

- TouroCOM COMLEX PE Preparation Tips 2019–2020
As we monitor evolving challenges related to the pandemic, we are concerned with the surge in disease activity across the county and the impact this has on safe candidate travel. While we believe we can ensure a safe testing experience once students are onsite, we are not able to ensure their safety during travel. The health and safety of our candidates and staff continues to be of the utmost importance. As such, exams up through October 2020 have been cancelled and we anticipate resuming testing on November 1, 2020. Candidates directly impacted by this cancellation decision will be notified directly and we will assist them with any rescheduling needs.

We realize the stress this decision creates and know that everyone is facing significant challenges at this time. We apologize for the inconvenience but ask for your understanding during this time of uncertainty. Once we return to normal operations, we will add additional exam sessions in an effort to provide as much opportunity to access the exam.

We continue to monitor the situation daily and will make informed decisions about resuming testing and impact on the exam based on how the pandemic evolves. Thank you for your patience as we all look for signs of hope in the public health crisis improving.

Our portal is open to reschedule exams at this time. The NBOME is very committed to assisting students as much as possible with testing opportunities while looking to monitor safety.

Score release dates for all November and December examinations will now be included in the February 1-9, 2021 window. All score release dates for 2021 are unchanged at this time.
For information on travel advisories or making changes to your current travel itinerary, please contact your airline or rail service directly. If any alteration in your travel plans results in a change fee, please reach out via our client services system for assistance.

We will continue to update this site as the situation evolves. Please contact the NBOME directly if you have any additional questions or concerns.

P: 866.479.6828
E: ClientServices@nbome.org
Ambulatory Care
Course Syllabus

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.

Performance evaluation:

Students should be assessed by their preceptor based on direct observation, input from other physicians and residents, student procedure, attendance, case and topic presentations, and their patient write-ups. Final performance assessment in the form of a grade is based on the Clinical Clerkship 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.

Clerkship Evaluation Tools:

Evaluations of students are to be completed by the Preceptor using the Clinical Clerkship Student Evaluation Form. Other physicians may contribute to the input but are not to complete the form on behalf of a preceptor. Evaluation of faculty and site experiences is required of every student. These must be carried out by means of the Evaluation of Clinical Assignment Form available on New Innovations at www.new-innov.com.

Note: Details of the Curriculum, including policies and procedures, are documented in the Clinical Rotations Manual available on the TouroCOM Student website.
Internal Medicine Sub- Internship Course Syllabus

CLIN~854.IMSUBI
1. **Clerkship Description**

*NOTE: Students may complete a Sub-Internship in any clinical medicine discipline of their choosing during the 2020-21 academic year.*

This four-week Internal Medicine Sub-internship provides the student with the opportunity to serve as a sub-intern on a general medical service and allows the student an opportunity to further develop their skills in assessing and treating hospitalized patients. The student is expected to function as an integral member of the medicine 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 (regardless of discipline) this rotation must be done at a hospital with an internal medicine residency. The majority of time will be designated to the general medicine floors, however, the student will interact with various specialties, such as, Cardiology, Dermatology, Endocrine, gastroenterology, Hematology and Oncology, Infectious Diseases, Pulmonary, Rheumatology, Nephrology, Neurology, Urology, and others.

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

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**

The primary objective of this clerkship is to provide students with additional experience in general medicine 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, you will strengthen the core knowledge and skills learned in your third-year Medicine clerkship 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 management including but not limited to the prevention and treatment of common complications fluid and electrolyte imbalances and
vascular and respiratory complications

▪ Demonstrate appropriate management and interpretation of relevant laboratory, radiological and pathological data in the care of the medical 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.

Performance evaluation:

Students should be assessed by their preceptor based on direct observation, input from other physicians and residents, student procedure, attendance, case and topic presentations, and their patient write-ups. 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.

Clerkship Evaluation Tools:

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. Evaluation of faculty and site experiences is required of every student. These must be carried out by means of 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.
Supplemental Literature Review
Please print neatly

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 (1 review/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

Date: ____________________________

Signature of Clinical Dean – Barbara Capozzi, DO

Date: ____________________________

Submit Completed Requests to:

Harlem - Completed Requests to: Barbara Capozzi sarah.adams11@touro.edu Fax: 212-634-2133

Middletown - Mary Dermigny Student Coordinator, E-mail: Mary.Dermigny@touro.edu Fax: 212.627.3691
A student receiving a passing score on their literature review will be assigned the grade with the associated clinical rotation evaluation.

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

Faculty Name: ________________________________

Faculty Signature: ____________________________
Clinical Student Performance Evaluation

Class of: _____________

Student Name: ___________________________________________________

Rotation Subject: ___________________________ Date of Rotation: __________

Hospital or Clinical Site Name: _______________________________________

The Likert scale seen here should be utilized when evaluating students on the below competencies. Overall preceptor grade Pass/Fail.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>Not Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unacceptable</td>
<td>Poor</td>
<td>Marginal</td>
<td>Adequate</td>
<td>Competent</td>
<td>Excellent</td>
<td>Outstanding</td>
<td>Not Observed</td>
</tr>
</tbody>
</table>

**Patient Care**: Skills: Performs patient interviews; uses judgment; is respectful of patient preferences.

1 2 3 4 5 6 7 Not Observed

**Medical Knowledge**: Skills: Degree of knowledge base; committed to life-long learning, has understanding of complex problems.

1 2 3 4 5 6 7 Not Observed

**Practice Based Learning and Improvement**: Skills: Self assesses; uses new technology, accepts feedback.

1 2 3 4 5 6 7 Not Observed

**Interpersonal and Communication Skills**: Skills: Establishes relationships with patients/families, educates and counsels patients/families, maintains comprehensive, timely, legible medical records.

1 2 3 4 5 6 7 Not Observed

**Professionalism**: Skills: Shows compassion, respect, and honesty, accepts responsibility for errors, and considers needs of patient/colleagues.

1 2 3 4 5 6 7 Not Observed

**System-Based Practices**: Skills: Practices cost-effective healthcare; assists patient with in dealing with system complexities, coordinates various resources.

1 2 3 4 5 6 7 Not Observed

**Osteopathic Principles and Practice**: Skills: Correlates osteopathic philosophy into disease entities; can complete a structural exam; utilizes osteopathic manual skills.

1 2 3 4 5 6 7 Not Observed

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

** Additional Questions: **

<table>
<thead>
<tr>
<th>Question</th>
<th>Substandard</th>
<th>Adequate</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student is properly prepared for rotations</td>
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<tr>
<td>Ability to present a history and physical exam</td>
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<tr>
<td>Ability to research medical literature</td>
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<tr>
<td>Demonstration of technical ability</td>
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<tr>
<td>Quality of written physical and history</td>
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<tr>
<td>Develop a plan of treatment</td>
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<tr>
<td>Quality SOAP notes</td>
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<tr>
<td>Clarity and quality of presentations</td>
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<tr>
<td>Educational Contributions</td>
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<tr>
<td>Appearance</td>
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<tr>
<td>Promptness</td>
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</tbody>
</table>

** Please select a suggested overall grade: **  
Pass [ ]  Fail [ ]  **

Student Strengths/noteworthy characteristics:  
These comments will be noted on the students MSPE (Deans Letter). The MSPE (Deans Letter) is part of the application for residency.

Student areas for improvement:  
These comments will not be included on the students MSPE (Deans Letter).

Please attach a separate page with any additional comments.

This evaluation was completed:

Preceptor Name/Degree: ____________________________  
(Please clearly print name)

Preceptor Signature: ____________________________  
*All Preceptors signing evaluations must be licensed & a TOUROCOM credentialed physician/provider

Attending Name: ____________________________  
(if different from above)

Attending Signature: ____________________________

□ Independently  OR  □ Composite

Reviewed by TouroCOM DME: ____________________________  
Student Signature: ____________________________  
(student signature acknowledges review of the evaluation with the preceptor)

AOA or AMA # ____________________  
□ New TouroCOM Preceptor

Date: ____________________________  
Email: ____________________________

Date: ____________________________  
Email: ____________________________

Additional Contributors/Degree:  

Anytime requested to be away from the hospital/rotation site during regularly scheduled hours must be reported to the COM.  
Student are expected to attend all regularly scheduled shifts with the exception of time for Boards (1-2 days), Interviews, Illness or other.

Attendance:

# of Shifts (Days) Missed: □ 1  □ 2  □ 3 or more – Reason Required:  
(COMLEX, PE, USMLE, Interview, Illness or other)

# of Shifts (Days) Made Up: __________

Touro College of Osteopathic Medicine | Clinical Clerkship Faculty Evaluation of Student | Revised 7/2020