Alabama College of Osteopathic Medicine

PEDIATRICS
DO CLIN 806
2019-2020

Clerkship Chair:  Heath Parker, DO
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Office Hours:  By Appointment (via email only)

Grading:  Credit Hours: 4
Final letter grades will be determined in accordance with the ACOM Student Handbook.

I. PRE-REQUISITES:
Beginning the Pediatrics Clerkship Rotation requires the successful completion of the course of study for Year 2 and being in good standing. Students must have current training in BLS, ACLS, OSHA, HIPAA, Universal Precautions, and Sterile Technique.

II. CLERKSHIP ROTATION DESCRIPTION:
The pediatric clerkship rotation addresses issues unique to childhood and adolescents by focusing on human developmental biology emphasizing the impact of family, community and society on childhood health and well-being. Additionally, the clerkship rotation focuses on the impact of disease and its treatment on the developing human emphasizing growth and development, principles of health supervision, and recognition of common health problems. This clerkship rotation shares with family medicine, internal medicine, obstetrics/gynecology, psychiatry, and surgery the common responsibility to teach the knowledge, skills and attitudes basic to the development of a competent general physician.

III. CLERKSHIP ROTATION GOALS AND OBJECTIVES:

Goals
The goal of this core curriculum in Pediatrics is to foster the following:

   o Acquisition of basic knowledge of growth and development (physical, physiologic and psychosocial) and its clinical application from birth through adolescence.
   o Acquisition of the knowledge necessary for the diagnosis and initial management of common pediatric acute and chronic illnesses.
   o An understanding of the approach of pediatricians to the health care of children and adolescents.
- An understanding of the influence of family, community, and society on the child in health and disease.
- Development of communication skills that will facilitate the clinical interaction with children, adolescents, and their families and thus ensure that complete, accurate data are obtained.
- Development of competency in the physical examination of infants, children, and adolescents.
- Development of clinical problem-solving skills.
- Development of strategies for health promotion as well as disease and injury prevention.
- Development of the attitudes and professional behaviors appropriate for clinical practice.

Specific Learning Objectives:

- Assess, assimilate, and use medical and research literature to enhance clinical decision making.
- Appropriately use and apply osteopathic principles as well as Osteopathic Manipulative Treatment (OMT) to the patient-care setting.
- Build productive relationships with patients, families, and other health-care professionals regardless of their backgrounds.
- Demonstrate knowledge and understanding of biomedical concepts, patient-care practices, and basic clinical techniques.
- Demonstrate knowledge of the business side of medical practice, especially billing, scheduling, and referring.
- Effectively and compassionately communicate relevant medical information, both oral and in written, with patients, families, and other health-care professionals.
- Effectively counsel and instruct patients and their families regarding specific diagnosis, treatment plans, and broader health maintenance.
- Evaluate the risks, benefits, limitations, and costs of different diagnostic and treatment options associated with healthcare.
- Formulate and document appropriate initial diagnoses and treatment plans based on patient histories, symptoms, examination findings, lab tests, and imaging studies.
- Perform and document a complete history and physical examination appropriate for patient care.
- Perform routine basic clinical procedures using appropriate methods/instruments and common clinical rating scales.

IV. FORMAT AND PROCEDURES:

Attendance at the clerkship rotation site is required at all times designated by the attending. This will include hospital, meetings, and/or other responsibilities. Students will be expected to attend hospital based educational forums, such as journal club and house staff presentations per site requirements. Students will be available for any activities, such as night call, if asked by the preceptor. If the preceptor makes house calls, the student is expected to accompany him/her. Students are strongly encouraged to update their portfolios in E*Value daily. Students are expected to complete all assignments in a timely manner and participate in all scheduled interactive didactic sessions, including but not limited to discussion boards, journal clubs, case studies and write-ups, live group discussions via video conferencing, watching lectures, reading articles, and taking post-rotation exams.

V. APPROVAL OF PRECEPTORS WILL BE IN ACCORDANCE WITH ACOM CREDENTIALING POLICY

Approval of preceptors will be by the Clerkship Chair. MD or DO board certified physicians with an ACOM core site are preferred. MD or DO board certified physicians outside a core area may be used if no approved core site physician is available, as determined by the clinical education office.
VI. CLERKSHIP ROTATION REQUIREMENTS:

1. Attendance & Participation:
   o 100% attendance is required to all events defined by the preceptor and as listed below.
   o Absence excused by the preceptor is required to be reported to clerkship chair.
   o Anticipated absences must have prior approval by the preceptor, ideally arranged at the
     beginning of the clerkship rotation.
   o In the case of illness or emergency, the student must notify the Site Director and Site
     Coordinator immediately. Special consideration will be reserved on a case by case basis.
   o Students are expected to complete all reading assignments.
   o It is the responsibility of the student to contact the clerkship rotation site in ample time prior
     to arrival to learn the expectations for the first day of the clerkship rotation.
   o The extent of student involvement in patient care activities will be determined by the
     preceptor.
   o Hours of duty, night and weekend coverage, and holiday assignments are at the discretion of
     the preceptor. The work week is limited to a minimum of 45 hours per week and
     maximum of 80 hours per week, averaged over the four-week duration of the clerkship
     rotation.
   o Any absence during scheduled clerkship rotation work hours, for any reason, must be
     approved by the Preceptor
   o An absence form a clerkship rotation will be excused only under extreme circumstances.
     Students cannot be absent from any clerkship rotation experience without permission from
     the supervising physician. Absence from a clerkship rotation in excess of three days or any
     unexcused absence will be reviewed by the Associate Dean of Clinical Sciences and may result
     in repetition or failure of the clerkship rotation.

2. Required Textbook(s) & Equipment:
   o All required and recommended textbooks are located at the following site:
     http://libguides.acomedu.org/year3/pediatrics
   o Students should prepare for clinic and hospital rounds by researching and reading about
     future patient encounters.
   o Sphygmomanometer, stethoscope, and a diagnostic kit which includes an ophthalmoscope
     and otoscope, reflex hammer, and tuning fork at 512 decibels.
     o Recommended Equipment: a pediatric head for stethoscope and a calculator
   o ACOM issued Apple iPad Mini, fully functional.

3. Assignments & Clinical Skills:
   o Learning Agreements
     o Students are required to meet with their preceptors on the first or second day of the
       clerkship rotation to complete a learning agreement (see Appendix A). This procedure is
       designed to help students and preceptors come to an agreement regarding what needs
       to be accomplished in each specific clerkship rotation. An electronic copy of this form is
       available on SEAMed. Use this syllabus and/or Appendix B to select the learning
       objectives that will be used for each specific clerkship rotation. An electronic copy of
       this list is located on SEAMed. Once the learning agreement is completed and signed by
       both parties, students are required to upload it to the appropriate software platform.
       They should also retain a signed copy for their own records.
     o Descriptions and requirements for participation in ACOM didactics specific to this clerkship
       rotation are described in the course shell on SEAMed. It is the student’s responsibility to
       review and follow all didactics requirements.
   o Students must record clinical thinking and procedural skills witnessed by their preceptors in
     the Competency Portfolio in the Case Logs section of E*Value no later than Thursday during
     each week of their clerkship rotations. Failure to consistently document on a weekly basis
     may result in a change of enrollment status.
     o See Appendix B for Core Problems Necessary for Graduation
See Appendix D for additional FQHC requirements if completing this rotation at an FQHC location.
See Appendix E for additional information if completing this rotation imbedded within a residency program.

4. Post-Rotation Exam
The COMAT subject examination in Pediatrics will be administered on-line on the last day of the clerkship rotation. The Core Site Coordinator or their designee at the core rotation site will proctor the exam in accordance with guidelines set by the NBOME. Students will receive instruction from the Site Coordinator regarding the time and place to report for the exam.
- Examination structure, content outline and practice examinations for COMAT exams can be found at http://www.nbome.org/comatmain.asp?m=coll

5. Evaluations:
- Student Evaluation of Site; Student Evaluation of Preceptor: Must be completed on-line and submitted at the end of the clerkship rotation.
- Mid-Rotation Evaluation: At approximately two weeks into the clerkship rotation, the student should ask for an informal mid-rotation evaluation. The student should review the mid-rotation evaluation form with the preceptor, discuss areas of competency that will be evaluated at the conclusion of the clerkship rotation and ask for input on his or her performance to date and specific recommendations for improvement. This is not intended to be a formal evaluation and the student is not required to submit the mid-rotation evaluation form to ACOM. The student is encouraged to make notes, ask for the preceptor's signature and keep the form for his or her records.
- Preceptor Evaluation of Student: It is the responsibility of the student to ensure that evaluation forms are completed and submitted online or turned into the Site Coordinator or the Office of Clinical Skills at the completion of the clerkship rotation. Students should inform the Office of Clinical Resources of any difficulty in obtaining an evaluation by the preceptor at the end of that clerkship rotation.

VII. GRADING PROCEDURES:
The grade for this clerkship rotation will be assigned by the ACOM Clerkship Chair, based on the following grading elements. Students must score 70% or higher on each grading element to pass the clerkship rotation.
- Evaluation from preceptor and staff (50%)
- COMAT Exam (30%)
- ACOM Rotation Didactics (15%)
- OPP (5%)
- Note well:
  - A student who scores below 70% on an evaluation completed by his or her preceptor will fail the clerkship rotation and will be required to repeat the clerkship rotation.
  - Students who are not successful in passing the COMAT exam will receive a failing grade and must take the COMAT again. Students who require subsequent COMAT attempts will receive a score of 70% for that exam and may be required to remediate the clerkship rotation at the discretion of the Clerkship Chair.
    - The cost of the COMAT subject exam will be covered by ACOM for each initial exam. If a student must retake the examination, he or she may be responsible for the cost ($41.00 per examination). To schedule a retake, students must contact the Clinical Sciences Coordinator.
  - Students who fail Rotation Didactics will be offered one opportunity to remediate with an assignment given by the clerkship rotation chair or his designee. Successful remediation of a
Rotation Didactics failing grade will be reported as a 70% for that part of the overall course grade. Unsuccessful remediation results in a failing grade for the course and referral to SPC for disposition.

Students who fail the OPP portion of the course will be offered one opportunity to complete an in-person practical exam, based on any OPP material taught during the OMS I-III years. Students who successfully pass this exam will receive a 70% for that portion of the overall course grade. Students who do not pass this exam will receive a failing grade for the course and be referred to SPC for disposition.

VIII. PROFESSIONALISM

ACOM students are expected to demonstrate high ethical standards with empathy, compassion, honesty, academic, clinical, and personal professionalism at all times. Clerkship physicians and clinical team members will be required to identify these behaviors as part of the ACOM student’s final grade on their respective service. Also, unless otherwise indicated by the preceptor, the student should wear a clean, wrinkle-free white ACOM clinic jacket and identification badge. The ID badge should be worn above the waist and visible at all times.

IX. CLINICAL COMPETENCY COMMITTEE

The goal of the Clinical Competency Committee (CCC) is to help students reach their highest level of competitiveness as they prepare for residency placement and performance. A necessary component to achieve this goal is helping students ensure their preparedness for passing COMLEX 2-CE and PE on their first try, as well as help them obtain as many residency auditions and interviews as needed in order to match into the desired residency.

In order to reach these goals, the CCC has identified some criteria listed below which are key Opportunities for Improvement that may apply to several students. These opportunities are listed below.

- Fail COMLEX 1
- Fail 2 or more COMATs
- Remediate didactics in one or more clerkship rotations
- Recommendation from Clerkship Chair
- Receive feedback from Medical Education Director, Core Site Coordinator, or Regional Coordinator regarding concerning behavior

It is the CCC’s sincere wish that as they reach out to students to offer time management strategies, study skills, test-taking tips, or anything else they think will assist students as they progress through the clinical curriculum, students will utilize the help offered and work with the CCC to achieve their goals. The entire ACOM family wants students to achieve their dream of matching into their desired residency.

X. VIDEO CONFERENCES

Virtual conference days and times are listed in SEAMed. Although attendance at the video conferences is strongly encouraged, patient care is more important. If you are unable to attend a video conference due to patient care responsibilities, you are required to email the Clerkship Chair (and CC Amanda Gant) prior to the video conference, as soon as you realize that you will not be able to attend.

You must also send a scanned copy of a written statement from your preceptor saying your presence was required. If your service experiences an emergency, you may send the email the following morning. Failure to send the email and written statement will result in 5% taken off the didactic portion of your score in this course.
If you do notify the Clerkship Chair following the above guidelines, you will receive a makeup assignment. This makeup assignment should take you about 3-4 hours to complete, and will include watching the recorded session, writing a 1 page report on what you learned, and writing up a de-identified case presentation for the patient you saw during your scheduled video conference time. **Failure to submit a satisfactory makeup assignment by the deadline given will also result in 5% taken off the didactic portion of your score in this course.**

The recorded video conferences will be available within 24 hours of the event.

XI. ACADEMIC INTEGRITY

Each student on this clerkship rotation is expected to abide by the student conduct information as outlined in the ACOM Student Handbook. During examinations you must do your own work. Talking or discussion about the examination contents is not permitted during or after the examinations, nor can you compare papers, copy from others, or collaborate in any way. Any collaborative behavior during the examinations will result in failure of the exam, and may lead to failure of the course and disciplinary action.

Each student on this clerkship rotation is expected to abide by the rules established by the **Health Insurance Portability and Accountability Act (HIPAA)** with a focus on maintaining privacy of Protected Health Information (PHI), which includes discussing patient information in an inappropriate manner or inappropriate setting.

XII. COPYRIGHT STATEMENT

The materials on this course website are only for the use by students enrolled in this course for purposes associated with this course and may not be retained or further disseminated. (Title 17, US Code) For more information, see [http://libguides.acomedu.org/copyright/copyright](http://libguides.acomedu.org/copyright/copyright)

XIII. ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES

In compliance with the ACOM policy and equal access laws, students requesting appropriate academic accommodations should meet with the ACOM Associate Dean of Student Services.

XIV. CHANGES TO THE SYLLABUS

This syllabus is subject to change without advance notification to students.
ACOM Learning Agreement for Pediatric Clerkship Rotations

To develop a set of mutually-agreed-upon learning objectives, students and preceptors should discuss the questions below on the first or second day of the clerkship rotation.

Student: ________________________________ Preceptor: ________________________________

Rotation Discipline: ___________________________ Site: ________________________________

Rotation Period or Specific Dates: ________________________________

I. What skills or knowledge does the student hope to learn in this clerkship rotation?  
(This section may be completed prior to meeting.)

1. _____________________________________________________________________________
2. _____________________________________________________________________________
3. _____________________________________________________________________________

II. What skills or knowledge does the preceptor think the student most needs to learn in this clerkship rotation?

1. _____________________________________________________________________________
2. _____________________________________________________________________________
3. _____________________________________________________________________________

III. Based on the two sets of goals above, what specific learning objectives* do the student and preceptor agree should be accomplished in this clerkship rotation? (Please list at least three)

1. _____________________________________________________________________________
2. _____________________________________________________________________________
3. _____________________________________________________________________________

*Please note that learning objectives need to describe what the student will be able to do on completing the clerkship rotation. Please use objectives within this clerkship rotation syllabus.

IV. What activities will most help the student accomplish the above learning objectives?  
(rounds, pre-rounds, day start, day end, grand rounds, expected readings, journal clubs, etc.)

1. _____________________________________________________________________________
2. _____________________________________________________________________________
3. _____________________________________________________________________________

SIGNATURES

Student: ________________________________
Preceptor: ________________________________
Date: ________________________________

Students are required to submit this document electronically on the appropriate software platform and strongly encouraged to keep the signed learning agreement for their records.
APPENDIX B: CORE PROBLEMS NECESSARY FOR GRADUATION

CORE PROBLEMS NECESSARY FOR GRADUATION

Core Problems/Diagnoses: Students should diagnose, treat, and record the following health concerns in their E*Value portfolios.

1. Abdominal Distension
   1.1. Bowel Distention
   1.2. Ascites
   1.3. Other Causes
2. Abdominal Pain/Mass
   2.1. Acute – Diffuse
   2.2. Acute – Localized
   2.3. Acute -- Pediatric
   2.4. Chronic – Constant
   2.5. Chronic – Crampy/Fleeting
   2.6. Chronic – Post-Prandial
3. Abnormal ECG
4. Abnormal Genital Bleeding
5. Abnormal Serum Lipid Profile
   5.1. Combined and Decreased HDL
   5.2. Increased LDL and Increased Triglycerides
6. Abnormal Serum TSH
7. Acid Base Disorders
8. Apparent Life Threatening Event (Pediatric)
   8.1. Acute Illness
   8.2. Witnessed Choking Spell
   8.3. Injury
   8.4. Apnea
9. Adrenal Mass
   9.1. Benign
   9.2. Malignant
10. Allergic Reactions
11. Altered Level of Consciousness
    11.1. Overall Approach to Altered Level of Consciousness
    11.2. GCS ≤ 7
12. Anemia/Pallor
    12.1. Overall Approach to Anemia
    12.2. Anemia with Elevated MCV
    12.3. Anemia with Normal MCV
    12.4. Anemia with Low MCV
13. Anorectal Pain
14. Autoimmune Diseases
    14.1. Infectious
    14.2. Congenital
15. Back Pain
16. Benign Prostatic Hypertrophy
17. Bleeding/Brusing
    17.1. Coagulation Proteins
    17.2. Platelets and Vascular System
18. Bone Lesion
19. Breast Discharge
20. Breast Disorders
   20.1. Infection
   20.2. Mass
   20.3. Gynecomastia
      20.3.1. Increased Estrogen and Increased HCG
      20.3.2. Increased LH and Decreased Testosterone
21. Burns
22. Chest Discomfort
   22.1. Cardiovascular (Angina Pectoris)
   22.2. Pulmonary/Mediastinal
      22.2.1. Pulmonary Embolus
      22.2.2. Pulmonary Hypertension
      22.2.3. Pleural Effusion
   22.3. Other
23. Chest Trauma
24. Cognitive Impairment
   24.1. Dementias
25. Congenital
   Abnormalities/Deformities/Limps
26. Cough
   26.1. Chronic (Adult)
   26.2. Dyspnea and Fever
   26.3. Acute (Pediatric)
   26.4. Chronic (Pediatric)
27. Deep Vein Thrombosis
28. Dialysis
29. Diarrhea/Constipation
   29.1. Acute Diarrhea (Adult)
   29.2. Chronic Diarrhea (Adult): Small Bowel
   29.3. Chronic Diarrhea (Adult): Steatorrhea and Large Bowel
   29.4. Diarrhea (Pediatric)
   29.5. Constipation (Adult): Altered Bowel Function and Idiopathic
   29.6. Constipation (Adult): Secondary Causes
   29.7. Constipation (Pediatric)
   29.8. Stool Incontinence
30. Difficulty Swallowing (Deglutition Disorders)
31. Dizziness/Vertigo
32. Domestic Violence
33. Dypsnea/Breathlessness
33.1. Acute
33.2. Chronic – Cardiac
33.3. Chronic – Pulmonary/Other
33.4. Pediatric
34. Ear Pain, Hearing Loss, Deafness
  34.1. Hearing Loss
    34.1.1. Conductive
    34.1.2. Sensorineural
  34.2. Otalgia
  34.3. Tinnitus
    34.3.1. Objective
    34.3.2. Subjective
35. Electrolyte Disorders
  35.1. Hypercalcemia
    35.1.1. Low PTH
    35.1.2. Normal/High PTH
  35.2. Hypocalcemia
    35.2.1. High Phosphate
    35.2.2. Low Phosphate
    35.2.3. High/Low PTH
  35.3. Hyperkalemia
    35.3.1. Intracellular Shift
    35.3.2. Reduced Excretion
  35.4. Hypokalemia
  35.5. Hypernatremia
  35.6. Hyponatremia
  35.7. Hyperphosphatemia
  35.8. Hypophosphatemia
36. Elevated Liver Enzymes
37. End-of-Life/Palliative Care
38. Excessive Daytime Sleepiness
39. Eyes/Vision
  39.1. Acute Vision Loss
    39.1.1. Bilateral
    39.1.2. Unilateral
  39.2. Chronic Vision Loss
    39.2.1. Anatomic
  39.3. Amblyopia
  39.4. Diplopia
  39.5. Pupillary Abnormalities
    39.5.1. Isocoria
    39.5.2. Anisocoria
  39.6. Red Eye
    39.6.1. Atraumatic
    39.6.2. Traumatic
  39.7. Strabismus
    39.7.1. Ocular Misalignment
    39.8.1. Visual Field Defects
40. Falls in the Elderly
41. Fatigue
42. Fever/Chills
42.1. Acute Fever
42.2. Fever of Unknown Origin/Chronic Fever
43. Fractures
  43.1. Pathologic/Fragility Fractures
  43.2. Fracture Healing
  43.3. Pediatric Fractures
    43.3.1. Salter Harris Physeal Injury Classification System
44. Gait Disturbance
45. Gastrointestinal Bleeding
  45.1. Upper Gastrointestinal Bleed (Hematemesi/Melena)
  45.2. Lower Gastrointestinal Bleed
46. Genetic Disorders
47. Genital Lesion
48. Hair Loss (Alopecia)
  48.1. Diffuse
  48.2. Localized (focal)
49. Headache
  49.1. Primary
  49.2. Secondary with Red Flag Symptoms
  49.3. Secondary without Red Flag Symptoms
50. Heart Failure
  50.1. Left-Sided
  50.2. Right-Sided
51. Hematuria
52. Hemiplegia
  52.1. Upper Motor Neuron Weakness
53. Hemoptysis
54. Hepatomegaly
55. Hirsutism
  55.1. Hirsutism and Virilization
    55.1.1. Androgen Excess
    55.1.2. Hypertrichosis
56. Hyperglycemia/Diabetes Mellitus
57. Hypertension
  57.1. Pulmonary
  57.2. In Pregnancy
58. Hyperthyroidism
59. Hypoglycemia
60. Hypothyroidism
61. Hypoxemia
62. Immunocompromised/Immunodificiency
  62.1. Fever in the Immunocompromised Host
63. Infertility and Contraception
  63.1. Female
  63.2. Male
64. Jaundice
  64.1. Adult
64.2. Infant and Neonatal

65. Joint Pain
   65.1. Acute Joint Pain – Vitamin CD
   65.2. Chronic/Degenerative Change
   65.3. Infectious Joint Pain
   65.4. Inflammatory Joint Pain
   65.5. Vascular Joint Pain

66. Kidney Disease/Injury
   66.1. Chronic
   66.2. Acute

67. Leukocytosis/Leukopenia

68. Liver Mass

69. Lung Nodule

70. Lymphadenopathy
   70.1. Diffuse
   70.2. Localized

71. Mechanisms of Pain

72. Mediastinal Mass

73. Menorrhea
   73.1. Amenorrhea
      73.1.1. Primary
      73.1.2. Secondary
   73.2. Dysmenorrhea
   73.3. Altered Menses
   73.4. Abnormal Vaginal Bleeding

74. Metabolic Acidosis
   74.1. Elevated Anion Gap
   74.2. Normal Anion Gap

75. Metabolic Alkalosis

76. Mood/Neurobehavioral Disorders/Anxiety/Depression
   76.1. Anxiety Disorders
      76.1.1. Associated with Panic
      76.1.2. Recurrent Anxious Thoughts
   76.2. Trauma- and Stressor-Related Disorders
   76.3. Obsessive-Compulsive and Related Disorders
   76.4. Personality Disorders
   76.5. Elevated Mood
   76.6. Depressed Mood
   76.7. Psychotic Disorders
   76.8. Somatoform Disorders
   76.9. Pediatric Mood and Anxiety Disorders (ADHD, autism, learning disorders)

77. Mouth Disorders
   77.1. Adult and Elderly
   77.2. Mucous Membrane Disorder (Oral Cavity)
   77.3. Pediatric

78. Movement Disorders
   78.1. Hyperkinetic

79. Murmur/Abnormal Heart Sounds
   79.1. Abnormal Rhythm
      79.1.1. Abnormal Rhythm 1 (Types of Arrhythmia)
      79.1.2. Abnormal Rhythm 2 (Causes of Arrhythmia)
   79.2. Diastolic Murmur
   79.3. Systolic Murmur
      79.3.1. Benign and Stenotic
      79.3.2. Valvular and Other

80. Nail Disorders
   80.1. Primary Dermatologic Disease
   80.2. Systemic Disease
      80.2.1. Clubbing

81. Nausea and Vomiting
   81.1. Gastrointestinal Disease (Adult and Pediatric)
   81.2. Other Systemic Disease (Adult and Pediatric)

82. Neck Mass

83. Nephrolithiasis

84. Neutrophilia

85. Neutropenia
   85.1. Decreased Neutrophils Only
   85.2. Bicytopenia and Pancytopenia

86. Numbness/Tingling/Paresthesia/Painful Limb

87. Osteoporosis

88. Ovarian Mass

89. Pap Abnormality

90. Pelvic Mass/Pain
   90.1. Acute
   90.2. Chronic

91. Pelvic Organ Prolapse

92. Peripheral Weakness
   92.1. Weakness
   92.2. Sensory Changes
      92.2.1. Objective Lower Motor Neuron Weakness

93. Pigmentation Disorders
   93.1. Hyperpigmentation
   93.2. Hypopigmentation

94. Pleural Effusion

95. Polycythemia

96. Pregnancy/Delivery/Newborns
   96.1. Antenatal Care
   96.2. Bleeding in Pregnancy
      96.2.1. < 20 weeks
      96.2.2. 2nd and 3rd Trimesters
   96.3. Growth Discrepancy
96.3.1. Small for Gestational Age/Intrauterine Growth Restriction
96.3.2. Large for Gestational Age
96.4. Intrapartum Factors that may affect Fetal Oxygenation
96.5. Intrapartum Abnormal Fetal Heart Rate Tracing
   96.5.1. Variability and Decelerations
   96.5.2. Baseline
96.6. Postpartum Hemorrhage
96.7. Recurrent Pregnancy Loss
96.8. Dermatoses in Pregnancy
   96.8.1. Physiologic Changes
   96.8.2. Specific Skin Conditions
96.9. Preterm Infant Complications
96.10. Failure to Thrive
   96.10.1. Adequate Calorie Consumption
   96.10.2. Inadequate Calorie Consumption
96.11. Hypotonic Infant (Floppy Newborn)
96.12. Depressed/Lethargic Newborn
96.13. Cyanosis in the Newborn
   96.13.1. Respiratory
   96.13.2. Non-Respiratory
96.14. Respiratory Distress in the Newborn
96.15. Sudden Unexpected Death in Infancy (SUDI)

97. Preventive Health Care
   97.1. Vaccinations
   97.2. Cancer Screening
   97.3. STI Screening

98. Prolonged PT (INR)
   98.1. Prolonged PTT
   98.2. Normal PTT

99. Prolonged PTT, Normal PT (INR)
   99.1. Bleeding Tendency
   99.2. No Bleeding Tendency

100. Proteinuria

101. Pruritus
   101.1. Primary Skin Lesion
   101.2. No Primary Skin Lesion

102. Pulmonary Disorders
   102.1. Spirometry

103. Pulmonary Embolus

104. Pulse Abnormalities

105. Renal Cancer

106. Renal Failure
   106.1. Acute
   106.2. Chronic

107. Renal Mass

107.1. Solid
107.2. Cystic

108. Respiratory Sounds
   108.1. Noisy Breathing
      108.1.1. Wheezing (Pediatric)
      108.1.2. Stridor (Pediatric)

109. Scrotal Mass/Pain

110. Seizures/Spells
   110.1. Epileptic Seizure
   110.2. Secondary Organic Seizure
   110.3. Other
   110.4. Pediatric Seizure
      110.4.1. Unprovoked
      110.4.2. Provoked
      110.4.3. Spells

111. Sellar/Pituitary Mass

112. Sexual Dysfunction

113. Shock/Hypotension

114. Skin Lesions
   114.1. Primary Skin Lesion
   114.2. Secondary Skin Lesion

115. Skin Rash
   115.1. Eczematous
   115.2. Papulosquamous
   115.3. Pustular
   115.4. Reactive
   115.5. Vesiculobullous

116. Skin Ulcer by Etiology
   116.1. Physical
   116.2. Vascular
   116.3. Hematologic
   116.4. Neoplastic
   116.5. Neurological
   116.6. Infectious
   116.7. Metabolic
   116.8. Drugs

117. Skin Ulcer by Location
   117.1. Genitals
   117.2. Head and Neck
   117.3. Lower Legs/Feet
   117.4. Oral Ulcers
   117.5. Trunk/Sacral Region

118. Smell Dysfunction

119. Soft Tissue
   119.1. Septic
   119.2. Aseptic

120. Sore Throat/Rhinorrhea/Sinus and Nasal Congestion

121. Speech/Language Abnormalities
   121.1. Dysarthria
   121.2. Aphasia
The Portfolio Process: Each of the health concerns listed above has several core entrustable professional activities (EPAs) that students must self-check. The more problems/diagnoses logged using EPAs, the better a student’s MSPE will be.

1. Gather a history and perform a physical examination
2. Develop a prioritized differential diagnosis and select a working diagnosis following a patient encounter
3. Recommend and interpret common diagnostic and screening tests
4. Enter and discuss patient orders/prescriptions
5. Provide documentation of a clinical encounter in written or electronic format
6. Provide an oral presentation/summary of a patient encounter
7. Form clinical questions and retrieve evidence to advance patient care
8. Give or receive a patient handover to transition care responsibility to another health care provider or team
9. Participate as a contributing and integrated member of an interprofessional team
10. Recognize a patient requiring urgent or emergent care, initiate evaluation and treatment, and seek help
11. Obtain informed consent for tests and/or procedures
12. Perform general procedures of a physician
13. Identify system failures and contribute to a culture of safety and improvement

Procedures: Students should record procedures into their E*Value portfolios.

- Airway Management (specify type in notes section, i.e. nasotracheal, oropharyngeal, etc.)
- APGAR and Dubowitz/Ballard Assessment
- Arterial puncture – for blood gases (ABG)
- Arthrocentesis
- Breast Exam
- Caesarean Section
- Calculate medication dosage by weight and write a prescription; signed by physician
- Cardiac ultrasound and Doppler studies
- Casting/Splinting, Elbow
- Casting/Splinting, Knee/Ankle
- Casting/Splinting, Lower Extremity
- Casting/Splinting, Other (Specify in Notes Section)
- Casting/Splinting, Shoulder
- Casting/Splinting, Thumb Spica
- Casting/Splinting, Upper Extremity
- Casting/Splinting, Wrist/Hand
- Circumcision
- Colposcopy
- Digital Rectal Exam
- Ear, Evaluation and Treatment – Cerumen Removal
- Ear, Evaluation and Treatment, EAC foreign body removal/wick insertion
- Echocardiography
- EKG Interpretation
- Electroencephalogram
- Endoscopy (specify type in notes section)
- Episiotomy and repair
- Eye, Evaluation and Treatment – Evaluation of Corneal Abrasion
- Eye, Evaluation and Treatment – Evaluation of foreign body with lid eversion
- Eye, Evaluation and Treatment – slip lamp use
- Eye, Evaluation and Treatment – Tonometry
- Eye, Evaluation and Treatment of conjunctival foreign body
- Eye, Evaluation and Treatment of corneal foreign body
- Female Pelvic Exam, Bimanual Exam (enter specific pathology found in notes section)
- Female Pelvic Exam, PAP Smear (enter specific pathology found in notes section)
- H&P Prevention / Health Maintenance
- Hernia examination
- History and Physical – Complete/Comprehensive
- Injection – Sub-Q/Intradermal, IM (specify in notes section)
- Intravascular Access, Central Line (specify location in notes section)
- Intravascular Access, Central Line/Subclavian
- Intravascular Access, Intraosseous
- Intravascular Access, Peripheral
- Lumbar Puncture
- Male Genital Exam
- Mental Status Exam
- Mouth/Dental Evaluation and Treatment – regional Dental Block
- Mouth/Dental Evaluation and Treatment – Treatment of Aphthous Ulcers
- Mouth/Dental Evaluation and Treatment – treatment of Dry Socket S/P Extraction
- Nasogastric Tube Placement
- Newborn Management, Uncomplicated Delivery
- Newborn Management – Newborn Resuscitation
- Nose, Evaluation and Treatment – foreign body removal
- Nose, Evaluation and Treatment, Epistaxis Control (specify method used in notes section)
- Office Encounter, Chronic Complex Care
- Office Encounter, Routine Acute Problem
- Osteopathic Manipulation Treatment (OMT)
- Osteopathic Structural Exam
- Other Procedures (specify in notes section)
- Paracentesis
- Perform OPP autonomies
- Perform OPP lymphatics
- Peritoneal Lavage, Diagnostic
- Pre-Natal Care
- Provide Health Promotion / Disease Prevention
- Psychiatric Assessment (describe in notes section)
- Pulmonary Function Tests
- Remove sutures or staples
- Resuscitation Team Member (specify role in notes section, i.e. Leader, Compressor, etc.)
- Skin Lesion Excision
- Stress Testing
- Surgical Assist (specify type in notes section)
- Suturing, extremities (indicate type of anesthesia in notes section)
- Suturing, Face (indicate type of anesthesia in notes section)
- Suturing, Hand/digits (specify type of anesthesia in notes section)
- Thoracentesis
- Thoracostomy, Tube or Needle (specify in notes section)
- Ultrasound, bedside – FAST (Focused Assessment with Sonography for Trauma)
- Ultrasound, Other than FAST (specify in comments section)
- Urinalysis by Dipstick
- Urinary Catheter Insertion
- Vaginal Delivery – Spontaneous / Induced / Vacuum Extraction / Forceps (specify in notes section)
- Vaginal Delivery, Spontaneous
- Venipuncture
- Vision Screening
- Well Child Development Exam
- X-Ray Studies (specify type in notes section, i.e. chest, abdominal series, etc.)
# CLINICAL ENCOUNTER TABLE

This table reflects the consensus on the types of patients for which a student should be familiar along with required CLIPP cases. This will also help guide your reading in Nelson's.

<table>
<thead>
<tr>
<th>Domain-patient type/core condition</th>
<th>Symptom, sign, or concern</th>
<th>Examples of diagnosis or issue addressed</th>
<th>Alternative clinical learning experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heath Maintenance</td>
<td>Well Child Care</td>
<td>Newborn (0-1 month)</td>
<td>CLIPP case 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Infant (1-12 months)</td>
<td>CLIPP case 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Toddler (12-60 mos)</td>
<td>CLIPP case 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>School aged (5-12 yrs)</td>
<td>CLIPP case 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Adolescent (13-19yrs)</td>
<td>CLIPP cases: 5, 6</td>
</tr>
<tr>
<td>Growth</td>
<td>Parental concerns or abnormalities related to the domain</td>
<td>FTT, poor weight gain, obesity, short stature, microcephaly, macrocephaly, constitutional delay, small for gestational age (SGA), large for gestational age (LGA)</td>
<td>CLIPP cases: 1, 4, 7, 18, 26</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Parental concerns or abnormalities related to the domain</td>
<td>FTT, breast vs. formula feeding, questions about switching to formula, when to add solids, beginning cow's milk, diet</td>
<td>CLIPP cases: 2, 3</td>
</tr>
<tr>
<td>Development</td>
<td>Parental concerns or abnormalities related to the domain</td>
<td>Delayed or possibly delayed language, gross motor, fine motor, or social adaptive skills</td>
<td>CLIPP cases: 14, 28, 29</td>
</tr>
<tr>
<td>Behavior</td>
<td>Parental concerns or abnormalities related to the domain</td>
<td>Sleep problems, colic, temper tantrums, toilet training, feeding problems, enuresis, ADHD, encopresis, autistic spectrum disorder, eating disorders, head banging, poor school performance</td>
<td>CLIPP case 4</td>
</tr>
<tr>
<td>Upper Respiratory Tract</td>
<td>Sore throat, difficulty swallowing, otalgia</td>
<td>Pharyngitis, strep throat, viral URI, herpangina, peritonsillar abscess, common cold, allergic rhinitis, otitis media, sinusitis, otitis externa</td>
<td>CLIPP case 14</td>
</tr>
<tr>
<td>Lower Respiratory Tract</td>
<td>Cough, wheeze, shortness of breath</td>
<td>Bronchiolitis, bronchitis, pneumonia, aspiration, asthma, bronchiectasis</td>
<td>CLIPP cases: 12, 13</td>
</tr>
<tr>
<td>Gastrointestinal Tract</td>
<td>Nausea, vomiting, diarrhea, abdominal pain</td>
<td>Gastroenteritis, giardiasis, pyloric stenosis, appendicitis, HSP, peptic ulcer disease, gastroesophageal reflux disease</td>
<td>CLIPP cases: 2, 15, 22, 27</td>
</tr>
<tr>
<td>Dermatologic system</td>
<td>Rash, pallor</td>
<td>Viral rash, scarlatina, eczema, urticaria, contact dermatitis, toxic shock, thrush, atopic dermatitis, seborrheic dermatitis, acne, anemia</td>
<td>CLIPP cases: 3, 21, 32</td>
</tr>
</tbody>
</table>

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<table>
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<tr>
<th>Domain-patient type/core condition</th>
<th>Symptom, sign, or concern</th>
<th>Examples of diagnosis or issue addressed</th>
<th>Alternative clinical learning experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central nervous system</td>
<td>Lethargy, irritability, fussiness, headache</td>
<td>Meningitis, concussion, seizures, ataxia, closed head injury, headache</td>
<td>CLIPP cases: 9, 19, 20, 24, 28</td>
</tr>
<tr>
<td>Emergent Clinical Problem</td>
<td>Respiratory distress, shock, ataxia, seizures, airway obstruction, apnea, proptosis, suicidal ideation, trauma, cyanosis</td>
<td>Meningitis, shock, testicular torsion, DKA, SIDS, acute life threatening event (ATLE), congestive heart failure, burns, status asthmaticus, status epilepticus, encephalitis, child abuse etc.</td>
<td>CLIPP cases: 16, 17, 23, 25</td>
</tr>
<tr>
<td>Chronic medical problem</td>
<td></td>
<td>Seasonal allergies, asthma, cerebral palsy, cystic fibrosis, diabetes mellitus, malignancy (e.g. acute lymphocytic leukemia or Wilm’s tumor), sickle cell disease, epilepsy, atopic dermatitis, obesity, sensory impairment, HIV/AIDS</td>
<td>CLIPP cases: 26, 30, 31</td>
</tr>
<tr>
<td>Unique condition: fever without localizing findings</td>
<td>Fever</td>
<td>Rule out sepsis, urinary tract infection, systemic viral infection (e.g. EBV), autoimmune diseases</td>
<td>CLIPP case 10, 11</td>
</tr>
<tr>
<td>Unique condition: neonatal jaundice</td>
<td>Jaundice</td>
<td>Jaundice</td>
<td>CLIPP case 8</td>
</tr>
</tbody>
</table>
APPENDIX D: FQHC REQUIREMENT

FEDERALLY QUALIFIED HEALTH CENTER (FQHC) REQUIREMENT

Clerkship Chair: Richard R. Thacker, DO, FACOI
rthacker@acom.edu

DESCRIPTION
Training in a Federally Qualified Health Center (FQHC), FQHC lookalike, Rural Health Center, or teaching health center approved by the Associate Dean of Clinical Sciences provides an opportunity for students to rotate one-on-one with a physician that provides care at nonprofit, community-owned and operated centers that are governed by volunteer consumer boards (comprised of at least 51% users of the health center). These boards serve as the voice of the community and assure that the needs of their community are being met by their health center. As such, an FQHC is frequently the sole option of care to patients that are working poor, uninsured, low-income elderly, and other medically underserved due to geographic, cultural, and other barriers to accessing health care and preventive services. Students at the end of this rotation will be better equipped to treat patients challenged by difficult socioeconomic circumstances, possess a better understanding of their role in various health care settings, and recognize the value of ancillary health care professionals to help meet patient care needs.

SPECIFIC GOALS AND OBJECTIVES:
The FQHC experience provides an opportunity for students to learn about healthcare delivery on a unique macro and micro level: they will see first-hand how a patient’s life and treatment choices are influenced by each person’s biological, psychological and social context, learn how primary care services are delivered through a Community Health Center, and learn how to perform History and Physical Exams and how the findings and approach are influenced by hardship conditions.

By the end of this clerkship rotation, students should be able to:
- Describe ways their FQHC interacts with its community’s safety-net for health care to its medically underserved and vulnerable populations
- Describe the role of FQHCs in the care of patients with chronic and life-threatening disease
- Recognize from a patient’s perspective barriers to healthcare access.
- Identify and suggest ways to address gaps in patients’ health care community safety-net.
- Identify ways to improve access to healthcare services for their FQHC’s community.
- Perform history and physical exams applying the bio-psychosocial model of healthcare.
- Participate in the formation and implementation of treatment plans for their FQHC patients
- Participate as a team member of a patient panel of their FQHC.

SPECIFIC REQUIREMENTS:
The student must write a reflection paper, choosing from the questions listed on the event page in SEAMed.

GRADING PROCEDURES:
The grade for this component of the core clerkship rotation will be assigned by the FQHC Clerkship Chair and will account for 2% of the overall course grade. Please refer to the Grading Procedures in the previous pages of this syllabus.
APPENDIX E: RESIDENCY PROGRAM REQUIREMENT

IMBEDDED within a RESIDENCY PROGRAM
REQUIREMENT

Clerkship Chair:  Heath Parker, DO  
(334) 944-4049  
hparker@acomedu.org

DESCRIPTION:

Students will have four weeks of training imbedded within a residency program’s hospital service. The student will observe how the healthcare system responds to patient needs within an academic residency training environment, which will lead to a foundational understanding of medical training within a residency program. This experience is designed to improve the student’s competitiveness for residency placement.

This clerkship rotation must be completed in one of the following ACOM core disciplines:

- Behavioral Medicine
- Internal Medicine
- OB/GYN
- General Surgery
- Pediatrics
- Family Medicine
- Emergency Medicine
- Gastroenterology
- Cardiology
- Nephrology
- Pulmonology
- Neurology
- Neurosurgery
- Otolaryngology
- Anesthesiology
- Orthopedics
- Urology
- Inpatient Plastic Surgery
- PM&R
- Cardiothoracic Surgery

SPECIFIC GOALS AND OBJECTIVES

The goal for this experience is to become familiar with the evaluation and treatment of a patient as part of a residency team. Students will gain a foundational understanding of medical training within a residency program.

For more discipline specific objectives, please refer to the main portion of the appropriate syllabus.

V. APPROVAL OF PRECEPTORS WILL BE IN ACCORDANCE WITH ACOM CREDENTIALING POLICY

This clerkship rotation must be done with one of the following as supervising preceptor:

- An ACOM Clinical Faculty or ACOM credentialed preceptor
- A faculty member of a residency program with which ACOM has a formal affiliation agreement

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ACOM GUIDELINES FOR STUDENT PARTICIPATION IN THE CLINICAL SETTING

These Medical Student Patient Care Duties’ represent a minimum mandatory regulations to be considered by a policy making body at your health care organization given the local standard of care and applicable state and federal rules, regulations, and laws to the extent such are applicable. If your hospital policy is more restrictive, then ACOM students must adhere to your policy as you direct. To the extent the recommendations that follow are not applicable to or appropriate for your health care organization given the local standard of care and/or because applicable state and federal rules, regulations, and laws are more restrictive, it is advisable to document the analysis and final conclusions and modify these recommended guidelines accordingly.

Medical Student Patient Care Duties permitted and prohibited

I. Definitions:

Direct Physician Supervision: The physician must be present in their office suite or on hospital grounds and immediately available to furnish assistance and direction throughout the performance of the function/procedure. It does not mean that the physician must be present in the room when the function/procedure is performed.

Personal Physician Supervision: The physician must be in attendance in the room from beginning to end, without interruption, during the performance of the function/procedure.

Limited Physical Exam: This includes such components as the head/neck, skin, chest, cardiac, abdominal, neurologic and musculoskeletal exams; this specifically excludes genitourinary, breast and rectal exams.

II. Scope of Duties Permitted:

Medical Students will be supervised by ACOM credentialed attending physicians while on ACOM clerkship rotations. Each student’s essential learning task while on clerkship rotations is to improve the ability to do the following:

- Perform an accurate medical history and physical exam based on the presenting complaint and appropriate to the clinical setting.
- Formulate a differential diagnosis appropriate to the patient and the clinical setting.
- Order and accurately interpret tests and procedures in order to narrow the differential diagnosis to a working diagnosis.
- Accurately describe or perform procedures to diagnose and treat the patient’s problem.
- Craft a treatment plan appropriate to the patient’s problems and situation.
- Work with patients and members of the healthcare team ethically and professionally.

By student year, the scope of duties medical students may perform in order to complete the above learning tasks are:

First Year Students:
First Year Students are permitted to perform the following functions only:
- Observation and follow only
- History taking under Personal Physician Supervision

Second Year Students:
Second year Students are permitted to perform the following functions only:
- All functions permitted for First Year Students, as stated above
- History taking under direct physician supervision
- Limited Physical Examination under personal physician supervision until physician determines competency, after which student may perform Limited Physical Examination under direct physician supervision;
**Third and Fourth Year Students:**

Third and Fourth Year students are permitted to perform the following functions only:

- All functions permitted for First and Second Year Students, as stated above

- Under direct physician supervision, may ‘round’ on patients, to include
  - Gathering lab, radiology, nursing and other information/results
  - Obtaining history
  - Performing Limited Physical Exam
  - Developing interim assessments and recommendations

- For genitourinary, breast or rectal exam, student may perform exam under personal physician supervision, if the supervising physician determines the student’s readiness and a gender-appropriate chaperone is present, as indicated.

- Under direct physician supervision, may write student notes regarding E/M services or procedures:
  - If such student notes are to be placed in the patient chart, they must be clearly labeled as student notes and co-signed by the supervising physician within 48 hours; these student notes are just that – student notes. They are not the progress note for the patient and never stand alone as such.
  - If such notes are strictly for the educational experience of the student and will not be placed in the chart, they must not use patient identifiers and should be shredded as consistent with hospital HIPAA policies.

- May write orders on the chart which must be immediately reviewed and countersigned by supervising physician before any action is taken based on those orders.

- The following procedures may be performed by 3rd or 4th year medical students only if (a) the supervising physician determines the student’s readiness to start to perform the procedure under personal supervision, and (b) the supervising physician has the appropriate privileges, competency and teaching proficiency to perform and educate medical students in their performance, and (c) upon obtaining appropriate patient consent.

  - The following procedures must be performed under the personal supervision of the physician until the physician determines the student is competent to perform the procedure under direct physician supervision:
    - Perform insertion of IVs or draw blood – stick attempts limited to two (2) per patient
    - Ocular Exam with Slit-Lamp
    - Wart treatment
    - Insertion of Foley catheter

  - The following procedures must always be performed by the student under personal physician supervision:
    - Airway Management (i.e. nasotracheal, oropharyngeal, etc.)
    - APGAR and Dubowitz/Ballard Assessment
    - Arterial puncture – for blood gases (ABG)
    - Arthrocentesis
    - Breast Exam
    - Cardiac ultrasound and Doppler studies
    - Casting/Splinting, Elbow
    - Casting/Splinting, Knee/Ankle
    - Casting/Splinting, Lower Extremity
    - Casting/Splinting, Other
    - Casting/Splinting, Shoulder
    - Casting/Splinting, Thumb Spica
    - Casting/Splinting, Upper Extremity
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- EKG Interpretation
- Electroencephalogram
- Episiotomy and repair
- Eye, Evaluation and Treatment – Evaluation of Corneal Abrasion
- Eye, Evaluation and Treatment – Evaluation of foreign body with lid eversion
- Eye, Evaluation and Treatment – Tonometry
- Eye, Evaluation and Treatment of conjunctival foreign body
- Intravascular Access, Peripheral
- Intravascular Access, Central
- Lumbar Puncture
- Mouth/Dental Evaluation and Treatment – Treatment of Aphthous Ulcers
- Nasogastric Tube Placement
- Newborn Management, Uncomplicated Delivery
- Newborn Management – Newborn Resuscitation
- Nose, Evaluation and Treatment – foreign body removal
- Nose, Evaluation and Treatment, Epistaxis Control
- Osteopathic Manipulation Treatment (OMT)
- Provide Health Promotion / Disease Prevention
- Psychiatric Assessment
- Pulmonary Function Tests
- Remove sutures or staples
- Resuscitation Team Member (specify role i.e. Leader, Compressor, etc.)
- Skin Lesion Excision
- Surgical Assist
- Suturing, extremities (indicate type of anesthesia)
- Suturing, Face (indicate type of anesthesia)
- Suturing, Hand/digits (indicate type of anesthesia)
- Ultrasound, bedside – FAST (Focused Assessment with Sonography for Trauma)
- Ultrasound, Other than FAST
- Urinalysis by Dipstick
- Urinary Catheter Insertion
- Vaginal Delivery, Spontaneous
- Well Child Development Exam
- X-Ray Studies (i.e. chest, abdominal series, etc.)

The above notwithstanding, duties and activities of students must not conflict with hospital policies.

### III. Scope of Duties Prohibited
Medical Students are strictly prohibited from performing any and all functions that are not specifically permitted. Additionally, medical students are specifically prohibited from performing the following:

- Give verbal or telephone orders.
- Write orders regarding end-of-life, such as DNR
APPENDIX G: NEEDLE-STICK AND BLOOD-BORNE PATHOGEN EXPOSURE PROCEDURE

NEEDLE-STICK AND BLOOD-BORNE PATHOGEN EXPOSURE

If a student experiences a needle stick, puncture wound, accident, or sharp injury, or is otherwise exposed to bodily fluids of a patient while on a clinical clerkship, the student should:

1. **Immediately** wash the area, scrubbing skin with soap and water.
2. For exposures to eyes, mouth, and/or other mucous membranes, rinse with running water, normal saline, or sterile eye wash for at least ten minutes. For eye exposure, hold the eye open for irrigation.
3. **Immediately** report the incident to the attending physician or other appropriate supervising physician. See the charge nurse for assistance obtaining contact information for house supervisors or attending physicians.
4. **Immediately report to the appropriate personnel and follow the post-exposure protocol as designated by the core site. This information can quickly be found in E*Value.**
   a. Prompt evaluation and treatment is essential. Post-exposure prophylaxis and other treatment may be indicated and should be started ideally within an hour of exposure.
   b. You will present yourself to the facility's emergency room as a patient for purposes of consent to treat and billing. Your health insurance will be the primary form of insurance used for any such incident(s).
5. **Contact your Regional Coordinator and the ACOM NeedleStick Coordinator. Fill out the NeedleStick Incident Report within 4 hours of the incident.**

Students should also consult the Needle-Stick Policies & Procedures libguide, which provides helpful information regarding site-specific protocols. Students may also access the CDC guide for Post-Exposure Prophylaxis (PEP) as needed.